

## NH Board of Medicine : Physicians

License Number 13890  
 License Date 4/2/2008  
 Name **AAKRE, KIMBERLY J MD**  
 Address MT ASCUTNEY HOSPITAL - PEDIATRICS DEPT, 289 COUNTY RD WINDSOR, VT, 05089  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIV OF WISCONSIN USA 1984  
 Internship and Year ALBANY MEDICAL CENTER-LATHAM, NY 1987  
 Residency and Year ALBANY MEDICAL CENTER-LATHAM, NY 1990  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13025  
 License Date 4/5/2006  
 Name **AARON, DENISE M MD**  
 Address DHMC, 1 MEDICAL CTR DR LEBANON, NH, 03756  
 Specialty D  
 Board Certified D  
 School and Year of Graduation UNIV OF TEXAS, HOUSTON USA 2002  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2003  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON, NH 2006  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10192  
 License Date 1/7/1998  
 Name **AARON, JANNICE O MD**  
 Address , PO BOX 1678 NEW ALBANY, IN, 47151-1678  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIV OF LOUISVILLE SCH OF MED - LOUISVILLE, KY USA 1977  
 Internship and Year UNIV LOUISVILLE SCH OF MED - LOUISVILLE, KY 1978  
 Residency and Year YALE NEW HAVEN HOSP - CT 1982  
 License Expiration Date **6/30/2000**  
 Remarks

License Number 13525  
 License Date 6/6/2007  
 Name **AARON, JASON E MD**  
 Address WRJ VA MEDICAL CENTER, 215 N MAIN ST 11QWH RIVER JCT, VT, 05009  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF TEXAS USA 2002  
 Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2003  
 Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13279  
 License Date 10/4/2006  
 Name **AARONS, RALPH D MD**  
 Address ONE ELLIOT WAY, MANCHESTER, NH, 03103  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIVERSITY OF COLORADO, BOULDER CO US 1983  
 Internship and Year UNIVERSITY OF COLORADO, DENVER CO 1984  
 Residency and Year UNIVERSITY OF COLORADO, DENVER CO 1986  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 9790  
 License Date 8/7/1996  
 Name **AARONSON, PAUL S MD**  
 Address 109-23 71ST RD, FOREST HILLS, NY, 11375  
 Specialty U  
 Board Certified U  
 School and Year of Graduation MD STATE UNIV OF NY HEALTH SCIENCE CTR COLL OF MED USA 1990  
 Internship and Year ST LUKE'S-ROOSEVELT HOSPITAL - NY, NY 1993  
 Residency and Year LAHEY HITCHCOCK CLINIC - BURLINGTON, VT 1996  
 License Expiration Date **6/30/2001**  
 Remarks

License Number 10925  
 License Date 6/7/2000  
 Name **ABADI, CHRISTOPHER A MD**  
 Address LAHEY CARDIOLOGY MED CTR, 8 PROSPECT ST PO BOX 1184 NASHUA, NH, 03061  
 Specialty IM  
 Board Certified CD  
 School and Year of Graduation UNIV OF VERMONT - BURLINGTON, VT USA 1994  
 Internship and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1995  
 Residency and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1997  
 License Expiration Date **6/30/2003**  
 Remarks

License Number 10924  
 License Date 5/3/2000  
 Name **ABBASI, SHABBIR A MD**  
 Address NEW ENGLAND NEUROLOGICAL, 354 MERRIMACK ST LAWRENCE, MA, 01843  
 Specialty N  
 Board Certified N  
 School and Year of Graduation DOW MED COLL UNIV OF KARACHI- SINDH PAKISTAN PAKISTAN 1986  
 Internship and Year SUNY HLTH SCI CTR - SYRACUSE, NY 1998  
 Residency and Year MOUNT SANAI HOSPITAL - NY, NY 1999  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	12329
License Date	6/2/2004
Name	<b>ABBIS, DANIEL J DO</b>
Address	DARTMOUTH-HITCHCOCK NASHUA, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty	DR
Board Certified	R
School and Year of Graduation	NEW YORK COLLEGE, OLD WESTBURY NY US 1999
Internship and Year	ST ELIZABETH FAMILY MED, UTICA NY 2000
Residency and Year	SUNY AT BUFFALO, BUFFALO NY 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12330
License Date	6/2/2004
Name	<b>ABBIS, STACEY A MD</b>
Address	DARTMOUTH-HITCHCOCK NASHUA, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF CONNECTICUT, FARMINGTON CT US 1999
Internship and Year	SUNY AT BUFFALO, BUFFALO NY 2000
Residency and Year	SUNY AT BUFFALO, BUFFALO NY 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11437
License Date	11/7/2001
Name	<b>ABBOTT, JAY L MD</b>
Address	130 NORFOLK RD, LITCHFIELD, CT, 06759
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	ALBANY MEDICAL SCHOOL - ALBANY, NY USA 1961
Internship and Year	UNIV OF HAWAII, HONOLULU, HI 1962
Residency and Year	ROCHESTER GENERAL HOSPITAL - ROCHESTER, NY 1963
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	10479
License Date	1/6/1999
Name	<b>ABBOUD, JEFFREY MD</b>
Address	770 BROADVIEW AVE #306, OTTAWA ONTARIOCANADA, ,
Specialty	PS
Board Certified	PS
School and Year of Graduation	UNIV OF OTTAWA SCHOOL - OTTAWA ONTARIO CANADA 1987
Internship and Year	MEMORIAL UNIV OF NEWFOUNDLAND FACULTY OF MEDICINE - ST JOHN'S, CANADA 1988
Residency and Year	BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1990
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	13141
License Date	6/7/2006
Name	<b>ABDALLA, ADEL A MD</b>
Address	UNITED RADS, LLC, 1803 PARK CENTER DR STE 101ORLANDO, FL, 32835
Specialty	R
Board Certified	RNR
School and Year of Graduation	AIN SHAMS UNIV EGYPT 1986
Internship and Year	MOREHOUSE SCHOOL OF MEDICINE-ATLANTA, GA 1995
Residency and Year	ST MARYS HEALTH CTR-ST LOUIS, MO 1996
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	17040
License Date	5/6/2015
Name	<b>ABDALLA, IZZELDIN K MD</b>
Address	COMPHEALTH, PO BOX 713100SALT LAKE CITY, UT, 84171
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF KHARTOUM-FACULTY OF MEDICINE SUDAN 2006
Internship and Year	INTERFAITH MEDICAL CENTER - BROOKLYN,NY 2011
Residency and Year	INTERFAITH MEDICAL CENTER - BROOKLYN,NY 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17041
License Date	5/6/2015
Name	<b>ABDALLA, PETER N DO</b>
Address	CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC USA 2012
Internship and Year	MAINE-DARTMOUTH - AUGUSTA, ME 2013
Residency and Year	MAINE-DARTMOUTH - AUGUSTA, ME 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13335
License Date	12/6/2006
Name	<b>ABDEL AAL, AHMED M MD</b>
Address	619 19TH ST SOUTH, BIRMINGHAM, AL, 35249
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF CAIRO EGYPT 1997
Internship and Year	UNIV OF ALABAMA MEDICAL CTR-BIRMINGHAM, AL 2005
Residency and Year	UNIV OF ALABAMA HOSPITAL-BIRMINGHAM, AL 2006
License Expiration Date	<b>6/30/2012</b>
Remarks	



License Number	15610
License Date	4/4/2012
Name	<b>ABDELHALIM, AHMED N MD</b>
Address	VIRTUAL RADIOLOGY, 11995 SINGLETREE LANE STE 500EDEN PRAIRIE, MN, 55344
Specialty	DR
Board Certified	DR
School and Year of Graduation	AIN SHAMS UNIVERSITY FACULTY OF MEDICINE EGYPT 1993
Internship and Year	UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2002
Residency and Year	UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12614
License Date	3/2/2005
Name	<b>ABDU, ADIO I MD</b>
Address	ERLARGER MEDICAL CENTER, 975 E 3RD ST BOX 128CHATTANOOGA, TN, 037403
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF SOUTH CAROLINA, CHARLESTON SC US 1998
Internship and Year	DWIGHT D EISENHOWER MED CTR, FORT GORDON GA 1999
Residency and Year	DWIGHT D EISENHOWER MED CTR, FORT GORDON GA 2001
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	8520
License Date	5/8/1991
Name	<b>ABDU, WILLIAM A MD</b>
Address	DHMC-ORTHOPEAEDICS, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	
Board Certified	ORS
School and Year of Graduation	TUFTS UNIV SCH OF MED - BOSTON, MA USA 1985
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1986
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1990
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14311
License Date	2/4/2009
Name	<b>ABEL, MARK D MD</b>
Address	MANCHESTER ORAL SURGERY, 27 SAGAMORE STMANCHESTER, NH, 03104
Specialty	OS
Board Certified	OS
School and Year of Graduation	UNIV OF PENNSYLVANIA USA 2006
Internship and Year	HOSPITAL OF THE UNIV OF PENNSYLVANIA - PHILADELPHIA, PA 2007
Residency and Year	HOSPITAL OF THE UNIV OF PENNSYLVANIA - PHILADELPHIA, PA 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 14484  
 License Date 7/1/2009  
 Name **ABEL, SUSAN E MD**  
 Address DARTMOUTH-HITCHCOCK NASHUA, 2300 SOUTHWOOD DR NASHUA, NH, 03063-1818  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation HARVARD MEDICAL SCHOOL USA 2003  
 Internship and Year CHILDREN'S HOSPITAL OF PHILADELPHIA - PHILADELPHIA, PA 2004  
 Residency and Year CHILDREN'S HOSPITAL OF PHILADELPHIA - PHILADELPHIA, PA 2006  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12045  
 License Date 9/3/2003  
 Name **ABELS, DAVID J MD**  
 Address MANCHESTER VA MEDICAL CENTER, 718 SMYTH RD MANCHESTER, NH, 03104  
 Specialty D  
 Board Certified D  
 School and Year of Graduation U OF MICHIGAN, ANN ARBOR MI US 1963  
 Internship and Year UNIVERSITY OF CINCINNATI MED CTR, CINCINNATI OH 1964  
 Residency and Year UCLA SCHOOL OF MEDICINE, LOS ANGELES CA 1969  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 6166  
 License Date 3/6/1980  
 Name **ABELSON, MARK B MD**  
 Address ANDOVER EYE ASSOC, 138 HAVERHILL ST STE 104 ANDOVER, MA, 01810  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation MCGILL UNIV. FACULTY OF MED. MONTREAL CANADA 1970  
 Internship and Year ROYAL VICTORIAL HOSPITAL - MONTREAL, CANADA 1971  
 Residency and Year MASS. EYE EAR INFIRMARY, BOSTON 1976  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14368  
 License Date 4/1/2009  
 Name **ABESS, ALEXANDER T MD**  
 Address WALDO COUNTY GENERAL HOSPITAL, 118 NORTHPORT AVE PO BOX 287 BELFAST, ME, 04915  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation MEDICAL UNIV OF SOUTH CAROLINA USA 2001  
 Internship and Year NAVAL MEDICAL CENTER-SAN DIEGO, CA 2002  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16853  
 License Date 12/3/2014  
 Name **ABI-RAAD, RITA F MD**  
 Address 20 YORK ST, PO BOX 208070NEW HAVEN, CT, 06511  
 Specialty PTH  
 Board Certified  
 School and Year of Graduation UNIVERSITE SAINT JOSEPH LEBANON 1994  
 Internship and Year YALE NEW HAVEN MEDICAL CENTER, NEW HAVEN, CT 2012  
 Residency and Year YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2014  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15366  
 License Date 9/7/2011  
 Name **ABKOWITZ, SUZANNE J MD**  
 Address PRH - HOSPITALIST PROGRAM, 333 BORTHWICK AVEPORTSMOUTH, NH, 03801  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation STANFORD UNIVERSITY SCHOOL OF MEDICINE USA 1985  
 Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1986  
 Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1988  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14370  
 License Date 4/1/2009  
 Name **ABOIAN, EDOUARD MD**  
 Address 4802 10TH AVE, BROOKLYN, NY, 11219  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation KUBAN STATE MEDICAL ACADEMY RUSSIA 2001  
 Internship and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 2006  
 Residency and Year ST JOHNS QUEENS HOSPITAL-ELMHURST, NY 2008  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 4054  
 License Date 4/11/1967  
 Name **ABOOZIA, MANNING M MD**  
 Address 18 DUCK POND LANE, HERON COVEMERRIMACK, NH, 03054  
 Specialty GS  
 Board Certified  
 School and Year of Graduation TEHRAN STATE UNIV MEDICAL SCHOOL - TEHRAN, IRAN IRAN 1957  
 Internship and Year LYNN HOSPITAL - LYNN, MA 1959  
 Residency and Year CARNEY HOSPITAL - BOATON, MA 1966  
 License Expiration Date **6/30/2011**  
 Remarks

License Number	14334
License Date	3/4/2009
Name	<b>ABOU JAOUDE, DANY M MD</b>
Address	CHILTON HOSPITAL, 97 WEST PARKWAYPOMPTON PLAINS, NJ, 07444
Specialty	IM
Board Certified	IM
School and Year of Graduation	LEBANESE UNIV LEBANON 2001
Internship and Year	STATEN ISLAND UNIVERSITY HOSPITAL-STATEN ISLAND, NY 2005
Residency and Year	STATEN ISLAND UNIVERSITY HOSPITAL-STATEN ISLAND, NY 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15098
License Date	1/5/2011
Name	<b>ABOU RIZK, FADY E MD</b>
Address	PULMONARY & CRITICAL CARE MED, 85 SPRING STLACONIA, NH, 03246
Specialty	PCC
Board Certified	IM
School and Year of Graduation	LEBANESE UNIVERSITY BEIRUT 2002
Internship and Year	ST MICHAELS MEDICAL CENTER - NEWARK, NJ 2006
Residency and Year	ST MICHAELS MEDICAL CENTER - NEWARK, NJ 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11889
License Date	5/7/2003
Name	<b>ABOU-AMRO, AREF M MD</b>
Address	D H M C, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF DAMASCUS IN SYRIA SYRIA 1989
Internship and Year	HENRY FORD HOSPITAL - DETROIT, MI 1994
Residency and Year	HENRY FORD HOSPITAL - DETROIT, MI 1996
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	10193
License Date	1/7/1998
Name	<b>ABRAHAM, EDWARD H MD</b>
Address	587 HANOVER CENTER RD, HANOVER, NH, 03755
Specialty	IM
Board Certified	RO
School and Year of Graduation	HARVARD MED SCH - BOSTON , MA USA 1978
Internship and Year	CHILDREN'S HOSPITAL - MA 1980
Residency and Year	MASS GENERAL HOSPITAL - MA 1993
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	8545
License Date	6/5/1991
Name	<b>ABRAHAM, SUSAN G MD</b>
Address	196 WASHINGTON ST, KEENE, NH, 03470
Specialty	P
Board Certified	P
School and Year of Graduation	HARVARD MED SCH - BOSTON, MA USA 1983
Internship and Year	NY HOSPITAL CORNELL MC WESTCHESTER - WHITE PLAINS, NY 1984
Residency and Year	NY HOSPITAL CORNELL MC WESTCHESTER - WHITE PLAINS, NY 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13843
License Date	3/5/2008
Name	<b>ABRAHAMS, JEFFREY P MD</b>
Address	ST JOSEPH HOSPITAL, 172 KINSLEY STNASHUA, NH, 03060
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF TORONTO CANADA 1983
Internship and Year	LOS ANGELES COUNTY-USC MEDICAL CENTER - LOS ANGELES, CA 1984
Residency and Year	LOS ANGELES COUNTY-USC MEDICAL CENTER - LOS ANGELES, CA 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9611
License Date	1/3/1996
Name	<b>ABRAHAMS, TOD G MD</b>
Address	MAINE MEDICAL CENTER, 22 BRAMHALL STPORTLAND, ME, 04102
Specialty	DR
Board Certified	DR
School and Year of Graduation	BOWMAN GRAY SCH OF MED WAKE FOREST UNIV USA NC 1980
Internship and Year	THE MEDICAL CENTER OF DELEWARE - WILMINGTON, DE 1981
Residency and Year	HOSPITAL FOR SPECIAL SURGERY - NY, NY 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13698
License Date	10/3/2007
Name	<b>ABRAHAMSEN, NANCY M MD</b>
Address	204 37TH AVE NORTH #365, ST PETERSBURG, FL, 33704
Specialty	R
Board Certified	R
School and Year of Graduation	THOMAS JEFFERSON UNIV USA 1980
Internship and Year	ST CHRISTOPHERS HOSPITAL FOR CHILDREN - PHILADELPHIA, PA 1981
Residency and Year	UNIV OF PITTSBURGH MEDICAL CENTER - PITTSBURGH, PA 1984
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8429
License Date	9/5/1990
Name	<b>ABRAMOWITZ, IRA S MD</b>
Address	MAGEE WOMEN SPEC SVS @ UPMC HORIZON, 350 SHARON-NEWCASTLE RDR FARRELL, PA, 16121
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV DEL NORESTE -TAMPICO TAMAULIPAS MEXICO 1980
Internship and Year	BROOKLYN-CALEDONIAN HOSP-NY 1986
Residency and Year	BROOKLYN-CALEDONIAN HOSP,NY 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5785
License Date	7/7/1977
Name	<b>ABRAMS, ANDREW L MD</b>
Address	142 JOHNSON PT RD, PO BOX29PENOBSCOT, ME, 04476
Specialty	PS
Board Certified	
School and Year of Graduation	STATE UNIV OF NEW YORK BUFFALO USA 1972
Internship and Year	SHANDS HOSPITAL-CLINICS GAINESVILLE 1973
Residency and Year	SHANDS HOSPITAL-CLINICS GAINESVILLE 1975
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14312
License Date	2/4/2009
Name	<b>ABRAMS, LAURIE A MD</b>
Address	IMAGING ON CALL LLC, 695 DUTCHESS TPKE #105POUGHKEEPSIE, NY, 12603
Specialty	R
Board Certified	R
School and Year of Graduation	EMORY UNIV USA 1988
Internship and Year	ABINGTON MEMORIAL HOSPITAL - ABINGTON, PA 1989
Residency and Year	NEW YORK MEDICAL COLLEGE - VALHALLA, NY 1994
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	15075
License Date	12/1/2010
Name	<b>ABRAMS, THOMAS A MD</b>
Address	DANA-FARBER CANCER INSTITUTE, 450 BROOKLINE AVE STE D1220BOSTON, MA, 02215
Specialty	ON
Board Certified	IM
School and Year of Graduation	THOMAS JEFFERSON UNIVERSITY USA 2000
Internship and Year	UNIVERSITY OF MICHIGAN HOSPITALS - ANN ARBOR, MI 2001
Residency and Year	UNIVERSITY OF MICHIGAN HOSPITALS - ANN ARBOR, MI 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8883
License Date	1/6/1993
Name	<b>ABRAMSON, LESLIE S MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF PA SCHOOL OF MEDICINE USA 1977
Internship and Year	UNIVERSITY COLORADO HEALTH SCIENCE CENTER DENVER CO 1978
Residency and Year	UNIVERSITY COLORADO HEALTH SCIENCE CENTER DENVER CO 1980
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	14826
License Date	5/5/2010
Name	<b>ABUBAKAR, REZNER H MD</b>
Address	THE READING HOSP MED GROUP, 2561 BERNVILLE RDREADING, PA, 19605
Specialty	FP
Board Certified	
School and Year of Graduation	FAR EASTERN UNIV-NICANOR REYES MEDICAL FOUNDATION PHILIPPINES 1994
Internship and Year	READING HOSPITAL AND MEDICAL CENTER - WEST READING, PA 2008
Residency and Year	READING HOSPITAL AND MEDICAL CENTER - WEST READING, PA 2009
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	15520
License Date	2/1/2012
Name	<b>ABUMERI, IMAD MD</b>
Address	NE NEUROLOGICAL ASSOC, 354 MERRIMACK STLAWRENCE, MA, 01843
Specialty	NS
Board Certified	NS
School and Year of Graduation	UNIVERSITE MOHAMMED V MOROCCO 1988
Internship and Year	MEDICAL COLLEGE OF OHIO - TOLEDO, OH 1998
Residency and Year	DDREXEL UNIVERSITY COLLEGE OF MEDICINE - PHILADELPHIA, PA 1999
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	13734
License Date	11/7/2007
Name	<b>ACASH, GHAZWAN MD</b>
Address	2 SHORT STREET, BURLINGTON, MA, 01803
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF DAMASCUS SYRIA 1991
Internship and Year	ST JOSEPH HOSPITAL - CHICAGO, IL 1995
Residency and Year	ST JOSEPH HOSPITAL - CHICAGO, IL 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13143
License Date	7/5/2006
Name	<b>ACHTYL, THOMAS R MD</b>
Address	CHESHIRE MED CTR - DH, 580 COURT STKEENE, NH, 03431
Specialty	FP
Board Certified	FP
School and Year of Graduation	SUNY @ BUFFALO SCHOOL USA 1978
Internship and Year	SUNY @ BUFFALO - NY 1979
Residency and Year	SUNY @ BUFFALO - NY 1981
License Expiration Date	<b>6/30/2008</b>
Remarks	Deceased 10/22/12

License Number	6686
License Date	5/5/1983
Name	<b>ACKIL, ALBERT A MD</b>
Address	15 ROCHE BROTHERS WAY, EASTON, MA, 02356
Specialty	N
Board Certified	
School and Year of Graduation	TUFTS UNIV SCHOO MED - BOSTON, MA USA 1971
Internship and Year	BOSTON CITY HOSPITAL - BOSTON,MA 1972
Residency and Year	MASS GENERAL HOSPITAL - BOSTON, MA 1978
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13652
License Date	9/5/2007
Name	<b>ACKLAND, MICHAEL K MD</b>
Address	ACKLAND SPORTS MEDICINE, 125 PARKER HILL AVE STE 410BOSTON, MA, 02120
Specialty	ORS
Board Certified	OR
School and Year of Graduation	UNIV OF OTTAWA CANADA 1980
Internship and Year	ST JOSEPHS HEALTH CENTER-TORONTO, ONTARIO CANADA 1981
Residency and Year	UNIV OF OTTAWA-OTTAWA, ONTARIO CANADA 1985
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	13891
License Date	4/2/2008
Name	<b>ACOSTA, KATRINA B MD</b>
Address	VALLEY RADIOLOGISTS PA, 243 ELM STCLAREMONT, NH, 03743
Specialty	DR
Board Certified	R
School and Year of Graduation	UNIV OF KENTUCKY USA 1998
Internship and Year	GOOD SAMARITAN HOSPITAL - CINCINNATI, OH 1999
Residency and Year	LOYOLA UNIV MEDICAL CENTER - MAYWOOD, IL 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	15817
License Date	9/5/2012
Name	<b>ADAIR II, LUTHER B MD</b>
Address	SUMMIT RADIOLOGY, PO BOX 80070FORT WAYNE, IN, 46898-0070
Specialty	DR
Board Certified	DR
School and Year of Graduation	MEHARRY MEDICAL COLLEGE SCHOOL OF MEDICINE USA 2006
Internship and Year	CAMBRIDGE HOSPITAL -CAMBRIDGE, MA 2007
Residency and Year	LONG ISLAND COLLEGE HOSPITAL - BROOKLYN, NY 2011
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16530
License Date	4/2/2014
Name	<b>ADAKA, GREGORY MD</b>
Address	15 BROOKLANDS CT, ROCHDALE GB, , OL11 4EJ
Specialty	EM
Board Certified	
School and Year of Graduation	UNIVERSITY OF BENIN NIGERIA 1991
Internship and Year	UNIVERSITY OF PORT HARCOURT TEACHING HOSPITAL - PORT HARCOURT, NIGERIA 1993
Residency and Year	PAMO CLINIC - PORT HARCOURT, NIGERIA 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14116
License Date	8/6/2008
Name	<b>ADAM, SONYA MD</b>
Address	MANOR FAMILY MEDICINE, 111 6TH STWHITEHALL, PA, 18502
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF PESHAWAR PAKISTAN 1999
Internship and Year	UNION HOSPITAL FAMILY MEDICINE PROGRAM - TERRE HAUTE, IN 2006
Residency and Year	UNION HOSPITAL FAMILY MEDICINE PROGRAM - TERRE HAUTE, IN 2007
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	11438
License Date	11/7/2001
Name	<b>ADAMS, DIANE K DO</b>
Address	CONCENTRA, 875 SOUTH COLORADO BLVDDENVER, CO, 80246
Specialty	IM
Board Certified	
School and Year of Graduation	UNIV OF NEW ENGLAND COLL OF OSTEO-BIDDEFORD, ME USA 1993
Internship and Year	ROGER WILLIAMS HOSPITAL - BROWN UNIV - PROVIDENCE, RI 1995
Residency and Year	ROGER WILLIAMS HOSPITAL - BROWN UNIV - PROVIDENCE, RI 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/6/15</b>

License Number	15276
License Date	7/6/2011
Name	<b>ADAMS, DONNA D MD</b>
Address	CONCORD HOSP CARDIAC ASSOC, 246 PLEASANT ST STE 103CONCORD, NH, 03301
Specialty	CD
Board Certified	CD
School and Year of Graduation	ROSS UNIVERSITY USA 2002
Internship and Year	UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 2003
Residency and Year	UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 2005
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	12830
License Date	8/3/2005
Name	<b>ADAMS, ELIZABETH G MD</b>
Address	35 SWANSON CT, APT #16DORCHESTER, MA, 01719
Specialty	GS
Board Certified	GS
School and Year of Graduation	GEORGE WASHINGTON UNIVERSITY, WASHINGTON DC US 1973
Internship and Year	CHILDREN'S NATIONAL MED CTR, WASHINGTON DC 1974
Residency and Year	WASHINGTON HOSPITAL CTR, WASHINGTON DC 1975
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	10478
License Date	1/6/1999
Name	<b>ADAMS, FRANCIS M MD</b>
Address	CLEAR CHOICE MD, 410 MIRACLE MILELEBANON, NH, 03756
Specialty	FP
Board Certified	FP
School and Year of Graduation	ALLEGHENY UNIV HLTH SCI - PHILIA, PA USA 1987
Internship and Year	SACRED HEART HOSPITAL- ALLENTOWN, PA 1988
Residency and Year	SACRED HEART HOSPITAL - ALLENTOWN, PA 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7979
License Date	10/5/1988
Name	<b>ADAMS, GEORGE L MD</b>
Address	7845 COLONY RD, SUITE 4143CHARLOTTE, NC, 28226
Specialty	P
Board Certified	
School and Year of Graduation	TULANE UNIV SCHOOL OF MEDICINE USA 1967
Internship and Year	UNIVERSITY OF CALIFORNIA HOSPITAL - LOS ANGELES 1968
Residency and Year	UCLA MEDICAL CENTER - LOS ANGELES CA 1971
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number 11297  
 License Date 7/11/2001  
 Name **ADAMS, GLENN B DO**  
 Address WEEKS MEDICAL CENTER, 47 CHURCH ST GROVETON, NH, 03582  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEO USA 1998  
 Internship and Year EASTERN MAINE MEDICAL CENTER BANGOR ME 1999  
 Residency and Year EASTERN MAINE MEDICAL CENTER BANGOR ME 2001  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 7107  
 License Date 6/6/1985  
 Name **ADAMS, JAMES J MD**  
 Address 6 HILLS AVE, CONCORD, NH, 03301-  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIVERSITY OF MICHIGAN-ANN ARBOR, MI USA 1976  
 Internship and Year UNIVERSITY OF MICHIGAN HOSPITALS-ANN ARBOR, MI 1977  
 Residency and Year UNIVERSITY OF CALIFORNIA-SAN DIEGO AFFIL HOSPITALS-SAN DIEGO, CA 1979  
 License Expiration Date **7/7/2009**  
 Remarks **DECEASED 7/7/09**

License Number 15521  
 License Date 2/1/2012  
 Name **ADAMS, KENNETH G MD**  
 Address PENTUCKET MED ASSOC, 1 PARK WAY HAVERHILL, MA, 01830  
 Specialty CD  
 Board Certified CD  
 School and Year of Graduation CORNELL UNIVERSITY MEDICAL COLLEGE USA 1979  
 Internship and Year WASHINGTON UNIVERSITY B-JH/SLCH - ST LOUIS, MO 1980  
 Residency and Year WASHINGTON UNIVERSITY B-JH/SLCH - ST LOUIS, MO 1982  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11231  
 License Date 5/2/2001  
 Name **ADAMS, KEVIN K MD**  
 Address 2092 KUHLO AVE #702, HONOLULU, HI, 96815  
 Specialty IM  
 Board Certified  
 School and Year of Graduation UNIV OF COLORADO SCH OF MED - DENVER, CO USA 1997  
 Internship and Year UNIV OF HAWAII - HONOLULU, HI 1998  
 Residency and Year UNIV OF HAWAII - HONOLULU, HI 2000  
 License Expiration Date **6/30/2007**  
 Remarks

License Number	11948
License Date	6/4/2003
Name	<b>ADAMS, LISA V MD</b>
Address	DHMC/INF DIS & INTER HLTH, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL-LEBANON NH USA 1990
Internship and Year	CAMBRIDGE HOSP - CAMBRIDGE MA 1991
Residency and Year	CAMBRIDGE HOSP - CAMBRIDGE MA 1994
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16500
License Date	3/5/2014
Name	<b>ADAMS, MATHIS T MD</b>
Address	ACUTE CARE SURGERY, 330 BORTHWICK AVE #200PORTSMOUTH, NH, 03801
Specialty	GS
Board Certified	GS
School and Year of Graduation	TEXAS TECH UNIVERSITY HEALTH SCIENCE CENTER USA 1999
Internship and Year	METHODIST HOSPITALS OF DALLAS - DALLAS, TX 2000
Residency and Year	METHODIST HOSPITALS OF DALLAS - DALLAS, TX 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15119
License Date	2/2/2011
Name	<b>ADAMS, NEAL A MD</b>
Address	2101 MEDICAL PARK DR, SUITE 303SILVER SPRING, MD, 20902
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	JOHNS HOPKINS UNIVERSITY USA 1998
Internship and Year	GREATER BALTIMORE MEDICAL CENTER - BALTIMORE, MD 1999
Residency and Year	JOHN HOPKINS UNIVERSITY - BALTIMORE, MD 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4786
License Date	6/14/1971
Name	<b>ADAMS, PATRICIA E MD</b>
Address	, , ,
Specialty	PD
Board Certified	PD
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1994</b>
Remarks	

License Number	11159
License Date	2/7/2001
Name	<b>ADAMS, ROBERT R MD</b>
Address	2302 W KIOWA ST, COLORADO SPRINGS, CO, 80904
Specialty	P
Board Certified	P
School and Year of Graduation	UNIFORMED SER UNIV OF HLTH SCI-BETHESDA,MD USA 1982
Internship and Year	WILFORD HALL MEDICAL CENTER- LACKLAND AFB, TX 1983
Residency and Year	WILFORD HALL MEDICAL CENTER - LACKLAND AFB, TX 1986
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	6812
License Date	11/10/1983
Name	<b>ADAMSON, GODFREY DOUGLAS JR MD</b>
Address	, , ,
Specialty	FP
Board Certified	FP
School and Year of Graduation	VANDERBILT UNIVERSITY - TN USA 1957
Internship and Year	
Residency and Year	
License Expiration Date	<b>2/29/1992</b>
Remarks	<b>DECEASED</b>

License Number	16695
License Date	8/6/2014
Name	<b>ADAMSON, MEGAN M MD</b>
Address	5902 WATEREE DR, DURHAM, NC, 27713
Specialty	FP
Board Certified	FP
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2008
Internship and Year	DUKE UNIVERSITY HOSPITAL - DURHAM, NC 2009
Residency and Year	DUKE UNIVERSITY HOSPITAL - DURHAM, NC 2011
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7143
License Date	7/10/1985
Name	<b>ADDANTE, LINDA A MD</b>
Address	KIMBALL UNION ACADEMY, 7 CAMPUS CENTER RD - HEALTH CENTERMERIDEN, NH, 03770-5402
Specialty	P
Board Certified	P
School and Year of Graduation	HAHNEMANN MEDICAL COLLEGE-PHILADELPHIA, PA USA 1981
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CTR-HANOVER, NH 1982
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CTR-HANOVER, NH 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6297
License Date	10/2/1980
Name	<b>ADDANTE, ROCCO R MD</b>
Address	DHMC-ORAL SURGERY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	OS
Board Certified	OS
School and Year of Graduation	HARVARD MED SCH-BOSTON USA 1979
Internship and Year	BETH ISRAEL HOSPITAL - BOSTON, MA 1980
Residency and Year	BETH ISRAEL HOSPITAL - BOSTON, MA 1980
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17042
License Date	5/6/2015
Name	<b>ADDIS, KIMBERLY A MD</b>
Address	VIRTUAL RADIOLOGY, 11995 SINGLETREE LANE STE 500EDEN PRAIRIE, MN, 55344
Specialty	DR
Board Certified	DR
School and Year of Graduation	PENNSYLVANIA STATE UNIV COLLEGE OF MED USA 1999
Internship and Year	MILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 2000
Residency and Year	MILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13062
License Date	5/3/2006
Name	<b>ADEGBOLA, ABIDEMI A MD</b>
Address	448 HALSTEAD AVE APT 2C, MAMARONECK, NY, 10543
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF LAGOS NIGERIA 1998
Internship and Year	WASHINGTON UNIV, ST LOUIS MO 2004
Residency and Year	JOHNS HOPKINS HOSPITAL, BALTIMORE MD 2006
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	12727
License Date	6/1/2005
Name	<b>ADELMAN, KARIN A MD</b>
Address	KINGSTON COMM HLTH CTR, 263 WELLES AVEKINGSTON ON CANADA, , K7K 2V4
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF MASS, WORCESTER MA US 1982
Internship and Year	SOUTH NASSAU COMMUNITIES HOSP, OCEANSIDE NY 1983
Residency and Year	SOUTH NASSAU COMMUNITIES HOSP, OCEANSIDE NY 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16097
License Date	5/1/2013
Name	<b>ADENIRAN, ADEWALE O MD</b>
Address	3001 COMMUNICATIONS PKWY, APT 2415PLANO, TX, 75093
Specialty	ORS
Board Certified	
School and Year of Graduation	WASHINGTON UNIVERSITY SCHOOL OF MEDICINE USA 2009
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	7938
License Date	8/10/1988
Name	<b>ADES, ALAIN MD</b>
Address	PO BOX 2092, NEW CASTLE, NH, 03854
Specialty	GE
Board Certified	GE
School and Year of Graduation	BOSTON UNIV SCH OF MED-BOSTON,MA USA 1982
Internship and Year	CEDARS SINAI MED CTR-LOS ANGELES,CA 1983
Residency and Year	CEDARS-SINAI MED CTR-LOS ANGELES,CA 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12155
License Date	12/3/2003
Name	<b>ADKISSON, GREGORY H MD</b>
Address	N AMERICAN PARTNERS-ANESTHESIA, 68 S SERVICE RD STE 350MELVILLE, NY, 11747
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF ARIZONA, TUCSON AZ US 1978
Internship and Year	NAVAL MEDICAL CTR, SAN DIEGO CA 1979
Residency and Year	NAVAL MEDICAL CTR, SAN DIEGO CA 1992
License Expiration Date	<b>6/30/2015</b>
Remarks	<b>lapsed for non-renewal 6/30/07...</b> <b>Reinstated on 11/5/08</b>

License Number	13006
License Date	3/1/2006
Name	<b>ADRALES, GINA L MD</b>
Address	DHMC - GENERAL SURGERY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF VIRGINIA, CHARLOTTESVILLE VA US 1996
Internship and Year	UNIVERSITY OF FLORIDA, JACKSONVILLE FL 1997
Residency and Year	CAROLINAS MEDICAL CTR, CHARLOTTE NC 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14401
License Date	5/6/2009
Name	<b>ADUAKO, CECILIA D MD</b>
Address	PHYSICIAN STAFFING INC, 30680 BAINBRIDGE RDSOLON, OH, 44139
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF GHANA GHANA 2003
Internship and Year	MERIDIA HURON HOSPITAL-EAST CLEVELAND, OH 2005
Residency and Year	MERIDIA HURON HOSPITAL-EAST CLEVELAND, OH 2007
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	17146
License Date	7/1/2015
Name	<b>AFZA, RUHY MD</b>
Address	41411 GLADE RD, CANTON, MI, 48187
Specialty	IM
Board Certified	IM
School and Year of Graduation	I M SECHENOV MOSCOW MEDICAL ACADEMY RUSSIA 2001
Internship and Year	SINAI-GRACE HOSPITAL - DETROIT, MI 2010
Residency and Year	SINAI-GRACE HOSPITAL - DETROIT, MI 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16961
License Date	3/4/2015
Name	<b>AFZAL, MUHAMMAD Z MD</b>
Address	DHMC, ONE MEDICAL CTR DRLEBANON, NH, 03766
Specialty	IM
Board Certified	
School and Year of Graduation	KING EDWARD MEDICAL UNIVERSITY PAKISTAN 2008
Internship and Year	GRAND RAPIDS MEDICAL-MICHIGAN STATE UNIVERSITY - GRAND RAPIDS, MI 2012
Residency and Year	GRAND RAPIDS MEDICAL-MICHIGAN STATE UNIVERSITY - GRAND RAPIDS, MI 2014
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8506
License Date	4/3/1991
Name	<b>AGALLIANOS, DENNIS D MD</b>
Address	101 WEST WINDSOR RD, URBANAN, IL, 61802
Specialty	P
Board Certified	P
School and Year of Graduation	INSTITUTE DE MED SI FARM CLUJ-JAPOCA ROMANIA ROMANIA 1948
Internship and Year	FRENCH-POLYCL MED CENTER - NY, NY 1958
Residency and Year	SPRING CROVE HOSPITAL - CANTONSVILLE, MD 1962
License Expiration Date	<b>6/30/2011</b>
Remarks	



License Number	9057
License Date	10/6/1993
Name	<b>AGARWAL, SANGITA J MD</b>
Address	WENTWORTH-DOUGLASS PHYS CORP, 789 CENTRAL AVEDOVER, NH, 03820
Specialty	FP
Board Certified	FP
School and Year of Graduation	QUEEN'S UNIVERSITY OF BELFAST FACULTY OF MEDICINE IRELAND 1987
Internship and Year	MID-ULSTER HOSPITAL - MAGHERAFELT IRELAND 1988
Residency and Year	HANDFORTH HEALTH CENTER - CHESHIRE ENGLAND 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12591
License Date	2/2/2005
Name	<b>AGARWAL, SANJAY K MD</b>
Address	LAKES REGION GENERAL HOSP, 80 HIGHLAND STLA CONIA, NH, 03246
Specialty	IM
Board Certified	IM
School and Year of Graduation	BANGALORE UNIVERSITY, BANGALORE KARNATAKA INDIA INDIA 1996
Internship and Year	MICHAEL REESE HOSP, CHICAGO IL 2000
Residency and Year	MICHAEL REESE HOSP, CHICAGO IL 2002
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	9718
License Date	6/5/1996
Name	<b>AGBAYANI-ASAR, OLGA J MD</b>
Address	14 TIMBER RIDGE DR, COMMACK, NY, 11725
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF THE PHILIPPINES PHILIPPINES 1956
Internship and Year	PHILIPPINE GENERAL HOSPITAL 1956
Residency and Year	PILGRIM PSYCHIATRIC CTR 1962
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	15688
License Date	6/6/2012
Name	<b>AGHA, SYED A MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	AGA KHAN MEDICAL COLLEGE PAKISTAN 1996
Internship and Year	ST FRANCIS MEDICAL CENTER - PEORIA, IL 1998
Residency and Year	ST FRANCIS MEDICAL CENTER - PEORIA, IL 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 14242  
 License Date 12/3/2008  
 Name **AGISIM, FREDERICK A MD**  
 Address CTR FOR LIFE MGMT, 10 TSIENNETO RDDERRY, NH, 03038  
 Specialty P  
 Board Certified P  
 School and Year of Graduation TUFTS UNIV USA 1978  
 Internship and Year MASSACHUSETTS MENTAL HEALTH CENTER - JAMAICA PLAIN, MA 1980  
 Residency and Year MASSACHUSETTS MENTAL HEALTH CENTER - JAMAICA PLAIN, MA 1982  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15646  
 License Date 5/2/2012  
 Name **AGRAWAL, KIREET MD**  
 Address LRG HEALTHCARE, 80 HIGHLAND AVELACONIA, NH, 03246  
 Specialty IM  
 Board Certified  
 School and Year of Graduation MAULANA AZAD MEDICAL COLLEGE INDIA 2006  
 Internship and Year SINAI HOSPITAL OF BALTIMORE - BALTIMORE, MD 2009  
 Residency and Year JOHN H STROGER JR HOSPITAL OF COOK COUNTY - CHICAGO, IL 2012  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 10926  
 License Date 6/7/2000  
 Name **AGUHOB, SAMUEL B MD**  
 Address DOCTOR'S COMMUNITY HOSPITAL, 8118 GOOD LUCK RDLANHAM, MD, 20706  
 Specialty AN  
 Board Certified  
 School and Year of Graduation UNIV OF SANTO TOMAS ESPANA STREET - MANILA PHILIPPINES 1965  
 Internship and Year DEPAUL HOSPITAL - NORFOLK, VA 1967  
 Residency and Year WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 1971  
 License Expiration Date **6/30/2004**  
 Remarks

License Number 13368  
 License Date 1/3/2007  
 Name **AGUILA, ELVIRA G MD**  
 Address 501 BROAD ST, PORTSMOUTH, NH, 03801  
 Specialty PUD  
 Board Certified PUD  
 School and Year of Graduation BOSTON UNIV USA 1998  
 Internship and Year BOSTON UNIV - BOSTON, MA 1999  
 Residency and Year BOSTON UNIV - BOSTON, MA 2001  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	10638
License Date	8/4/1999
Name	<b>AGUILAR LAMMERS, DULCE M MD</b>
Address	114 E MAIN ST, PO BOX 183NEW PALESTINE, IN, 46163
Specialty	OBG
Board Certified	
School and Year of Graduation	UNIV OF MEXICO - MEXICO CITY, MEXICO MEXICO 1969
Internship and Year	ST LOUIS UNIV - ST LOUIS, MO 1973
Residency and Year	CASE WESTERN RESERVE UNIV-SAINT LUKE MEDICAL CENTER - CLEVELAND, OH 1976
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	14155
License Date	9/3/2008
Name	<b>AGUILAR, ARTURO J MD</b>
Address	BOSTON MEDICAL CENTER, 1 BOSTON MED CTR PLC DOW 5 SBOSTON, MA, 02118
Specialty	FP
Board Certified	FP
School and Year of Graduation	MEHARRY MEDICAL COLLEGE USA 2006
Internship and Year	NH DARTMOUTH FAMILY PRACTICE RESIDENCY - CONCORD, NH 2007
Residency and Year	NH DARTMOUTH FAMILY PRACTICE RESIDENCY - CONCORD, NH 2008
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	16398
License Date	12/4/2013
Name	<b>AGUILAR, MARIA I MD</b>
Address	MAYO CLINIC, 5777 E MAYO BLVDPHOENIX, AZ, 85054
Specialty	N
Board Certified	N
School and Year of Graduation	UNIVERSIDAD CES PROGRAMA DE MEDICINA COLOMBIA 1998
Internship and Year	UNIVERSITY OF TX HEALTH SCIENCE CENTER - SAN ANTONIO, TX 2002
Residency and Year	UNIVERSITY OF TX HEALTH SCIENCES CENTR - SAN ANTONIO, TX 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16620
License Date	6/4/2014
Name	<b>AGUIRRE, VINCENT MD</b>
Address	ELLIOT HOSPITAL AT RIVERS EDGE- GASTROENTEROLOGY, 185 QUEEN CITY AVE - 4TH FLMANCHES
Specialty	GE
Board Certified	GE
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 2002
Internship and Year	BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 2003
Residency and Year	BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16937
License Date	2/4/2015
Name	<b>AHMAD, HINA S MD</b>
Address	433 BELLEVUE AVE, TRENTON, NJ, 08618
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	TEMPLE UNIVERSITY SCHOOL OF MEDICINE USA 2003
Internship and Year	UMDNJ/ROBERT WOOD JOHNSON MEDICAL SCHOOL-NEW BRUNSWICK, NJ 2004
Residency and Year	UMDNJ/ROBERT WOOD JOHNSON MEDICAL SCHOOL-NEW BRUNSWICK, NJ 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16938
License Date	2/4/2015
Name	<b>AHMAD, JIBRAN MD</b>
Address	14 JANE LACEY DR APT C, ENDICOTT, NY, 13760
Specialty	DR
Board Certified	DR
School and Year of Graduation	ST GEORGES UNIVERSITY GRENADA 2008
Internship and Year	GREATER BALTIMORE MEDICAL CENTER - BALTIMORE, MD 2009
Residency and Year	SAINT BARNABAS MEDICAL CENTER-LIVINGSTON, NJ 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16962
License Date	3/4/2015
Name	<b>AHMAD, KAMRAN T MD</b>
Address	5159 SUNDIAL COURT, MISSISSAUGA ONTARIOCANADA, , L5R 2T1
Specialty	FP
Board Certified	
School and Year of Graduation	UNIVERSITY OF SINT EUSTATIUS SCHOOL OF MEDICINE NETHERLANDS ANTILLES 2009
Internship and Year	SELMA FAMILY MEDICINE RESIDENCY PROGRAM - SELMA, AL 2012
Residency and Year	SELMA FAMILY MEDICINE RESIDENCY PROGRAM - SELMA, AL 2014
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13571
License Date	7/11/2007
Name	<b>AHMAD, NAUMAN MD</b>
Address	SACRED HEART CHILDREN'S HOSP, 101 WEST 8TH AVE 2ND FLRSPOKANE, WA, 99204
Specialty	P
Board Certified	P
School and Year of Graduation	MICHIGAN STATE UNIV USA 2003
Internship and Year	UNIV OF CINCINNATI-CINCINNATI, OH 2004
Residency and Year	ADVOCATE LUTHERAN GENERAL HOSPITAL - PARK RIDGE, IL 2007
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	17251
License Date	9/2/2015
Name	<b>AHMAD, SHAWN M MD</b>
Address	DHMC, 1 MEDICAL CTR DRLEBANON, NH, 03766
Specialty	IM
Board Certified	IM
School and Year of Graduation	NY UNIV SCHOOL OF MED- NEW YORK, NY USA 2007
Internship and Year	UMDNJ-ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK NJ 2011
Residency and Year	UMDNJ-ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK NJ 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12563
License Date	1/5/2005
Name	<b>AHMADO, IMAD MD</b>
Address	CATHOLIC MEDICAL CENTER, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF ALEPPO, ALEPPO SYRIA SYRIA 1998
Internship and Year	COOK COUNTY HOSPITAL, CHICAGO IL 2002
Residency and Year	COOK COUNTY HOSPITAL, CHICAGO IL 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17198
License Date	8/5/2015
Name	<b>AHMED, AMINA A MD</b>
Address	24 HIDDEN BROOK DR, BROOKFIELD, CT, 06804
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	GRANT MEDICAL COLLEGE, UNIV OF MUMBAI INDIA 1984
Internship and Year	CHILDRENS HOSPITAL OF MICHIGAN - DETROIT, MI 1988
Residency and Year	SINAI-GRACE HOSPITAL - DETROIT, MI 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13788
License Date	12/26/2007
Name	<b>AHMED, ASMA MD</b>
Address	2300 SOUTHWOOD DR, NASHUA, NH, 03063
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF KARACHI PAKISTAN 2000
Internship and Year	STATEN ISLAND UNIV HOSPITAL - STATEN ISLAND, NY 2004
Residency and Year	STATEN ISLAND UNIV HOSPITAL - STATEN ISLAND, NY 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 9536  
 License Date 9/6/1995  
 Name **AHMED, MOHAMED A MD**  
 Address EMCARE ACUTE CARE SURGERY, 13737 NOEL RD STE 1600 DALLAS, TX, 75240  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation UNIV OF BAGDAD COLL OF MEDICINE IRAQ 1984  
 Internship and Year UNIV OF WASHINGTON SCHOOL OF MEDICINE - SEATTLE WA 1995  
 Residency and Year UNIV OF WASHINGTON SCHOOL OF MEDICINE - SEATTLE WA 1995  
 License Expiration Date **6/30/2017**  
 Remarks **lapsed 6/30/07 - reinstated 3/4/15**

License Number 12288  
 License Date 5/5/2004  
 Name **AHMED, SHIHAB U MD**  
 Address NEW ENGLAND NEUROLOGICAL, 70 BUTLER ST SALEM, NH, 03079  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation MYMENSINGH MEDICAL COLLEGE BANGLADESH 1987  
 Internship and Year METROWEST MEDICAL CENTER-FRAMINGTON UNION HOSPITAL, FRAMINGHAM MA 1994  
 Residency and Year BRIGHAM AND WOMEN'S HOSPITAL, BOSTON, MA 1997  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 16889  
 License Date 1/21/2015  
 Name **AHMED, YASMIN Z MD**  
 Address 21630 N 19 19TH AVE STE B8, PHOENIX, AZ, 85027  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation DOW MEDICAL COLLEGE UNIV OF KARACHI PAKISTAN 1996  
 Internship and Year MCLAREN REGIONAL MEDICAL CENTER - FLINT, MI 2005  
 Residency and Year MCLAREN REGIONAL MEDICAL CENTER - FLINT, MI 2007  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11844  
 License Date 3/5/2003  
 Name **AHN, SUZANNE S MD**  
 Address URBAN HEALTH PLAN, 1065 SOUTHERN BLVD BRONX, NY, 10459  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIV OF ILLINOIS - CHICAGO, IL USA 1998  
 Internship and Year NORTH SHORE UNIV HOSPITAL - MANHASSET, NY 1999  
 Residency and Year NORTH SHORE UNIV HOSPITAL - MANHASSET, NY 2001  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 10983  
 License Date 7/5/2000  
 Name **AHN, URI M MD**  
 Address NH NEUROSPINE INSTITUTE, 4 HAWTHORNE DR BEDFORD, NH, 03110  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation JOHN HOPKINS UNIV SCH OF MED - BALTIMORE, MD USA 1994  
 Internship and Year JOHNS HOPKINS UNIV - BALTIMORE, MD 1995  
 Residency and Year JOHN HOPKINS UNIV - BALTIMORE, MD 1999  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13572  
 License Date 7/11/2007  
 Name **AHUJA, ANGELA MD**  
 Address ALLERGY & ASTHMA SPECIALISTS, 9 VILLAGE SQUARE CHELMSFORD, MA, 01824  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIV OF MISSISSIPPI USA 2001  
 Internship and Year UNIV OF MISSISSIPPI MEDICAL CENTER - JACKSON, MS 2002  
 Residency and Year UNIV OF MISSISSIPPI MEDICAL CENTER - JACKSON, MS 2005  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15611  
 License Date 4/4/2012  
 Name **AIELLO, PAUL A MD**  
 Address 25 BALMAHA CLOSE, FAIRFIELD, CT, 06825  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1984  
 Internship and Year NORWALK HOSPITAL - NORWALK, CT 1985  
 Residency and Year ST VINCENTS MEDICAL CENTER - BRIDGEPORT, CT 1989  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12688  
 License Date 5/4/2005  
 Name **AITKEN, CANDICE L MD**  
 Address DHMC- RADIATION ONCOLOGY, ONE MEDICAL CENTER DR LEBANON, NH, 03756  
 Specialty RO  
 Board Certified RO  
 School and Year of Graduation UNIVERSITY OF NEW YORK, NEW YORK NY US 2000  
 Internship and Year BETH ISRAEL DEACONESS MED CTR, BOSTON MA 2001  
 Residency and Year JOINT CENTER FOR RADIATION THERAPY, BOSTON MA 2004  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 8810  
 License Date 9/2/1992  
 Name **AIYEGBUSI, MODUPE A MD**  
 Address FAMILY PRACTICE CENTER, 1320 WISCONSIN AVERACINE, WI, 53403  
 Specialty OBG  
 Board Certified  
 School and Year of Graduation AIN SHAMS UNIVERSITY FACULTY OF MEDICINE EGYPT 1981  
 Internship and Year LAGOS UNIVERSITY TEACHING HOSPITAL CAIRO - EGYPT 1982  
 Residency and Year NIGERIAN NAVAL HOSPITAL SHATTELITE TOWN - LAGOS 1984  
 License Expiration Date **6/30/1999**  
 Remarks

License Number 16696  
 License Date 8/6/2014  
 Name **AJAMIE, JOHN M MD**  
 Address 532 COPENHAGEN RD, WATERFORD, VT, 05819  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation INDIANA UNIVERSITY SCHOOL OF MEDICINE USA 1980  
 Internship and Year ST JOSEPHS REGIONAL MEDICAL CENTER - MISHAWAKA, IN 1981  
 Residency and Year ST JOSEPHS REGIONAL MEDICAL CENTER - MISHAWAKA, IN 1983  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10110  
 License Date 9/10/1997  
 Name **AJEENA, ABDUL-WAHID K MD**  
 Address PENTUKET ORTHOPAEDICS - MERRIMACK MED CTR, 62 BROWN ST, STE #505HAVERHILL, MA, 0183  
 Specialty OTR  
 Board Certified  
 School and Year of Graduation UNIV OF BAGHDAD COLL OF MED BAGHDAD IRAQ USA 1971  
 Internship and Year MEDICAL CITY UNIV HOSPITAL - GAGHDAD, IRAQ 1972  
 Residency and Year CHILDREN HOSPITAL - BOSTON, MA 1993  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10984  
 License Date 7/5/2000  
 Name **AKERKAR, GEETANJALI A MD**  
 Address 33 BARTLETT ST STE 505, LOWELL, MA, 01852  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation CORNELL UNIV MED COLL - NEW YORK, NY USA 1993  
 Internship and Year BETH ISRAEL DEACONESS MED CTR - BOSTON, MA 1994  
 Residency and Year BETH ISRAEL DEACONESS MED CTR - BOSTON, MA 1995  
 License Expiration Date **6/30/2004**  
 Remarks



License Number	15400
License Date	10/5/2011
Name	<b>AKERMAN, SARAH C MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE USA 2008
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6359
License Date	4/2/1981
Name	<b>AKEY JR, DONALD T MD</b>
Address	CONCORD PULMONARY MEDICINE, 248 PLEASANT ST G100CONCORD, NH, 03301-2952
Specialty	PUD
Board Certified	CCM
School and Year of Graduation	GEORGETOWN UNIV SCH OF MED, WASHINGTON, DC USA 1976
Internship and Year	NWUMS AFFIL HOSP, CHICAGO, IL 1977
Residency and Year	EVANSTON HOSP 1979
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14052
License Date	7/9/2008
Name	<b>AKHTAR, HAROON MD</b>
Address	, PO BOX 694 WOLFEBORO, NH, 03894
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF THE PUNJAB PAKISTAN 1998
Internship and Year	ST VINCENT MERCY MEDICAL CENTER-TOLEDO, OH 2006
Residency and Year	ST VINCENT MERCY MEDICAL CENTER-TOLEDO, OH 2008
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	16743
License Date	9/3/2014
Name	<b>AKHTER, AAFQUE MD</b>
Address	87 E MAIN ST, NORTON, MA, 02766
Specialty	P
Board Certified	P
School and Year of Graduation	PATNA MEDICAL COLLEGE INDIA 1994
Internship and Year	BROCKTON-WEST ROXBURY VETERANS AFFAIRS MED CTR - BROCKTON, MA 2001
Residency and Year	BROCKTON-WEST ROXBURY VETERANS AFFAIRS MED CTR - BROCKTON, MA 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 9577  
 License Date 11/1/1995  
 Name **AKILESH, KUMAR MD**  
 Address EASTERN MAINE MEDICAL CENTER, GRANT 8BANGOR, ME, 04402  
 Specialty NPM  
 Board Certified PD  
 School and Year of Graduation LOKMANYA TILAK MUN MED COLL, UNIV OF BOMBAY INDIA 1973  
 Internship and Year MARY HITCHCOCK MEMORIAL HOSPITAL 1997  
 Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL 1997  
 License Expiration Date **6/30/2000**  
 Remarks

License Number 13939  
 License Date 5/7/2008  
 Name **AKINMADE, OMOTAYO O MD**  
 Address PIEDMONT PHYSICIANS OF STOCKBRIDGE, 150 EAGLES SPRING CT - STE ASTOCKBRIDGE, GA, 3028  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF LAGOS NIGERIA 2001  
 Internship and Year SUNY HEALTH SCIENCE CENTER-BROOKLN, NY 2006  
 Residency and Year SUNY HEALTH SCIENCE CENTER-BROOKLYN, 2007  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9578  
 License Date 11/1/1995  
 Name **AL- HOJERRY, KEENAN M MD**  
 Address 278 LAFAYETTE RD, BLDG E-STE 5SPORTSMOUTH, NH, 03801  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF JORDON,FAC OF MED, AMMAN, JORDON JORDON 1988  
 Internship and Year MEMORIAL HOSPITAL OF RI 1993  
 Residency and Year MEMORIAL HOSPITAL OF RI 1995  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14006  
 License Date 6/4/2008  
 Name **AL MASSLOOM, HASAN S MD**  
 Address SAUDI ARAMCO DHAHRAN HEALTH CT, MEDICAL EDUCATION RM 0-123DHAHRAN, AE, 31311  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation KING SAUD UNIV - RIYADH SAUDI ARABIA 1991  
 Internship and Year UNIV OF ARKANSAS FOR MEDICAL SCIENCE - LITTLE ROCK, AR 2005  
 Residency and Year STRONG MEMORIAL HOSPITAL OF THE UNIV OF ROCHESTER-ROCHESTER, NY 2006  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 14117  
 License Date 8/6/2008  
 Name **AL SHARIF, MUHAMMAD M DO**  
 Address MERCY MED CTR NORTH IA, 1000 4TH ST SWMASON CITY, IA, 5041  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF ALEXANDRIA EGYPT 1988  
 Internship and Year MEDICAL COLLEGE OF OHIO - TOLEDO, OH 2002  
 Residency and Year MEDICAL COLLEGE OF OHIO - TOLEDO, OH 2004  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 13940  
 License Date 5/7/2008  
 Name **AL-ABDULRAZZAQ, HAMAD MD**  
 Address 21 MASON ST #2, BROOKLINE, MA, 02446  
 Specialty D  
 Board Certified D  
 School and Year of Graduation KUWAIT UNIV KUWAIT 2000  
 Internship and Year MIAMI CHILDRENS HOSPITAL-MIAMI, FL 2003  
 Residency and Year UNIV OF MIAMI MILLER SCHOOL OF MEDICINE - MIAMI, FL 2006  
 License Expiration Date **6/30/2010**  
 Remarks **lapsed 6/30/10-reinstated 7/1/15**

License Number 16058  
 License Date 4/3/2013  
 Name **AL-ALWAN, ALI A MD**  
 Address WENTWORTH DOUGLASS HOSP - SEACOAST PULMONARY MED, 789 CENTRAL AVENUE, NH, 038  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF JORDAN JORDAN 2005  
 Internship and Year MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 2008  
 Residency and Year MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 2010  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15367  
 License Date 9/7/2011  
 Name **AL-ANSARI, ESSAM M MD**  
 Address GOOD SAMARITAN SLEEP CENTER, 6350 GLENWAY AVE CINCINNATI, OH, 45211  
 Specialty CCM  
 Board Certified SM  
 School and Year of Graduation KING ABDULAZIZ UNIVERSITY SAUDI ARABIA 1996  
 Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1999  
 Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2001  
 License Expiration Date **6/30/2013**  
 Remarks

License Number	7069
License Date	5/2/1985
Name	<b>ALBALA, DAVID M MD</b>
Address	LOYOLA U MEDICAL CENTER, 2160 S 1ST AVEMAYWOOD, IL, 60153-5594
Specialty	U
Board Certified	U
School and Year of Graduation	MICHIGAN STATE UNIVERSITY-LANSING, MI USA 1983
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR-HANOVER, NH 1984
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR-HANOVER, NH 1985
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	14747
License Date	3/3/2010
Name	<b>ALBERT, ANTHONY MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	ORS
Board Certified	
School and Year of Graduation	MEDICAL COLLEGE OF GEORGIA USA 2005
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	13389
License Date	2/7/2007
Name	<b>ALBERT, DANIEL A MD</b>
Address	DHMC/RHEUMATOLOGY DEPT, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	RHU
School and Year of Graduation	NEW YORK UNIV SCHOOL OF MEDICINE USA 1974
Internship and Year	UNIV OF NORTH CAROLINA @ CHAPEL HILL - CHAPEL HILL, NC 1975
Residency and Year	UNIV OF NORTH CAROLINA @ CHAPEL HILL - CHAPEL HILL, NC 1977
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5646
License Date	11/15/1976
Name	<b>ALBERTINI, RALPH S MD</b>
Address	289 MAIN ST, PO BOX 504NORWICH, VT, 05055-0504
Specialty	CHP
Board Certified	CHP
School and Year of Graduation	UNIV OF VERMONT CLLEDG OF MED BURLINGTON, VT USA 1973
Internship and Year	DARTMOUTH-HITCHCOCK MED CENTER - HANOVER, NH 1976
Residency and Year	DARTMOUTH-HITCHCOCK MED CENTER - HANOVER, NH 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6323
License Date	12/1/1980
Name	<b>ALBERTSON, DONAVON R MD</b>
Address	PORTSMOUTH REGIONAL HOSP, 333 BORTHWICK AVEPORTSMOUTH, NH, 03801-
Specialty	EM
Board Certified	EM
School and Year of Graduation	TUFTS UNIV SCH OF MED,BOSTON USA 1974
Internship and Year	VET ADMIN HOSP,BOSTON 1975
Residency and Year	VET ADMIN HOSP, BOSTON 1977
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6023
License Date	4/5/1979
Name	<b>ALBRIGHT, J THOMAS MD</b>
Address	J THOMAS ALBRIGHT MD, 16 HOSPITAL DR STE AYORK, ME, 03909
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	STATE UNIV OF NY UPSTATE COLLEGE MEDICINE-SYRACUSE USA 1972
Internship and Year	SUNY UPSTATE MEDICAL CENTER - SYRACUSE, NY 1973
Residency and Year	HOSPITAL UNIV OF PENNSYLVANIA - PHILA PA 1979
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	11890
License Date	5/7/2003
Name	<b>ALBUSHIES, DANIELLE T MD</b>
Address	BEDFORD COMMONS OB/GYN, 201 RIVERWAY PLACEBEDFORD, NH, 03110
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL- LEBANON, NH USA 1999
Internship and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2000
Residency and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11891
License Date	5/7/2003
Name	<b>ALBUSHIES, THOMAS M MD</b>
Address	CONCORD PEDIATRICS, 248 PLEASANT ST STE 1700CONCORD, NH, 03301
Specialty	PD
Board Certified	PD
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1999
Internship and Year	CHILDREN'S HOSPITAL AT STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2000
Residency and Year	CHILDREN'S HOSPITAL AT STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 15818  
 License Date 9/5/2012  
 Name **ALCAUSKAS, MEGAN C MD**  
 Address RTNA, PC, 336 22ND AVE NORTHNASHVILLE, TN, 37203  
 Specialty N  
 Board Certified N  
 School and Year of Graduation COLUMBIA UNIVERSITY USA 2005  
 Internship and Year LENOX HILL HOSPITAL - NEW YORK, NY 2006  
 Residency and Year MOUNT SINAI HOSPITAL - NEW YORK, NY 2009  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11767  
 License Date 11/6/2002  
 Name **ALDOSARI, MOHAMMED S MD**  
 Address 1 ERWIN RD, DUMC 3936DURHAM, NC, 27710  
 Specialty PD  
 Board Certified  
 School and Year of Graduation KING SAUD UNIV IN SAUDI, ARABIA ARABIA 1993  
 Internship and Year UNIV OF MINNESOTA, MINNEAPOLIS, MN 1997  
 Residency and Year UNIV OF MINNESOTA, MINNEAPOLIS, MN 1998  
 License Expiration Date **6/30/2003**  
 Remarks

License Number 9295  
 License Date 10/5/1994  
 Name **ALDRIDGE, SAMUEL C MD**  
 Address LAKES REGION GENERAL HOSPITAL, 85 SPRING STLA CONIA, NH, 03246-  
 Specialty VS  
 Board Certified VS  
 School and Year of Graduation UNIVERSITY OF VA SCHOOL OF MEDICINE USA 1986  
 Internship and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON MA 1991  
 Residency and Year TEMPLE UNIVERSITY HOSPITAL - PHILADELPHIA PA 1993  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15207  
 License Date 5/4/2011  
 Name **ALEEM, SOHAIB MD**  
 Address ALLERGY/IMMUNOLOGY; DEPT OF INT MED/ UNIV OF IOWA, 200 HAWKINS DRIOWA CITY, IA, 5224  
 Specialty GPM  
 Board Certified GPM  
 School and Year of Graduation AGA KHAN MEDICAL COLLEGE, AGA KHAN UNIVERSITY PAKISTAN 2003  
 Internship and Year ERIE COUNTY MEDICAL CENTER - BUFFALO, NY 2008  
 Residency and Year ERIE COUNTY MEDICAL CENTER - BUFFALO, NY 2011  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 17097  
 License Date 6/3/2015  
 Name **ALENCAR, HERLEN J MD**  
 Address 449 COMMONWEALTH AVE, NEWTON, MA, 02459  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation UNIV FEDERAL DE PERNAMBUCO BRAZIL 1998  
 Internship and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2006  
 Residency and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2010  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11102  
 License Date 11/1/2000  
 Name **ALESSI, CHRISTOHPER M MD**  
 Address SAINT ALPHONSUS REG MED CTR, 6140 W CURTISIAN STE 102BOISE, ID, 83704  
 Specialty VS  
 Board Certified VS  
 School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1998  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1999  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2000  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14054  
 License Date 7/9/2008  
 Name **ALESSI, PAUL J DO**  
 Address PHILADELPHIA VA, 3900 WOODLAND AVEPHILADELPHIA, PA, 19104  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation DES MOINES UNIV USA 1977  
 Internship and Year GRANDVIEW HOSPITAL OUCOM-DAYTON, OH 1978  
 Residency and Year GRANDVIEW HOSPITAL OUCOM-DAYTON, OH 1981  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12520  
 License Date 11/3/2004  
 Name **ALEXANDER III, EBEN MD**  
 Address CENTRAL VIRGINIA NEUROSURGERY, 2138 LANGHORNE RDLYNCHBURG, VA, 24501-1424  
 Specialty NS  
 Board Certified NS  
 School and Year of Graduation DUKE UNIVERSITY, DURHAM NC US 1980  
 Internship and Year DUKE UNIVERSITY, DURHAM NC 1981  
 Residency and Year DUKE UNIVERSITY, DURHAM NC 1987  
 License Expiration Date **6/30/2006**  
 Remarks

License Number	13445
License Date	4/4/2007
Name	<b>ALEXANDER, JOHN L MD</b>
Address	MEDICINE-PEDIATRICS OF NASHUA, 17 PROSPECT ST.NASHUA, NH, 03060
Specialty	PD
Board Certified	PD
School and Year of Graduation	STATE UNIV OF NEW YORK USA 2000
Internship and Year	ALBANY MEDICAL CENTER-LATHAM, NY 2001
Residency and Year	ALBANY MEDICAL CENTER-LATHAM, NY 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12019
License Date	8/6/2003
Name	<b>ALEXANDER, JOHN L MD</b>
Address	HOLY FAMILY HOSPITAL, 70 EAST STREETMETHUEN, MA, 01844
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF MASS MED SCHOOL, WORCESTER MA US 1997
Internship and Year	UNIVERSITY OF MASSACHUSETTS MED SCHOOL, WORCESTER MA 1998
Residency and Year	UNIVERSITY OF MASSACHUSETTS MED SCHOOL, WORCESTER MA 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10194
License Date	1/7/1998
Name	<b>ALEXANDER, MICHAEL P MD</b>
Address	BETH ISRAEL HOSPITAL, 330 BROOKLINE AVEBOSTON, MA, 02215
Specialty	N
Board Certified	P
School and Year of Graduation	STANFORD UNIV SCH OF MED -STANFORD, CT USA 1972
Internship and Year	FLETCHER ALLEN HLTH CARE - VT 1973
Residency and Year	BOSTON UNIV MEDICAL CENTER - MA 1977
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	5689
License Date	4/7/1977
Name	<b>ALEXANDER, SIDNEY MD</b>
Address	LAHEY-HITCHCOCK CLINIC, 41 MALL RDBURLINGTON, MA, 01805-
Specialty	CD
Board Certified	IM
School and Year of Graduation	HARVARD MEDICAL SCHOOL BOSTON, MA USA 1958
Internship and Year	PETER B BRIGHAM HOSPITAL BOSTON, MA 1958
Residency and Year	PETER B BRIGHAM HOSPITAL BOSTON, MA 1963
License Expiration Date	<b>6/30/2000</b>
Remarks	



License Number	10355
License Date	8/5/1998
Name	<b>ALEXANDER, STUART A MD</b>
Address	22 BARBER FARM RD, JERICHO, VT, 05465
Specialty	GP
Board Certified	
School and Year of Graduation	UNIV OF VERMONT COLL OF MED-BURLINGTON,VT USA 1967
Internship and Year	GUTHRIE HEALTHCARE SYSTEM ROBERT PACKER HOSPITAL - SAYRE, PA 1968
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1969
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	6803
License Date	10/6/1983
Name	<b>ALEXANDER, SUSAN L MD</b>
Address	ARISTAR INC, 302 N CLEVELAND MASSILLON RDAKRON, OH, 44333-
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF WESTERN ONTARIO-LONDON ONTARIO CANADA 1978
Internship and Year	TORONTO EAST GENERAL HOSPITAL 1979
Residency and Year	UNIV OF WESTERN ONTARIO-LONDON,ONTARIO 1981
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	11892
License Date	5/7/2003
Name	<b>ALEXANDERIAN, DAVID DO</b>
Address	SOUTHEASTERN GYNECOLOGY, 980 JOHNSON FERRY RDATLANTA, GA, 30342
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	DES MONIES UNIV OSTEOPATHIC MED CTR- DES MOINES, I USA 1992
Internship and Year	DOCTORS HOSPITAL - COLUMBUS, OH 1993
Residency and Year	PENNSYLVANIA HOSPITAL - PHILADELPHIA, PA 1994
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	16657
License Date	7/2/2014
Name	<b>ALEXANDRU, DIANA M DO</b>
Address	185 QUEEN ST, MANCHESTER, NH, 03101
Specialty	CCM
Board Certified	CCM
School and Year of Graduation	NY COLLEGE OF OSTEOPATHIC MEDICINE USA 2007
Internship and Year	UNIVERSITY OF CONNECTICUT - FARMINGTON, CT 2008
Residency and Year	UNIVERSITY OF CONNECTICUT - FARMINGTON, CT 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 13790  
 License Date 1/11/2008  
 Name **ALFANO, JOSE A MD**  
 Address NIETZSCHE STR 22, MANNHEIM GERMANY, , 68165  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIV DE BUENOS AIRES IN ARGENTINA ARGENTINA 1961  
 Internship and Year CARITAS CARNEY HOSPITAL-BOSTON, MA 1963  
 Residency and Year HARVARD MEDICAL SCHOOL, BOSTON, MA 1964  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13419  
 License Date 3/7/2007  
 Name **ALGAMIL, HOSSAM A MD**  
 Address PORTSMOUTH REG HOSP, 333 BORTHWICK AVEPORTSMOUTH, NH, 03840  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF CAIRO EGYPT 1995  
 Internship and Year SCRANTON-TEMPLE RESIDENCY PROGRAM - SCRANTON, PA 2004  
 Residency and Year SCRANTON-TEMPLE RESIDENCY PROGRAM - SCRANTON, PA 2006  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13892  
 License Date 4/2/2008  
 Name **AL-HAJJAJ, ALI N MD**  
 Address PO BOX 13112, TARUT SAUDI ARABIA, , 31911  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation KING FAISAL UNIV ARABIA 1989  
 Internship and Year UNIV OF MIAMI SOM/JACKSON MEMORIAL HOSP-MIAMI, FL 1991  
 Residency and Year UNIV OF MIAMI SOM/JACKSON MEMORIAL HOSP-MIAMI, FL 1993  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 15170  
 License Date 4/6/2011  
 Name **ALHALABI, HASSAN MD**  
 Address CMC, 100 MCGREGOR STMANCHESTER, NH, 03102  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF DAMASCUS SYRIA 2004  
 Internship and Year CANTON MEDICAL EDUCATION FOUNDATION - CANTON, OH 2009  
 Residency and Year CANTON MEDICAL EDUCATION FOUNDATION - CANTON, OH 2011  
 License Expiration Date **6/30/2015**  
 Remarks

License Number	15012
License Date	10/6/2010
Name	<b>ALHAYANI, IRFAN MD</b>
Address	100 MCGREGOR ST, MANCHESTER, NH, 03102
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF ALEPPO SYRIA 1997
Internship and Year	ADVOCATE CHRIST MEDICAL CENTER - OAK LAWN, IL 2004
Residency and Year	ADVOCATE CHRIST MEDICAL CENTER - OAK LAWN, IL 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14403
License Date	5/6/2009
Name	<b>ALHAYYA, TAMEEM MD</b>
Address	VRAD, 11995 SINGLETREE LN., SUITE 500 EDEN PRAIRIE, MN, 55344
Specialty	IM
Board Certified	NEP
School and Year of Graduation	UNIVERSITY OF DAMASCUS SYRIA 2002
Internship and Year	WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 2004
Residency and Year	WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 2006
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	16297
License Date	9/4/2013
Name	<b>ALI, AHMED M MD</b>
Address	240 MAIN ST, WOLFEBORO, NH, 03894
Specialty	IM
Board Certified	
School and Year of Graduation	UNIVERSITY OF KHARTOUM SUDAN 2007
Internship and Year	HOWARD UNIVERSITY HOSPITAL - WASHINGTON, DC 2010
Residency and Year	HOWARD UNIVERSITY HOSPITAL - WASHINGTON, DC 2012
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	11749
License Date	10/2/2002
Name	<b>ALI, FARHA DO</b>
Address	COOS COUNTRY FAMILY HEALTH CTR, 133 PLEASANT ST BERLIN, NH, 03570
Specialty	FP
Board Certified	FP
School and Year of Graduation	DES MOINES UNIVERSITY, DES MOINES IA USA 1999
Internship and Year	BAYLOR COLLEGE OF MEDICINE, HOUSTON TX 2000
Residency and Year	BAYLOR COLLEGE OF MEDICINE, HOUSTON, TX 2002
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	15368
License Date	9/7/2011
Name	<b>ALI, PAMELA S MD</b>
Address	BRIARWOOD PRIMARY CARE, 445 CYPRESS ST STE 5MANCHESTER, NH, 03101
Specialty	IM
Board Certified	IM
School and Year of Graduation	ALBERT EINSTEIN COLLEGE OF MEDICINE USA 1998
Internship and Year	UNIVERSITY OF CHICAGO MEDICAL CENTER - CHICAGO, IL 1999
Residency and Year	NEW YORK & PRESBYTERIAN HOSPITAL - NY, NY 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12564
License Date	1/5/2005
Name	<b>ALI, SYED S MD</b>
Address	RELIANT MED GROUP, 135 MILLBURY STAUBURN, MA, 01501
Specialty	FP
Board Certified	FP
School and Year of Graduation	ALIGARH MUSLIM UNIVERSITY, ALIGARH, INDIA INDIA 1989
Internship and Year	OHIO STATE UNIVERSITY, COLUMBUS OH 2002
Residency and Year	GRANT MEDICAL CTR, COLUMBUS OH 2004
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	14053
License Date	7/9/2008
Name	<b>ALIAS, AMY MD</b>
Address	DHMC, ONE MEDICAL CENTERLEBANON, NH, 03766
Specialty	IM
Board Certified	IM
School and Year of Graduation	MANIPAL UNIV INDIA 2003
Internship and Year	MERCER UNIV SCHOL OF MEDICINE-MACON,GA 2005
Residency and Year	ST MARYS HOSPITAL-WATERBURY, CT 2008
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	13234
License Date	9/6/2006
Name	<b>ALIX, PATRICK S MD</b>
Address	HEALTHCARE PARTNERS MED GROUP, 1377 S GRAND AVEGLENDORA, CA, 91740
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF SANTO TOMAS PHILIPPINES 1994
Internship and Year	MERCY HOSPITAL & MEDICAL CTR - CHICAGO IL 1998
Residency and Year	MERCY HOSPITAL & MEDICAL CTR - CHICAGO IL 2000
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number 4010  
 License Date 3/14/1967  
 Name **ALIZADEH-ESPHAHANI, ABDUL-HAMID MD**  
 Address 166A LEE AVE, BROOKLYN, NY, 11211  
 Specialty OBG  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF HAMBURG - IN GERMANY USA 1957  
 Internship and Year ST. ELIZABETH HOSPITAL - NEW JERSEY 1958  
 Residency and Year ST. ELIZABETH HOSPITAL - NEW JERSEY 1959  
 License Expiration Date **3/4/1987**  
 Remarks **LICENSED REVOKED 3/4/87**

License Number 15277  
 License Date 7/6/2011  
 Name **ALJAJEH, MOUHAB MD**  
 Address OHIO VALLEY EYE INSTITUTE, 1001 WALNUT STEVANSVILLE, IN, 47713  
 Specialty OPH  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF DAMASCUS SYRIA 1996  
 Internship and Year PARKLAND HEALTH & HOSPITAL SYSTEM/UNIVERSITY OF TX SW MED - DALLAS, TX 2009  
 Residency and Year PARKLAND HEALTH & HOSPITAL SYSTEM/UNIVERSITY OF TX SW MED - DALLAS, TX 2011  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10600  
 License Date 7/7/1999  
 Name **AL-KHAFAJI, ALI H MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DR LEBANON, NH, 03756  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation MUSTANSIRIYAH MEDICAL COLLEGE IRAQ 1993  
 Internship and Year MERCY HOSPITAL OF PITTSBURGH - PA 1997  
 Residency and Year MERCY HOSPITAL OF PITTSBURGH - PA 1999  
 License Expiration Date **6/30/2001**  
 Remarks

License Number 12447  
 License Date 9/1/2004  
 Name **ALKHOURI, HANI MD**  
 Address 5822 INDEPENDENCE DR, JAMESVILLE, NY, 13078  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF TISHREEN, SYRIA SYRIA 1990  
 Internship and Year UNIVERSITY OF MASSACHUSETTS, WORCESTER MA 1995  
 Residency and Year GUTHRIE-ROBERT PACKER HOSP, SAYRE PA 1998  
 License Expiration Date **6/30/2008**  
 Remarks

License Number	14952
License Date	8/4/2010
Name	<b>ALLAN, ANNE E MD</b>
Address	STRATA DX, ONE CRANBERRY HILLEXINGTON, MA, 02421
Specialty	D
Board Certified	D
School and Year of Graduation	COLUMBIA UNIVERSITY USA 1980
Internship and Year	UNIVERSITY OF MICHIGAN MEDICAL CENTER - ANN ARBOR, MI 1982
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15559
License Date	3/7/2012
Name	<b>ALLAN, JAMES S MD</b>
Address	MASS GEN HOSP, 55 FRUIT ST BLAKE 1570BOSTON, MA, 02114
Specialty	TS
Board Certified	TS
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 1990
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1991
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12161
License Date	12/3/2003
Name	<b>ALLARD, MARGARET D MD</b>
Address	WHITTIER STREET HEALTH CENTER, 1290 TREMONT STROXBURY, NH, 02120
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF COLORADO, DENVER CO US 1999
Internship and Year	MONTEFIORE MEDICAL CTR, BRONX NY 2000
Residency and Year	MONTEFIORE MEDICAL CTR, BRONX NY 2003
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	16890
License Date	1/21/2015
Name	<b>ALLAWI, ALI T MD</b>
Address	1028 GELSTON CIR, MC LEAN, VA, 22102
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF BAGHDAD IRAQ 1980
Internship and Year	SAINT JOSEPH MERCY OAKLAND - PONTIAC, MI 1999
Residency and Year	UNIVERSITY HOSPITAL-SUNY @ STONY BROOK - STONY BROOK, NY 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14671
License Date	12/2/2009
Name	<b>ALLBRITTON, JILL I MD</b>
Address	MIRACA LIFE SCIENCES, 810 LANDMARK DR STE 217-219GLEN BURNIE, MD, 21032
Specialty	DMP
Board Certified	D
School and Year of Graduation	JOHN HOPKINS UNIVERSITY USA 1992
Internship and Year	JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1993
Residency and Year	JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6627
License Date	11/4/1982
Name	<b>ALLDEN, KATHLEEN MD</b>
Address	HCRS, PO BOX 709HARTFORD, VT, 05047
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF CINCINNATI COLL MED - CINCINNATI OH USA 1980
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1981
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13478
License Date	5/9/2007
Name	<b>ALLEN LILLY, STEPHANIE M MD</b>
Address	7 PAGE HILL RD, BERLIN, NH, 03570
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF MIAMI SCHOOL OF MEDICINE USA 2002
Internship and Year	UNIV OF CONNECTICUT SCHOOL OF MEDICINE-FARMINGTON, CT 2003
Residency and Year	UNIV OF CONNECTICUT SCHOOL OF MEDICINE-FARMINGTON, CT 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15171
License Date	4/6/2011
Name	<b>ALLEN, CHRISTOPHER E MD</b>
Address	1990 DOVER RD, EPSOM, NH, 03234
Specialty	FP
Board Certified	FP
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2007
Internship and Year	CONCORD HOSPITAL - CONCORD, NH 2010
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9210
License Date	7/6/1994
Name	<b>ALLEN, CHRISTOPHER S MD</b>
Address	DHMC - INTERNAL MEDICINE, 1 MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1979
Internship and Year	HIGHLAND HOSPITAL - ROCHESTER, NY 1980
Residency and Year	HIGHLAND HOSPITAL - ROCHESTER, NY 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5460
License Date	12/12/1975
Name	<b>ALLEN, COLIN D MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03766
Specialty	N
Board Certified	
School and Year of Graduation	UNIV OF LONDON LONDON 1961
Internship and Year	BATH HOSPITAL - BATH, LONDON 1962
Residency and Year	CARDIFF HOSPITAL - CARDIFF, LONDON 1964
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	15738
License Date	7/11/2012
Name	<b>ALLEN, DEBORAH M MD</b>
Address	SAN DIEGO SPORTS MED, 6719 ALVARADO RD STE 200SAN DIEGO, CA, 92120
Specialty	ORS
Board Certified	
School and Year of Graduation	UNIVERSITY OF SIDNEY AUSTRALIA 2003
Internship and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2004
Residency and Year	CARITAS ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 2005
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	12637
License Date	4/6/2005
Name	<b>ALLEN, DOUGLAS J DO</b>
Address	NASHUA ANESTHESIA PARTNERS, 8 PROSPECT STNASHUA, NH, 03060
Specialty	AN
Board Certified	AN
School and Year of Graduation	DES MOINES UNIVERSITY, DES MOINES IA US 2001
Internship and Year	UNIVERSITY OF TEXAS, DALLAS TX 2002
Residency and Year	UNIVERSITY OF TEXAS, DALLAS TX 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number 2922  
License Date 9/10/1952  
Name **ALLEN, FRANK R MD**  
Address , , ,  
Specialty  
Board Certified  
School and Year of Graduation  
Internship and Year  
Residency and Year  
License Expiration Date **6/30/1995**  
Remarks **DECEASED 7/17/98**

License Number 17147  
License Date 7/1/2015  
Name **ALLEN, GEORGE K MD**  
Address 35 ROSEWAY ST #2, JAMAICA PLAIN, MA, 02130  
Specialty AN  
Board Certified  
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2011  
Internship and Year LEMUEL SHATTUCK HOSPITAL - JAMAICA PLAIN, MA 2012  
Residency and Year BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 2015  
License Expiration Date **6/30/2017**  
Remarks

License Number 11479  
License Date 1/2/2002  
Name **ALLEN, GREGG P MD**  
Address MEDSOLUTIONS INC, 730 COOL SPRINGS BLVD STE 800FRANKLIN, TN, 37067  
Specialty FP  
Board Certified FP  
School and Year of Graduation THOMAS JEFFERSON UNIV - PHILADELPHIA, PA USA 1978  
Internship and Year WYOMING VALLEY FAMILY PRACTICE - KINGSTON, PA 1979  
Residency and Year WYOMING VALLEY FAMILY PRACTICE - KINGSTON, PA 1981  
License Expiration Date **6/30/2016**  
Remarks

License Number 10852  
License Date 4/5/2000  
Name **ALLEN, SAMUEL D MD**  
Address TALLMAN EYE ASSOCIATES, 360 MERRIMACK ST BLDG 9LAWRENCE, MA, 01843-1740  
Specialty OPH  
Board Certified OPH  
School and Year of Graduation GEORGETOWN UNIVERSITY USA 1996  
Internship and Year FAIRFAX HOSP - FALLS CHURCH VA 1997  
Residency and Year LOYOLA UNIVERSITY - MAYWOOD IL 2000  
License Expiration Date **6/30/2016**  
Remarks

License Number	16059
License Date	4/3/2013
Name	<b>ALLEN, STANLEY C MD</b>
Address	NRHN REHAB PHYSICIAN SRVS, 105 CORPORATE DRPORTSMOUTH, NH, 03801
Specialty	PM
Board Certified	
School and Year of Graduation	LOMA LINDA UNIVERSITY SCHOOL OF MEDICINE USA 2008
Internship and Year	LOS ANGELES COUNTY-HARBOR-UCLA MEDICAL CENTER - TORRANCE, CA 2009
Residency and Year	MARIANJOY REHABILITATION HOSPITAL - WHEATON, IL 2012
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16854
License Date	12/3/2014
Name	<b>ALLEN, TAMMY M MD</b>
Address	1400 VETERAN'S MEM HWY, STE 134-182MABLETON, GA, 30126
Specialty	FP
Board Certified	FP
School and Year of Graduation	WAKE FOREST SCHOOL OF MEDICINE USA 2002
Internship and Year	ST JOSEPHS HOSPITAL & MEDICAL CENTER - PHOENIX, AZ 2003
Residency and Year	ST JOSEPHS HOSPITAL & MEDICAL CENTER - PHOENIX, AZ 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9762
License Date	7/3/1996
Name	<b>ALLISTER, ROBERT J MD</b>
Address	COMMUNITY PARTNERS, 50 CHESTNUT STDOVER, NH, 03820
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF WISCONSIN MEDICAL SCHOOL - MADISON, WI USA 1973
Internship and Year	UNIV OF WISCONSIN HOSPITAL - WI 1973
Residency and Year	UNIV OF WISCONSIN HOSPITAL - WI 1973
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16697
License Date	8/6/2014
Name	<b>ALLISTER, ROBIN G MD</b>
Address	CORE PHYSICIANS, LLC, 5 ALUMNI DREXETER, NH, 03833
Specialty	IM
Board Certified	
School and Year of Graduation	THE WARREN ALPERT MEDICAL SCHOOL OF BROWN UNIV USA 2011
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2012
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 12125  
 License Date 11/5/2003  
 Name **ALLY, MOHAMED F MD**  
 Address 6 NORTH LONDON DR, NASHUA, NH, 03062  
 Specialty IM  
 Board Certified  
 School and Year of Graduation HOWARD UNIVERSITY, WASHINGTON DC US 1985  
 Internship and Year HOWARD UNIVERSITY, WASHINGTON DC 1987  
 Residency and Year HOWARD UNIVERSITY, WASHINGTON DC 1989  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 16336  
 License Date 10/2/2013  
 Name **ALMACARI, GEORGES MD**  
 Address 23 OLD TOWN RD, WALPOLE, MA, 02081  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation AMERICAN UNIVERSITY OF BEIRUT LEBANON 1997  
 Internship and Year UNIVERSITY OF MINNESOTA - MINNEAPOLIS, MN 2004  
 Residency and Year UNIVERSITY OF MINNESOTA MEDICAL CENTER-MINNEAPOLIS MN 2005  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14183  
 License Date 10/1/2008  
 Name **ALMAKKI, NAZAR E MD**  
 Address 6300 STEVENSON AVE #1015, ALEXANDRIA, VA, 22304  
 Specialty IM  
 Board Certified  
 School and Year of Graduation UNIV OF KHARTOUM SUDAN 1999  
 Internship and Year HOWARD UNIVERSITY HOSPITAL - WASHINGTON, DC 2002  
 Residency and Year HOWARD UNIVERSITY HOSPITAL - WASHINGTON, DC 2005  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 14184  
 License Date 10/1/2008  
 Name **ALMAS, SARAH MD**  
 Address WENTWORTH DOUGLASS PHYS CORP, 789 CENTRAL AVEDOVER, NH, 03820  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation SRI SIDDHARTHA MEDICAL COLLEGE INDIA 2000  
 Internship and Year COOPER UNIV HOSPITAL - CAMDEN, NJ 2003  
 Residency and Year COOPER UNIV HOSPITAL - CAMDEN, NJ 2005  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	11768
License Date	11/6/2002
Name	<b>ALMEIDA, CHRISTOPHER J DO</b>
Address	LRGH OCCUPATIONAL HLTH, 80 HIGHLAND AVELACONIA, NH, 03246
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF NEW ENGLAND- BIDDEFORD, ME USA 1991
Internship and Year	ST BARNABAS HOSPITAL - BRONX, NY 1992
Residency and Year	ST BARNABAS HOSPITAL - BRONX, NY 1994
License Expiration Date	<b>6/5/2013</b>
Remarks	<b>BOARD ACCEPTED DR. ALMEIDA'S REQUEST TO INACTIVATE LICENSE 6/5/13</b>

License Number	10601
License Date	7/7/1999
Name	<b>ALMEROTH, RICHARD D MD</b>
Address	5258 BRUSHY MOUNTAIN RD, MORAVIAN FALLS, NC, 28654-9623
Specialty	AN
Board Certified	
School and Year of Graduation	ST GEORGES UNIVERSITY - BAY SHORE NY USA 1981
Internship and Year	JACKSON MEMORIAL MEDICAL CENTER - MIAMI FL 1984
Residency and Year	JACKSON MEMORIAL MEDICAL CENTER - MIAMI FL 1984
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	15172
License Date	4/6/2011
Name	<b>ALMODOVAR SUAREZ, JORGE L MD</b>
Address	DARTMOUTH - HITCHCOCK - MANCHESTER, 87 MCGREGOR ST STE 201MANCHESTER, NH, 03102
Specialty	N
Board Certified	N
School and Year of Graduation	UNIVERSITY OF PUERTO RICO SCHOOL OF MEDICINE PUERTO RICO 2006
Internship and Year	VIRGINIA COMMONWEALTH UNIVERSITY HEALTH SYSTEM - RICHMOND, VA 2007
Residency and Year	BOSTON UNIVERSITY SCHOOL OF MEDICINE - BOSTON, MA 2010
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17043
License Date	5/6/2015
Name	<b>AL-NIMR, AMER MD</b>
Address	11100 EUCLID AVE, OLD RAINBOW 7TH FL ROOM 737CLEVELAND, OH, 44106
Specialty	PD
Board Certified	PD
School and Year of Graduation	AMERICAN UNIVERSITY OF BEIRUT USA 2002
Internship and Year	CASE-UNIVERSITY HOSPITALS CASE MEDICAL CENTER - CLEVELAND, OH 2004
Residency and Year	CASE-UNIVERSITY HOSPITALS CASE MEDICAL CENTER - CLEVELAND, OH 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12929
License Date	11/2/2005
Name	<b>ALONSO, DAVID G MD</b>
Address	DAVID ALONSO MD INC, 85 DECLARATION DR STE 110CHICO, CA, 95973
Specialty	IM
Board Certified	IM
School and Year of Graduation	TEMPLE UNIVERSITY, PHILADELPHIA PA US 2003
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2004
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2006
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	15168
License Date	3/2/2011
Name	<b>ALPERT, MICHELLE E DO</b>
Address	87-89 FIFTH AVE STE 604, NEW YORK, NY, 10003
Specialty	FP
Board Certified	FP
School and Year of Graduation	NEW YORK COLLEGE OF OSTEOPATHIC MEDICINE USA 1986
Internship and Year	KENNEDY MEMORIAL HOSPITAL @ SADDLEBROOK - SADDLE BROOK, NJ 1987
Residency and Year	
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	15612
License Date	4/4/2012
Name	<b>ALQUADAN, ABDULLAH F MD</b>
Address	WENTWORTH-DOUGLASS HOSP, 789 CENTRAL AVEDOVER, NH, 03820
Specialty	IM
Board Certified	IM
School and Year of Graduation	JORDAN UNIVERSITY OF SCIENCE & TECHNOLOGY JORDAN 2006
Internship and Year	MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 2010
Residency and Year	MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16205
License Date	7/3/2013
Name	<b>ALRAJHI, ABDULHAMEED A MD</b>
Address	LACONIA CLINIC - DERMATOLOGY, PO BOX 637, 724 MAIN STLACONIA, NH, 03247
Specialty	D
Board Certified	
School and Year of Graduation	KING ABDULAZIZ UNIVERSITY ARABIA 2001
Internship and Year	HARLEM HOSPITAL CENTER-NEW YORK, NY 2009
Residency and Year	WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11343
License Date	8/1/2001
Name	<b>ALRAKAWI, AYDAMIR MD</b>
Address	CLEVELAND CLINIC ABU DHABI ALMARAY AH ISLAND, DIGESTIVE DISEASE INSTITUTE C6ABU DHABI,
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF DAMASCUS- DAMUSCUS, SYRIA SYRIA 1990
Internship and Year	FAIRVIEW HOSPITAL - CLEVELAND, OH 1994
Residency and Year	WASHINGTON UNIV- ST LOUIS, MO 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14909
License Date	7/7/2010
Name	<b>ALROY PREIS, SHARON MD</b>
Address	DIV OF PUBLIC HLTH SVS, 29 HAZEN DRCONCORD, NH, 03301
Specialty	IM
Board Certified	MPH
School and Year of Graduation	TECHNION ISRAEL INSTITUTE ISRAEL 2002
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	16988
License Date	4/1/2015
Name	<b>ALSAMMAN, OMAR MD</b>
Address	276 ENGLE ST APT 10E, ENGLEWOOD, NJ, 07631
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF DAMASCUS SYRIA 2007
Internship and Year	ICAHN SCHOOL OF MEDICINE @ MOUNT SANAI - ENGLEWOOD, NJ 2013
Residency and Year	ICAHN SCHOOL OF MEDICINE @ MOUNT SANAI - ENGLEWOOD, NJ 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8731
License Date	6/3/1992
Name	<b>ALT, WALTER J MD</b>
Address	, , ,
Specialty	FP
Board Certified	
School and Year of Graduation	UNIVERSITY OF TUFTS- BOSTON,MA USA 1975
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1997</b>
Remarks	

License Number	6964
License Date	9/6/1984
Name	<b>ALTENBERG, HENRY E MD</b>
Address	PINEWOOD MEDICAL CTR, 255 RTE 108SOMERSWORTH, NH, 03878
Specialty	P
Board Certified	P
School and Year of Graduation	NEW YORK UNIV SCH OF MED - NEW YORK, NY USA 1947
Internship and Year	RHODE ISLAND HOSP - RI 1948
Residency and Year	VA MED CTR - OH 1949
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	12046
License Date	9/3/2003
Name	<b>ALTER, STEVEN MD</b>
Address	ORTHOPAEDIC SURGICAL ASSOC, 14 RESEARCH PLACENORTH CHELMSFORD, MA, 01863
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	BOSTON UNIVERSITY, BOSTON MA US 1994
Internship and Year	SUNY HEALTH SCIENCE CTR AT BROOKLYN, BROOKLYN NY 1995
Residency and Year	SUNY HEALTH SCIENCE CTR AT BROOKLYN, BROOKLYN NY 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15076
License Date	12/1/2010
Name	<b>ALTHOEN, MORGAN C MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	DR
Board Certified	
School and Year of Graduation	UNIVERSITY OF MICHIGAN USA 1998
Internship and Year	UNIVERSITY OF MINNESOTA MEDICAL CENTER - MINNEAPOLIS, MN 1999
Residency and Year	MERCY CATHOLIC MEDICAL CENTER - DARBY, PA 2009
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	10801
License Date	1/5/2000
Name	<b>ALTHOUSE, DEE A MD</b>
Address	157 PORTSMOUTH AVE, STRATHAM, NH, 03801
Specialty	IM
Board Certified	
School and Year of Graduation	OHIO STATE UNIV - COLUMBUS, OH USA 1995
Internship and Year	OHIO STATE UNIV OF HOSPITAL - COLUMBUS, OH 1996
Residency and Year	OHIO STATE UNIV OF HOSPITAL - COLUMBUS, OH 1999
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number 9409  
 License Date 5/3/1995  
 Name **ALTMAN, LEE S MD**  
 Address SO NH REGIONAL MEDICAL CTR, 8 PROSPECT ST PO BOX 2014 NASHUA, NH, 03061-  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIVERSITY OF MASSACHUSETTS USA 1991  
 Internship and Year UNI V OF MASS 1995  
 Residency and Year UNIVERSITY OF MASSACHUSETTS 1995  
 License Expiration Date **6/30/2000**  
 Remarks

License Number 14558  
 License Date 8/5/2009  
 Name **ALTMAN, NATASHA L MD**  
 Address LITTLETON REGIONAL HOSP, 600 ST JOHNSBURY RD LITTLETON, NH, 03561  
 Specialty IM  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF COLORADO USA 2006  
 Internship and Year MOUNT SINAI HOSPITAL - NEW YORK, NY 2007  
 Residency and Year MOUNT SINAI HOSPITAL - NEW YORK, NY 2009  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 14579  
 License Date 9/2/2009  
 Name **ALTMAN, RICHARD L MD**  
 Address 600 ST JOHNSBURY ROAD, LITTLETON, NH, 03561  
 Specialty IM  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF PITTSBURGH, PA USA 2006  
 Internship and Year MOUNT SINAI HOSPITAL - NEW YORK, NY 2007  
 Residency and Year MOUNT SINAI HOSPITAL - NEW YORK, NY 2009  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 14697  
 License Date 1/6/2010  
 Name **ALTOMARE, ANTONIA L DO**  
 Address DHMC, 1 MED CTR DR LEBANON, NH, 03756  
 Specialty ID  
 Board Certified ID  
 School and Year of Graduation NEW YORK COLLEGE OF OSTEOPATHIC MEDICINE USA 2007  
 Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008  
 Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009  
 License Expiration Date **6/30/2016**  
 Remarks



License Number	11148
License Date	1/3/2001
Name	<b>ALVARADO, MICHAEL D MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	GS
Board Certified	GS
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1998
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 1999
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2000
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	14827
License Date	5/5/2010
Name	<b>ALVAREZ FIGUEROA, HERNAN E MD</b>
Address	PO BOX 495, GRANTHAM, NH, 03753
Specialty	P
Board Certified	
School and Year of Graduation	UNIV PERUANA CAYETANO HEREDIA PERU 2001
Internship and Year	NEW YORK MEDICAL COLLEGE - VALHALLA, NY 2007
Residency and Year	NEW YORK MEDICAL COLLEGE - VALHALLA, NY 2009
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	12831
License Date	8/3/2005
Name	<b>ALVAREZ, CONSUELO M MD</b>
Address	ELLIOT SENIOR HEALTH CENTER, 138 WEBSTER STMANCHESTER, NH, 03103
Specialty	IM
Board Certified	IM
School and Year of Graduation	BOSTON UNIVERSITY, BOSTON MA US 1980
Internship and Year	THE GENESEE HOSPITAL, ROCHESTER NY 1983
Residency and Year	UNIVERSITY OF ROCHESTER, ROCHESTER NY 1984
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5069
License Date	9/6/1973
Name	<b>ALVAREZ, HELENA M MD</b>
Address	31 HIGHLAND AVE, CLAREMONT, NH, 03743-2625
Specialty	IM
Board Certified	
School and Year of Graduation	NATIONAL UNIVERSITY OF CUYO-MENDOZA ARGENTINA ARGENTINA 1958
Internship and Year	NATIONAL UNIVERSITY OF CUYO-ARGENTINA 1959
Residency and Year	NATIONAL UNIV OF CUYO- ARGENTINA 1959
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	15499
License Date	1/4/2012
Name	<b>ALVAREZ, HILARY K MD</b>
Address	CONCORD FAMILY MEDICINE, 18 FOUNDRY STCONCORD, NH, 03301
Specialty	FP
Board Certified	FP
School and Year of Graduation	MAYO MEDICAL SCHOOL USA 2009
Internship and Year	CONCORD HOSPITAL - CONCORD NH 2010
Residency and Year	CONCORD HOSPITAL - CONCORD NH 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4620
License Date	2/16/1971
Name	<b>ALVAREZ, MARIO H MD</b>
Address	31 HIGHLAND AVE, CLAREMONT, NH, 03743-2625
Specialty	IM
Board Certified	
School and Year of Graduation	BUENOS AIRES UNIV ARGENTINA 1953
Internship and Year	HOSPITAL NACIONAL DE CLINIC - BUENOS AIREA, ARGENTINA 1954
Residency and Year	HOSPITAL NACIONAL DE CLINIC - BUENOS AIREA, ARGENTINA 1954
License Expiration Date	<b>6/30/2003</b>
Remarks	Deceased 2/4/2011

License Number	14404
License Date	5/6/2009
Name	<b>ALVAREZ, NEILA D MD</b>
Address	GOOD SAMARITAN MEDICAL CENTER, 235 NORTH PEARL ST PATHOLOGY DEPTBROCKTON, MA, 02
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV NACIONAL DE ROSARIO ARGENTINA 1984
Internship and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 1993
Residency and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10016
License Date	6/4/1997
Name	<b>ALVAREZ, RONALD J MD</b>
Address	330 BORTHWICK AVE STE 211, PORTSMOUTH, NH, 03801
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	UMDNJ-ROBT W JOHNSON MED SCHOOL USA 1992
Internship and Year	TEMPLE UNIV HOSP - PA 1997
Residency and Year	TEMPLE UNIVERSITY HOSPITAL-PENNSYLVANIA 1997
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	15173
License Date	4/6/2011
Name	<b>ALVAREZ-ALTALEF, REBECA N MD</b>
Address	ELLIOT HOSP - PED NEUROLOGY, 275 MAMMOTH RD MANCHESTER, NH, 03103
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSIDAD DE SAN CARLOS GUATEMALA 1993
Internship and Year	LONG ISLAND COLLEGE HOSPITAL - BROOKLYN, NY 2001
Residency and Year	CHILDRENS HOSPITAL - BOSTON, MA 2005
License Expiration Date	<b>6/30/2013</b>
Remarks	<b>1/10/14 - Agreement for Non-Disciplinary Remedial Action.</b>

License Number	10109
License Date	8/19/1997
Name	<b>ALVORD, LORI A MD</b>
Address	CENTRAL MICHIGAN UNIV/ COLLEGE OF MEDICINE, 208 ROWE HALL MOUNT PLEASANT, MI, 48858
Specialty	GS
Board Certified	GS
School and Year of Graduation	STANFORD MEDICAL SCHOOL - STAMFORD, CA USA 1985
Internship and Year	STANFORD UNIVERSITY HOSPITAL-STANFORD,CA 1991
Residency and Year	STANFORD UNIVERSITY HOSPITAL - STANFORD, CA 1991
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	9974
License Date	5/7/1997
Name	<b>ALVORD, VIRGINIA L MD</b>
Address	18 OLD ETNA RD, LEBANON, NH, 03766
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF CT SCH MED-FARMINGTON,CT USA 1994
Internship and Year	TACOMA GEN HOSP-WASHINGTON,DC 1997
Residency and Year	TACOMA GEN HOSP-WASHINGTON,DC 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14402
License Date	5/6/2009
Name	<b>ALWAN, SALLY A MD</b>
Address	DARTMOUTH HITCHCOCK MANCHESTER, 100 HITCHCOCK WAY MANCHESTER, NH, 03104
Specialty	FP
Board Certified	FP
School and Year of Graduation	ST CHRISTOPHER'S COLLEGE OF MEDICINE SENEGAL 2006
Internship and Year	CLINTON MEMORIAL HOSPITAL FAMILY HEALTH CENTER-WILMINGTON, OH 2007
Residency and Year	CLINTON MEMORIAL HOSPITAL FAMILY HEALTH CENTER-WILMINGTON, OH 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 12638  
 License Date 4/6/2005  
 Name **AMANN JR, HOWARD D MD**  
 Address 5 DEWEY AVE, HAMILTON, NY, 13346  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF SOUTHERN CALIFORNIA US 1972  
 Internship and Year JACOB HOLLER MEDICAL CENTER, ROCHESTER NY 1973  
 Residency and Year JACOB HOLLER MEDICAL CENTER, ROCHESTER NY 1975  
 License Expiration Date **6/30/2007**  
 Remarks

License Number 13280  
 License Date 10/4/2006  
 Name **AMARASINGHE, DISAMODHA C MD**  
 Address 6204 NORTH MILITARY HIGHWAY, NORFOLK, VA, 23518  
 Specialty GS  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF PERADENIYA, PERADENIYA SRILANKA SRI LANKA 1968  
 Internship and Year ST JOSEPH HOSPITAL, LORAIN OH 1970  
 Residency and Year WAYNE STATE UNIVERSITY, DETROIT MI 1972  
 License Expiration Date **6/30/2008**  
 Remarks **Deceased 1/12/13**

License Number 16744  
 License Date 9/3/2014  
 Name **AMAROSA, EMILY J MD**  
 Address HARBOUR WOMENS HEALTH, 155 GRIFFIN RD PORTSMOUTH, NH, 03801  
 Specialty OBG  
 Board Certified  
 School and Year of Graduation HARVARD MEDICAL SCHOOL USA 2010  
 Internship and Year UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE - SEATTLE, WA 2011  
 Residency and Year UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE - SEATTLE, WA 2014  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12365  
 License Date 7/7/2004  
 Name **AMATO, JOSH E MD**  
 Address SPINDEL EYE ASSOCIATES, 6 TSIENNETO RD STE 101 DERRY, NH, 03038  
 Specialty OPH  
 Board Certified  
 School and Year of Graduation ST LOUIS UNIVERSITY, ST LOUIS MO US 2000  
 Internship and Year ST JOHNS MERCY MED CTR, ST LOUIS MO 2001  
 Residency and Year ST LOUIS UNIVERSITY, ST LOUIS MO 2003  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 8216  
 License Date 9/6/1989  
 Name **AMATO, THOMAS F MD**  
 Address 1210 INDIANA CT, REDLANDS, CA, 92374  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1974  
 Internship and Year UCLA MEDICAL CENTER - LOS ANGELES, CA 1975  
 Residency and Year UCLA MEDICAL CENTER - LOS ANGELES, CA 1977  
 License Expiration Date **6/30/2003**  
 Remarks

License Number 9579  
 License Date 11/1/1995  
 Name **AMBERSON, STEVEN M MD**  
 Address SPECTRUM MEDICAL GROUP, 324 GANNETT DR, STE 200SO. PORTLAND, ME, 04106  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation UNIV OF WA SCHOOL OF MEDICINE, SEATTLE, WA USA 1981  
 Internship and Year UNIV OF NC HOSPITAL CHAPEL HILL, NC 1982  
 Residency and Year MAINE MEDICAL CENTER PORTLAND, ME 1986  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10698  
 License Date 10/6/1999  
 Name **AMBIS, STANLEY W MD**  
 Address BYRON FAMILY CARE CENTER, 6815 BYRON HOLLEY RD BYRON, NY, 14422  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF WESTERN ONTARIO CANADA 1967  
 Internship and Year ST MICHAELS HOSPITAL 1968  
 Residency and Year WAIVED  
 License Expiration Date **6/30/2000**  
 Remarks

License Number 10511  
 License Date 3/3/1999  
 Name **AMBROSE, PAUL W MD**  
 Address 2 BUCK RD STE 3, HANOVER, NH, 03755  
 Specialty FP  
 Board Certified  
 School and Year of Graduation MARSHALL UNIV SCH OF MED - HUNTINGTON, WV USA 1995  
 Internship and Year NEW HAMPSHIRE-DARTMOUTH FAMILY PRACTICE RESIDENCY - CONCORD, NH 1997  
 Residency and Year NEW HAMPSHIRE-DARTMOUTH FAMILY PRATICE RESIDENCY - HANOVER, NH 1999  
 License Expiration Date **6/30/2000**  
 Remarks

License Number	8546
License Date	6/5/1991
Name	<b>AMDUR, ROBERT J MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	RO
Board Certified	R
School and Year of Graduation	UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE USA 1985
Internship and Year	UNIVERSITY OF FLORIDA AFFILIATED HOSP 1986
Residency and Year	UNIVERSITY OF FLORIDA AFFILIATED HOSP 1989
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	11232
License Date	5/2/2001
Name	<b>AMEGLIO, PETER J MD</b>
Address	3 ALUMNI DRIVE STE 301, EXETER, NH, 03833
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	ALBERT EINSTEIN COLL OF MED - BRONX, NY USA 1995
Internship and Year	LINCOLN MEDICAL AND MENTAL HLTH CTR - BRONX, NY 1996
Residency and Year	BRONX-LEBANON HOSPITAL -BRONX, NY 2000
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	13479
License Date	5/9/2007
Name	<b>AMES, BETHANY L MD</b>
Address	DHMC/PEDIATRICS, ONE MED CTR DRLEBANON, NH, 03756
Specialty	PD
Board Certified	PD
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2004
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER-LEBANON, NH 2005
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER-LEBANON, NH 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14649
License Date	11/4/2009
Name	<b>AMES, JAMES MD</b>
Address	DHMC/ORTHOPEDIC SURGERY DEPT, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	ORS
Board Certified	
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2004
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	3376
License Date	9/16/1960
Name	<b>AMES, RICHARD A MD</b>
Address	, PO BOX 6210CAPE ELIZABETH, ME, 04107
Specialty	D
Board Certified	D
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1959
Internship and Year	UNITED STATES NAVAL- CHELSEA MA 1960
Residency and Year	UNITED STATES NAVAL - CHELSEA, MA 1960
License Expiration Date	<b>6/30/1998</b>
Remarks	<b>DECEASED 7/15/08</b>

License Number	7240
License Date	12/5/1985
Name	<b>AMICK, ARTHUR F MD</b>
Address	84 BRANCH TURNPIKE #119, CONCORD, NH, 03301
Specialty	IM
Board Certified	IM
School and Year of Graduation	HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1956
Internship and Year	MASS GENERAL HOSPITAL - BOSTON, MA 1957
Residency and Year	MASS GENERAL HOSPITAL - BOSTON, MA 1958
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	16098
License Date	5/1/2013
Name	<b>AMIN, AJITA T MD</b>
Address	435 BEE HOLE RD, LOUDON, NH, 03307
Specialty	AN
Board Certified	AN
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 2006
Internship and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2007
Residency and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2010
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16399
License Date	12/4/2013
Name	<b>AMIN, PRIYAL A DO</b>
Address	PEDIATRICS WEST PC, 133 LITTLETON RD., STE 101WESTFORD, MA, 01886
Specialty	IM
Board Certified	IM
School and Year of Graduation	NY COLLEGE OF OSTEOPATHIC MEDICINE USA 2008
Internship and Year	NORTH SHORE-LONG ISLAND JEWISH - MANHASSET, NY 2009
Residency and Year	NORTH SHORE-LONG ISLAND JEWISH - MANHASSET, NY 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 10639  
 License Date 8/4/1999  
 Name **AMLANI, MOHAN N MD**  
 Address VA MEDICAL CENTER, 79 MIDDLEVILLE RD NORTHPORT, NY, 11768  
 Specialty IM  
 Board Certified  
 School and Year of Graduation BJ MEDICAL COLL GUJARAT UNIV - GUJARAT, INDIA INDIA 1989  
 Internship and Year SUNY AT STONY BROOK - STONY BROOK, NY 1997  
 Residency and Year SUNY AT STONY BROOK - STONY BROOK, NY 1998  
 License Expiration Date **6/30/2000**  
 Remarks

License Number 11233  
 License Date 5/2/2001  
 Name **AMMANN, CATHLEEN M MD**  
 Address WENTWORTH DOUGLAS HOSPITAL, 789 CENTRAL AVENUE, NH, 03820  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation EMORY UNIV SCH OF MED - ATLANTA, GA USA 1996  
 Internship and Year BOSTON UNIV MED CTR - BOSTON, MA 1997  
 Residency and Year BOSTON UNIV MED CTR - BOSTON, MA 1999  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13735  
 License Date 11/7/2007  
 Name **AMPAJWALA, MADHAVI MD**  
 Address DARTMOUTH-HITCHCOCK CLINIC, 253 PLEASANT ST CONCORD, NH, 03301  
 Specialty FP  
 Board Certified  
 School and Year of Graduation OSMANIA UNIV INDIA 2001  
 Internship and Year CONCORD HOSPITAL - CONCORD, NH 2005  
 Residency and Year CONCORD HOSPITAL - CONCORD, NH 2007  
 License Expiration Date **6/30/2009**  
 Remarks

License Number T0454  
 License Date 3/3/2010  
 Name **AMPONSEM, ANTHONY A MD**  
 Address , , ,  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIVERSITY OF GHANA GHANA 1982  
 Internship and Year HOWARD UNIVERSITY HOSPITAL - WASHINGTON, DC 1991  
 Residency and Year HOWARD UNIVERSITY HOSPITAL - WASHINGTON, DC 1993  
 License Expiration Date **9/3/2010**  
 Remarks **10/8/10 - Preliminary Agreement for Practice Restrictions.**



License Number	14185
License Date	10/1/2008
Name	<b>AMREIN, PHILIP C MD</b>
Address	YAWKEY BLDG 7 942, MASS GEN HOSPBOSTON, MA, 02114
Specialty	IM
Board Certified	
School and Year of Graduation	JOHN HOPKINS UNIV USA 1974
Internship and Year	YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1975
Residency and Year	YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1977
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	14698
License Date	1/6/2010
Name	<b>AMSTER, MARK S MD</b>
Address	NEWTON WATERTOWN DERMA ASSOC, 280 WASHINGTON ST STE 212BRIGHTON, MA, 02135
Specialty	D
Board Certified	D
School and Year of Graduation	STATE UNIVERSITY OF NEW YORK USA 1987
Internship and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 1990
Residency and Year	SUNY @ BUFFALO - BUFFALO, NY 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16337
License Date	10/2/2013
Name	<b>AMUNDSEN, SPENCER H MD</b>
Address	HOSPITAL FOR SPECIAL SURGERY, 535 E 70TH STNEW YORK, NY, 10021
Specialty	ORS
Board Certified	
School and Year of Graduation	UNIVERSITY OF UTAH SCHOOL OF MEDICINE USA 2010
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 2011
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10070
License Date	8/6/1997
Name	<b>ANASTACIO, RAMON M MD</b>
Address	523 GANDY ST STE D, RUSSELLVILLE, AL, 35653
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF SANTO TOMAS FAC OF MED SURGERY PHILIPPINES 1991
Internship and Year	ST JOHN HOSPITAL & MEDICAL CENTER - MI 1994
Residency and Year	MIRIAM HOSPITAL - RI 1997
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	8910
License Date	4/7/1993
Name	<b>ANASTAS, CYNTHIA J MD</b>
Address	APEX CARDIOLOGY PC, 2045 CECIL ASHBURN DR SE 201HUNTSVILLE, AL, 35802
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE USA 1986
Internship and Year	NORTHWESTERN MEMORIAL HOSPITAL - CHICAGO IL 1987
Residency and Year	UNIVERSITY OF NORTH CAROLINA HOSPITAL - CHAPEL HILL NC 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15468
License Date	12/7/2011
Name	<b>ANATELLI, FLORENCIA MD</b>
Address	MID-ATLANTIC PATHOLOGY SER INC, 405 GLENN DR STE 10ASTERLING, VA, 20164
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSIDAD NACIONAL DE ROSARIO ARGENTINA 2000
Internship and Year	WASHINGTON UNIV SCHOOL OF MEDICINE - ST LOUIS, MO 2006
Residency and Year	WASHINGTON UNIV SCHOOL OF MEDICINE - ST LOUIS, MO 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4995
License Date	6/11/1973
Name	<b>ANDELMAN, ROBERT J MD</b>
Address	3 BOYAN PLACE, PORTSMOUTH, NH, 03801
Specialty	AN
Board Certified	AN
School and Year of Graduation	NY UNIV SCHOOL OF MEDICINE USA 1970
Internship and Year	UNIV OF MINNESOTA - MN 1971
Residency and Year	PETER BENT BRIGHAM HOSPITAL - MA 1977
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9915
License Date	2/5/1997
Name	<b>ANDERSEN, CHRISTINE H MD</b>
Address	ANDOVER DERMATOLOGY, 29 STILES RD STE 303SALEM, NH, 03079
Specialty	D
Board Certified	D
School and Year of Graduation	UNIV OF MA MED SCHOOL - WORCESTER, MA USA 1993
Internship and Year	UNIV OF MA MEDICAL CENTER - MA 1994
Residency and Year	NORTH CAROLINA BAPISST HOSPITAL - NC 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14118
License Date	8/6/2008
Name	<b>ANDERSON, ANN E MD</b>
Address	SOUTH NASSAU COMMUNITIES HOSP, ONE HEALTHY WAYOCEANSIDE, NY, 11572
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	NEW YORK COLLEGE USA 1982
Internship and Year	NORTH SHORE UNIV HOSPITAL - MANHASSET, NY 1986
Residency and Year	NORTH SHORE UNIV HOSPITAL - MANHASSET, NY 1987
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	12184
License Date	1/7/2004
Name	<b>ANDERSON, CASTIN J MD</b>
Address	FOREST COUNTRY ANESTH, FLAGSTAFF, AZ, 86001
Specialty	AN
Board Certified	
School and Year of Graduation	UNIVERSITY OF VIENNA, VIENNA AUSTRIA AUSTRIA 1995
Internship and Year	EXEMPLA ST JOSEPH HOSPITAL, DENVER CO 1999
Residency and Year	UNIVERSITY OF COLORADO, DENVER CO 2002
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	11234
License Date	5/2/2001
Name	<b>ANDERSON, CHRISTINA M MD</b>
Address	WINNIPESAUKEE FAMILY PRACTICE, 240 SO MAIN PO BOX 694WOLFEBORO, NH, 03894
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF TEXAS MED SCH - GALVESTON, TX USA 1998
Internship and Year	WILLIAMSPORT HOSPITAL - WILLIAMSPORT, PA 1999
Residency and Year	WILLIAMSPORT HOSPITAL - WILLIAMSPORT, PA 2000
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	15902
License Date	11/7/2012
Name	<b>ANDERSON, CHRISTOPHER D MD</b>
Address	MASS GEN HOSP- TELESTROKE PROGRAM, 15 PARKMAN ST WACC729JBOSTON, MA, 02114
Specialty	N
Board Certified	N
School and Year of Graduation	NORTHWESTERN UNIVERSITY MEDICAL SCHOOL USA 2005
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2006
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8437
License Date	10/10/1990
Name	<b>ANDERSON, DUANE R MD</b>
Address	74 STRAND CIRCLE, CROMWELL, CT, 06416-2147
Specialty	D
Board Certified	D
School and Year of Graduation	TUFTS UNIV SCH OF MED - BOSTON, MA USA 1956
Internship and Year	WORCESTER CITY HOSPITAL - WORCESTER, MA 1957
Residency and Year	UNIV OF MINNESOTA HOSPITAL - MINNEAPOLIS, MN 1960
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	3628
License Date	6/27/1963
Name	<b>ANDERSON, ERIC G MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1985</b>
Remarks	

License Number	12955
License Date	12/7/2005
Name	<b>ANDERSON, ERIC R MD</b>
Address	COMPREHENSIVE OTOLARYNGOLOGY, 3 ALUMNI DR STE 302EXETER, NH, 03833
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	UNIVERSITY OF WASHINGTON, SEATTLE WA US 2000
Internship and Year	FLETCHER ALLEN HEALTH CARE, BURLINGTON VT 2001
Residency and Year	FLETCHER ALLEN HEALTH CARE, BURLINGTON VT 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11103
License Date	11/1/2000
Name	<b>ANDERSON, JAMES E MD</b>
Address	ATLANTIC CARDIOLOGY ASSOC PA, 3 ALUMNI DR STE 206EXETER, NH, 03833
Specialty	CD
Board Certified	CD
School and Year of Graduation	STATE UNIV OF NEW YORK - STONY BROOK, NY USA 1989
Internship and Year	UNIV OF MINNESOTA - MINNEAPOLIS, MN 1990
Residency and Year	UNIV OF MINNESOTA - MINNEAPOLIS, MN 1991
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	14729
License Date	2/3/2010
Name	<b>ANDERSON, JOHN P MD</b>
Address	4812 OCEANRIDGE DR, HUNTINGTON BEACH, CA, 92649
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF LOUISVILLE USA 1972
Internship and Year	UNIVERSITY OF SOUTHERN CALIFORNIA - LOS ANGELES, CA 1973
Residency and Year	UNIVERSITY OF CALIFORNIA IRVINE - ORANGE, CA 1977
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	15427
License Date	11/2/2011
Name	<b>ANDERSON, JOSEPH C MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	GE
Board Certified	GE
School and Year of Graduation	MT SINAI SCHOOL OF MEDICINE OF THE CITY UNIV OF NY USA 1988
Internship and Year	STONY BROOK UNIVERSITY HOSPITAL - STONY BROOK, NY 1989
Residency and Year	STONY BROOK UNIVERSITY HOSPITAL - STONY BROOK, NY 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12728
License Date	6/1/2005
Name	<b>ANDERSON, KANE L MD</b>
Address	DURANGO ORTHOPEDICS, 1 MERCADO ST STE 202DURANGO, CO, 81301
Specialty	ORS
Board Certified	
School and Year of Graduation	UNIVERSITY OF WASHINGTON, SEATTLE WA US 2002
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2003
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2005
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	3503
License Date	4/11/1962
Name	<b>ANDERSON, KITTRIDGE MD</b>
Address	CHARLES RIVER PARK, 5 WHITTIER PLACE STE 103BOSTON, MA, 02114
Specialty	N
Board Certified	
School and Year of Graduation	DUKE UNIVERSITY - NORTH CAROLINA USA 1950
Internship and Year	ALBANY MEDICAL CENTER - ALBANY, NY 1951
Residency and Year	ALBANY MEDICAL CENTER - ALBANY, NY 1952
License Expiration Date	<b>12/7/1987</b>
Remarks	<b>12/7/87 - Order to Suspend M.D. License</b>

License Number	12897
License Date	10/5/2005
Name	<b>ANDERSON, KRISTIN M MD</b>
Address	15 ANTIM RD, HILLSBORO, NH, 03244
Specialty	FP
Board Certified	FP
School and Year of Graduation	MARSHALL UNIVERSITY, HUNTINGTON WV US 2003
Internship and Year	CONCORD HOSPITAL, CONCORD NH 2004
Residency and Year	CONCORD HOSPITAL, CONCORD NH 2005
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	5078
License Date	9/14/1973
Name	<b>ANDERSON, MARY ELIZABETH K MD</b>
Address	, , ,
Specialty	AN
Board Certified	AN
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>8/22/1999</b>
Remarks	

License Number	10841
License Date	3/1/2000
Name	<b>ANDERSON, MARY L MD</b>
Address	SALEM RADIOLOGY, 23 STILES RDSALEM, NH, 03079
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF CINCINNATI COLL OF MED - CINCINNATI, OH USA 1981
Internship and Year	UNIV HOSPITAL - CINCINNATI, OH 1985
Residency and Year	NEW ENGLAND MEDICAL CENTER -TUFTS UNIV - BOSTON, MA 1987
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	11235
License Date	5/2/2001
Name	<b>ANDERSON, MICHAEL J MD</b>
Address	1176 VEGAS VALLEY DR, LAS VEGAS, NV, 89109
Specialty	RO
Board Certified	RO
School and Year of Graduation	STATE UNIV OF NY UPSTATE MED UNIV-SYRACUSE, NY USA 1995
Internship and Year	UNIV OF NEVADA - RENO, NV 1996
Residency and Year	MT SINAI SCHOOL OF MEDICINE - NY, NY 1999
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	12252
License Date	4/7/2004
Name	<b>ANDERSON, NILS MD</b>
Address	AMERICAN NEUROLOGISTS & RADIOL, PO BOX 6249BUFFALO GROVE, IL, 60089
Specialty	N
Board Certified	
School and Year of Graduation	RUSH UNIVERSITY, CHICAGO IL US 1987
Internship and Year	NAVAL HOSPITAL OAKLAND, BETHESDA MD 1988
Residency and Year	NATIONAL NAVAL MEDICAL CTR, BETHESDA MD 1994
License Expiration Date	<b>1/23/2006</b>
Remarks	REQUESTED INACTIVE 1/23/06

License Number	14910
License Date	7/7/2010
Name	<b>ANDERSON, PAUL D MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	UNIVERSITY OF WASHINGTON USA 2007
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	5657
License Date	1/6/1977
Name	<b>ANDERSON, PETER B MD</b>
Address	DHMC/GASTRO DEPT, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	GE
Board Certified	GE
School and Year of Graduation	YALE UNIV SCHOOLOF MED NEW HAVEN USA 1973
Internship and Year	DARTMOUTH MED SCHOOL AFFIL HOSPITAL 1974
Residency and Year	MARY HITCHCOCK MEMORIAL HOSPITAL 1977
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6018
License Date	3/6/1979
Name	<b>ANDERSON, PHILIP R MD</b>
Address	GENERAL SURGERY ASSOC, 12 HOSPITAL DR STE CYORK, ME, 03909
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF VIRGINIA USA 1970
Internship and Year	UNIV OF ALABAMA HOSPITAL - BIRMINGHAM, AL 1971
Residency and Year	UNIV OF ALABAMA HOSPITAL - BIRMINGHAM, AL 1971
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8816	
License Date	10/7/1992	
Name	<b>ANDERSON, ROBERT J MD</b>	
Address	3005 ASPEN RD, AMES, IA, 50014	
Specialty	GS	
Board Certified	GS	
School and Year of Graduation	UNIVERSITY OF MINNESOTA USA 1983	
Internship and Year	SAN DIEGO MEDICAL CENTER	SAN DIEGO - CALIFORNIA 1984
Residency and Year	UNIVERSITY OF NEW JERSEY	NEWARK - NEW JERSEY 1988
License Expiration Date	<b>6/30/2003</b>	
Remarks		

License Number	7734	
License Date	11/4/1987	
Name	<b>ANDERSON, SERAFIN C MD</b>	
Address	32 ORCHARD VIEW DR, WILTON, NH, 03086	
Specialty	PD	
Board Certified	PD	
School and Year of Graduation	STATE UNIV OF NY AT BUFFALO SCH OF MEDICINE USA 1976	
Internship and Year	UNIVERSITY HOSPITAL - SEATTLE WA 1977	
Residency and Year	ST JOSEPH HOSPITAL MEDICAL CENTER - PATERSON NJ 1986	
License Expiration Date	<b>6/30/2013</b>	
Remarks	8/6/03 - Consent Decree (Emergency Suspension)      11/13/03 - Settlement Agreement 7/13/04 - Order Lifting Suspension of License-----11/16/04 RENEWED LICENSE 6/7/10 - Order Lifting Restrictions of License	

License Number	4686	
License Date	6/12/1972	
Name	<b>ANDES, EUGENE B MD</b>	
Address	1651 SHIRLEY AVE, PETERSBURG, VA, 23805	
Specialty	EM	
Board Certified	EM	
School and Year of Graduation	UNIVERSITY OF PENNSYLVANIA-PHILADELPHIA PA USA 1968	
Internship and Year	US PUBLIC HLTH SVS HOSP-NEW ORLEANS LA 1969	
Residency and Year	US PUBLIC HLTH SVS HOSP-NEW ORLEANS LA 1971	
License Expiration Date	<b>6/30/2003</b>	
Remarks		

License Number	7293	
License Date	4/3/1986	
Name	<b>ANDEWEG, STEVEN K MD</b>	
Address	31 CARRIAGE LANE, HANOVER, NH, 03755	
Specialty	AN	
Board Certified	AN	
School and Year of Graduation	UNIV OF IOWA COLL MED - IOWA CITY, IA USA 1980	
Internship and Year	MASS GENERAL HOSPITAL - BOSTON, MA 1982	
Residency and Year	MASS GENERAL HOSPITAL - BOSTON, MA 1984	
License Expiration Date	<b>6/30/2016</b>	
Remarks		



License Number 13813  
 License Date 2/6/2008  
 Name **ANDRADA, ELIZABETH C MD**  
 Address EXETER HOSP-EMERGENCY DEPT, 5 ALUMNI DREXETER, NH, 03833  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIV MASSACHUSETTS MED SCHOOL USA 2005  
 Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2006  
 Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2007  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10111  
 License Date 9/10/1997  
 Name **ANDREA, NANCY T MD**  
 Address APPLE AVE FAMILY PRACTICE, 139 STATE RD KITTERY, ME, 03904  
 Specialty FP  
 Board Certified  
 School and Year of Graduation ALBANY MED COLL - ALBANY, NY USA 1992  
 Internship and Year NATIONAL NAVAL MEDICAL CENTER 1993  
 Residency and Year MAINE DARTMOUTH FAMILY - AUGUSTA, ME 1997  
 License Expiration Date **6/30/2000**  
 Remarks

License Number 11209  
 License Date 4/4/2001  
 Name **ANDRECYK, GREGORY P MD**  
 Address HILLTOP FAMILY PRACTICE, 85 MAIN ST SOMERSWORTH, NH, 03878  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation DALHOUSIE UNIV-HALIFAX NS NOVA SCOTIA CANADA 1991  
 Internship and Year DALHOUSIE UNIVERSITY - HALIFAX, NOVA SCOTIA CANADA 1992  
 Residency and Year DALHOUSIE UNIVERSITY - HALIFAX, NOVA SCOTIA CANADA 1993  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9175  
 License Date 6/1/1994  
 Name **ANDREW, DOROTHY E MD**  
 Address 6601 NW 42, BETHANY, OK, 73008  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE USA 1990  
 Internship and Year ST MARGARETS HOSPITAL - BOSTON MA 1994  
 Residency and Year ST MARGARETS HOSPITAL - BOSTON MA 1994  
 License Expiration Date **6/30/2001**  
 Remarks

License Number	12448
License Date	9/1/2004
Name	<b>ANDREW, REBECCA L MD</b>
Address	NEW HAMPSHIRE HOSP, 36 CLINTON STCONCORD, NH, 03301
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF MICHIGAN, ANN ARBOR MI US 1985
Internship and Year	CHILDRENS HOSP, CINCINNATI OH 1988
Residency and Year	UNIVERSITY OF CINCINNATI, CINCINNATI OH 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10150
License Date	11/5/1997
Name	<b>ANDREW, THOMAS A MD</b>
Address	OFFICE OF THE CHIEF MED EXAM, 246 PLEASANT ST STE 218CONCORD, NH, 03301
Specialty	FOP
Board Certified	PTH
School and Year of Graduation	UNIV OF CINCINNATI COLL OF MED-CINCINNATI,OH USA 1982
Internship and Year	CHILDRENS HOSPITAL MED CTR-OH 1986
Residency and Year	UNIV OF CINCINNATI-OH 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11493
License Date	2/6/2002
Name	<b>ANDREWS, EDSON J MD</b>
Address	VANDERBILT UNIV MED CTR, 21ST AVE SO DEPT RADIOLOGYNASHVILLE, TN, 37232-2675
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF FLORIDA - GAINESVILLE, FL USA 1966
Internship and Year	CAROLINAS MEDICAL CENTER - CHARLOTTE, NC 1967
Residency and Year	MALLINCKRODT INSTITUTE OF RADIOLOGY - ST LOUIS, MO 1971
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	15975
License Date	1/9/2013
Name	<b>ANDREWS, GRETCHEN M MD</b>
Address	COTTAGE HOSPITAL, 90 SWIFTWATER RDWOODSVILLE, NH, 03785
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF NEW MEXICO USA 2007
Internship and Year	MAINE-DARTMOUTH FAMILY MEDICINE RESIDENCY - AUGUSTA, ME 2008
Residency and Year	MAINE-DARTMOUTH FAMILY MEDICINE RESIDENCY - AUGUSTA, ME 2010
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number 10383  
 License Date 9/2/1998  
 Name **ANDREWS, KEVIN P MD**  
 Address 260 WESTERN AVE, S PORTLAND, ME, 04106  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIV OF VERMONT - BURLINGTON, VT USA 1982  
 Internship and Year NAVAL MEDICAL CENTER - SAN DIEGO, CA 1983  
 Residency and Year NAVAL MEDICAL CENTER - SAN DIEGO, CA 1984  
 License Expiration Date **6/30/2000**  
 Remarks

License Number 9118  
 License Date 3/2/1994  
 Name **ANDREWS, MARY-MARGARET MD**  
 Address DARTMOUTH HITCHCOCK, 1 MEDICAL CENTER DRIVELEBANON, NH, 03756  
 Specialty ID  
 Board Certified ID  
 School and Year of Graduation COLUMBIA UNIV COLLEGE OF PHYSICIANS & SURGEONS USA 1991  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1994  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1994  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 4787  
 License Date 6/14/1971  
 Name **ANDREWS, PATRICIA A MD**  
 Address 149 EAST SIDE DR. #163, CONCORD, NH, 03301  
 Specialty PD  
 Board Certified  
 School and Year of Graduation INDIANA UNIV SCHOOL OF MEDICINE USA 1967  
 Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1968  
 Residency and Year INDIANA UNIV MEDICAL CENTER - INDIANAPOLIS, IN 1970  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 12185  
 License Date 1/7/2004  
 Name **ANDREWS, RANDALL S MD**  
 Address 2107 25TH SOUTH, ST CLOUD, MN, 56301  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation GEORGE WASHINGTON UNIVERSITY, WASHINGTON DC US 1982  
 Internship and Year UNIVERSITY OF COLORADO, DENVER CO 1983  
 Residency and Year UNIVERSITY OF COLORADO, DENVER CO 1984  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 12126  
 License Date 11/5/2003  
 Name **ANDREWS, ROBERT C MD**  
 Address LAKES REGION RADIOLOGY, 87 SPRING ST LACONIA, NH, 03246  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIVERSITY OF MIAMI, MIAMI FL US 1977  
 Internship and Year NEW ENGLAND MED CTR (TUFTS U.), BOSTON MA 1979  
 Residency and Year TUFTS UNIVERSITY, BOSTON MA 1981  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 7401  
 License Date 8/14/1986  
 Name **ANDREWS, ROBERT P MD**  
 Address MARY IMOGENE BASSET HOSP, 1 ATWELL RD COOPERSTOWN, NY, 13326  
 Specialty R  
 Board Certified R  
 School and Year of Graduation TUFTS UNIV SCH MED BOSTON MA USA 1963  
 Internship and Year MAINE MED CTR PORTLAND ME 1964  
 Residency and Year MAINE MED CTR PORTLAND ME 1967  
 License Expiration Date **6/30/2012**  
 Remarks **11/7/08 - Settlement Agreement**

License Number 10318  
 License Date 7/1/1998  
 Name **ANDRIOLA, STEVEN J MD**  
 Address SALEM PROFESSIONAL PARK EAST, 29 STILES RD STE 102 SALEM, NH, 03079  
 Specialty ORS  
 Board Certified  
 School and Year of Graduation UNIV OF MED & DENTISTRY NJ MED SCH USA 1993  
 Internship and Year NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON, MA 1994  
 Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON, MA 1995  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16148  
 License Date 6/5/2013  
 Name **ANDRIOTAKIS, JAMES L DO**  
 Address NORTHEAST REHAB/PEASE INTNTL TRADEPORT, 105 CORPORATE DRIVE PORTSMOUTH, NH, 03801  
 Specialty PM  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC USA 2009  
 Internship and Year NORTH SHORE MEDICAL CENTER - SALEM HOSPITAL - SALEM, MA 2010  
 Residency and Year BOSTON MEDICAL CENTER - BOSTON, MA 2012  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	17044
License Date	5/6/2015
Name	<b>ANDROLIA, ADAM P DO</b>
Address	496 HANOVER ST, APT 3, MANCHESTER, NH, 03104
Specialty	FP
Board Certified	FP
School and Year of Graduation	WESTERN UNIV OF HEALTH SCIENCES-COLLEGE OF OSTEOPA USA 2011
Internship and Year	PALMETTO HEALTH/UNIVERSITY OF SOUTH CAROLINA SOM, COLUMBIA, SC 2012
Residency and Year	PALMETTO HEALTH/UNIVERSITY OF SOUTH CAROLINA SOM, COLUMBIA, SC 2014
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8580
License Date	7/17/1991
Name	<b>ANDRUS, BRUCE W MD</b>
Address	DHMC-CARDIOLOGY SECTION, ONE MEDICAL CENTER DRLEBANON, NH, 03766
Specialty	CD
Board Certified	IM
School and Year of Graduation	MCGILL UNIVERSITY FACULTY OF MEDICINE CANADA 1988
Internship and Year	MIRIAM HOSPITAL, PROVIDENCE RI 1988
Residency and Year	MIRIAM HOSPITAL PROVIDENCE RI 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11160
License Date	2/7/2001
Name	<b>ANDRUSCAVAGE, LISA A DO</b>
Address	ELLIOT HOSPITAL, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty	NPM
Board Certified	PD
School and Year of Graduation	PHILADELPHIA COLL OF OSTEO MED -PHILA, PA USA 1991
Internship and Year	LEWISTOWN HOSPITAL - LEWISTOWN, PA 1992
Residency and Year	GEISINGER MEDICAL CENTER - DANVILLE, PA 1995
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	12047
License Date	9/3/2003
Name	<b>ANEJA, RAJNI MD</b>
Address	900 WATERVLIENT SHAKER RD, STE 300ALBANY, NY, 12205
Specialty	FP
Board Certified	FP
School and Year of Graduation	GUJARAT UNIVERSITY, GUJARAT INDIA INDIA 1998
Internship and Year	TRINITY FAMILY MED CTR, KANSAS CITY MO 2002
Residency and Year	TRINITY FAMILY MED CTR, KANSAS CITY MO 2003
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	16206
License Date	7/3/2013
Name	<b>ANGELAKIS, ELIZABETH J MD</b>
Address	SOUTHERN NH RC, 703 RIVERWAY PLACE BEDFORD, NH, 03110
Specialty	DR
Board Certified	DR
School and Year of Graduation	NY MEDICAL COLLEGE USA 1993
Internship and Year	OVERLOOK HOSPITAL - SUMMIT, NJ 1994
Residency and Year	LAHEY CLINIC MEDICAL CENTER - BURLINGTON, MA 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16621
License Date	6/4/2014
Name	<b>ANGELES, CHRISTINA V MD</b>
Address	DARTMOUTH HITCHCOCK MEDICAL CTR, ONE MEDICAL CENTER DR LEBANON, NH, 03756-0001
Specialty	GS
Board Certified	GS
School and Year of Graduation	TUFTS UNIVERSITY USA 2005
Internship and Year	NEW YORK & PRESBYTERIAN HOSPITAL-NY, NY 2006
Residency and Year	NEW YORK & PRESBYTERIAN HOSPITAL-NY, NY 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10892
License Date	5/3/2000
Name	<b>ANGELO, WENDY A MD</b>
Address	248 PLEASANT ST, CONCORD, NH, 03301
Specialty	FP
Board Certified	FP
School and Year of Graduation	STATE UNIV OF NY HLTH SCI - BROOKLYN, NY USA 1993
Internship and Year	FORBES HEALTH SYSTEM - PITTSBURGH, PA 1994
Residency and Year	FORBES HEALTH SYSTEM - PITTSBURGH, PA 1996
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	16812
License Date	11/6/2014
Name	<b>ANGIER, PIERRE J DO</b>
Address	HEALTH FIRST FAMILY CARE CENTER, 22 STAFFORD ST LACONIA, NH, 03246
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MED USA 1987
Internship and Year	OUCOM - ST JOSEPH HEALTH CENTER-EASTLAND, WARREN OH 1988
Residency and Year	OUCOM - CUYAHOGA FALLS GENERAL HOSPITAL- CUYAHOGA FALLS, OH 1989
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5873
License Date	4/6/1978
Name	<b>ANGOFF, GERALD H MD</b>
Address	100 HITCHCOCK WAY, MANCHESTER, NH, 03104
Specialty	CD
Board Certified	CD
School and Year of Graduation	HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1970
Internship and Year	CLEVELAND METROPOLITAN GENERAL HOSPITAL - CLEVELAND, OH 1971
Residency and Year	PETER B BRIGHTON HOSPITAL - BOSTON, MA 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16499
License Date	2/5/2014
Name	<b>ANGUAY, JOHN C MD</b>
Address	ACUTE CARE SURGERY, 330 BORTHWICK AVE #200PORTSMOUTH, NH, 03801
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE USA 2004
Internship and Year	BAYLOR COLLEGE OF MEDICINE - HOUSTON, TX 2005
Residency and Year	BAYLOR COLLEGE OF MEDICINE - HOUSTON, TX 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11862
License Date	4/2/2003
Name	<b>ANNIS, JOSEPH P MD</b>
Address	DHMC DEPT ANESTHESIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	AN
Board Certified	AN
School and Year of Graduation	MEDICAL COLLEGE OF WISCONSIN, MILWAUKEE, WI USA 1969
Internship and Year	SWEDISH MEDICAL CENTER - SEATTLE, WA 1970
Residency and Year	LONG BEACH MEMORIAL MEDICAL CENTER - LONG BEACH, CA 1973
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5135
License Date	1/18/1974
Name	<b>ANSDELL, ARTHUR L MD</b>
Address	, , ,
Specialty	OBG
Board Certified	
School and Year of Graduation	GENERAL MEDICAL COUNCIL OF GREAT BRITIAN BRITIAN
Internship and Year	
Residency and Year	
License Expiration Date	<b>12/31/1997</b>
Remarks	<b>DECEASED 1/13/2011</b>

License Number 6206  
 License Date 6/9/1980  
 Name **ANSDELL, PATRICIA M MD**  
 Address 17 THORNTON RD WEST, MERRIMACK, NH, 03054  
 Specialty FP  
 Board Certified  
 School and Year of Graduation FACULTY MED UNIV OF LIVERPOOL - ENGLAND ENGLAND 1964  
 Internship and Year BROADGREEN HOSPITAL - LIVERPOOL, ENGLAND 1965  
 Residency and Year CLATTERBRIDGE HOSPITAL - WIRRAL , ENGLAND 1974  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 5154  
 License Date 4/16/1974  
 Name **ANTAL, RICHARD D MD**  
 Address , PO BOX 476PORTSMOUTH, NH, 03802-0476  
 Specialty GE  
 Board Certified GE  
 School and Year of Graduation UNIVERSITY OF ILLINOIS-CHICAGO IL USA 1967  
 Internship and Year CITY OF MEMPHIS HOSP-MEMPHIS TN 1968  
 Residency and Year VETERAN'S ADMINISTRATION HOSP-HINES IL 1974  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 15500  
 License Date 1/4/2012  
 Name **ANTELO, MIGUEL A MD**  
 Address NEW ENGLAND UROLOGY, 10 PROSPECT ST STE 302NASHUA, NH, 03060  
 Specialty U  
 Board Certified U  
 School and Year of Graduation UNIV CENTRAL DE VENEZUELA-JOSE MARIA VARGAS VENEZUELA 1993  
 Internship and Year LYNDON B JOHNSON GENERAL HOSPITAL - HOUSTON, TX 1997  
 Residency and Year TUFTS MEDICAL CENTER - BOSTON, MA 1998  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11406  
 License Date 10/3/2001  
 Name **ANTHONY, LISA R MD**  
 Address SPEARE MEDICAL ASSOC, 19 AVERY STREETPLYMOUTH, NH, 03264  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation OHIO STATE UNIV - COLUMBUS, OH USA 1994  
 Internship and Year UNIV OF MINNESOTA/NORTH MEMORIAL HEALTH CARE - MINNEAPOLIS, MN 1995  
 Residency and Year ABBOTT-NORTHWESTERN HOSPITAL - MINNEAPOLIS, MN 1998  
 License Expiration Date **6/30/2002**  
 Remarks



License Number	11121
License Date	12/6/2000
Name	<b>ANTHONY, ROBERT G MD</b>
Address	22051 FRASER HWY, LANGLEY BC CANADA, , V3A 4H4
Specialty	EM
Board Certified	EM
School and Year of Graduation	QUEENS UNIV FAC HLTH SCI- KINGSTON ON CANADA 1975
Internship and Year	MCMASTER UNIV - HAMILTON, ONTARIO CANADA 1976
Residency and Year	QUEEN'S UNIV FAC OF HEALTH SCI - KINGSTON, ONTARIO CANADA 1977
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12690
License Date	5/4/2005
Name	<b>ANTINERELLA, NICOLE M DO</b>
Address	CONCORD HOSPITAL INT MEDICINE, 248 PLEASANT ST STE 2800CONCORD, NH, 03301
Specialty	IM
Board Certified	IM
School and Year of Graduation	MIDWESTERN UNIVERSITY OF ARIZONA, GLENDALE AZ US 2001
Internship and Year	GOOD SAMARITAN REGIONAL MED CTR, PHOENIX AZ 2002
Residency and Year	GOOD SAMARITAN REG MED CTR, PHOENIX AZ 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7862
License Date	6/8/1988
Name	<b>ANTISDEL, JAMES R MD</b>
Address	46 GOLF VIEW DR, MANCHESTER, NH, 03102
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV HEALTH SCI/CHICAGO MED SCH -CHICAGO,IL USA 1986
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1987
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6965
License Date	9/6/1984
Name	<b>ANTISDEL, THOMAS J MD</b>
Address	ELLIOT OBGYN, 15 NELSON ST 2ND FLRMANCHESTER, NH, 03103
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF WISCONSIN MED SCH-MADISON,WI USA 1979
Internship and Year	ST JOSEPHS HOSPITAL 1983
Residency and Year	ST JOSEPHS HOSPITAL 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11584
License Date	5/1/2002
Name	<b>ANTLEY, CATHERINE M MD</b>
Address	VERMONT DERMATOPATHOLOGY, 30 FARRELL ST STE 202SO BURLINGTON, VT, 05403
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF NORTH CAROLINA - CHAPEL HILL, NC USA 1991
Internship and Year	DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 1997
Residency and Year	UNIVERSITY OF ARKANSAS FOR MEDICA SCIENCE- LITTLE ROCK, AR 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13390
License Date	2/7/2007
Name	<b>ANTONAKAKIS, JOHN G MD</b>
Address	, 333 BROTHWICK AVEPORTSMOUTH, NH, 03801
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV OF VERMONT COLLEGE OF MEDICINE USA 2003
Internship and Year	UNIV OF VIRGINIA MEDICAL CTR-CHARLOTTESVILLE, VA 2005
Residency and Year	UNIV OF VIRGINIA MEDICAL CTR-CHARLOTTESVILLE, VA 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13653
License Date	9/5/2007
Name	<b>ANTONIUK, ROBERT MD</b>
Address	DHMC-EMERGENCY DEPT, ONE MED CTR DRLEBANON, NH, 03756
Specialty	EM
Board Certified	EM
School and Year of Graduation	TEMPLE UNIV USA 2004
Internship and Year	TEMPLE UNIV - PHILADELPHIA PA 2005
Residency and Year	TEMPLE UNIV - PHILADELPHIA PA 2007
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	4687
License Date	6/12/1972
Name	<b>ANWARUDDIN, MOHAMMAD MD</b>
Address	311 ELLM ST, GOFFSTOWN, NH, 03045
Specialty	
Board Certified	
School and Year of Graduation	OSMANIA UNIVERSITY - HYDERABAD, INDIA INDIA 1962
Internship and Year	
Residency and Year	
License Expiration Date	<b>5/11/1988</b>
Remarks	<b>LICENSE SURRENDERED AS OF 5/11/88</b>

License Number 11552  
 License Date 4/3/2002  
 Name **ANZALONE, ANGELO A MD**  
 Address 1219 HUNTSVILLE RD, SHAVERTOWN, PA, 18708  
 Specialty FP  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF ROME LA SAPIENZA, ROME ITALY ITALY 1973  
 Internship and Year PHILADELPHIA GENERAL HOSPITAL - PHILADELPHIA, PA 1975  
 Residency and Year MEDICAL COLLEGE OF PENNSYLVANIA- PHILADELPHIA, PA 1977  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13026  
 License Date 4/5/2006  
 Name **AOUN, NAIM Y MD**  
 Address PULMONARY ASSOC, 166 KINSLEY ST STE 101 NASHUA, NH, 03060  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation ST JOSEPH UNIV, BEIRUT LEBANON LEBANON 1998  
 Internship and Year ST VINCENT HOSPITAL, WORCESTER MA 2000  
 Residency and Year ST ELIZABETHS MEDICAL CTR OF BOSTON, BOSTON MA 2006  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14786  
 License Date 4/7/2010  
 Name **AOYAGI, YUKI MD**  
 Address GEISEL SCHOOL OF MEDICINE AT DARTMOUTH, ONE ROPE FERRY RD HANOVER, NH, 03755  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation GUNMA UNIVERSITY JAPAN 2006  
 Internship and Year BETH ISRAEL MEDICAL CENTER-NY, NY 2008  
 Residency and Year BETH ISRAEL MEDICAL CENTER-NY, NY 2009  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15976  
 License Date 1/9/2013  
 Name **APAZIDIS, ALEXIOS MD**  
 Address LONG ISLAND ORTHOPAEDIC AND SPINE, 100 HOSPITAL ROAD STE 115 PATCHOGUE, NY, 11772  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2004  
 Internship and Year UMDNJ-NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 2005  
 Residency and Year UMDNJ-NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 2009  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 15784  
 License Date 8/1/2012  
 Name **APONTE, SANDRA L MD**  
 Address 69 CRYSTAL AVE, STATEN ISLAND, NY, 10302  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation UNIVERSIDAD CENTRAL DEL CARIBE SCHOOL OF MED USA 1988  
 Internship and Year STATEN ISLAND UNIVERSITY HOSPITAL - STATEN ISLAND, NY 1989  
 Residency and Year BETH ISRAEL MEDICAL CENTER - NY, NY 1993  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 12156  
 License Date 12/3/2003  
 Name **APPIAH-DWAMENA, LYDIA MD**  
 Address O B G Y N, 874 HWY 243W STE 104KAUFMAN, TX, 75142  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIVERSITY OF KUMASI,KUMASI GHANA GHANA 1993  
 Internship and Year HARLEM HOSPITAL CTR, NEW YORK NY 1999  
 Residency and Year CATHOLIC MEDICAL CTR OF BROOKLYN & QUEENS, JAMICA NY 2000  
 License Expiration Date **6/30/2007**  
 Remarks

License Number 9648  
 License Date 3/6/1996  
 Name **APPLEBAUM, BRETT I MD**  
 Address MAINE MEDICAL CTR, 22 BRAMHALL STPORTLAND, ME, 04102-  
 Specialty DR  
 Board Certified R  
 School and Year of Graduation UNIV OF TX MEDICAL SCHOOL AT HOUSTON USA 1981  
 Internship and Year MOSES H CONE MEMORIAL HOSPITAL - GREENSBORO, NC 1982  
 Residency and Year UNIV MA HOSPITAL MEDICAL CENTER - WORCESTER, MA 1985  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14369  
 License Date 4/1/2009  
 Name **APPLEBAUM, EDWARD N DO**  
 Address 100 WEST EVERGREEN AVE, PHILADELPHIA, PA, 19118  
 Specialty P  
 Board Certified P  
 School and Year of Graduation W VIRGINIA SCHOOL OF OSTEOPATHIC MED USA 1985  
 Internship and Year ST LUKES ROOSEVELT HOSPITAL CENTER - NY, NY 1987  
 Residency and Year EASTERN VIRGINIA MEDICAL SCHOOL - NORFOLK, VA 1989  
 License Expiration Date **6/30/2013**  
 Remarks

License Number	17199
License Date	8/5/2015
Name	<b>APPLETON, CHRISTOPHER D DO</b>
Address	17 BELMONT AVE, BRATTLEBORO, VT, 05301
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSITY OF NE COLLEGE OF OSTEOPATHIC MED USA 1996
Internship and Year	UNIVERSITY OF ARIZONA HEALTH SCIENCES CTR - TUCSON, AZ 1997
Residency and Year	UNIVERSITY OF ARIZONA HEALTH SCIENCES CTR - TUCSON, AZ 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4567
License Date	6/15/1970
Name	<b>APPLETON, FREDERICK M MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	NEP
Board Certified	NEP
School and Year of Graduation	ALBANY MEDICAL COLLEGE, NY USA 1961
Internship and Year	NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON, MA 1962
Residency and Year	DARTMOUTH MEDICAL SCHOOL AFFILIATED HOSPITALS - HANOVER, NH 1968
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	7023
License Date	1/10/1985
Name	<b>APPLETON, PAUL E MD</b>
Address	, , ,
Specialty	PTH
Board Certified	
School and Year of Graduation	UNIVERSITY OF CINCINNATI - OH USA 1977
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1994</b>
Remarks	

License Number	15522
License Date	2/1/2012
Name	<b>APPLETON, PAUL T MD</b>
Address	BETH ISRAEL DEACONESS MED CTR, 330 BROOKLINE AVEBOSTON, MA, 02215
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1998
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1999
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15208
License Date	5/4/2011
Name	<b>APRIDONIDZE, TEIMURAZ MD</b>
Address	DHMC - DEPT OF CARDIOLOGY, ONE MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	TBILISI STATE MEDICAL UNIVERSITY GEORGIA 1994
Internship and Year	BRONX-LEBANON HOSPITAL CENTER - BRONX, NY 2006
Residency and Year	BRONX-LEBANON HOSPITAL CENTER - BRONX, NY 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12956
License Date	12/7/2005
Name	<b>AQUINO, NICHOLAS J MD</b>
Address	325 LAKE AVE, LANCASTER, NY, 14086
Specialty	IM
Board Certified	PD
School and Year of Graduation	STATE UNIVERSITY OF NEW YORK, BUFFALO NY US 1983
Internship and Year	STATE UNIVERSITY OF NEW YORK, BUFFALO NY 1984
Residency and Year	STATE UNIVERSITY OF NEW YORK, BUFFALO NY 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14953
License Date	8/4/2010
Name	<b>AQUINO, SUZANNE L MD</b>
Address	IMAGING ADVANTAGE, 3805 E BELL RD STE 5500PHOENIX, AZ, 85032
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF HAWAII USA 1987
Internship and Year	UNIVERSITY OF HAWAII - HONOLULU, HI 1988
Residency and Year	LOS ANGELES COUNTY-HARBOR-UCLA MEDICAL CENTER - TORRANCE, CA 1992
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	12987
License Date	2/1/2006
Name	<b>ARABSHAHI, BABAK MD</b>
Address	39 CENTRAL SQUARE APT 311, KEENE, NH, 03431
Specialty	IM
Board Certified	IM
School and Year of Graduation	IRAN UNIVERSITY, TEHERAN IRAN IRAN 1994
Internship and Year	OUR LADY OF MERCY MED CTR, BRONX NY 2002
Residency and Year	OUR LADY OF MERCY MED CTR, BRONX NY 2004
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number 13027  
 License Date 4/5/2006  
 Name **ARAIN, MUHAMMAD SAMEER Y MD**  
 Address 3535 SOUTH JEFFERSON AVE, STE 9- STREET LEVEL ST LOUIS, MO, 63118  
 Specialty P  
 Board Certified  
 School and Year of Graduation DOW MEDICAL COLLEGE, KARACHI PAKISTAN PAKISTAN 1994  
 Internship and Year ST LOUIS UNIV, ST LOUIS MO 2005  
 Residency and Year UNIV OF MISSOURI, COLUMBIA MO 2006  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 4670  
 License Date 3/24/1972  
 Name **ARAMBULO, SERGIO M MD**  
 Address 65 HAWTHORNE DR., APT 217 BEDFORD, NH, 03110  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIV OF SANTO TOMAS - MANILA PHILIPPINES 1960  
 Internship and Year QUINCY CITY HOSPITAL - QUINCY, MA 1962  
 Residency and Year QUINCY CITY HOSPITAL - QUINCY, MA 1967  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 8366  
 License Date 6/9/1990  
 Name **ARANGO, DAVID U MD**  
 Address 23781 US HWY 27, STE 122 LAKE WALES, FL, 33859  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation ST LOUIS UNIV SH OF MED - ST LOUIS, MO USA 1988  
 Internship and Year KAISER-PERMANENTE MED CTR - OAKLAND, CA 1989  
 Residency and Year KAISER-PERMANENTE MED CTR - OAKLAND, CA 1990  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11298  
 License Date 7/11/2001  
 Name **ARANSON, ROBERT MD**  
 Address ROBERT ARANSON MD, 20 LOOKOUT DRIVE FREEPORT, ME, 04032  
 Specialty CCM  
 Board Certified CCM  
 School and Year of Graduation TUFTS UNIVERSITY USA 1980  
 Internship and Year MAINE MEDICAL CENTER PORTLAND ME 1981  
 Residency and Year TEMPLE UNIVERSITY HOSPITAL PHILADELPHIA PA 1983  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11648  
 License Date 7/3/2002  
 Name **ARAUJO, JOHN C MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CTR DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified  
 School and Year of Graduation LOYOLA UNIV OF CHICAGO - MAYWOOD, IL USA 2000  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2001  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2002  
 License Expiration Date **6/30/2003**  
 Remarks

License Number 10017  
 License Date 6/4/1997  
 Name **ARBOGAST, JOHN W MD**  
 Address DHMC ANESTHESIOLOGY, ONE MEDICAL CTR DRLEBANON, NH, 03756  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation TEMPLE UNIVERSITY-PENNSYLVANIA USA 1990  
 Internship and Year ALBERT EINSTEIN MEDICAL CENTER-PA 1991  
 Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL-NH 1997  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 5735  
 License Date 6/13/1977  
 Name **ARBUCKLE, ROBERT H MD**  
 Address ORTHOPEDIC PROFESSIONAL ASSOC, 14 MAPLE ST STE 100GILFORD, NH, 03246  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation TEMPLE UNIVERSITY-PHILADELPHIA PA USA 1968  
 Internship and Year UNIVERSITY HOSPITAL OF SAN DIEGO-SAN DIEGO CA 1969  
 Residency and Year PETER B BRIGHAM HOSPITAL-BOSTON MA 1976  
 License Expiration Date **4/3/2000**  
 Remarks **3/12/99 - SETTLEMENT AGREEMENT 8/5/99 - EMERGENCY SUSPENSION 9/4/99**  
**CONSENT DECREE 4/3/00 REQUESTED INACTIVE(RETIRE)**  
**DECEASED 04/06/08**

License Number 5356  
 License Date 6/30/1975  
 Name **ARCHAMBAULT, DEWEY G MD**  
 Address , , ,  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation  
 Internship and Year  
 Residency and Year  
 License Expiration Date **3/25/1988**  
 Remarks **3/25/88 - Order to Revoke M.D. License**



License Number 12186  
 License Date 1/7/2004  
 Name **ARCHARD, JOHN J MD**  
 Address SPEARE MEDICAL ASSOC, PLYMOUTH, NH, 03264  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF COLORADO, DENVER CO US 2000  
 Internship and Year EXEMPLA ST JOSEPH HOSPITAL, DENVER CO 2001  
 Residency and Year EXEMPLA ST JOSEPH HOSPITAL, DENVER CO 2003  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 2564  
 License Date 3/13/1947  
 Name **ARCHIBALD, JOHN F MD**  
 Address 20 AVERY ST, PLYMOUTH, NH, 03264-1102  
 Specialty FP  
 Board Certified  
 School and Year of Graduation BOSTON UNIVERSITY USA 1943  
 Internship and Year BOSTON CITY HOSPITAL - BOSTON MA 1944  
 Residency and Year BURBANK HOSPITAL - FITCHBURG MA 1947  
 License Expiration Date **6/30/2001**  
 Remarks **DECEASED 9/20/03**

License Number 14911  
 License Date 7/7/2010  
 Name **ARCIDI JR, JOSEPH M MD**  
 Address MCLAREN FLINT MI HEART VALVE INST, 401 S BALLENGER HWY 3NFLINT, MI, 48532  
 Specialty CTS  
 Board Certified TS  
 School and Year of Graduation JOHN HOPKINS UNIVERSITY USA 1982  
 Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1983  
 Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1989  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 14672  
 License Date 12/2/2009  
 Name **ARENA, CRISTAN M MD**  
 Address USF EYE INSTITUTE, 12901 BRUCE B DOWNS BLVD MDC21TAMPA, FL, 33612-4742  
 Specialty OPH  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF MARYLAND USA 2005  
 Internship and Year READING HOSPITAL & MEDICAL CENTER - READING, PA 2006  
 Residency and Year TEMPLE UNIVERSITY SCHOOL OF MEDICINE - PHILADELPHIA, PA 2009  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 11585  
 License Date 5/1/2002  
 Name **AREND, DAVID M MD**  
 Address AMOSKEAG ANESTHESIA, ONE ELLIOT WAY STE 200MANCHESTER, NH, 03103-0350  
 Specialty CCA  
 Board Certified AN  
 School and Year of Graduation UNIV OF MASS MEDICAL SCH - WORCESTER, MA USA 1998  
 Internship and Year ST ELIZABETH MEDICAL CENTER - BOSTON, MA 1999  
 Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2000  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 17252  
 License Date 9/2/2015  
 Name **ARENSMAN, MEREDITH A MD**  
 Address 7 TIMBERWOOD DR, UNIT 228, LEBANON, NH, 03766-4473  
 Specialty ORS  
 Board Certified  
 School and Year of Graduation THE GEISEL SCHOOL OF MEDICINE AT DARTMOUTH USA 2011  
 Internship and Year DARTMOUTH-HITHCOCK MEDICAL CENTER - LEBANON, NH 2012  
 Residency and Year DARTMOUTH-HITHCOCK MEDICAL CENTER - LEBANON, NH 2015  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11769  
 License Date 11/6/2002  
 Name **ARESON, PETER D MD**  
 Address TAIRAWHITI HEALTH DISTRICT, 421 ORMOND RD PRIVATE BAG 7001GISBORNE NEW ZEALAND, ,  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation TUFTS UNIV - BOSTON, MA USA 1982  
 Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1983  
 Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1987  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 3097  
 License Date 9/14/1955  
 Name **ARGUE, JOHN S MD**  
 Address 55 FAIRVIEW RD, PITTSFIELD, NH, 03263-  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation GEORGETOWN UNIVERSITY USA 1954  
 Internship and Year ST MARY'S HOSPITAL- ROCHESTER, NY 1955  
 Residency and Year ST MARY'S HOSPITAL - ROCHESTER, NY 1955  
 License Expiration Date **6/30/1999**  
 Remarks **DECEASED 2/4/2007**

License Number	12331
License Date	6/2/2004
Name	<b>ARJOMAND-FARD, HEIDAR MD</b>
Address	12 HOSPITAL DR STE 9, YORK, ME, 03909
Specialty	CD
Board Certified	IM
School and Year of Graduation	PECS UNIVERSITY, PECS HUNGARY HUNGARY 1994
Internship and Year	FLUSHING HOSP MED CTR, FLUSHING NY 1997
Residency and Year	EASTON HOSP, EASTON PA 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7108
License Date	6/6/1985
Name	<b>ARMBRUSTER, FREDERICK C MD</b>
Address	99 US RTE 1 BYPASS STE B, KITTERY, ME, 03904
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIV OF MICHIGAN MED SCHOOL-ANN ARBOR,MI USA 1979
Internship and Year	FRAMINGTON UNION HOSP-FRAMINGTON,MA 1980
Residency and Year	BOSTON CITY HOSP-BOSTON,MA 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14007
License Date	6/4/2008
Name	<b>ARMELLINO, MIMI N DO</b>
Address	SERENITY PSYCHIATRY LLC OF COASTAL COUNSELING ASSO, 24 FRONT ST SUITE 200EXETER, NH, 03
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF NEW ENGLAND COLLEGE USA 2004
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2005
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14186
License Date	10/1/2008
Name	<b>ARMELLINO, NICHOLAS C DO</b>
Address	YORK HOSPITAL, 15 HOSPITAL DRYORK, ME, 03909
Specialty	EM
Board Certified	
School and Year of Graduation	UNIV OF NEW ENGLAND USA 2004
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2005
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13941
License Date	5/7/2008
Name	<b>ARNETTE, RHONDA K MD</b>
Address	SHERIDAN HLTHCARE OF N TEXAS, 1500 S MAIN STFORT WORTH, TX, 76104
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV OF NORTH CAROLINA USA 1996
Internship and Year	UNIV OF VIRGINIA MEDICAL CENTER - CHARLOTTESVILLE, VA 1998
Residency and Year	UNIV OF CALIFORNIA MEDICAL CENTER - SAN FRANCISCO, CA 2000
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	11949
License Date	6/4/2003
Name	<b>ARNOLD, COLENE M MD</b>
Address	GARRISON WOMEN'S HEALTH CTR, 770 CENTRAL AVEDOVER, NH, 03820
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF OKLAHOMA - OKLAHOMA CITY, OK USA 1999
Internship and Year	UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CTR - OKLAHOMA CITY, OK 2003
Residency and Year	UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CTR - OKLAHOMA CITY, OK 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	3887
License Date	2/1/1966
Name	<b>ARNOLD, JEANNE F MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1995</b>
Remarks	

License Number	15209
License Date	5/4/2011
Name	<b>ARNOLD, JEREMY S MD</b>
Address	CATHOLIC MEDICAL CENTER, 100 MCGEGOR STREETMANCHESTER, NH, 03102
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF ROCHESTER USA 2008
Internship and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTR, MA 2009
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTR, MA 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15648
License Date	5/2/2012
Name	<b>ARNOLD, ROBERT T MD</b>
Address	DIAGNOSTIC RADIOLOGY COSULT, PO BOX 87648CANTON, MI, 48187
Specialty	DR
Board Certified	DR
School and Year of Graduation	WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE USA 2006
Internship and Year	HENRY FORD HOSPITAL - DETROIT, MI 2007
Residency and Year	HENRY FORD HOSPITAL - DETROIT, MI 2011
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	13191
License Date	8/2/2006
Name	<b>ARNOW, JONATHAN R MD</b>
Address	MARLBOROUGH HOSPITAL, 157 UNION STMARLBOROUGH, MA, 01752
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF CT USA 1987
Internship and Year	UNIV OF CT-FARMINGTON, CT 1988
Residency and Year	NE MED CTR-TUFTS UNIV - BOSTON, MA 1992
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	9442
License Date	6/7/1995
Name	<b>ARONIS, MICHAEL MD</b>
Address	30 HARRISON ST, #455JOHNSON CITY, NY, 13790
Specialty	GS
Board Certified	GS
School and Year of Graduation	TUFTS UNIVERSITY USA 1990
Internship and Year	STAMPFORD HOSPITAL-STAMPFORD,CT 1995
Residency and Year	STAMFORD HOSPITAL, STAMFORD CT 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6687
License Date	6/1/1983
Name	<b>ARONSON, MARK J DO</b>
Address	85 SPRING ST, LACONIA, NH, 03246-3156
Specialty	FP
Board Certified	FP
School and Year of Graduation	PHILA COLL OSTEO MED PHILA,PA USA 1980
Internship and Year	JOHN FENNEDY MEMORIAL - STRATFORD, NJ 1981
Residency and Year	UNIV OF MASS MEDICAL CENTER - WORCESTER, MA 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 12416  
 License Date 8/4/2004  
 Name **ARORA, PRIYANKA MD**  
 Address WE CARE PEDIATRICS, 25 PELHAM RD STE 103SALEM, NH, 03079  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation KING EDWARD VII MEMORIAL HOSP, BOMBAY INDIA INDIA 1996  
 Internship and Year UNIVERSITY OF CONNECTICUT, FARMINGTON CT 2001  
 Residency and Year ALBERT EINSTEIN MED CTR, PHILADELPHIA PA 2004  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 12772  
 License Date 7/6/2005  
 Name **AROS, BRIAN C MD**  
 Address MANSFIELD ORTHOPAEDICS, 555 WASHINGTON HIGHWAYMORRISVILLE, VT, 05661  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation OHIO STATE UNIVERSITY, COLUMBUS OH USA 2001  
 Internship and Year DHMC, LEBANON, NH 2002  
 Residency and Year DHMC, LEBANON, NH 2005  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12981  
 License Date 1/4/2006  
 Name **ARRAZOLA, LUIS M MD**  
 Address SWEDISH HOSPITAL, 1101 MADISON STE 200SEATTLE, WA, 21208  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation UNIV OF DE NAVARRA, PAMPLONA SPAIN SPAIN 1991  
 Internship and Year UNIV OF KENTUCKY, LEXINGTON KY 1994  
 Residency and Year UNIV OF KENTUCKY, LEXINGTON KY 1998  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 8430  
 License Date 9/5/1990  
 Name **ARRICK, BRADLEY A MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, 1 MED CTR DR DEPT HEM & ONCLEBANON, NH, 03756  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation CORNELL UNIV MED COLL - NY, NY USA 1984  
 Internship and Year UC SAN DIEGO MEDICAL CENTER - SAN DIEGO, CA 1985  
 Residency and Year UC-SAN DIEGO MEDICAL CENTER - SAN DIEGO, CA 1987  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	15428
License Date	11/2/2011
Name	<b>ARRINGDALE, MARIE A MD</b>
Address	FRISBEE MEMORIAL HOSPITAL, 11 WHITEHALL RD ROCHESTER, NH, 03867
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF VERMONT USA 2005
Internship and Year	BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 2006
Residency and Year	BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13369
License Date	1/3/2007
Name	<b>ARRINGTON, PAUL J MD</b>
Address	2674 KIU AVU PL, KALAHEO, HI, 96741
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF HAWAII USA 1975
Internship and Year	UNIV OF HAWAII - HONOLULU, HI 1976
Residency and Year	UNIV OF HAWAII - HONOLULU, HI 1981
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	15903
License Date	11/7/2012
Name	<b>ARRIOLA, GUSTAVO J MD</b>
Address	NH NEUROSPINE, 4 HAWTHORNE DR BEDFORD, NH, 03110
Specialty	NS
Board Certified	NS
School and Year of Graduation	UNIVERSIDAD DE SALAMANCA SPAIN 1972
Internship and Year	CREIGHTON UNIVERSITY MEDICAL CENTER - OMAHA, NE 1978
Residency and Year	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE - MIAMI, FL 1984
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	13028
License Date	4/5/2006
Name	<b>ARROYO, PEDRO JUAN MD</b>
Address	PO BOX 740130, ORANGE CITY, FL, 32774
Specialty	GS
Board Certified	GS
School and Year of Graduation	GEORGETOWN UNIV, WASHINGTON DC USA 1985
Internship and Year	MT SINAI MED CTR OF GREATER MIAMI, MIAMI BEACH FL 1988
Residency and Year	MT SINAI MED CTR OF GREATER MIAMI, MIAMI BEACH FL 1993
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	8250
License Date	12/6/1989
Name	<b>ARSENAULT, DIANE L MD</b>
Address	MID-STATE HEALTH CENTER, 101 BOULDER POINT DR STE 1PLYMOUTH, NH, 03264
Specialty	FP
Board Certified	FP
School and Year of Graduation	DARTMOUTH MED SCH - HANOVER, NH USA 1980
Internship and Year	ST JOSEPH'S HOSPITAL - SYRACUSE, NY 1981
Residency and Year	ST JOSEPH'S HOSPITAL - SYRACUSE, NY 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13144
License Date	7/5/2006
Name	<b>ARSHAD, SYED T MD</b>
Address	DHMC, ONE MEDICAL DRLEBANON, NH, 03756
Specialty	FP
Board Certified	FP
School and Year of Graduation	BAQAI MEDICAL UNIV PAKISTAN 2000
Internship and Year	PINNACLE HEALTH HOSPITAL - PENNSYLVANIA 2003
Residency and Year	PINNACLE HEALTH HOSPITAL-PENNSYLVANIA 2005
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	12773
License Date	7/6/2005
Name	<b>ARTERS, III, HARRY M DO</b>
Address	THE MEMORIAL HOSP, 3073 WHITE MOUNTAIN HWYNORTH CONWAY, NH, 03860
Specialty	EM
Board Certified	EM
School and Year of Graduation	KIRKSVILLE COLLEGE OF OSTEO, KIRKSVILLE MO USA 1995
Internship and Year	ST BARNABAS HOSP, BRONX NY 1996
Residency and Year	ST BARNABAS HOSP, BRONX NY 1999
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	12565
License Date	1/5/2005
Name	<b>ARTINIAN, MIHRAN A MD</b>
Address	NEW ENGLAND BAPTIST RADIOLOGY, 125 PARKER HILL AVE CONVERSE 2BOSTON, MA, 02120
Specialty	R
Board Certified	R
School and Year of Graduation	AMERICAN UNIVERSITY OF BEIRUT, BEIRUT LEBANON LEBANON 1985
Internship and Year	BRIGHAM AND WOMENS HOSP, BOSTON MA 1989
Residency and Year	BOSTON MEDICAL CTR, BOSTON MA 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number 13814  
 License Date 2/6/2008  
 Name **ARVIDSON, ANNE MARIE E MD**  
 Address , PO BOX 1602LANGLY, WA, 98260  
 Specialty P  
 Board Certified P  
 School and Year of Graduation BOSTON UNIV USA 1980  
 Internship and Year CAMBRIDGE HOSPITAL - CAMBRIDGE, MA 1981  
 Residency and Year MASSACHUSETTS MENTAL HEALTH CENTER - JAMAICA PLAIN, MA 1984  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 11614  
 License Date 6/5/2002  
 Name **ARVIDSON, ERIC B MD**  
 Address ESSEX ORTHOPAEDICS, 16 PELHAM RD STE1SALEM, NH, 03079  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1984  
 Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1986  
 Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON,MA 1990  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16149  
 License Date 6/5/2013  
 Name **ARVOLD, LISA A MD**  
 Address 30 COLONY RD, LEXINGTON, MA, 02420  
 Specialty EM  
 Board Certified  
 School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 2008  
 Internship and Year BRIGHAM & WOMEN'S HOSP - BOSTON, MA 2010  
 Residency and Year BRIGHAM & WOMEN'S HOSP - BOSTON, MA 2013  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 9831  
 License Date 9/4/1996  
 Name **ARYA, DEEPA P MD**  
 Address PO BOX 3734, SILVER SPRING, MD, 20918  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation LLRM MEDICAL COLLEGE MEERUT UNIV INDIA 1986  
 Internship and Year UNIV OF MINNESOTA MEDICINE SCHOOL - MINNESOTA 1987  
 Residency and Year UNIV OF MINNESOTA MEDICINE SCHOOL - MINNESOTA 1994  
 License Expiration Date **6/30/2016**  
 Remarks **lapsed 6/30/04 - reinstated 9/4/13**

License Number	15859
License Date	10/3/2012
Name	<b>ARYA, PUNEETA MD</b>
Address	2 HAWTHORNE PL UNIT 2N, BOSTON, MA, 02114
Specialty	PD
Board Certified	PD
School and Year of Graduation	ALL INDIA INSTITUTE OF MEDICAL SCIENCES INDIA 2002
Internship and Year	MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 2005
Residency and Year	MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4300
License Date	10/22/1968
Name	<b>ASARO, JOSEPH R MD</b>
Address	SCHENECTADY RADIOLOGISTS PC, SCHENECTADY, NY, 12309-1079
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF PALERMO ITALY 1965
Internship and Year	NASSAU HOSPITAL - MINEOLA, NY 1967
Residency and Year	NASSAU HOSPITAL - MINIOLA, NY 1970
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	11893
License Date	5/7/2003
Name	<b>ASCH, ALEXANDER H DO</b>
Address	FAMILY CARE OF SOMERSWORTH, 353 HIGH STSOMERSWORTH, NH, 03878
Specialty	FP
Board Certified	FP
School and Year of Graduation	OHIO UNIV COLL OF OSTEOPATHIC MED - ATHENS, OH USA 1997
Internship and Year	GRANDVIEW HOSPITAL - DAYTON, OH 1998
Residency and Year	GOOD SAMARITAN HOSPITAL AND HEALTH CENTER - DAYTON, OH 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12542
License Date	12/1/2004
Name	<b>ASHARE, ALAN B MD</b>
Address	736 CAMBRIDGE ST, BOSTON, MA, 02135-2997
Specialty	NM
Board Certified	NM
School and Year of Graduation	ALBANY MEDICAL COLLEGE, ALBANY NY US 1965
Internship and Year	ALAMEDA COUNTY MED CTR, OAKLAND CA 1966
Residency and Year	MASSACHUSETTS GENERAL HOSP, BOSTON MA 1970
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	14405
License Date	5/6/2009
Name	<b>ASHARE, ALIX MD</b>
Address	DHMC/INTERNAL MEDICINE, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	VANDERBILT UNIVERSITY USA 1999
Internship and Year	UNIVERSITY OF IOWA HOSPITALS & CLINIC - IOWA CITY, IA 2000
Residency and Year	UNIVERSITY OF IOWA HOSPITALS & CLINIC - IOWA CITY, IA 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10251
License Date	4/1/1998
Name	<b>ASHBAUGH, STEPHANIE J MD</b>
Address	HITCHCOCK CLINIC, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty	FP
Board Certified	FP
School and Year of Graduation	PENNSYLVANIA STATE UNIV USA 1994
Internship and Year	PROVIDENCE HOSPITAL-MI 1995
Residency and Year	PROVIDENCE HOSPITAL-MI 1997
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	9861
License Date	11/6/1996
Name	<b>ASHER, BENJAMIN F MD</b>
Address	127 E 61ST ST, NEW YORK, NY, 10065
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	HAHNEMANN UNIV SCHOOL OF MEDICINE - PHILA, PA USA 1982
Internship and Year	EPISCOPAL HOSPITAL - PENNSYLVANIA 1983
Residency and Year	CHILDREN'S HOSPITAL - BOSTON, MA 1988
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	16989
License Date	4/1/2015
Name	<b>ASHKIANI, MOHAMMAD MD</b>
Address	111 BREWSTER ST, PAWTUCKET, RI, 02860
Specialty	IM
Board Certified	IM
School and Year of Graduation	ROSS UNIVERSITY USA 2012
Internship and Year	MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 2013
Residency and Year	MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 11104  
 License Date 11/1/2000  
 Name **ASHLING, KERRI A MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation BROWN UNIV SCH OF MED - PROVIDENCE, RI USA 1993  
 Internship and Year OREGON HEALTH SCI UNIV - PORTLAND, OR 1994  
 Residency and Year OREGON HEALTH SCI UNIV - PORTLAND, OR 1996  
 License Expiration Date **6/30/2003**  
 Remarks

License Number 7456  
 License Date 11/12/1986  
 Name **ASHMUN, LEE R MD**  
 Address 2 THE COURTYARD, HIGHLAND AVEHANOVER, NH, 03755-1551  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIVERSITY OF CINCINNATI - CINCINNATI, OH USA 1947  
 Internship and Year ST ELIZABETH MEDICAL CENTER - DAYTON, OH 1948  
 Residency and Year CHILD PSYCHIATRY HOSPITAL CENTER - DAYTON, OH 1951  
 License Expiration Date **6/30/2002**  
 Remarks **Deceased 9/17/10**

License Number 8461  
 License Date 12/5/1990  
 Name **ASHOK, SHANTHAMAL A MD**  
 Address GRANITE STATE ANESTHESIA, 168 KINSLEY ST STE 4NASHUA, NH, 03060-3676  
 Specialty AN  
 Board Certified PD  
 School and Year of Graduation J L N MED COLL KARNATAKA UNIV BELGAUM INDIA 1980  
 Internship and Year LINCOLN MEDICAL MENTAL HEALTH CENTER - BRONX, NY 1986  
 Residency and Year LINCOLN MEDICAL MENTAL HEALTH CENTER - BRONX, NY 1987  
 License Expiration Date **6/30/2004**  
 Remarks

License Number 14699  
 License Date 1/6/2010  
 Name **ASHOOR, ISA F MD**  
 Address BOSTON CHILDREN'S HOSP-NEPHROLOGY, 300 LONGWOOD AVEBOSTON, MA, 02115  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation ARABIAN GULF UNIVERSITY BAHRAIN 2005  
 Internship and Year SHANDS HOSPITAL @ THE UNIVERSITY OF FLORIDA - GAINESVILLE, FL 2008  
 Residency and Year SHANDS HOSPITAL @ THE UNIVERSITY OF FLORIDA - GAINESVILLE, FL 2009  
 License Expiration Date **6/30/2014**  
 Remarks

License Number	9916
License Date	2/5/1997
Name	<b>ASHRAF, MAHBOOB MD</b>
Address	18460 LOTUS COURT, TRIANGLE, VA, 22172
Specialty	IM
Board Certified	
School and Year of Graduation	DOW MED COLL UNIV OF KARACHI - PAKISTAN PAKISTAN 1984
Internship and Year	KINGBROOK JEWISH MED CTR-NY 1997
Residency and Year	KINGBROOK JEWISH MEDICAL CENTER - NY 1997
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	14313
License Date	2/4/2009
Name	<b>ASHRAF, SADAF MD</b>
Address	DARTMOUTH HITCHCOCK CLINIC, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF KARACHI PAKISTAN 2004
Internship and Year	ST BARNABAS HOSPITAL - BRONX, NY 2007
Residency and Year	ST BARNABAS HOSPITAL - BRONX, NY 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15174
License Date	4/6/2011
Name	<b>ASHRAF, SADIA MD</b>
Address	CATHOLIC MEDICAL CENTER, 100 MCGREGOR STREETMANCHESTER, NH, 03102
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF THE PUNJAB PAKISTAN 2000
Internship and Year	SISTERS OF CHARITY HOSPITAL - BUFFALO, NY 2005
Residency and Year	SISTERS OF CHARITY HOSPITAL - BUFFALO, NY 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5419
License Date	9/4/1975
Name	<b>ASKEN, SAUL MD</b>
Address	489 POST RD E, WESTPORT, CT, 06880-4435
Specialty	D
Board Certified	D
School and Year of Graduation	UNIV OF GENEVA MEDICAL SCHOOL SWITZERLAND 1958
Internship and Year	MONMOUTH MEDICAL CENTER - LONG BRANCH, NJ 1959
Residency and Year	NEW YORK UNIV MEDICAL CENTER - NY, NY 1969
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	8658
License Date	12/4/1991
Name	<b>ASKINAZI, CLIFFORD MD</b>
Address	290 TURNPIKE RD #415, STE 6WESTBOROUGH, MA, 01581
Specialty	P
Board Certified	P
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE UNITED STATES 1975
Internship and Year	UNIVERSITY HOSPITAL BOSTON - MASSACHUSETTS 1976
Residency and Year	UNIVERSITY HOSPITAL BOSTON - MASSACHUSETTS 1978
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	12729
License Date	6/1/2005
Name	<b>ASKLAND, KATHLEEN D MD</b>
Address	DHMC-PSYCHIATRY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	P
Board Certified	
School and Year of Graduation	MEDICAL COLLEGE OF PA, PHILADELPHIA PA US 1996
Internship and Year	BRIGHAM AND WOMENS HOSP, CHESTNUT HILL MA 1997
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2005
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	15860
License Date	10/3/2012
Name	<b>ASLAM, MUHAMMAD MD</b>
Address	UC IRVINE MEDICAL CENTER, 101 THE CITY DR SO., BLDG 56, STE 600ORANGE, CA, 92868
Specialty	NPM
Board Certified	NPM
School and Year of Graduation	UNIVERSITY OF THE PUNJAB PAKISTAN 2001
Internship and Year	LINCOLN MEDICAL & MENTAL HEALTH CENTER- BRONX, NY 2005
Residency and Year	LINCOLN MEDICAL & MENTAL HEALTH CENTER- BRONX, NY 2006
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	6688
License Date	5/5/1983
Name	<b>ASPLUND, CHARLES M MD</b>
Address	910 E LINCOLN AVE, IONIA, MI, 48846
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF MICHIGAN MED SCH ANN ARBOR, MI USA 1960
Internship and Year	BLODGETT MEMORIAL MEDICAL CENTER - GRAND RAPIDS, MI 1961
Residency and Year	BLOGETT MEMORIAL MEDICAL CENTER - GRAND RAPIDS, MI 1965
License Expiration Date	<b>6/30/2002</b>
Remarks	<b>1/7/2000 - ORDER</b>

License Number	16939
License Date	2/4/2015
Name	<b>ASSANAH, EARLE O MD</b>
Address	250 PLEASANT ST, CONCORD, NH, 03301
Specialty	DR
Board Certified	
School and Year of Graduation	UNIV OF MED & DEN NJ R W JOHNSON MED SCHOOL USA 1998
Internship and Year	UNIVERSITY OF VIRGINIA HOSPITALS - CHARLOTTESVILLE, VA 1999
Residency and Year	LONG ISLAND COLLEGE HOSPITAL - BROOKLYN, NY 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5447
License Date	11/20/1975
Name	<b>ASTARJIAN, HENRY D MD</b>
Address	86 BLODD RD, HOLLIS, NH, 03049
Specialty	N
Board Certified	
School and Year of Graduation	UNIV OF BAGHDAD BAGHDAD 1958
Internship and Year	ENGLEWOOD HOSPITAL - ENGLEWOOD, NJ 1967
Residency and Year	ST VINCENTS HOSPITAL - NEW YORK, NY 1971
License Expiration Date	<b>5/28/2015</b>
Remarks	<p>4/8/98 -Settlement agreement</p> <p>10/13/98 -Order on motion for extension License suspended until prob program completed. Effective 1/1/99.</p> <p>Reinstated 2/17/99 Requested inactive 5/28/15.</p>

License Number	7514
License Date	3/4/1987
Name	<b>ASTOLFI, THOMAS M MD</b>
Address	SJ FAMILY MEDICAL CTR, 460 AMHERST ST NASHUA, NH, 03063
Specialty	FP
Board Certified	FP
School and Year of Graduation	BOSTON UNIVERSITY USA 1981
Internship and Year	HAMOT MEDICAL CENTER-ERIE PA 1982
Residency and Year	HAMOT MEDICAL CENTER- ERIE PA 1984
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7437
License Date	10/2/1986
Name	<b>ASTORIAN, DONALD G MD</b>
Address	GENESIS MEDICAL CENTER, 2951 MAPLE AVE ZANESVILLE, OH, 43701
Specialty	AN
Board Certified	AN
School and Year of Graduation	BOSTON UNIV SCH MED - BOSTON, MA USA 1983
Internship and Year	VA MEDICAL CENTER - BOSTON, MA 1984
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR- LEBANON, NH 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 4994  
 License Date 6/11/1973  
 Name **ATA, ALI H MD**  
 Address 8 PURITAN DR, BEDFORD, NH, 03110  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation ALEXANDRIA UNIVERSITY-EGYPT EGYPT 1960  
 Internship and Year ALEXANDRIA UNIVERSITY HOSP-EGYPT 1961  
 Residency and Year ALEXANDRIA UNIVERSITY HOSP-EGYPT 1964  
 License Expiration Date **6/30/2001**  
 Remarks **1/7/02 - Settlement Agreement**

License Number 6700  
 License Date 6/2/1983  
 Name **ATHANS, JOHN P MD**  
 Address UNIVERSITY PATHOLOGISTS, 300 CENTERVILLE ROAD SUITE 215 SOUTHWARWICK, RI, 02886  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation DARTMOUTH MED SCH-HANOVER,NH USA 1977  
 Internship and Year ST VINCENT HOSP-WORCESTER,MA 1978  
 Residency and Year ST VINCENT HOSP-WORCESTER,MA 1982  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16467  
 License Date 2/5/2014  
 Name **ATHAR, MASOOMA MD**  
 Address ELLIOT HEALTH SYSTEM, ONE ELLIOTT WAYMANCHESTER, NH, 03103  
 Specialty GER  
 Board Certified  
 School and Year of Graduation DOW MEDICAL COLLEGE PAKISTAN 2005  
 Internship and Year DETROIT MEDICAL CENTER-WAYNE STATE UNIVERSITY - DETROIT, MI 2010  
 Residency and Year DETROIT MEDICAL CENTER-WAYNE STATE UNIVERSITY - DETROIT, MI 2013  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13942  
 License Date 5/7/2008  
 Name **ATIGRE, PHILIP MD**  
 Address 5776 TUTTLES GROVE BLVD, DUBLIN, OH, 43016  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation INSTITUTO SUPERIOR DE CIENCIAS DE LA HAVANA CUBA 1996  
 Internship and Year NEW YORK DOWNTOWN HOSPITAL - NEW YORK, NY 2003  
 Residency and Year NEW YORK DOWNTOWN HOSPITAL - NEW YORK, NY 2005  
 License Expiration Date **6/30/2010**  
 Remarks



License Number 8911  
 License Date 4/7/1993  
 Name **ATKINS, VALERIE A MD**  
 Address SOUTHERN NH MED CTR, PO BOX 2014 NASHUA, NH, 03060  
 Specialty NPM  
 Board Certified NPM  
 School and Year of Graduation LOYOLA UNIVERSITY OF CHICAGO STRITCH SCH OF MED USA 1987  
 Internship and Year FG MC GAW HOSPITAL LOYOLA UNIVERSITY - MAYWOOD IL 1990  
 Residency and Year FG MC GAW HOSPITAL LOYOLA UNIVERSITY - MAYWOOD IL 1990  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 11649  
 License Date 7/3/2002  
 Name **ATKINSON, LISA E MD**  
 Address DARTMOUTH-HITCHCOCK-CONC, 253 PLEASANT ST CONCORD, NH, 03301  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation GEORGETOWN UNIV SCH - WASHINGTON, DC USA 1998  
 Internship and Year UNIV OF MISSOURI-KANSAS CITY SCH - KANSAS CITY, MO 1999  
 Residency and Year UNIV OF MISSOURI-KANSAS CITY SCH - KANSAS CITY, MO 2002  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10775  
 License Date 12/1/1999  
 Name **ATLAS, THOMAS L MD**  
 Address 212 S PALM AVE STE 100, ALHAMBRA, CA, 91801-3185  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIV OF SO CALIFORNIA - LOS ANGELES, CA USA 1991  
 Internship and Year UNIV OF SO CALIFORNIA - LOS ANGELES, CA 1992  
 Residency and Year BAYLOR COLLEGE OF MEDICINE - HOUSTON, TX 1996  
 License Expiration Date **6/30/2000**  
 Remarks

License Number 15369  
 License Date 9/7/2011  
 Name **ATTAMAN, JILL A MD**  
 Address DHMC, ONE MED CTR DR LEBANON, NH, 03756  
 Specialty REN  
 Board Certified  
 School and Year of Graduation MICHIGAN STATE UNIVERSITY USA 2003  
 Internship and Year OHIO STATE UNIVERSITY HOSPITAL - COLUMBUS, OH 2004  
 Residency and Year OHIO STATE UNIVERSITY HOSPITAL - COLUMBUS, OH 2007  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 4824  
 License Date 8/27/1971  
 Name **ATTENBOROUGH, RICHARD G MD**  
 Address 18 CRESTVIEW DR, EXETER, NH, 03833  
 Specialty GP  
 Board Certified  
 School and Year of Graduation KINGS COLLEGE HOSPITAL LONDON 1953  
 Internship and Year ST GILES HOSPITAL - CAMBERWELL 1954  
 Residency and Year ROYAL AIR FORCE MEDICAL BRANCH - CANADA 1956  
 License Expiration Date **6/30/2007**  
 Remarks

License Number 9410  
 License Date 5/3/1995  
 Name **AUBRY, JOAN MD**  
 Address LACONIA CLINIC, 724 NORTH MAIN ST LACONIA, NH, 03246-  
 Specialty OBG  
 Board Certified  
 School and Year of Graduation MCGILL UNIVERSITY CANADA 1988  
 Internship and Year MCGILL UNIVERSITY 1994  
 Residency and Year MCGILL UNIVERSITY 1994  
 License Expiration Date **6/30/2001**  
 Remarks

License Number 8304  
 License Date 5/9/1990  
 Name **AUBUCHON, JAMES P MD**  
 Address DHMC-PATHOLOGY, ONE MEDICAL CENTER DR LEBANON, NH, 03756  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation UNIV OF MICHIGAN MED SCH - ANN ARBOR, MI USA 1979  
 Internship and Year UNIV WISCONSIN HOSPITAL - MADISON, WI 1979  
 Residency and Year UNIV WISCONSIN HOSPITAL - MADISON, WI 1982  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 16745  
 License Date 9/3/2014  
 Name **AUCAR, JOHN A MD**  
 Address 13737 NOEL RD STE 1600, DALLAS, TX, 75240  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation UNIVERSITY OF KANSAS SCHOOL OF MEDICINE USA 1986  
 Internship and Year PINNACLE HEALTH HOSPITALS - HARRISBURG, PA 1987  
 Residency and Year PINNACLE HEALTH HOSPITALS - HARRISBURG, PA 1989  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	10174
License Date	12/3/1997
Name	<b>AUGUST, BETSY S MD</b>
Address	FEMINIST HLTH CTR PORTSMOUTH, 559 PORTSMOUTH AVE PO BOX 456GREENLAND, NH, 03840
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	BROWN UNIV PROGRAM IN MED-PROV,RI USA 1984
Internship and Year	BAYSTATE MED CTR-MA 1985
Residency and Year	BAYSTATE MED CTR-MA 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17200
License Date	8/5/2015
Name	<b>AUGUST, DEBORAH A MD</b>
Address	524 STATE RD, PITTSFIELD, MA, 01201
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS USA 1988
Internship and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1989
Residency and Year	SUNY @ STONY BROOK - STONY BROOK, NY 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16438
License Date	1/8/2014
Name	<b>AUJLA, PARDEEP MD</b>
Address	SJ FAMILY MEDICAL CTR, 460 AMHERST STNASHUA, NH, 03063
Specialty	FP
Board Certified	
School and Year of Graduation	MATA GUJRI MEMORIAL MEDICAL COLLEGE INDIA 2005
Internship and Year	SELMA FAMILY MEDICINE RESIDENCY PROGRAM-SELMA, AL 2012
Residency and Year	SELMA FAMILY MEDICINE RESIDENCY PROGRAM-SELMA, AL 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15333
License Date	8/3/2011
Name	<b>AULT, JENNIFER L DO</b>
Address	2850 TELEGRAPH AVE, SUITE 110BERKELEY, CA, 84705
Specialty	N
Board Certified	N
School and Year of Graduation	TOURO UNIVERSITY COLLEGE OF OSTEOPATHIC MED USA 2007
Internship and Year	ALAMEDA COUNTY MEDICAL CENTER-HIGHLAND HOSPITAL - OAKLAND, CA 2008
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	14446
License Date	6/3/2009
Name	<b>AUNG, THET H MD</b>
Address	326645 HWY 281 NORTH, SUITE 100BULVERDE, TX, 78163
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSIDAD IBEROAMERICANA DOMINICAN REPUBLIC 2005
Internship and Year	GOOD SAMARITAN HOSPITAL - CINCINNATI, OH 2007
Residency and Year	GOOD SAMARITAN HOSPITAL - CINCINNATI, OH 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12615
License Date	3/2/2005
Name	<b>AUSTER, ROSALIE J MD</b>
Address	2334 MASSACHUSETTS AVE NW, WASHINGTON, DC, 20008
Specialty	FP
Board Certified	FP
School and Year of Graduation	BOSTON UNIVERSITY, BOSTON MA US 1965
Internship and Year	DC GENERAL HOSPITAL PROGRAM, WASHINGTON DC 1966
Residency and Year	GEORGETOWN UNIVERSITY, WASHINGTON DC 1969
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	12639
License Date	4/6/2005
Name	<b>AUSTIN, JONATHAN G MD</b>
Address	MT ASCUTNEY HOSPITAL, 289 COUNTY RDWINDSOR, VT, 05089
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL NC US 1994
Internship and Year	BOWMAN GRAY SCHOOL OF MEDICINE, WINSTON-SALEM NC 1995
Residency and Year	BOWMAN GRAY SCHOOL OF MEDICINE, WINSTON-SALEM NC 1997
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	9763
License Date	7/3/1996
Name	<b>AUSTIN, PAUL S MD</b>
Address	LAKE HEALTH CARE CTR INC, 910 MT HOMER RDEUSTIS, FL, 32726
Specialty	FP
Board Certified	FP
School and Year of Graduation	MEMORIAL UNIV OF NEWFOUNDLAND FAC OF MED ST JOHNS CANADA 1994
Internship and Year	ST JOHNS MEMORIAL UNIV OF NEWFOUNDLAND - CANADA 1995
Residency and Year	ST JOHNS MEMORIAL UNIV OF NEWFOUNDLAND - CANADA 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>lapsed for non-renewal 6/30/03...</b> <b>Reinstated 10/3/07</b>

License Number	10920
License Date	5/3/2000
Name	<b>AUSTIN-STROHBEHN, JUDITH MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF VERMONT COLLEGE OF MEDICINE-VT USA 1989
Internship and Year	CALIFORNIA PACIFIC MEDICAL CENTER-SAN FRANCISCO,CA 1990
Residency and Year	NEW ENGLAND MEDICAL CENTER HOSPITAL-BOSTON,MA 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	2423
License Date	3/14/1946
Name	<b>AUTEN, HANFORD L MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>9/30/1987</b>
Remarks	<b>DECEASED 7/17/94</b>

License Number	13733
License Date	10/3/2007
Name	<b>AUTY, PATRICIA A MD</b>
Address	SEACOAST GENERAL SURGERY, 750 CENTRAL AVE STE NDOVER, NH, 03820
Specialty	GS
Board Certified	GS
School and Year of Graduation	CREIGHTON UNIV USA 2002
Internship and Year	UNIV OF KANSAS - WICHITA, KS 2003
Residency and Year	UNIV OF KANSAS - WICHITA, KS 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6631
License Date	12/6/1982
Name	<b>AVERILL, ROBERT W MD</b>
Address	474 MAIN ST, GREENFIELD, MA, 01301-3315
Specialty	D
Board Certified	
School and Year of Graduation	TUFTS UNIV SCH MED-BOSTON,MA USA 1976
Internship and Year	ST FRANCIS HOSP-HARTFORD,CT 1977
Residency and Year	ST FRANCIS HOSPITAL - HARTFORD, CT 1977
License Expiration Date	<b>5/12/2015</b>
Remarks	<b>Requested inactive 5-12-2015.</b>

License Number	6913
License Date	7/5/1984
Name	<b>AVERSA, ANTHONY J MD</b>
Address	DERMATOLOGY ASSOCIATES, 111 LOUDON RD CONCORD, NH, 03301-5605
Specialty	D
Board Certified	D
School and Year of Graduation	HANNEMANN MED COLL OF PHIL-PHIL, PA USA 1979
Internship and Year	MONMOUTH MED CTR-LONG BEACH, NJ 1980
Residency and Year	MONMOUTH MED CTR-LONG BEACH, NJ 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12048
License Date	9/3/2003
Name	<b>AVERY, JOHN C DO</b>
Address	WEEKS NORTH STRATFORD, 43 MAIN ST NORTH STRATFORD, NH, 03590
Specialty	FP
Board Certified	FP
School and Year of Graduation	U OF KANSAS CITY, KANSAS CITY MO US 1999
Internship and Year	MAINE-DARTMOUTH FAMILY PRACTICE RESIDENCY, AUGUSTA ME 2000
Residency and Year	MAINE-DARTMOUTH FAMILY PRACTICE RESIDENCY, AUGUSTA ME 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17253
License Date	9/2/2015
Name	<b>AVILA, AMANDA J MD</b>
Address	15050 ELDERBERRY LN, FORT MYERS, FL, 33907
Specialty	N
Board Certified	N
School and Year of Graduation	UNIV OF VT COLLEGE OF MED- BURLINGTON, VT USA 2006
Internship and Year	RHODE ISLAND HOSPITAL BROWN UNIV - PROVIDENCE RI 2007
Residency and Year	BROWN UNIVERSITY- PROVIDENCE, RI 2010
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6188
License Date	5/8/1980
Name	<b>AVILA, DAVID A DO</b>
Address	PEDIATRIC PROFESSIONAL ASSOC, 413 BROADWAY RT 28 METHUEN, MA, 01844-2022
Specialty	PD
Board Certified	PD
School and Year of Graduation	COLLEGE OF OSTEOPATHIC MEDICINE - DES MOINES, IA USA 1976
Internship and Year	GRANDVIEW HOSPITAL - DAYTON, OH 1977
Residency and Year	MARTIN PLACE HOSPITAL - MADISON HEIGHTS, MI 1979
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 16622  
 License Date 6/4/2014  
 Name **AVRAMOV, VLADIMIR S MD**  
 Address 914 79TH ST FL 1, BROOKLYN, NY, 11228  
 Specialty IM  
 Board Certified  
 School and Year of Graduation MEDICAL UNIV, SOFIA FACULTY OF MED BULGARIA 1987  
 Internship and Year KINGSBROOK JEWISH MEDICAL CENTER - BROOKLYN, NY 2012  
 Residency and Year KINGSBROOK JEWISH MEDICAL CENTER - BROOKLYN, NY 2014  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12449  
 License Date 9/1/2004  
 Name **AVRITSCHER, RONY MD**  
 Address VIRTUAL RADIOLOGIC CONSULTANTS, 5995 OPUS PKWY STE 200MINNETONKA, MN, 55343  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIVERSITY OF DE SAO PAULO, BRAZIL BRAZIL 1995  
 Internship and Year UNIVERSITY OF TEXAS, HOUSTON TX 1999  
 Residency and Year UNIVERSITY OF TEXAS, HOUSTON TX 2003  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 16623  
 License Date 6/4/2014  
 Name **AWAN, OMER A MD**  
 Address 7 TIMBERWOOD DR, APT 114, LEBANON, NH, 03766  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation GEORGE WASHINGTON UNIV SCHOOL OF MEDICINE USA 2008  
 Internship and Year CHRISTIANA CARE HEALTH SYSTEM - NEWARK, DE 2009  
 Residency and Year UNIVERSITY OF MARYLAND MEDICAL SYSTEM - BALTIMORE, MD 2013  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 6388  
 License Date 5/26/1981  
 Name **AWRICH, ALAN E MD**  
 Address 724 NORTH MAIN ST, PO BOX 637LACONIA, NH, 03246  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation EMORY UNIV SCHOOL MEDICINE - ATLANTA, GA USA 1975  
 Internship and Year UNIV OREGON HLTH SCIENCE CENTER HOSPITAL - PORTLAND, OR 1976  
 Residency and Year UNIV OREGON HLTH SCIENCE CENTER HOSPITAL - PORTLAND, OR 1982  
 License Expiration Date **6/30/2017**  
 Remarks **2/1/97 SETTLEMENT AGREEMENT 4/5/00 STIPULATION**

License Number	12774
License Date	7/6/2005
Name	<b>AXELROD, DAVID A MD</b>
Address	DHMC/TRANSPLANT SURG, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	GS
Board Certified	GS
School and Year of Graduation	DUKE UNIVERSITY, DURHAM NC USA 1996
Internship and Year	UNIVERSITY OF MICHIGAN HOSPITALS, ANN ARBOR MI 1997
Residency and Year	UNIVERSITY OF MICHIGAN HOSPITALS, ANN ARBOR MI 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15613
License Date	4/4/2012
Name	<b>AYERS, CARRIE D DO</b>
Address	ANESTHESIA ASSOCIATES, 1 PILLSBURY ST SUITE 202CONCORD, NH, 03301
Specialty	AN
Board Certified	AN
School and Year of Graduation	KANSAS CITY UNIVERSITY OF MEDICINE USA 2004
Internship and Year	WILLIAM BEAUMONT ARMY MEDICAL CENTER - EL PASO, TX 2005
Residency and Year	WALTER REED ARMY MEDICAL CENTER - BETHESDA, MA 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9580
License Date	11/1/1995
Name	<b>AYERS, MICHAEL L MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	GEORGETOWN UNIV SCH OF MED, WASHINGTON DC USA 1993
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER 1994
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER 1996
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	7402
License Date	8/14/1986
Name	<b>AYRES, DONALD W MD</b>
Address	106 HANOVER ST, LEBANON, NH, 03766-
Specialty	N
Board Certified	N
School and Year of Graduation	UNIV FL MED COLL GAINSVILLE FL USA 1983
Internship and Year	DARTMOUTH HITCHCOCK MED HANOVER NH 1984
Residency and Year	DARTMOUTH HITCHCOCK MED HANOVER NH 1987
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	6480
License Date	1/7/1982
Name	<b>AYRES, JOHN B MD</b>
Address	HEYWOOD MEDICAL GROUP, 250 GREEN STREET STE 102GARDNER, MA, 01440
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	NEW YORK MEDICAL COLLEGE USA 1975
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1976
Residency and Year	MAYO GRADUATE SCHOOOL OF MEDICINE - ROCHESTER MN 1980
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	11650
License Date	7/3/2002
Name	<b>AYUB, ASMA M MD</b>
Address	431 CHARLESTOWN MEADOWS DR, WESTBOROUGH, MA, 01581
Specialty	FP
Board Certified	FP
School and Year of Graduation	AGA KHAN MED COLL - KARACHI SIND, PAKISTAN PAKISTAN 1997
Internship and Year	ST JOSEPH HOSPITAL - CHICAGO, IL 2000
Residency and Year	ST JOSEPH HOSPITAL - CHICAGO, IL 2001
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	8239
License Date	11/1/1989
Name	<b>AZADIAN, HARRY Y MD</b>
Address	82 SYLVAN LN, WESTON, MA, 02493-1028
Specialty	OM
Board Certified	GS
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 1960
Internship and Year	MOFITT UNIVERSITY OF CALIFORNIA HOSPITALS      SAN FRANCISCO - CALIFORNIA 1961
Residency and Year	OHIO STATE UNIVERSITY HOSPITAL 1962
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	13043
License Date	4/5/2006
Name	<b>AZAR, ABIR J MD</b>
Address	NASHUA PEDIATRICS /MILFORD, 444 NASHUA STMILFORD, NH, 03055
Specialty	PD
Board Certified	PD
School and Year of Graduation	AMERICAN UNIV IN BEIRUT-BEIRUT LEBANON LEBANON 1997
Internship and Year	SUNY HEALTH SCIENCE CTR @ SYRACUSE, SYRACUSE NY 2004
Residency and Year	SUNY HEALTH SCIENCE CTR @ SYRACUSE, SYRACUSE, NY 2005
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	14859
License Date	6/2/2010
Name	<b>AZAR, BABAK P MD</b>
Address	KAISER PERMENANTE, 9449 E IMPERIAL HWY., STE 206DOWNEY, CA, 90242
Specialty	P
Board Certified	P
School and Year of Graduation	BANDAR ABBAS-HORMOZGAN UNIV OF MED SCIENCES IRAN 1997
Internship and Year	UMDNJ NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 2007
Residency and Year	UMDNJ NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 2009
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	16746
License Date	9/3/2014
Name	<b>AZAR, MAY MD</b>
Address	5 BRENT RD, LEXINGTON, MA, 02420
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSITY OF ALEPPO SYRIAN 1981
Internship and Year	BRIGHAM & WOMEN'S HOSPITAL/HARVARD MEDICAL SCHOOL - BOSTON, MA 1984
Residency and Year	WILLIAM BEAUMONT HOSPITAL - ROYAL OAK, MI 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11236
License Date	5/2/2001
Name	<b>AZAR, TARANEH MD</b>
Address	COMPREHENSIVE OTOLARYNGOLOGY, 3 ALUMNI DR STE 302EXETER, NH, 03833
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	CASE WESTERN RESERVE UNIV SCH-CLEVELAND, OH USA 1995
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1996
Residency and Year	UNIV HOSPITAL OF CLEVELAND - CLEVELAND, OH 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16891
License Date	1/21/2015
Name	<b>AZIM, SALMAN M MD</b>
Address	1616 NOTTINGHILL LN, HAMILTON, NJ, 08619
Specialty	IM
Board Certified	
School and Year of Graduation	UNIV OF DEBRECEN, MEDICAL & HEALTH SCIENCES CENTRE HUNGARY 2004
Internship and Year	CAPITAL HEALTH REGIONAL MEDICAL CENTER-TRENTON, NJ 2013
Residency and Year	CAPITAL HEALTH REGIONAL MEDICAL CENTER-TRENTON, NJ 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13526
License Date	6/6/2007
Name	<b>AZIZIAN, MARIA MD</b>
Address	MINDFUL MEDICAL CARE PC, 100 TEATICKET HIGHWAY BLD 3TEATICKET, MA, 02536
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF VT USA 2000
Internship and Year	SUNY UPSTATE MEDICAL UNIV-SYRACUSE, NY 2001
Residency and Year	SUNY UPSTATE MEDICAL UNIV-SYRACUSE, NY 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13613
License Date	8/1/2007
Name	<b>AZKUL, BASSEM MD</b>
Address	CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF DAMASCUS SYRIA 2000
Internship and Year	UNIV OF PITTSBURGH SHADYSIDE - PITTSBURGH, PA 2005
Residency and Year	UNIV OF PITTSBURGH SHADYSIDE- PITTSBURGH, PA 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15501
License Date	1/4/2012
Name	<b>BABA, TIMOTHY W MD</b>
Address	CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF TX USA 1988
Internship and Year	CHILDRENS HOSPITAL - BOSTON MEDICAL CENTER - BOSTON, MA 1989
Residency and Year	CHILDRENS HOSPITAL - BOSTON MEDICAL CENTER - BOSTON, MA 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	D0002
License Date	
Name	<b>BABER, JAMES R MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	
Remarks	<b>HAVE NO LICENSE INFORMATION ON THIS DOCTOR</b>

License Number	10195
License Date	1/7/1998
Name	<b>BABIRAK, STEPHAN P MD</b>
Address	MAINE CTR FOR ENDOCRINOLOGY, 100 US RTE ONE UNIT 116SCARBOROUGH, ME, 04074-9308
Specialty	END
Board Certified	IM
School and Year of Graduation	CHICAGO MEDICAL SCHOOL - N CHICAGO, IL USA 1983
Internship and Year	MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1986
Residency and Year	UNIV OF WASHINGTON - DC 1989
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	16501
License Date	3/5/2014
Name	<b>BACA, KIRSTEN E MD</b>
Address	197 ORCHARD ST, BELMONT, MA, 02478-2348
Specialty	AN
Board Certified	
School and Year of Graduation	JOHN HOPKINS UNIVERSITY SCHOOL OF MEDICINE USA 2008
Internship and Year	MERCY MEDICAL CENTER - BALTIMORE MD 2009
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2013
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14119
License Date	8/6/2008
Name	<b>BACCUS III, JOHN B MD</b>
Address	2015 GUM BRANCH RD #507, JACKSONVILLE, NC, 28450
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV OF TEXAS USA 1993
Internship and Year	UNIV OF TEXAS SOUTHWESTERN MEDICAL SCHOOL - DALLAS, TX 1994
Residency and Year	UNIV OF TEXAS SOUTHWESTERN MEDICAL SCHOOL - DALLAS, TX 1995
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	14335
License Date	3/4/2009
Name	<b>BACCUS, FRANCES R MD</b>
Address	24620 COUNTY RD 26, ELKHART, IN, 46517
Specialty	AN
Board Certified	`
School and Year of Graduation	UNIV OF TEXAS USA 1995
Internship and Year	ST PAUL UNIVERSITY HOSPITAL-DALLAS, TX 1996
Residency and Year	UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER @ DALLAS - DALLAS, TX 1999
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number 4679  
 License Date 5/5/1972  
 Name **BACH, ROBERT D MD**  
 Address 61 WEST MAIN ST, DOVER FOXCROFT, ME, 04426-  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation COLUMBIA UNIV COLLEGE OF PHYSICIANS & SURGEONS USA 1965  
 Internship and Year UNIV OF MICHIGAN HOSPITAL - ANN ARBOR, MI 1966  
 Residency and Year UNIV OF MICHIGAN HOSPITAL - ANN ARBOR, MI 1970  
 License Expiration Date **6/30/2000**  
 Remarks

License Number 14485  
 License Date 7/1/2009  
 Name **BACHELDER, SHEILLA M MD**  
 Address PHYS PRACT @ APD MEM HOSP, 125 MASCOMA ST #5LEBANON, NH, 03766  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF VERMONT USA 2006  
 Internship and Year UNIVERSITY OF VERMONT COLLEGE OF MEDICINE - MILTON, VT 2007  
 Residency and Year UNIVERSITY OF VERMONT COLLEGE OF MEDICINE - MILTON, VT 2009  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11982  
 License Date 7/2/2003  
 Name **BACHMAN, KATHERINE M MD**  
 Address UPPER VALLEY WOMENS CTR, 3130 N COUNTY RD 25A - SUITE 103TROY, OH, 45373  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation CASE WESTERN RESERVE UNIV - CLEVELAND, OH USA 1997  
 Internship and Year HOWARD HUGHES MEDICAL INSTITUTE - BETHESDA, MD 1995  
 Residency and Year METROHEALTH MEDICAL CENTER - CLEVELAND, OH 2001  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 7743  
 License Date 12/2/1987  
 Name **BACHNER, IRVING N MD**  
 Address 62 BROWN ST, STE 205HAVERHILL, MA, 01830  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation ALBANY MED COLL OF UNION UNIV ALBANY NY USA 1963  
 Internship and Year MAIMONIDES MED CTR BROOKLYN NY 1964  
 Residency and Year MAY GRAD SCH OF MED ROCHESTER MN 1969  
 License Expiration Date **6/30/2009**  
 Remarks

License Number	10262
License Date	5/6/1998
Name	<b>BACHRACH, BERT E MD</b>
Address	UNIVERSITY OF MO-CHILD HEALTH, 400 N KEENE ST STE 118COLUMBIA, MO, 65201
Specialty	END
Board Certified	PD
School and Year of Graduation	ST LOUIS UNIV SCHOOL OF MED USA 1991
Internship and Year	FLETHCER ALLEN HEALTH CARE-VT 1992
Residency and Year	ST LOUIS UNIV-MO 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10893
License Date	5/3/2000
Name	<b>BACKUS, ROBERT W MD</b>
Address	, BOX 254TOWNSHEND, VT, 05353
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF VERMONT- BURLINGTON, VT USA 1976
Internship and Year	MILTON FAMILY PRACTICE - MILTON, VT 1978
Residency and Year	MILTON FAMILY PRACTICE - MILTON, VT 1980
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	6914
License Date	7/5/1984
Name	<b>BACON, DOUGLAS A MD</b>
Address	71545 SAN GORGONIO RD, RANCHO MIRAGE, CA, 92270-
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF VT COLL MED-BURLINGTON,VT USA 1974
Internship and Year	ST MARY MED CTR-LONG BEACH,CA 1975
Residency and Year	LA CO HARBOR/UCLA MED CTR-TORRANCE,CA 1977
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	9896
License Date	1/8/1997
Name	<b>BACON, GLENN S DO</b>
Address	MARSH BROOK PROFESSIONAL CTR, 7 MARSH BROOK RD STE 10SOMERSWORTH, NH, 03878
Specialty	AN
Board Certified	AN
School and Year of Graduation	PHILA COLL OF OSTEO MED, PA USA 1981
Internship and Year	NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1982
Residency and Year	NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12566
License Date	1/5/2005
Name	<b>BADAU, IOAN C MD</b>
Address	D H M C, 253 PLEASANT STCONCORD, NH, 03301
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY DE MEDICINA SI FARMACIE VICTOR BABES, ROMANIA 1995
Internship and Year	OUR LADY OF MERCY MED CTR, BRONX NY 1998
Residency and Year	OUR LADY OF MERCY MED CTR, BRONX NY 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16253
License Date	8/7/2013
Name	<b>BADER, LEWIS M MD</b>
Address	LEWIS M BADER MD, 710 COLONIAL DRIVEHILTON HEAD, SC, 29926
Specialty	DR
Board Certified	DR
School and Year of Graduation	STATE UNIVERSITY OF NY USA 1967
Internship and Year	ST VINCENTS HOSPITAL & MEDICAL CENTER OF NY - NY, NY 1968
Residency and Year	NY & PRESBYTERIAN HOSPITAL - NY, NY 1969
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11237
License Date	5/2/2001
Name	<b>BADGER, M. ANGUS MD</b>
Address	MEMORIAL HOSPITAL, 3073 WHITE MT HIGHWAYNORTH CONWAY, NH, 03860
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF VERMONT COLL OF MED - BURLINGTON, VT USA 1995
Internship and Year	EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1996
Residency and Year	EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15278
License Date	7/6/2011
Name	<b>BADIEE, BEHYAR D DO</b>
Address	STEWART MEDICAL GRP, 22 KEEWAYDIN DRSALEM, NH, 03079
Specialty	FP
Board Certified	FP
School and Year of Graduation	MIDWESTERN UNIVERSITY USA 1995
Internship and Year	COVENTRY FAMILY PRACTICE ASSOC - PHILLIPSBURG, NJ 1996
Residency and Year	COVENTRY FAMILY PRACTICE ASSOC - PHILLIPSBURG, NJ 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16254
License Date	8/7/2013
Name	<b>BADMAEV, MICHAEL P MD</b>
Address	MAINE GENERAL MEDICAL CTR, 35 MEDICAL CENTER PARKWAY AUGUSTA, ME, 04330
Specialty	FP
Board Certified	
School and Year of Graduation	ST MATTHEW'S UNIVERSITY CAYMAN ISLANDS 2009
Internship and Year	CONCORD HOSPITAL - CONCORD, NH 2011
Residency and Year	CONCORD HOSPITAL - CONCORD, NH 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8928
License Date	5/5/1993
Name	<b>BADMAN, DENNIS S MD</b>
Address	131 MEADOW ST, WAKEFIELD, NH, 03872-4329
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE USA 1985
Internship and Year	LANCASTER GENERAL HOSPITAL - LANCASTER PA 1986
Residency and Year	LANCASTER GENERAL HOSPITAL - LANCASTER PA 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	5/8/02 Settlement Agreement

License Number	16698
License Date	8/6/2014
Name	<b>BAE, DAVID D MD</b>
Address	DHMC, 1 MED CTR DR LEBANON, NH, 03756
Specialty	P
Board Certified	
School and Year of Graduation	VA COMMONWEALTH UNIVERSITY SCHOOL OF MED USA 2011
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16892
License Date	1/21/2015
Name	<b>BAERGA-DUPEROY, RACHEL MD</b>
Address	, 16135 NW 64TH AVE - APT 224 MIAMI LAKES, FL, 33014
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSIDAD AUTONOMA DE GUADALAJARA MEXICO 2006
Internship and Year	RICHMOND UNIVERSITY MEDICAL CENTER-NY MEDICAL COLLEGE - STATEN ISLAND, NY 2010
Residency and Year	RICHMOND UNIVERSITY MEDICAL CENTER-NY MEDICAL COLLEGE - STATEN ISLAND, NY 2012
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number	8855
License Date	11/25/1992
Name	<b>BAERTHLEIN, WILLIAM C MD</b>
Address	WOMEN'S HEALTH @ FOXCARE, STE 303 ONE FOXCARE DRONEONTA, NY, 13820
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	BAYLOR COLLEGE OF MEDICINE USA 1981
Internship and Year	STRONG MEMORIAL HOSPITAL UNIVERSITY OF ROCHESTER ROCHESTER - NEW YORK 1982
Residency and Year	STRONG MEMORIAL HOSPITAL UNIVERSITY OF ROCHESTER ROCHESTER - NEW YORK 1985
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	16990
License Date	4/1/2015
Name	<b>BAERTSCHIGER, RETO M MD</b>
Address	DHMC - PEDIATRIC SURGERY, 1 MEDICAL CTR DRLEBANON, NH, 03756
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITE DE LAUSANNE SWITZERLAND 2001
Internship and Year	INDIANA UNIVERSITY SCHOOL OF MEDICINE - INDIANAPOLIS, IN 2011
Residency and Year	INDIANA UNIVERSITY SCHOOL OF MEDICINE - INDIANAPOLIS, IN 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4560
License Date	5/25/1970
Name	<b>BAGAN, MERWYN MD</b>
Address	173 SCHOOL ST, CONCORD, NH, 03301-2568
Specialty	NS
Board Certified	NS
School and Year of Graduation	BOSTON UNIV USA 1962
Internship and Year	BOSTON CITY HOSPITAL - BOSTON, MA 1963
Residency and Year	JOHNS HOPKINS HOSPITAL - BALTIMORE MD 1970
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9897
License Date	1/8/1997
Name	<b>BAGCHI, ALA KANANDA MD</b>
Address	10209 EISENHOWER LN, GREAT FALLS, VA, 22066-1705
Specialty	PD
Board Certified	PD
School and Year of Graduation	ARMED FORCES MED COLL UNIV OF PUNE INDIA 1978
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR 1989
Residency and Year	INIV OF MARYLAND MEDICAL SYSTEMS 1994
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	9176
License Date	6/1/1994
Name	<b>BAGDON, LETA MD</b>
Address	59 MOUNTIAN MEADOWS RD, LYMAN, NH, 03585
Specialty	PD
Board Certified	PD
School and Year of Graduation	NEW YORK UNIVERSITY SCHOOL OF MEDICINE USA 1955
Internship and Year	BRONX MUNICIPAL HOSPITAL - BRONX NY 1956
Residency and Year	BRONX MUNICIPAL HOSPITAL - BRONX NY 1957
License Expiration Date	<b>6/30/2004</b>
Remarks	<b>DECEASED 2/9/2012</b>

License Number	14156
License Date	9/3/2008
Name	<b>BAGGEROER, CHERYL E MD</b>
Address	COASTAL COUNSELING ASSOC, 2000 EMBARCADERO STE 400OAKLAND, CA, 94606
Specialty	P
Board Certified	P
School and Year of Graduation	EMORY UNIV USA 2001
Internship and Year	UNIV OF WASHINGTON - SEATTLE, WA 2002
Residency and Year	UNIV OF WASHINGTON - SEATTLE, WA 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6602
License Date	8/12/1982
Name	<b>BAGLEY, NANCY A MD</b>
Address	DHMC, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PM
Board Certified	PM
School and Year of Graduation	MAYO MEDICAL SCH - ROCHESTER, MN USA 1979
Internship and Year	UNIV OF WASHINGTON - SEATTLE, WA 1980
Residency and Year	UNIV OF WASHINGTON - SEATTLE, WA 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11299
License Date	7/11/2001
Name	<b>BAGWELL, SANDRA P MD</b>
Address	MAINE MEDICAL CTR-PEDIATRICS, 22 BRAMHALL ST P1A ROOM 1233PORTLAND, ME, 04102
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF MIAMI USA 1982
Internship and Year	MAINE MEDICAL CENTER PORTLAND ME 1983
Residency and Year	MAINE MEDICAL CENTER PORTLAND ME 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10739
License Date	11/3/1999
Name	<b>BAHDER, GREGORY J MD</b>
Address	41 GLENDALE PL #9, GILFORD, NH, 03249
Specialty	P
Board Certified	
School and Year of Graduation	MEDICAL ACADEMY OF WARSAW POLAND 1990
Internship and Year	ST ELIZABETH'S HOSP - WASHINGTON DC 1997
Residency and Year	ST ELIZABETH'S HOSP - WASHINGTON DC 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	3/16/09 - Preliminary Agreement for Practice Restrictions. 9/5/14 - Settlement Agreement License lapsed 3/21/09-reinstated 11/6/14

License Number	10773
License Date	11/3/1999
Name	<b>BAHDER, MARGARET A MD</b>
Address	BAHDER BEHAVIORAL SVC LLC, 41 GLENDALE PLACE #9GILFORD, NH, 03299
Specialty	P
Board Certified	P
School and Year of Graduation	MEDICAL ACADEMY OF WARSHW-POLAND POLAND 1991
Internship and Year	ST ELIZABETHS HOSPITAL-WASHINGTON,DC 1995
Residency and Year	ST ELIZABETHS HOSPITAL- WASHINGTON,DC 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10804
License Date	1/5/2000
Name	<b>BAHORIK, CLAUDIA J DO</b>
Address	148 REIDER RD, ROBESONIA, PA, 19551
Specialty	FP
Board Certified	FP
School and Year of Graduation	PHILADELPHIA COLL OF OSTEO MED- PHILIA, PA USA 1990
Internship and Year	ST JOSEPH'S MEDICAL CENTER - READING, PA 1991
Residency and Year	READING HOSPITAL & MEDICAL CENTER - READING, PA 1992
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	7602
License Date	6/3/1987
Name	<b>BAIER JR, JOHN C MD</b>
Address	10 HOLLOW RD, BOW, NH, 03304
Specialty	GE
Board Certified	GE
School and Year of Graduation	MCGILL UNIVERSITY - MONTREAL, CANADA CANADA 1976
Internship and Year	E VIRGINIA GRAD SCHOOL OF MEDICINE - NORFOLK, VA 1977
Residency and Year	E VIRGINIA GRAD SCHOOL OF MEDICINE - NORFOLK, VA 1979
License Expiration Date	<b>6/30/2015</b>
Remarks	RETIRED

License Number	14447
License Date	6/3/2009
Name	<b>BAIG, MIRZA S MD</b>
Address	COMP HEALTH, 6440 S MILLROCK DR STE 175SALT LAKE CITY, UT, 84121
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIVERSITY OF KARACHI PAKISTAN 1969
Internship and Year	KINGSBROOK JEWISH MEDICAL CENTER - BROOKLYN, NY 1976
Residency and Year	KINGSBROOK JEWISH MEDICAL CENTER - BROOKLYN, NY 1979
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	4851
License Date	10/27/1971
Name	<b>BAILEY SR, ROBERT J MD</b>
Address	1505 KNUDSEN AVE, FARMINGTON, NM, 87401-
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIVERSIDAD NACIONAL AUTONOMA DE MEXICO MEXICO 1959
Internship and Year	MOUNT SINAI HOSPITAL-CHICAGO IL 1960
Residency and Year	GRADUATE HOSPITAL-PHILADELPHIA PA 1964
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	7340
License Date	6/12/1986
Name	<b>BAILEY, E DUFF MD</b>
Address	SOUTH BAY MENTAL HEALTH CTR, 37 BELMONT STBROCKTON, MA, 02301-5299
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF MICHIGAN USA 1983
Internship and Year	UNIVERSITY OF MICHIGAN HOSPITAL-ANN ARBOR MI 1984
Residency and Year	UNIVERSITY OF MICHIGAN HOSPITAL- ANN ARBOR MI 1986
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	14912
License Date	7/7/2010
Name	<b>BAILEY, GERALD P MD</b>
Address	AMERIPATH NORTHEAST, ONE GREENWICH PLSHELTON, CT, 06484
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	BOSTON UNIVERSITY USA 2001
Internship and Year	BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2003
Residency and Year	BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10497
License Date	2/3/1999
Name	<b>BAILEY, JOAN M MD</b>
Address	BATON ROUGE VET ADM, 7968 ESSEN PARK AVEBATON ROUGE, LA, 70809
Specialty	IM
Board Certified	IM
School and Year of Graduation	STATE UNIV OF NY HLTH SCI CTR-BROOKLYN,NY USA 1993
Internship and Year	ST ELIZABETH'S MEDICAL CENTER OF BOSTON, MA 1994
Residency and Year	ST ELIZABETH'S MEDICAL CENTER OF BOSTON, MA 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11682
License Date	8/7/2002
Name	<b>BAIM, DONALD S MD</b>
Address	BRIGHAM & WOMEN'S HOSP, BOSTON, MA, 02115
Specialty	IM
Board Certified	IM
School and Year of Graduation	YALE UNIV SCH OF MED - NEW HAVEN, CT USA 1975
Internship and Year	STANFORD UNIV MED CTR - STANFORD, CA 1976
Residency and Year	STANFORD UNIV MED CTR - STANFORD, CA 1977
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	13857
License Date	3/5/2008
Name	<b>BAINS, MANPREET K MD</b>
Address	6440 SOUTH MILLROCK DR STE 175, SALT LAKE CITY, UT, 84121
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF SILESIA POLAND 2004
Internship and Year	NEW YORK METHODIST HOSPITAL 2005
Residency and Year	NEW YORK METHODIST HOSPITAL 2007
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	3332
License Date	11/25/1959
Name	<b>BAIRSTOW, BRUCE A MD</b>
Address	26 FRANKLIN ST, CONCORD, NH, 03301-4555
Specialty	D
Board Certified	D
School and Year of Graduation	NORTHWESTERN UNIVERSITY MEDICAL SCHOOL- ILLINOIS USA 1951
Internship and Year	MARY HITCHCOCK MEMORIAL HOSPITAL- HANOVER, NH 1951
Residency and Year	NORTHWESTERN UNIVERSITY MEDICAL CENTER 1956
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number 11683  
 License Date 8/7/2002  
 Name **BAJWA, KHALID M MD**  
 Address UMDNJ, 30 BERGEN ST ADMC 15NEWARK, NJ, 07107  
 Specialty P  
 Board Certified  
 School and Year of Graduation LIAQUAT UNIV OF MED - JAMSHORO, PAKISTAN PAKISTAN 1989  
 Internship and Year UMDNJ-NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 1990  
 Residency and Year UMDNJ-NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 2001  
 License Expiration Date **6/30/2003**  
 Remarks

License Number 7803  
 License Date 4/6/1988  
 Name **BAKER JR, SHERMAN MD**  
 Address DARTMOUTH-HITCHCOCK, 21 E HOLLIS ST PO BOX 2064NASHUA, NH, 03061-2064  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF MASSACHUSETTS MEDICAL SCHOOL WORCESTER, MA USA 1982  
 Internship and Year MEDICAL COLLEDGE OF VIRGINIA HOSPITAL RICHMOND, VA 1983  
 Residency and Year MEDICAL COLLEDGE OF VIRGINIA HOSPITAL RICHMOND, VA 1988  
 License Expiration Date **6/30/2002**  
 Remarks

License Number 11950  
 License Date 6/4/2003  
 Name **BAKER, ALISON M DO**  
 Address PRUDENTIAL, 2 PORTLAND SQ, STE 403PORTLAND, ME, 04101  
 Specialty PM  
 Board Certified PM  
 School and Year of Graduation DES MOINES UNIVERSITY OSTEOPATHIC - DES MOINES IA USA 1999  
 Internship and Year UNIVERSITY OF MASSACHUSETTS MEMORIAL - WORCESTER MA 2000  
 Residency and Year THOMAS JEFFERSON UNIVERSITY HOSPITAL - PHILADELPHIA PA 2003  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16658  
 License Date 7/2/2014  
 Name **BAKER, CHRISTOPHER B MD**  
 Address SPECTRUM MED GROUP, 324 GANNETT DRS PORTLAND, ME, 04106  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation UNIVERSITY OF MEDICINE & DENTISTRY OF NJ USA 2001  
 Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2002  
 Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2006  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9267  
 License Date 9/7/1994  
 Name **BAKER, EMILY R MD**  
 Address DHMC-OBGYN, ONE MEDICAL CENTER DRLEBANON, NH, 03756-  
 Specialty MFM  
 Board Certified MFM  
 School and Year of Graduation STANFORD UNIVERSITY SCHOOL OF MEDICINE USA 1986  
 Internship and Year UNIVERSITY OF CHICAGO HOSPITAL - CHICAGO IL 1987  
 Residency and Year UNIVERSITY OF CHICAGO HOSPITAL - CHICAGO IL 1990  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10112  
 License Date 9/10/1997  
 Name **BAKER, MICHAEL N MD**  
 Address ATLANTIC PLASTIC SURGERY, 100 GRIFFIN RD STE BPORTSMOUTH, NH, 03801  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON, MA USA 1986  
 Internship and Year NEWTON WELLESLEY HOSPITAL - MA 1989  
 Residency and Year BETH ISRAEL HOSPITAL - MA 1992  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10072  
 License Date 8/6/1997  
 Name **BAKER, RICHARD A MD**  
 Address LAHEY CLINIC, 41 MALL RDBURLINGTON, MA, 01805  
 Specialty R  
 Board Certified R  
 School and Year of Graduation CASE WESTERN RESERVE UNIV SCH OF MED , OH USA 1965  
 Internship and Year HARBORVIEW MEDICAL CENTER - WA 1966  
 Residency and Year BRIGHAM & WOMEN'S HOSPITAL - MA 1973  
 License Expiration Date **6/30/2000**  
 Remarks

License Number 7826  
 License Date 5/4/1988  
 Name **BAKER, ROLAND E MD**  
 Address CENTER FOR WOMENS HEALTH, 21 WHITEHALL RDROCHESTER, NH, 03867-1935  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIV OF VERMONT COLL MED - BURLINGTON, VT USA 1984  
 Internship and Year ST FRANCIS HOSPITAL MEDICAL CENTER - HARTFORD, CT 1985  
 Residency and Year ST FRANCIS HOSPITAL MEDICAL CENTER - HARTFORD, CT 1988  
 License Expiration Date **6/30/2006**  
 Remarks

License Number	8691	
License Date	4/1/1992	
Name	<b>BAKER, STANLEY L MD</b>	
Address	NVRH, HOSPITAL HILL DRST JOHNSBURY, VT, 05819-	
Specialty	EM	
Board Certified	FP	
School and Year of Graduation	MICHIGAN STATE UNIVERSITY USA 1988	
Internship and Year	UNIVERSITY OF MINNESOTA	MINNEAPOLIS - MINNESOTA 1989
Residency and Year	RIVERSIDE MEDICAL CENTER	MINNEAPOLIS - MINNESOTA 1992
License Expiration Date	<b>6/30/2016</b>	
Remarks		

License Number	9975
License Date	5/7/1997
Name	<b>BAKER, STEPHEN M MD</b>
Address	113 SAWYER CIR, MEMPHIS, TN, 38103
Specialty	OPH
Board Certified	
School and Year of Graduation	UNIV OF MANITOBA FAC OF MED-WINNIPEG CANADA 1986
Internship and Year	UNIV OF TN COLL OF MED- TN 1996
Residency and Year	UNIV OF TN COLL OF MED-TN 1997
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	2798
License Date	3/8/1950
Name	<b>BAKER, WILLIAM J MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1993</b>
Remarks	

License Number	12049
License Date	9/3/2003
Name	<b>BAKLANOV, DMITRI V MD</b>
Address	UNIVERSITY OF MO-COLUMBIA, ONE HOSPITAL DRCOLUMBIA, MO, 65201
Specialty	IM
Board Certified	IM
School and Year of Graduation	ST PETERSBURG STATE UNIVERSITY, SAINT PETERSBURG RU RUSSIA 1993
Internship and Year	HOSPITAL OF ST RAPHAEL, NEW HAVEN CT, NEW HAVEN CT 2000
Residency and Year	HOSPITAL OF ST RAPHAEL, NEW HAVEN CT 2002
License Expiration Date	<b>6/30/2007</b>
Remarks	



License Number	16624
License Date	6/4/2014
Name	<b>BALABAN, JULIE E MD</b>
Address	DHMC, 1 MEDICAL CTR DRLEBANON, NH, 03756
Specialty	CHP
Board Certified	CHP
School and Year of Graduation	STATE UNIVERSITY OF NY HEALTH SCIENCE CTR USA 1983
Internship and Year	SUNY DOWNSTATE MEDICAL CENTER - BROOKLYN, NY 1984
Residency and Year	NEW YORK & PRESBYTERIAN HOSPITAL - NEW YORK, NY 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10042
License Date	7/2/1997
Name	<b>BALABAN, KRZYSZTOF W MD</b>
Address	DARTMOUTH HITCHCOCK MED CTR, 1 MEDICAL CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	SUNY-HLTH SCI CTR AT SYRACUSE, NY USA 1995
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1996
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR- LEBANON, NH 1998
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	12592
License Date	2/2/2005
Name	<b>BALAN, STEFAN MD</b>
Address	WOODHULL HOSPITAL, 760 BROADWAYBROOKLYN, NY, 11206
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF CAROL DAVILA, BUCHAREST ROMANIA ROMANIA 1993
Internship and Year	NY VETERANS AFFAIRS MED CTR, NEW YORK NY 1997
Residency and Year	N Y VETERANS AFFAIRS MED CTR, NEW YORK NY 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10356
License Date	8/5/1998
Name	<b>BALDWIN, JOHN C MD</b>
Address	3601 4TH ST STOP 6258, LUBBOCK, TX, 79430-6258
Specialty	IM
Board Certified	IM
School and Year of Graduation	STANFORD UNIV SCH OF MED - STANFORD, CA USA 1975
Internship and Year	MASS GENERAL HOSPITAL - BOSTON, MA 1976
Residency and Year	MASS GENERAL HOSPITAL - BOSTON, MA 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16893
License Date	1/21/2015
Name	<b>BALDWIN, KISMET M MD</b>
Address	1223 FEDERAL AVE APT 103, LOS ANGELES, CA, 90025
Specialty	PD
Board Certified	
School and Year of Graduation	OHIO STATE UNIV COLLEGE OF MED & PUBLIC HEALTH USA 2007
Internship and Year	SINAI HOSPITAL OF BALTIMORE - BALTIMORE, MD 2008
Residency and Year	SINAI HOSPITAL OF BALTIMORE - BALTIMORE, MD 2010
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6628
License Date	11/4/1982
Name	<b>BALESTRA, SUELLEN T MD</b>
Address	243 ELM ST, CLAREMONT, NH, 03743-2005
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	BROWN UNIV OF BIOLOGICAL MED SCI - RI USA 1976
Internship and Year	THE MIRIAM HOSPITAL - PROVIDENCE, RI 1977
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1981
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	9862
License Date	11/6/1996
Name	<b>BALESTRERO, LORI M MD</b>
Address	MOUNT AUBURN HOSP-HOSPITELIST, 330 MOUNT AUBURN STCAMBRIDGE, MA, 02138
Specialty	IM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1994
Internship and Year	MARY-HITCHCOCK MEDICAL CENTER - NH 1985
Residency and Year	MARY-HITCHCOCK MEDICAL CENTER - NH 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12930
License Date	11/2/2005
Name	<b>BALFOUR, ERIKA M MD</b>
Address	145 E 32ND ST, 10TH FLOORNEW YORK, NY, 10016
Specialty	DMP
Board Certified	DMP
School and Year of Graduation	UNIVERSITY OF NEW YORK, STONY BROOK NY US 1998
Internship and Year	YALE-NEW HAVEN MED CTR, NEW HAVEN CT 1999
Residency and Year	YALE-NEW HAVEN MED CTR, NEW HAVEN CT 2001
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	6607
License Date	9/9/1982
Name	<b>BALL, EDWARD D MD</b>
Address	UNIV OF CALIFORNIA, 9310 CAMPUS POINT DRLA JOLLA, CA, 92037-7621
Specialty	IM
Board Certified	IM
School and Year of Graduation	CASE WESTERN RESERVE UNIV SCH MED - OH USA 1976
Internship and Year	HARTFORD HOSPITAL - HARTFORD, CT 1977
Residency and Year	HARTFORD HOSPITAL - HARTFORD, CT 1979
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	8774
License Date	8/5/1992
Name	<b>BALL, PERRY A MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	NS
Board Certified	NS
School and Year of Graduation	DARTMOUTH MEDICAL COLLEGE USA 1985
Internship and Year	UNIVERSITY OF MICHIGAN HOSPITALS                      ANN ARBOR - MICHIGAN 1986
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER                      LEBANON - NEW HAMPSHIRE 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17045
License Date	5/6/2015
Name	<b>BALL, RUSSELL A MD</b>
Address	2006 NEW GARDEN RD STE 106, GREENSBORO, NC, 27410
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	WV UNIVERSITY SCHOOL OF MEDICINE USA 1989
Internship and Year	HARVARD MEDICAL SCHOOL- BOSTON, MA 1997
Residency and Year	NAVAL MEDICAL CENTER - PORTSMOUTH, VA 1994
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13654
License Date	9/5/2007
Name	<b>BALL, TIMOTHY C MD</b>
Address	DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF S CAROLINA USA 1997
Internship and Year	WAKE FOREST UNIV-WINSTON-SALEM NC 1998
Residency and Year	WAKE FOREST UNIV-WINSTON-SALEM NC 2000
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	13420
License Date	3/7/2007
Name	<b>BALLA, ASHFAQ S MD</b>
Address	UMASS MEM MED CTR-UNIV CAMPUS, 55 LAKE AVE NORTHWORCESTER, MA, 01655
Specialty	
Board Certified	NEP
School and Year of Graduation	KASHMIR UNIV INDIA 1994
Internship and Year	SISTERS OF CHARITY HOSPITAL - BUFFALO, NY 2000
Residency and Year	SISTERS OF CHARITY HOSPITAL - BUFFALO, NY 2002
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	5972
License Date	6/9/1978
Name	<b>BALLANTINE, PERCY MD</b>
Address	CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF CINNCINNATI COLL OF MED-CIN,OH USA 1973
Internship and Year	YALE NEW HAVEN HOSPITAL-CT 1974
Residency and Year	DARTMOUTH HTCHCOCK MEDICAL CENTER-LEBANON,NH 1981
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15614
License Date	4/4/2012
Name	<b>BALLARD, JONATHAN R MD</b>
Address	1113 MORNING SIDE DR, LEXINGTON, KY, 40509
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE USA 2009
Internship and Year	CONCORD HOSPITAL - CONCORD, NH 2010
Residency and Year	CONCORD HOSPITAL - CONCORD, NH 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7307
License Date	6/12/1986
Name	<b>BALLARIN-FELDMAN, PIAMARIE MD</b>
Address	47 ASHBY STATE RD, FITCHBURG, MA, 01420-2038
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV AUTO DE CIUDAD JUAREZ -CHIHUAHUA MEXICO 1983
Internship and Year	UNIV MASS HOSPITAL MEDICAL CENTER - WORCESTER, MA 1984
Residency and Year	BURBANK HOSPITAL - FITCHBURGH, MA 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3745
License Date	11/13/1964
Name	<b>BALLENTYNE, KEITH MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	UNIVERSITY OF EDINBURGH 1958
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1995</b>
Remarks	<b>DECEASED 11/21/94</b>

License Number	8856
License Date	12/2/1992
Name	<b>BALLENTYNE, MARK A MD</b>
Address	ATLANTIC PLASTIC SURGERY CTR, 100 GRIFFIN RD STE BPORTSMOUTH, NH, 03801
Specialty	FP
Board Certified	
School and Year of Graduation	ST GEORGE'S UNIVERSITY WEST INDIES 1986
Internship and Year	WAUSAU HOSPITAL CENTER - WAUSAU WI 1990
Residency and Year	WAUSAU HOSPITAL CENTER - WAUSAU WI 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4343
License Date	10/22/1968
Name	<b>BALLOU III, JAMES M MD</b>
Address	69C ISLAND ST, KEENE, NH, 03431-3529
Specialty	GS
Board Certified	GS
School and Year of Graduation	BOSTON UNIV - BOSTON, MA USA 1966
Internship and Year	BOSTON CITY HOSPITAL - BOSTON, MA 1967
Residency and Year	BOSTON CITY HOSPITAL - BOSTON, MA 1968
License Expiration Date	<b>6/30/2004</b>
Remarks	<b>10/11/01 - SETTLEMENT AGREEMENT</b> <b>Deceased 4/18/2012</b>

License Number	14748
License Date	3/3/2010
Name	<b>BALOFINOS, JUNNEL B MD</b>
Address	FRISBIE MEMORIAL HOSP, 11 WHITEHALL RDROCHESTER, NH, 03867
Specialty	IM
Board Certified	IM
School and Year of Graduation	WEST VISAYAS STATE UNIVERSITY PHILIPPINES 2002
Internship and Year	CARITAS CARNEY HOSPITAL - BOSTON, MA 2008
Residency and Year	CARITAS CARNEY HOSPITAL - BOSTON, MA 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6541
License Date	6/24/1982
Name	<b>BALUTA, ALPHONSE J MD</b>
Address	APPLEDORE MEDICAL GRP OF DERRY, 44 BIRCH STDERRY, NH, 03038
Specialty	IMG
Board Certified	IM
School and Year of Graduation	STATE UNIV OF NY DOWNSTATE COLL MED-BROOKLINE,NY USA 1977
Internship and Year	SUNY UPSTATE MED CTR-SYRACUSE,NY 1978
Residency and Year	SUNY UPSTATE MED CTR-SYRACUSE,NY 1980
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9085
License Date	12/1/1993
Name	<b>BAMBERGER, MITCHELL H MD</b>
Address	HITCHCOCK CLINIC, 590 COURT STKEENE, NH, 03431-
Specialty	U
Board Certified	U
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 1982
Internship and Year	SHANDS HOSPITAL AT UNIVERSITY OF FLORIDA - GAINSVILLE FL 1983
Residency and Year	UNIVERSITY CA DAVIS MEDICAL CENTER - SACRAMENTO CA 1985
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	13573
License Date	7/11/2007
Name	<b>BANASKI, REBECCA A DO</b>
Address	GARRISON WOMEN'S HEALTH CTR, 770 CENTRAL AVEDOVER, NH, 03820
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF NEW ENGLAND USA 2003
Internship and Year	DANBURY HOSPITAL - DANBURY, CT 2004
Residency and Year	DANBURY HOSPITAL - DANBURY, CT 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8871
License Date	1/6/1993
Name	<b>BANERJEE, SANKAR N MD</b>
Address	27 DECATUR ST, CAMBRIDGE, MA, 02139
Specialty	NS
Board Certified	
School and Year of Graduation	R G KAR MEDICAL COLLEGE - UNIVERSITY OF CALCUTTA INDIA 1958
Internship and Year	CALCUTTA UNIVERSITY HOSPITALS 1968
Residency and Year	CALCUTTA UNIVERSITY HOSPITALS 1968
License Expiration Date	<b>9/24/1999</b>
Remarks	<p>9/24/99 - LICENSE REVOKED                      5/25/01 - Order of Conditional Denial                      1/15/02 - Reinstatement Denied</p> <p>10-18-05 - Second Reinstatement Denied</p> <p>9/11/06 - Order denying Dr. Banerjee's request for reconsideration of the denial of his request to reinstate his license.</p>

License Number	9134
License Date	4/6/1994
Name	<b>BANERJEE, SIKHAR N MD</b>
Address	MT ASCUTNEY HOSPITAL, 289 COUNTY ROADWINDSOR, VT, 05089
Specialty	PM
Board Certified	PM
School and Year of Graduation	UNIVERSITY OF CALCUTTA MEDICAL COLLEGE INDIA 1960
Internship and Year	NIAGARA FALLS MEMORIAL MEDICAL CENTER - NIAGARA FALLS NY 1965
Residency and Year	FLOWER 5TH AVE HOSPITALS - NEW YORK NY 1970
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	16255
License Date	8/7/2013
Name	<b>BANERJEE, SUMAN K MD</b>
Address	THERANOSTIX INC, 8000 VIRGINIA MANOR ROAD STE 170BELTSVILLE, MD, 20705
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	STANLEY MEDICAL COLLEGE-UNIVERSITY OF CHENNAI INDIA 1991
Internship and Year	UNIVERSITY OF TX @ HOUSTON - HOUSTON, TX 1999
Residency and Year	UNIVERSITY OF TX SOUTHWESTERN MEDICAL SCHOOL - DALLAS, TX 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6753
License Date	8/4/1983
Name	<b>BANIGAN, VICENTE C MD</b>
Address	HOLY FAMILY HOSPITAL, 70 EAST STMETHUEN, MA, 01844-4597
Specialty	EM
Board Certified	EM
School and Year of Graduation	FACULTY OF MEDICINE AND SURGERY-MANILA PHILLIPINES 1965
Internship and Year	SOUTH SIDE HOSP-PITTSBURGH,PA 1967
Residency and Year	WESTERN MASS HOSP-MALDEN,MA 1972
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	10740
License Date	11/3/1999
Name	<b>BANISTER, MARK J MD</b>
Address	PLYMOUTH OB/GYN, 16 HOSPITAL RDPLYMOUTH, NH, 03264
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS USA 1990
Internship and Year	ALBANY MEDICAL CENTER - ALBANY NY 1994
Residency and Year	ALBANY MEDICAL CENTER - ALBANY NY 1994
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 12478  
 License Date 10/6/2004  
 Name **BANK, MICHAEL J MD**  
 Address SEACOAST MEDICAL ASSOCIATES, 21 HIGHLAND AVENUE NEWBURYPORT, MA, 01950  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation COLUMBIA UNIVERSITY, NEW YORK NY US 1999  
 Internship and Year MONTEFIORE MED CTR, BRONX NY 2000  
 Residency and Year MORRISTOWN MEMORIAL HOSP., MORRISTOWN NJ 2002  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 16855  
 License Date 12/3/2014  
 Name **BANKS, KEVIN P MD**  
 Address RAYS, 13737 NOEL RD STE 1600 DALLAS, TX, 75240  
 Specialty NM  
 Board Certified NM  
 School and Year of Graduation UNIFORMED SERVICES UNIV OF THE HEALTH SCIENCES USA 2001  
 Internship and Year BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 2002  
 Residency and Year BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 2006  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9297  
 License Date 10/5/1994  
 Name **BANN, DAVID V MD**  
 Address VA MAINE HEALTHCARE SYSTEM, 1 VA CENTER AUGUSTA, ME, 04330  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIVERSITY OF MA MEDICAL SCHOOL USA 1992  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1996  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1996  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10802  
 License Date 1/5/2000  
 Name **BANNER, ARTHUR S MD**  
 Address 718 SMYTH RD, MANCHESTER, NH, 03104-7004  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF ROCHESTER SCH MED - ROCHESTER, NY USA 1969  
 Internship and Year BARNES-JEWISH HOSPITAL - ST LOUIS, MO 1970  
 Residency and Year BARNES-JEWISH HOSPITAL - ST LOUIS, MO 1971  
 License Expiration Date **6/30/2008**  
 Remarks



License Number	11361
License Date	9/5/2001
Name	<b>BANNISTER, JAY B MD</b>
Address	NH DARTMOUTH FAMILY MEDICINE, 250 PLEASANTSTCONCORD, NH, 03301
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF TEXAS MED SCH - GALVESTON, TX USA 1998
Internship and Year	UNIVERSITY OF ROCHESTER - ROCHESTER, NY 1999
Residency and Year	UNIVERSITY OF ROCHESTER - ROCHESTER, NY 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11362
License Date	9/5/2001
Name	<b>BANNISTER, KRISTEN L MD</b>
Address	BEDFORD COMMONS OB-GYN, 201 RIVERWAY PLACEBEDFORD, NH, 03110
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF TEXAS MED SCH - GALVESTON, TX USA 1997
Internship and Year	STRONG MEMORIAL HOSPITAL- ROCHESTER, NY 2000
Residency and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13527
License Date	6/6/2007
Name	<b>BANSAL, ANKUSH K MD</b>
Address	111 CONTINENTAL DR, STE 406NEWARK, DE, 19713
Specialty	IM
Board Certified	
School and Year of Graduation	CREIGHTON UNIV USA 2004
Internship and Year	CHRISTIANA CARE HEALTH SYSTEM - NEWARK, NJ 2005
Residency and Year	CHRISTIANA CARE HEALTH SYSTEM - NEWARK, NJ 2006
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	14730
License Date	2/3/2010
Name	<b>BANSAL, KANTI L MD</b>
Address	FRISBIE MEMORIAL HOSP, 11 WHITEHALL RDROCHESTER, NH, 03768
Specialty	
Board Certified	
School and Year of Graduation	UNIVERSITY OF ILLINOIS USA 2003
Internship and Year	SUNY HEALTH SCIENCE CENTER - BROOKLYN, NY 2004
Residency and Year	SUNY HEALTH SCIENCE CENTER - BROOKLYN, NY 2005
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	11553
License Date	4/3/2002
Name	<b>BAQUERO, JAIME A MD</b>
Address	GASTROENTEROLOGY PROFESSIONAL ASSOC, 21 CLARK WAYSOMERSWORTH, NH, 03878
Specialty	IM
Board Certified	IM
School and Year of Graduation	COLOMBIAN SCH OF MED - BOGOTA DE FEDERAL DISTRICT COLOMBIA 1994
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1997
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13844
License Date	3/5/2008
Name	<b>BARABAS, ATTILA T MD</b>
Address	501 S BURMA AVE, GILLETTE, WY, 82716
Specialty	U
Board Certified	U
School and Year of Graduation	UNIV OF UTAH USA 2001
Internship and Year	UNIV OF UTAH HEALTH SCIENCE CENTER - SALT LAKE CITY, UT 2002
Residency and Year	UNIV OF UTAH HEALTH SCIENCE CENTER - SALT LAKE CITY, UT 2003
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	8951
License Date	6/2/1993
Name	<b>BARASH, DAVID M MD</b>
Address	72 ALLEN FARM LN, CONCORD, MA, 01742-
Specialty	EM
Board Certified	EM
School and Year of Graduation	CORNELL UNIVERSITY MEDICAL COLLEGE USA 1983
Internship and Year	NEW YORK HOSPITAL - NEW YORK NY 1984
Residency and Year	BRONX MUNICIPAL HOSPITAL CENTER - BRONX NY 1986
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	3850
License Date	10/5/1965
Name	<b>BARATT, THEODORE MD</b>
Address	20 CONGRESSIONAL AVE, PLAISTOW, NH, 03865-
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF BUFFALO SCHOOL OF MEDICINE - BUFFALO, NY USA 1951
Internship and Year	BOSTON CITY HOSPITAL, BOSTON, MA 1952
Residency and Year	]BOSTON CITY HOSPITAL, BOSTON, MA 1955
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	5842
License Date	12/5/1977
Name	<b>BARBAN, GREGORY M MD</b>
Address	NEW LONDON MEDICAL CENTER, EAS, 249 COUNTY RDNEW LONDON, NH, 03257
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	DALHOUSI UNIV HALIFAX, NOVA SCOTIA NOVA SCOTIA 1972
Internship and Year	VICTORIA GENERAL HOSPITAL - HALIFAX, NOVA SCOTIA 1972
Residency and Year	UNIV OF TORONTO - TORONTO, CANADA 1977
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7499
License Date	2/5/1987
Name	<b>BARBARESI, WILLIAM J MD</b>
Address	, , ,
Specialty	PD
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>5/25/1994</b>
Remarks	

License Number	13893
License Date	4/2/2008
Name	<b>BARBER, ALFRED J MD</b>
Address	NORTHERN COUNTIES HEALTH CARE, 165 SHERMAN DRIVEST JOHNSBURY, VT, 05819
Specialty	IM
Board Certified	IM
School and Year of Graduation	GEORGETOWN UNIV USA 1976
Internship and Year	UNIV OF NORTH CAROLINA SCHOOL OF MEDICINE-CHAPEL HILL, NC 1977
Residency and Year	UNIV OF NORTH CAROLINA SCHOOL OF MEDICINE-CHAPEL HILL, NC 1979
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11522
License Date	3/6/2002
Name	<b>BARBER, COLLEEN M MD</b>
Address	DHC- DEPT OB/GYN, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF ROCHESTER - ROCHESTER, NY USA 1998
Internship and Year	GOOD SAMARITAN REGIONAL MEDICAL CENTER - PHOENIX, AZ 1999
Residency and Year	GOOD SAMARITAN REGIONAL MEDICAL CENTER - PHOENIX, AZ 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 17201  
 License Date 8/5/2015  
 Name **BARBOGLIO ROMO, PAHOLO G MD**  
 Address 7 NORTHWICK ST, ANN ARBOR, MI, 48105  
 Specialty U  
 Board Certified  
 School and Year of Graduation UNIVERSIDAD ANAHUAC ESCUELA DE MEDICINA MEXICA 2004  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16813  
 License Date 11/6/2014  
 Name **BARCHIE, MATTHEW F MD**  
 Address RAYS, 13737 NOEL RD STE 1600DALLAS, TX, 75240  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation UNIV OF NEW MEXICO SCHOOL OF MED USA 2007  
 Internship and Year UNIV OF TX MEDICAL CTR @ SAN ANTONIO - SAN ANTONIO, TX 2008  
 Residency and Year SAN ANTONIO MILITARY MEDICAL CENTER-BROOKE AMC - FORT SAM HOUSTON, TX 2012  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16570  
 License Date 5/7/2014  
 Name **BARCLAY, DAWN C MD**  
 Address DHMC, 1 MED CTR DRLEBANON, NH, 03756  
 Specialty GS  
 Board Certified  
 School and Year of Graduation HARVARD MEDICAL SCHOOL USA 2005  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 7310  
 License Date 5/8/1986  
 Name **BARDO, MARK R MD**  
 Address BARRINGTON WALK IN CARE, 426 CALEF HWY (RTE 125)BARRINGTON, NH, 03825  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF WASHINGTON SCH MED - SEATTLE, WA USA 1978  
 Internship and Year UNIV COLORADO SCH OF MED AFFILIATED HOSPITAL - DENVER, CO 1979  
 Residency and Year SOUTHERN COLORADO FAMILY MEDICAL - PUEBLO, CO 1981  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	12775
License Date	7/6/2005
Name	<b>BAREFOOT, JOSEPH L MD</b>
Address	GRAND HARBOUR STE 13 H, PO BOX 875GR CAYMAN CAYMAN IS, , KY1-1503
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF MIAMI, MIAMI FL USA 1986
Internship and Year	UNIVERSITY OF FLORIDA JACKSONVILLE, JACKSONVILLE FL 1987
Residency and Year	UNIVERSITY OF FLORIDA JACKSONVILLE, JACKSONVILLE FL 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6542
License Date	6/24/1982
Name	<b>BARGAR, RICHARD M MD</b>
Address	ORTHOPAEDICS NORTHEAST PC, 575 TURNPIKE ST STE 11N ANDOVER, MA, 01845-
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	CORNELL UNIV MED COLL - NY, NY USA 1976
Internship and Year	NEW ENGLAND DEACONESS HOSPITAL - BOSTON, MA 1977
Residency and Year	NEW ENGLAND DEACONESS HOSPITAL - BOSTON, MA 1978
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	12366
License Date	7/7/2004
Name	<b>BARGAR, ROBERT J MD</b>
Address	BARGAR AND ASSOCIATES, 137 PINE RIDGE RDWABAN, MA, 02468
Specialty	GPM
Board Certified	GPM
School and Year of Graduation	TUFTS UNIVERSITY, BOSTON MA US 1981
Internship and Year	METRO WEST MEDICAL CTR, FRAMINGHAM MA 1982
Residency and Year	LAHEY CLINIC MED CTR, BURLINGTON MA 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15689
License Date	6/6/2012
Name	<b>BARGER, ANDREW V MD</b>
Address	SUMMIT RADIOLOGY PC, PO BOX 80070FORT WAYNE, IN, 46898-0070
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF WISCONSIN MEDICAL SCHOOL USA 2002
Internship and Year	MAYO CLINIC - SCOTTSDALE, AZ 2003
Residency and Year	MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8837
License Date	11/2/1992
Name	<b>BARIBEAU, YVON MD</b>
Address	CARDIOTHORACIC SURGICAL ASSOC, 100 MC GREGOR STMANCHESTER, NH, 03102-
Specialty	CDS
Board Certified	CDS
School and Year of Graduation	UNIVERSITY OF MONTREAL CANADA 1980
Internship and Year	NOTRE DAME HOSPITAL-MONTREAL-CANADA 1985
Residency and Year	NOTRE DAME HOSPITAL MONTREAL - QUEBEC - CANADA 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12593
License Date	2/2/2005
Name	<b>BARKAN, HELEN I MD</b>
Address	UPSTATE MEDICAL UNIVERSITY, 750 EAST ADAM ST DPT NEUROLOGYSYRACUSE, NY, 13210-2375
Specialty	N
Board Certified	N
School and Year of Graduation	DARTMOUTH MED SCHOOL, LEBANON NH US 1998
Internship and Year	DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2003
Residency and Year	DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2006
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	6451
License Date	9/3/1981
Name	<b>BARKAN, IRINA F MD</b>
Address	41 LIBERTY HILL RD, BLDG 2 SUITE 101HENNIKER, NH, 03242
Specialty	PM
Board Certified	PM
School and Year of Graduation	FIRST MOSCO ORDER OF LENIN MED INSTITUTE-MOSCO RUSSIA 1963
Internship and Year	NEW YORK HOSPITAL - NY, NY 1982
Residency and Year	NEW YORK HOSP-NEW YORK,NY 1982
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	17148
License Date	7/1/2015
Name	<b>BARKER, ERIC M MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	PTH
Board Certified	
School and Year of Graduation	UNIVERSITY OF CHICAGO PRITZKER SCHOOL OF MEDICINE USA 2011
Internship and Year	UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2013
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15013
License Date	10/6/2010
Name	<b>BARKHAM, JOHNATHAN E MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	MICHIGAN STATE UNIVERSITY USA 2008
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	6052
License Date	5/14/1979
Name	<b>BARKSDALE, JOHN F MD</b>
Address	EPSOM FAMILY MEDICINE, 1190 DOVER RD STE 201EPSOM, NH, 03234
Specialty	FP
Board Certified	FP
School and Year of Graduation	BOSTON UNIV SCHOOL MEDICINE - BOSTON, MA USA 1975
Internship and Year	DEACONESS HOSPITAL - BUFFALO, NY 1976
Residency and Year	DEACONESS HOSPITAL - BUFFALO, NY 1978
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13614
License Date	8/1/2007
Name	<b>BARLEY, PETER A MD</b>
Address	ST JOSEPH FAMILY MEDICAL CTR, 460 AMHERST STNASHUA, NH, 03063
Specialty	FP
Board Certified	
School and Year of Graduation	UNIV OF NEW YORK USA 1988
Internship and Year	ST JOSEPHS HOSPITAL HEALTH CENTER - SYRACUSE, NY 1989
Residency and Year	ST JOSEPHS HOSPITAL HEALTH CENTER - SYRACUSE, NY 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15690
License Date	6/6/2012
Name	<b>BARLOW BARRY, ANNE R DO</b>
Address	6 BUTTRICK RD SUITE 100, LONDONDERRY, NH, 03053
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MED USA 2009
Internship and Year	CONCORD HOSPITAL - CONCORD, NH 2010
Residency and Year	CONCORD HOSPITAL - CONCORD, NH 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14243
License Date	12/3/2008
Name	<b>BARNARD JR, WILLIAM L MD</b>
Address	MONADNOCK COMM HOSP, 452 OLD STREET RDPETERBOROUGH, NH, 03458
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	COLUMBIA UNIV USA 1973
Internship and Year	NEW YORK & PRESBYTERIAN HOSPITAL CORNELL CAMPUS - NY, NY 1974
Residency and Year	NEW YORK & PRESBYTERIAN HOSPITAL CORNELL CAMPUS - NY, NY 1975
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7674
License Date	8/5/1987
Name	<b>BARNARD, BRYANT MD</b>
Address	PARKHURST MEDICAL BLDG 219, HERRICK STREETBEVERLY, MA, 01915
Specialty	U
Board Certified	U
School and Year of Graduation	CORNELL UNIV MED COLL-NY USA 1962
Internship and Year	NY HOSP/CORNELL UNIV,NY 1963
Residency and Year	NY HOSP/CORNELL UNIV,NY 1964
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	8811
License Date	9/2/1992
Name	<b>BARNARD, DOUGLAS E MD</b>
Address	EXETER HOSP - ANESTHESIA, 10 BUZELL AVEEXETER, NH, 03833
Specialty	AN
Board Certified	AN
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1965
Internship and Year	NAVAL HOSPITAL CHELSEA - MA 1966
Residency and Year	NAVAL HOSPITAL CHELSEA - MA 1968
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	7721
License Date	10/7/1987
Name	<b>BARNES II, ROY M MD</b>
Address	VALLEY FAMILY PHYSICIANS PLLC, 5 DUNNING STCLAREMONT, NH, 03743
Specialty	FP
Board Certified	
School and Year of Graduation	UNIV OF TENN COLL MED-MEMPHIS,TN USA 1985
Internship and Year	U TN MEMPHIS/GRAD MED ED PROG-MEMPHIS,TN 1986
Residency and Year	BAPTIST MEM HOSP-MEMPHIS,TN 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number	14612
License Date	10/7/2009
Name	<b>BARNES, PATRICIA A MD</b>
Address	ARIS RADIOLOGY, 5655 HUDSON DR #210HUDSON, OH, 44236
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF TEXAS USA 1976
Internship and Year	ST JOSEPH HOSPITAL-HOUSTON, TX 1977
Residency and Year	UNIVERSITY OF TEXAS MEDICAL SCHOOL - HOUSTON, TX 1980
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11586
License Date	5/1/2002
Name	<b>BARNES, ROBERT A MD</b>
Address	3840 MOUND VIEW AVE, STUDIO CITY, CA, 91604-3630
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF WISCONSIN MED SCH - MADISON, WI USA 1962
Internship and Year	UNIVERSITY OF CALIFORNIA SCH - LOS ANGELES, CA 1963
Residency and Year	MOUNT ZION HOSPITAL - SAN FRANCISCO, CA 1968
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	6174
License Date	3/6/1980
Name	<b>BARNES, STEPHANIE A MD</b>
Address	, PO BOX 1628WOLFEBORO, NH, 03894
Specialty	AN
Board Certified	
School and Year of Graduation	UNIV. OF VERMONT COLL OF MED. USA 1969
Internship and Year	ST FRANCES HOSP.HONOLULU,HI 1970
Residency and Year	MED. CTR HOSP-VT 1972
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	16256
License Date	8/7/2013
Name	<b>BARNET, JULIE Z MD</b>
Address	426 CALEF HWY, BARRINGTON, NH, 03825
Specialty	FP
Board Certified	FP
School and Year of Graduation	TEMPLE UNIVERSITY SCHOOL OF MEDICINE USA 1996
Internship and Year	OREGON KHEALTH SCIENCES UNIVERSITY - KLAMATH FALLS, OR 1997
Residency and Year	OREGON KHEALTH SCIENCES UNIVERSITY - KLAMATH FALLS, OR 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7976
License Date	9/7/1988
Name	<b>BARNEY, CHRISTINE A MD</b>
Address	2456 CHRISTIAN ST STE 202, WHITE RIVER JCT, VT, 05001-9856
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF ROCHESTER SCH OF MED-ROCHESTER,NY USA 1986
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1987
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1990
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	13943
License Date	5/7/2008
Name	<b>BARNHART, AMANDA MD</b>
Address	704 S SUNSET DR, WINSTON-SALEM, NC, 27103
Specialty	PD
Board Certified	
School and Year of Graduation	WAKE FOREST UNIV USA 2004
Internship and Year	WAKE FOREST UNIV SCHOOL OF MEDICINE - WINSTON-SALEM, NC 2005
Residency and Year	WAKE FOREST UNIV SCHOOL OF MEDICINE - WINSTON-SALEM, NC 2007
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	12050
License Date	9/3/2003
Name	<b>BARODAWALA, FAYYAZ MD</b>
Address	5665 PEACHTREE DUNWOODY RD NE, STE 146ATLANTA, GA, 30342
Specialty	DR
Board Certified	R
School and Year of Graduation	U OF NEW YORK, BUFFALO NY US 1999
Internship and Year	SUNY, BUFFALO NY 2000
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5911
License Date	6/12/1978
Name	<b>BARON, JOHN A MD</b>
Address	EVERGREEN STE 300, 46 CENTERRA PKWYLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF MICHIGAN MEDICAL SCHOOL ANN ARBOR, MI USA 1976
Internship and Year	UNIV HOSPITAL - ANN ARBOR, MI 1977
Residency and Year	DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 6104  
 License Date 8/15/1979  
 Name **BARON, PAUL D MD**  
 Address , PO BOX 2689NEW LONDON, NH, 03257-2689  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation TUFTS UNIV SCHOOL MEDICINE - BOSTON, MA USA 1966  
 Internship and Year PHILADELPHIA GENERAL HOSPITAL - PHILA, PA 1967  
 Residency and Year ST LUKES HOSPITAL CENTER - 1974  
 License Expiration Date **6/30/2009**  
 Remarks **RETIRED 1/16/2009**

License Number 16257  
 License Date 8/7/2013  
 Name **BARON, SUZANNE J MD**  
 Address MASS GEN HOSP, 55 FRUIT ST BLAKE 9BOSTON, MA, 02114  
 Specialty CD  
 Board Certified CD  
 School and Year of Graduation YALE UNIVERSITY SCHOOL OF MEDICINE USA 2005  
 Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2006  
 Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2008  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 2532  
 License Date 11/13/1946  
 Name **BAROODY, PHILIP C MD**  
 Address HEALTH & WELFARE BUILDING, 6 HAZEN DRCONCORD, NH, 03301-6501  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation UNIVERSITY OF MARYLAND USA 1945  
 Internship and Year ST VINCENT'S HOSPITAL - BRIDGEPORT CT 1946  
 Residency and Year ST VINCENT'S HOSPITAL - BRIDGEPORT CT 1946  
 License Expiration Date **6/30/1999**  
 Remarks **Deceased 9/98**

License Number 13655  
 License Date 9/5/2007  
 Name **BAROUCH, FINA C MD**  
 Address LAHEY CLINIC MED CTR- EYE INST, 1 ESSEX CTR DRPEABODY, MA, 01960  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation HARVARD MED SCHOOL USA 2000  
 Internship and Year MASSACHUSETTS GENERAL HOSPITAL-BOSTON, MA 2001  
 Residency and Year MASSACHUSETTS EYE AND EAR INFIRMARY - BOSTON, MA 2004  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	9792
License Date	8/7/1996
Name	<b>BARQUIST, WALTER E MD</b>
Address	80 ROCHESTER AVE 115, PORTSMOUTH, NH, 03801
Specialty	P
Board Certified	P
School and Year of Graduation	NEW YORK UNIV SCH OF MED - NY, NY USA 1969
Internship and Year	DC COMMUNITY MENTAL HEALTH ST ELIZABETH - WASHINGTON, DC 1970
Residency and Year	DC COMMUNITY MENTAL HEALTH ST ELIZABETH - WASHINGTON, DC 1974
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	5851
License Date	1/5/1978
Name	<b>BARR JR, JOSEPH S MD</b>
Address	ZERO EMERSON PL, BOSTON, MA, 02114-2241
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1960
Internship and Year	PETER B BRIGHAM HOSPITAL - BOSTON, MA 1961
Residency and Year	MASS GENERAL HOSPITAL - BOSTON, MA 1968
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	6770
License Date	9/8/1983
Name	<b>BARR, MICHAEL MD</b>
Address	6 CATHEDRAL CIRCLE, NASHUA, NH, 03063
Specialty	GS
Board Certified	GS
School and Year of Graduation	ST LOUIS UNIV SCH MED -ST LOUIS,MO USA 1975
Internship and Year	MADIGAN ARMY MED CTR-FORT LEWIS WA 1976
Residency and Year	MADIGAN ARMY MED CTR-FORT LEWIS WA 1981
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	D0001
License Date	
Name	<b>BARRAN, PETER D MD</b>
Address	14-D MANOR PARKWAY, ROCHESTER, NY, 14620
Specialty	FP
Board Certified	
School and Year of Graduation	STAMFORD UNIVERSITY- STAMFORD CA USA 1984
Internship and Year	ST MARGARET'S HOSPITAL FOR WOMEN - MA 1986
Residency and Year	ST LUKES HOSPITAL - PA 1995
License Expiration Date	<b>11/21/1998</b>
Remarks	<b>11/21/98 Order of Conditional Denial. Application denied based on conviction of manslaughter and action taken by another state (MA).</b>

License Number 17046  
 License Date 5/6/2015  
 Name **BARRE, LUKE A MD**  
 Address 21 SPRINGWOOD ST #1, CRANSTON, RI, 02905  
 Specialty IM  
 Board Certified  
 School and Year of Graduation SABA UNIVERSITY SCHOOL OF MEDICINE NETHERLANDS 2012  
 Internship and Year ROGER WILLIAMS MEDICAL CENTER - PROVIDENCE, RI 2013  
 Residency and Year ROGER WILLIAMS MEDICAL CENTER - PROVIDENCE, RI 2015  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15175  
 License Date 4/6/2011  
 Name **BARRESI, PAUL F MD**  
 Address PENOBSCOT BAY MEDICAL CTR, 6 GLEN COVE DR ROCKPORT, MD, 04856  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1983  
 Internship and Year MALDEN MEDICAL CENTER HALLMARK HEALTH-MEDFORD, MA 1984  
 Residency and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 1986  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14673  
 License Date 12/2/2009  
 Name **BARRETT, DAVID M MD**  
 Address 30 OVERLOOK-INDIAN CAVE, PO BOX 703 SUNAPEE, NH, 03782  
 Specialty U  
 Board Certified U  
 School and Year of Graduation WAYNE STATE UNIVERSITY USA 1968  
 Internship and Year WAYNE STATE UNIVERSITY/DETROIT MEDICAL CENTER - DETROIT, MI 1969  
 Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1970  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11238  
 License Date 5/2/2001  
 Name **BARRETT, KULLI MD**  
 Address SEACOAST KIDNEY & HYPERTENSION, 875 GREENLAND RD C-10 PORTSMOUTH, NH, 03801  
 Specialty NEP  
 Board Certified NEP  
 School and Year of Graduation TARTUSSKOGO UNIV - TARTU, ESTONIA ESTONIA 1986  
 Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1998  
 Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1999  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13235  
 License Date 9/6/2006  
 Name **BARRETT, PETER J MD**  
 Address TUFTS NE MEDICAL CTR, 750 WASHINGTON ST BOSTON, MA, 02111  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation TUFTS UNIV USA 1968  
 Internship and Year ST ELIZABETHS MEDICAL CTR-BOSTON MA 1969  
 Residency and Year TUFTS NEW ENGLAND MEDICAL CTR-BOSTON MA 1972  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 6529  
 License Date 5/6/1982  
 Name **BARRETT, THOMAS J MD**  
 Address ELLIOT OBGYN, 15 NELSON ST 2ND FLR MANCHESTER, NH, 03103  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation ROYAL COLLEGE OF SURGEONS - DUBLIN, IRELAND IRELAND 1978  
 Internship and Year ST JOSEPH'S HOSPITAL - MILWAUKEE, WI 1979  
 Residency and Year ST JOSEPH'S HOSPITAL - MILWAUKEE, WI 1982  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 7557  
 License Date 5/6/1987  
 Name **BARNETT, R JOFFREE MD**  
 Address NEW HAMPSHIRE HOSP, 36 CLINTON ST CONCORD, NH, 03301-3861  
 Specialty CHP  
 Board Certified P  
 School and Year of Graduation YALE UNIVERSITY - NEW HAVEN, CT USA 1981  
 Internship and Year NEW YORK HOSPITAL/CORNELL UNIVERSITY - NEW YORK, NY 1982  
 Residency and Year NEW YORK HOSPITAL/CORNELL UNIVERSITY - NEW YORK, NY 1985  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9443  
 License Date 6/7/1995  
 Name **BARROS, GWENDOLYN J MD**  
 Address WEST CENTRAL BEHAVIORAL HEALTH, 52 WEST PLEASANT ST CLAREMONT, NH, 03743-  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIVERSITY OF TEXAS USA 1991  
 Internship and Year MARY HITCHCOCK MEMORIAL HOSPITAL-HANOVER, NH 1995  
 Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL, HANOVER NH 1995  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	9581
License Date	11/1/1995
Name	<b>BARSTAD, KRISTIN E MD</b>
Address	253 PLEASANT ST, CONCORD, NH, 03301-
Specialty	OBG
Board Certified	
School and Year of Graduation	BROWN UNIV PROGRAM IN MED PROVIDENCE, RI USA 1991
Internship and Year	UNIV OF MICHIGAN 1992
Residency and Year	UNIV OF MICHIGAN 1995
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	7558
License Date	5/6/1987
Name	<b>BARTELS, JAMES P MD</b>
Address	30 CANTON ST, MANCHESTER, NH, 03103-3524
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	UNIVERSITY OF ROCHESTER - ROCHESTER, NY USA 1982
Internship and Year	MARY I BASSETT HOSPITAL - COOPERSTOWN, NY 1983
Residency and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11260
License Date	6/6/2001
Name	<b>BARTELS, MATTHEW F MD</b>
Address	RIVER ROAD PEDIATRICS, 35 RIVERWAY PL BLDG 6BEDFORD, NH, 03110-6747
Specialty	PD
Board Certified	PD
School and Year of Graduation	STATE UNIVERSITY OF NEW YORK AT BUFFALO USA 1996
Internship and Year	UNIVERSITY OF VIRGINIA HOSPITALS - CHARLOTTESVILLE VA 1997
Residency and Year	UNIVERSITY OF VIRGINIA HOSPITALS - CHARLOTTESVILLE VA 1999
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	7341
License Date	6/12/1986
Name	<b>BARTELS, STEPHEN J MD</b>
Address	COMMUNITY & FAMILY MEDICINE, 46 CENTERRA PKWY STE 200LEBANON, NH, 03766
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF VA USA 1980
Internship and Year	CAMBRIDGE HOSPITAL- CAMBRIDGE, MA 1981
Residency and Year	CAMBRIDGE HOSPITAL- CAMBRIDGE, MA 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12092
License Date	10/1/2003
Name	<b>BARTENHAGEN, NICHOLAS H MD</b>
Address	DARTMOUTH-HITCHCOCK-RHEUMATOLOGY, 580-590-COURT STKEENE, NH, 03431
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF VIRGINIA, RICHMOND VA US 1970
Internship and Year	STATE UNIVERSITY OF NY, SYRACUSE NY 1971
Residency and Year	STATE UNIVERSITY OF NY, SYRACUSE NY 1974
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	8817
License Date	10/7/1992
Name	<b>BARTH JR, RICHARD J MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	GS
Board Certified	GS
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 1985
Internship and Year	NEW ENGLAND DEACONESS HOSP-BOSTON,MA 0000
Residency and Year	NEW ENGLAND DEACONESS HOSP-BOSTON,MA 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4275
License Date	7/23/1968
Name	<b>BARTH, ROBERT L MD</b>
Address	9 WENTWORTH ST, ROCHESTER, NH, 03867-2710
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIV OF PENNSYLVANIA USA 1960
Internship and Year	BALTIMORE CITY HOSPITAL - BALTIMORE, MD 1961
Residency and Year	UNIV HOSPITAL - ANN ARBOR, MI 1968
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	8149
License Date	7/12/1989
Name	<b>BARTHOLD, JOAN C MD</b>
Address	DARTMOUTH HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	DARTMOUTH MED SCH-HAOVER,NH USA 1985
Internship and Year	MED CTR HOPS-BURLINGTON,VT 1986
Residency and Year	MED CTR HOSP-BURLINGTON,VT 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number	4577
License Date	6/30/1970
Name	<b>BARTLETT JR, DONALD MD</b>
Address	DARTMOUTH MEDICAL SCHOOL, BORWELL BLDGLEBANON, NH, 03756
Specialty	OS
Board Certified	
School and Year of Graduation	HARVARD MEDICAL COLLEGE, MA USA 1964
Internship and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1965
Residency and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1966
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	13699
License Date	10/3/2007
Name	<b>BARTLETT, ANN S MD</b>
Address	SPRINGFIELD HOSPITAL, 25 RIDGEWOOD RD PO BOX 2003SPRINGFIELD, VT, 05156
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV OF VERMONT USA 1999
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2000
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6461
License Date	10/6/1981
Name	<b>BARTLETT, EDWARD W MD</b>
Address	711 WINDMILL HILL RD S, PUTNEY, VT, 05346-9507
Specialty	P
Board Certified	
School and Year of Graduation	YALE UNIV SCH MED-NEW HAVEN,CT USA 1967
Internship and Year	YALE NEW HAVEN HOSP-NEW HAVEN,CT 1968
Residency and Year	YALE ADMIN HOSP MED CTR-NEW HAVEN,CT 1972
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	12157
License Date	12/3/2003
Name	<b>BARTOLET, TERRY L MD</b>
Address	600 W LAFAYETTE ST, EASTON, PA, 18042
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	TEMPLE UNIVERSITY, PHILADELPHIA PA US 1969
Internship and Year	YORK HOSPITAL, YORK PA 1970
Residency and Year	TEMPLE UNIVERSITY HOSPITAL, PHILADELPHIA PA 1974
License Expiration Date	<b>6/30/2011</b>
Remarks	<b>DECEASED 3/4/2012</b>

License Number	16781
License Date	10/1/2014
Name	<b>BARTOLINI, CLAUDIA E MD</b>
Address	TUFTS MED CTR, 800 WASHINGTON ST BOX 450BOSTON, MA, 02111
Specialty	OPH
Board Certified	
School and Year of Graduation	TUFTS UNIVERSITY USA 2010
Internship and Year	THE COLORADO HEALTH FOUNDATION - DENVER, CO 2011
Residency and Year	TUFTS MEDICAL CENTER - BOSTON, MA 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5704
License Date	5/5/1977
Name	<b>BARTOLINI, J BRUCE MD</b>
Address	21 HAMPTON RD, EXETER, NH, 03833
Specialty	IM
Board Certified	IM
School and Year of Graduation	CORNELL UNIVERSITY-NEW YORK NY USA 1974
Internship and Year	MARY I BASSETT HOSPITAL-COOPERSTOWN NY 1975
Residency and Year	MARY I BASSETT HOSPITAL-COOOPERSTOWN NY 1977
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15465
License Date	11/2/2011
Name	<b>BARTON, DOROTHEA T MD</b>
Address	DHMC - HEATER ROAD LOCATION, 18 OLD ETNA RDLEBANON, NH, 03756
Specialty	D
Board Certified	D
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2007
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17047
License Date	5/6/2015
Name	<b>BARTON, EDWARD G MD</b>
Address	650 S RAYMOND AVE STE 310, PASADENA, CA, 91105
Specialty	N
Board Certified	N
School and Year of Graduation	UNIV OF CALIFORNIA, DAVID GEFFEN SCHOOL OF MED USA 2006
Internship and Year	SANTA CLARA VALLEY MEDICAL CENTER-SAN JOSE, CA 2006
Residency and Year	UCLA MEDICAL CENTER - LOS ANGELES, CA 2010
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6967
License Date	9/6/1984
Name	<b>BARTON, GAIL M MD</b>
Address	29 NORTH MAIN ST, WINDSOR, VT, 05089
Specialty	P
Board Certified	P
School and Year of Graduation	MED COLL OF PENNSYLVANIA -PHIL,PA USA 1966
Internship and Year	ST JOSEPH MERCY HOSP-ANN ARBOR,MI 1967
Residency and Year	UNIV HOSP-ANN ARBOR,MI 1972
License Expiration Date	<b>6/30/2014</b>
Remarks	<b>LAPSED FOR NON-RENEWAL 6/30/07..REINSTATED 4/1/09</b>

License Number	12367
License Date	7/7/2004
Name	<b>BARTON, JARED B MD</b>
Address	DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty	GS
Board Certified	
School and Year of Graduation	UNIVERSITY OF WASHINGTON, SEATTLE WA US 2002
Internship and Year	DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2003
Residency and Year	DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2004
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	6890
License Date	6/7/1984
Name	<b>BARTON, THOMAS M MD</b>
Address	HUGGINS HOSPITAL, 240 SOUTH MAIN STWOLFEBORO, NH, 03894
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	MED COLL OF SOUTH CAROLINA-CHARLESTON,SC USA 1978
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1979
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7267
License Date	2/6/1986
Name	<b>BARTON, WILLIAM B MD</b>
Address	WOLFEBORO GENERAL SURGERY, 240 S MAIN STWOLFEBORO, NH, 03894
Specialty	GS
Board Certified	GS
School and Year of Graduation	MED COLL OF SO CAROLINA CHARLESTON SC USA 1981
Internship and Year	BERKSHIRE MED CTR PITTSFIELD MA 1982
Residency and Year	BERKSHIRE MED CTR PITTSFIELD MA 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5330
License Date	5/2/1975
Name	<b>BARTRUM JR, ROYAL J MD</b>
Address	CENTRAL VERMONT HOSPITAL, BARRE, VT, 05641
Specialty	DR
Board Certified	DR
School and Year of Graduation	HARVARD MEDICAL SCHOOL - MA USA 1969
Internship and Year	SAN FRANCISCO GENERAL HOSPITAL - CA 1970
Residency and Year	PETER BENT BRIGHAM HOSPITAL - BOSTON, MA 1974
License Expiration Date	<b>6/30/2005</b>
Remarks	<b>DECEASED 4-28-06</b>

License Number	6438
License Date	8/6/1981
Name	<b>BARTZ, JOHN K MD</b>
Address	1757 INCHCLIFF RD, COLUMBUS, OH, 43221-2814
Specialty	CHP
Board Certified	CHP
School and Year of Graduation	YALE UNIV SCH MED-NEW HAVEN,CT USA 1976
Internship and Year	MC LEAN HOSP-BELMONT,MA 1977
Residency and Year	MC LEAN HOSP-BELMONT,MA 1980
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	17202
License Date	8/5/2015
Name	<b>BARUJA BAQUER, CESAR L MD</b>
Address	819 S SALINA ST, SYRACUSE, NY, 13202
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSIDAD NACIONAL DE ASUNCION PARAGUAY 1980
Internship and Year	BELLA VISTA HOSPITAL - MAYAGUES, PUERTO RICO 2003
Residency and Year	BELLA VISTA HOSPITAL - MAYAGUEZ, PUERTO RICO 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11494
License Date	2/6/2002
Name	<b>BARUS, MAXWELL MD</b>
Address	ANTHEM BC/BS, 2 GANNETT DRS PORTLAND, ME, 04106
Specialty	FP
Board Certified	FP
School and Year of Graduation	GEROGE WASHINGTON UNIV - WASHINGTON, DC USA 1981
Internship and Year	UNIV OF VERMONT - MILTON, VT 1982
Residency and Year	UNIV OF VERMONT - MILTON, VT 1984
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number 15819  
 License Date 9/5/2012  
 Name **BASCO, MARIA T MD**  
 Address 424 HANOVER ST, MANCHESTER, NH, 03104  
 Specialty GP  
 Board Certified  
 School and Year of Graduation UNIV OF SANTO TOMAS PHILIPPINES 2001  
 Internship and Year MORRISTOWN MEMORIAL HOSPITAL - MORRISTOWN, NJ 2005  
 Residency and Year MORRISTOWN MEMORIAL HOSPITAL - MORRISTOWN, NJ 2006  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14486  
 License Date 7/1/2009  
 Name **BASELICE, JACQUELINE A MD**  
 Address PARTNERS FOR WOMEN'S HEALTH, 3 ALUMNI DR STE 401 EXETER, NH, 03383  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation GEORGETOWN UNIVERSITY USA 2005  
 Internship and Year JOHN HOPKINS HOSPITAL - BALTIMORE, MD 2006  
 Residency and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 2009  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12862  
 License Date 9/7/2005  
 Name **BASKIN, SERENA K MD**  
 Address 28 SOUTH MAIN ST, WEST LEBANON, NH, 03784  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF NEW YORK, SYRACUSE NY US 2002  
 Internship and Year VALLEY MEDICAL CTR, RENTON WA 2003  
 Residency and Year VALLEY MEDICAL CTR, RENTON WA 2005  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 15239  
 License Date 6/1/2011  
 Name **BASKIN, SUSAN R MD**  
 Address BASKIN AESTHETIC MEDICINE, 195 FORE RIVER PKWY STE 150 PORTLAND, ME, 04102  
 Specialty PD  
 Board Certified  
 School and Year of Graduation UNIVERSITY MASSACHUSETTS MED SCHOOL USA 1993  
 Internship and Year METROWEST MEDICAL CENTER-FRAMINGHAM UNION HOSPITAL - FRAMINGHAM, MA 1994  
 Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1995  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13192  
 License Date 8/2/2006  
 Name **BASRAWALA, ZANE K MD**  
 Address LOYOLA UNIV MED CTR, 2160 S 1ST AVE BLDG 54 RM 237MAYWOOD, IL, 60153  
 Specialty U  
 Board Certified  
 School and Year of Graduation UNIV OF N CAROLINA @ CHAPEL HILL SCHOOL OF MED USA 2000  
 Internship and Year LOYOLA UNIV MEDICAL CTR-MAYWOOD, IL 2001  
 Residency and Year FOSTER G MCGAW HOSPITAL-MAYWOOD, IL 2005  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 11894  
 License Date 5/7/2003  
 Name **BASS, NORMAN H MD**  
 Address COMPHEALTH, 4021 SOUTH 700E STE 300SALT LAKE CITY, UT, 84101  
 Specialty P  
 Board Certified P  
 School and Year of Graduation YALE UNIV SCH OF MED - NEW HAVEN, CT USA 1962  
 Internship and Year UNIV OF WASHINGTON SCHOOL OF MEDICINE - SEATTLE, WA 1963  
 Residency and Year UNIV OF VIRGINIA HEALTH SCIENCE CTR - CHARLOTTESVILLE, VA 1965  
 License Expiration Date **6/30/2005**  
 Remarks **DECEASED 02/24/08**

License Number 7109  
 License Date 6/6/1985  
 Name **BASSETT, ELLEN A MD**  
 Address DHMC - SECTION OF PALLIATIVE CARE, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1982  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1984  
 Residency and Year CAMBRIDGE HP/CAMBRIDGE HEALTH ALLIANCE - CAMBRIDGE, MA 1985  
 License Expiration Date **6/30/2017**  
 Remarks **LAPSED FOR NON-RENEWAL 6/30/97..REINSTATED 5/6/09**

License Number 16207  
 License Date 7/3/2013  
 Name **BASSETT, ROBERT L MD**  
 Address VALLEY REGIONAL HOSPITAL, 241 ELM STCLAREMONT, NH, 03743  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1976  
 Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER, BOSTON, MA 1977  
 Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER, BOSTON, MA 1978  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	10480
License Date	1/6/1999
Name	<b>BASSI, JOHN C MD</b>
Address	MED DIRECTOR CLARK HOUSE, 325 PLESANT STCONCORD, NH, 03301
Specialty	FP
Board Certified	FP
School and Year of Graduation	BROWN UNIV SCHOOL OF MED - PROVIDENCE, RI USA 1994
Internship and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1995
Residency and Year	RHODE ISLAND HOSPITAL - PORVIDENCE, RI 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5112
License Date	12/3/1973
Name	<b>BASU, DIBYENDU B MD</b>
Address	50 PROSPECT ST, LAWRENCE, MA, 01842
Specialty	N
Board Certified	
School and Year of Graduation	R G KAR MEDICAL SCHOOL - CALCUTTA UNIV INDIA 1953
Internship and Year	OTTAWA GENERAL HOSPITAL - OTTAWA, CANADA 1961
Residency and Year	WAYNE UNIV SCHOOL OF MEDICINE - BOSTON, MA 1967
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	9976
License Date	5/7/1997
Name	<b>BATALDEN, PAUL B MD</b>
Address	1449 HYTHE ST, SAINT PAUL, MN, 55108
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF MN MED SCH-MINNEAPOLIS,MN USA 1967
Internship and Year	UNIV OF MN HOSP CLI-MN 1968
Residency and Year	UNIV OF MN HOSP CLI-MN 1969
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	12691
License Date	5/4/2005
Name	<b>BACHELOR, BRET K MD</b>
Address	83 MEMORIAL BLVD, NEWPORT, RI, 02840
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIVERSITY OF CALIFORNIA, LOS ANGELES CA US 1994
Internship and Year	UCLA MED CTR, TORRANCE CA 1995
Residency and Year	UCLA MED CTR, TORRANCE CA 1998
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	14531
License Date	8/5/2009
Name	<b>BATEMAN, DANIEL R MD</b>
Address	DHMC - 5D PSYCHIATRY, 1 MED CTR DRLEBANON, NH, 03756
Specialty	P
Board Certified	P
School and Year of Graduation	LOYOLA UNIVERSITY USA 2007
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2008
Residency and Year	KARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5519
License Date	5/13/1976
Name	<b>BATEMAN, LEWIS L MD</b>
Address	239BOYLE RD, SELDEN, NY, 11784-1954
Specialty	FP
Board Certified	FP
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL-HANOVER NH USA 1974
Internship and Year	SOUTHSIDE HOSPITAL - BAY SHORE, NY 1975
Residency and Year	SOUTHSIDE HOSPITAL-BAY SHORE NY 1975
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	11122
License Date	12/6/2000
Name	<b>BATES JR, GORDON W MD</b>
Address	220 BERGQUIST STE 1, LACKLAND AFB, TX, 78236
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF ALABAMA SCH OF MED-BIRMINGHAM, AL USA 1991
Internship and Year	UNIV OF TENNESSEE - MEMPHIS, TN 1992
Residency and Year	UNIV OF TENNESSEE- MEMPHIS, TN 1995
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	3174	
License Date	1/2/1957	
Name	<b>BATES, ALFRED K MD</b>	
Address	363 WENTWORTH HILL RD, CTR SANDWICH, NH, 03227	
Specialty	IM	
Board Certified	IM	
School and Year of Graduation	UNIVERSITY OF ROCHESTER USA 1946	
Internship and Year	STRONG MEMORIAL HOSPITAL	ROCHESTER - NY 1950
Residency and Year	STRONG MEMORIAL HOSPITAL	ROCHESTER - NY 1951
License Expiration Date	<b>6/30/2001</b>	
Remarks		



License Number	16258
License Date	8/7/2013
Name	<b>BATES, BARBARA A MD</b>
Address	CHESHIRE MEDICAL CENTER DARTMOUTH HITCHCOCK, 580 COURT STREETKEENE, NH, 03431
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1993
Internship and Year	COLUMBIA HOSPITAL - MILWAUKEE, WI 1995
Residency and Year	COLUMBIA HOSPITAL - MILWAUKEE, WI 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15861
License Date	10/3/2012
Name	<b>BATES, SARA V MD</b>
Address	MASS GEN HOSP, 55 FRUIT ST FOUNDERS 5-530BOSTON, MA, 02114
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE USA 2006
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2007
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15370
License Date	9/7/2011
Name	<b>BATH, JEFFREY J MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN SUITE 500EDEN PRAIRIE, MN, 55344
Specialty	DR
Board Certified	DR
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1999
Internship and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2001
Residency and Year	SUNY HEALTH SCIENCE CENTER - SYRACUSE, NY 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16625
License Date	6/4/2014
Name	<b>BATIPPS, STEVEN M MD</b>
Address	MERIDIAN HEALTH PLAN, 777 WOODWARD AVE 6TH FLDDETROIT, MI, 48226
Specialty	DR
Board Certified	DR
School and Year of Graduation	HOWARD UNIVERSITY COLLEGE OF MEDICINE USA 1983
Internship and Year	DETROIT MEDICAL CENTER-WAYNE STATE UNIV SOM - DETROIT, MI 1984
Residency and Year	DETROIT MEDICAL CENTER-WAYNE STATE UNIV SOM - DETROIT, MI 1987
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11843
License Date	2/13/2003
Name	<b>BATLIVALA, ZUBIN S MD</b>
Address	NH NEUROSPINE INSTITUTE, 4 HAWTHORNE DR BEDFORD, NH, 03110
Specialty	PM
Board Certified	PM
School and Year of Graduation	UNIV OF MUMBAI - MAHARASHTRA, INDIA INDIA 1992
Internship and Year	BOSTON UNIV MEDICAL CENTER - ROXBURY, MA 2000
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17203
License Date	8/5/2015
Name	<b>BATRA, NIKHIL N MD</b>
Address	78 MOUNTAIN VIEW DR, LEBANON, NH, 03766
Specialty	OPH
Board Certified	
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2009
Internship and Year	CARITAS CARNEY HOSPITAL - BOSTON, MA 2010
Residency and Year	UNIVERSITY OF CHICAGO MEDICAL CENTER - CHICAGO, IL 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13894
License Date	4/2/2008
Name	<b>BATSIS, JOHN A MD</b>
Address	DHMC - DEPT OF GEN IM, ONE MED CTR DR LEBANON, NH, 03756
Specialty	IMG
Board Certified	IMG
School and Year of Graduation	UNIV OF DUBLIN IRELAND 2002
Internship and Year	MAYO GRADUATE SCHOOL OF MEDICINE-ROCHESTER, MN 2004
Residency and Year	MAYO GRADUATE SCHOOL OF MEDICINE-ROCHESTER, MN 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5605
License Date	9/3/1976
Name	<b>BATSON, A PETER MD</b>
Address	1 COURT ST STE 150, PO BOX 508 LEBANON, NH, 03766
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIVERSITY OF PENNSYLVANIA-PHILADELPHIA PA USA 1953
Internship and Year	PHILADELPHIA GENERAL HOSPITAL-PHILADELPHIA PA 1954
Residency and Year	UNIVERSITY OF PENNSYLVANIA-PHILADELPHIA PA 1960
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	8659
License Date	12/4/1991
Name	<b>BATT, CHARLES A MD</b>
Address	14 BLUEBERRY LN, PO BOX 1995NEW LONDON, NH, 03257-1995
Specialty	PFM
Board Certified	PFM
School and Year of Graduation	AMERICAN UNIVERSITY OF CARIBBEAN WEST INDIES 1981
Internship and Year	UNIVERSITY OF MIAMI - JACKSON MEMORIAL MIAMI - FL 1983
Residency and Year	UNIVERSITY OF MIAMI - JACKSON MEMORIAL MIAMI - FL 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12127
License Date	11/5/2003
Name	<b>BATTEN, DEAN MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	DUKE UNIVERSITY,DURHAM NC US 1998
Internship and Year	CROZER-CHESTER MED CTR, UPLAND PA 1999
Residency and Year	UNIVERSITY OF PA, PHILADELPHIA PA 2003
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	13615
License Date	8/1/2007
Name	<b>BATTLE, WILLIAM S MD</b>
Address	THE MEMORIAL HOSPITAL, 3073 WHITE MTN HWYNORTH CONWAY, NH, 03860
Specialty	GS
Board Certified	GS
School and Year of Graduation	GEORGE WASHINGTON UNIV USA 1967
Internship and Year	UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1968
Residency and Year	UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1970
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8052
License Date	3/29/1989
Name	<b>BAUER, ANNE C MD</b>
Address	, , ,
Specialty	P
Board Certified	P
School and Year of Graduation	ALBERT EINSTEIN USA 1982
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1996</b>
Remarks	

License Number	15615
License Date	4/4/2012
Name	<b>BAUER, DAVID F MD</b>
Address	DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty	NSP
Board Certified	
School and Year of Graduation	UNIVERSITY OF MICHIGAN MEDICAL SCHOOL USA 2004
Internship and Year	UNIVERSITY OF ALABAMA HOSPITAL - BIRMINGHAM, AL 2005
Residency and Year	UNIVERSITY OF ALABAMA @ BIRMINGHAM - BIRMINGHAM, AL 2011
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14828
License Date	5/5/2010
Name	<b>BAUER, MICHAEL J MD</b>
Address	MJB & ASSOC, 200 S WILCOX ST #443CASTLE ROCK, CO, 80104
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	LOMA LINDA UNIVERSITY USA 1992
Internship and Year	LOMA LINDA UNIVERSITY MEDICAL CENTER - LOMA LINDA, CA 1993
Residency and Year	LOMA LINDA UNIVERSITY MEDICAL CENTER - LOMA LINDA, CA 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9238
License Date	8/3/1994
Name	<b>BAUGHAN, DAVID M MD</b>
Address	GROUP HEALTH COOPERATIVE, 700 LILLY RDOLYMPIA, WA, 98506
Specialty	FP
Board Certified	FP
School and Year of Graduation	WEST VIRGINIA UNIVERSITY SCHOOL OF MEDICINE USA 1977
Internship and Year	GROUP HEALTH COOP/PUGET SOUND - SEATTLE WA 1978
Residency and Year	GROUP HEALTH COOP/PUGET SOUND - SEATTLE WA 1980
License Expiration Date	<b>6/30/2010</b>
Remarks	<b>Deceased 12/9/2012</b>

License Number	3488
License Date	12/8/1961
Name	<b>BAUGHMAN, RICHARD D MD</b>
Address	60 ETNA RD, PO BOX 212ETNA, NH, 03750
Specialty	D
Board Certified	D
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 1960
Internship and Year	MARY HITCHCOCK MEMORIAL HOSPITAL- HANOVER NH 1961
Residency and Year	MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1961
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	7487
License Date	1/8/1987
Name	<b>BAUMAN, ANDREW J MD</b>
Address	VA MEDICAL CENTER, WHITE RIVER JCT, VT, 05001
Specialty	IM
Board Certified	IM
School and Year of Graduation	HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1979
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - HANOVER, NH 1980
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - HANOVER, NH 1982
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4373
License Date	4/22/1969
Name	<b>BAUMAN-NEUMAYER, TATJANA MD</b>
Address	629 59TH AVE, ST PETE BEECH, FL, 33706-2217
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF MUNICH GERMANY GERMANY 1966
Internship and Year	WATERBURY HOSPITAL WATERBURY, CT
Residency and Year	WATERBURY HOSPITAL WATERBURY, CT 1969
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	15014
License Date	10/6/2010
Name	<b>BAUMER, JOAN E MD</b>
Address	BAUMER MEDICAL INC, 910 HOUSTON #701FORT WORTH, TX, 76102
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY CALIFORNIA DAVIS SACRAMENTO USA 1977
Internship and Year	VENTURA COUNTY MEDICAL CENTER - VENTURA, CA 1978
Residency and Year	VENTURA COUNTY MEDICAL CENTER - VENTURA, CA 1980
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16298
License Date	9/4/2013
Name	<b>BAUMER, NATHAN B MD</b>
Address	523 N SAM HOUSTON PKWY E, SUITE 125HOUSTON, TX, 77060
Specialty	FP
Board Certified	EM
School and Year of Graduation	UNIV OF CALIFORNIA DAVIS SCHOOL OF MEDICINE USA 1977
Internship and Year	VENTURA COUNTY MEDICAL CENTER - VENTURA, CA 1978
Residency and Year	VENTURA COUNTY MEDICAL CENTER - VENTURA, CA 1980
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 14244  
 License Date 12/3/2008  
 Name **BAUMGART, EGBERT D MD**  
 Address LAHEY INSTITUTE OF UROLOGY, 17 OLD ROLLINSFORD RD DOVER, NH, 03820  
 Specialty U  
 Board Certified U  
 School and Year of Graduation HUMBOLDT UNIV GERMANY 1999  
 Internship and Year UNIVERSITY OF HAWAII - HONOLULU, HI 2003  
 Residency and Year LAHEY CLINIC MEDICAL CENTER - BURLINGTON, MA 2008  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14787  
 License Date 4/7/2010  
 Name **BAUTISTA, JOSEPH N MD**  
 Address EXETER HOSPITAL, 5 ALUMNI DR 3RD FLEXETER, NH, 03833  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF THE EAST-RAMON MAGSAYSAY MEMORIAL MED CTR PHILIPPINES 2005  
 Internship and Year MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 2008  
 Residency and Year MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 2009  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13845  
 License Date 3/5/2008  
 Name **BAXTER III, JOHN K MD**  
 Address 90 FLYING POINT RD, FREEPORT, ME, 04032  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation UNIV OF VERMONT USA 1985  
 Internship and Year BETH ISRAEL DEACONESS MEDICAL CTR - BOSTON, MA 1988  
 Residency and Year BETH ISRAEL DEACONESS MEDICAL CTR - BOSTON, MA 1991  
 License Expiration Date **6/30/2016**  
 Remarks **lapsed 6/30/12 - reinstated 6/4/14**

License Number 11895  
 License Date 5/7/2003  
 Name **BAXTER, WILLIAM G MD**  
 Address ELLIOT HOSPITAL EM DEPT, ONE ELLIOT WAY MANCHESTER, NH, 03103  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIV OF VERMONT - BURLINGTON, VT USA 1995  
 Internship and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1996  
 Residency and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1998  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10741  
 License Date 11/3/1999  
 Name **BAYER, STEVEN R MD**  
 Address BOSTON IVF WALTHAM CTR, 130 SECOND AVE WALTHAM, MA, 02451  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation OHIO STATE UNIVERSITY USA 1981  
 Internship and Year MOUNT CARMEL MED - COLUMBUS OH 1985  
 Residency and Year BETH ISRAEL HOSP - BOSTON MA 1987  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 7250  
 License Date 1/2/1986  
 Name **BAYER, SUSAN C MD**  
 Address LACONIA CLINIC, 630 W MAIN ST STE 200 TILTON, NH, 03276  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF ROCHESTER MED ROCHESTER NY USA 1980  
 Internship and Year HIGHLAND HOSP- ROCHESTER NY 1981  
 Residency and Year HIGHLAND HOSP- ROCHESTER NY 1983  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14613  
 License Date 10/7/2009  
 Name **BAYLISS, TREVOR J MD**  
 Address DHMC, 1 MED CTR DR LEBANON, NH, 03756  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation ALBANY MEDICAL COLLEGE USA 2007  
 Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008  
 Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 9269  
 License Date 9/7/1994  
 Name **BEACH, MICHAEL L MD**  
 Address DHMC-ANESTHESIA, ONE MEDICAL CTR DR LEBANON, NH, 03756  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation UNIVERSITY OF CHICAGO PRITZKER SCHOOL OF MEDICINE USA 1990  
 Internship and Year UNIVERSITY OF WASHINGTON MEDICAL CENTER - SEATTLE WA 1991  
 Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON MA 1994  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	10602
License Date	7/7/1999
Name	<b>BEAHM, PAMELA H MD</b>
Address	155 KINSLEY ST, NASHUA, NH, 03060
Specialty	PD
Board Certified	PD
School and Year of Graduation	WASHINGTON UNIVERSITY - ST LOUIS MO USA 1996
Internship and Year	CHILDREN'S HOSPITAL MED CENTER - CINCINNATI OH 1999
Residency and Year	CHILDREN'S HOSPITAL MED CENTER - CINCINNATI OH 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8462
License Date	12/5/1990
Name	<b>BEALE, ERNEST F MD</b>
Address	7618 POWDERHORN TRAIL, TOWNSEND, TN, 37882
Specialty	NPM
Board Certified	PD
School and Year of Graduation	UNIV OF NC AT CHAPEL HILL SCH OF MED - NC USA 1973
Internship and Year	SHANDS HOSPITAL - GAINESVILLE, FL 1974
Residency and Year	SHANDS HOSPITAL - GAINESVILLE, FL 1976
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9177
License Date	6/1/1994
Name	<b>BEALS, BRIAN M MD</b>
Address	COOS COUNTY FAMILY HEALTH SERV, 2 BROADWAY STGORHAM, NH, 03581-
Specialty	PD
Board Certified	PD
School and Year of Graduation	JEFFERSON MEDICAL SCHOOL USA 1991
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1994
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5252
License Date	10/17/1974
Name	<b>BEAM, ARTHUR DUANE MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	WAYNE UNIVERSITY IN MICHIGAN USA 1933
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1990</b>
Remarks	



License Number	4996
License Date	6/11/1973
Name	<b>BEAMIS, JOHN F MD</b>
Address	HAWAII PER, 41 MALL RDBURLINGTON, MA, 01805
Specialty	PUD
Board Certified	IM
School and Year of Graduation	UNIV OF VT COLL OF MEDICINE - BURLINGTON, VT USA 1970
Internship and Year	MEDICAL CENTER LOUISIANA - NEW ORLEANS, LA 1971
Residency and Year	NAVAL MEDICAL CENTER - SAN DIEGO, CA 1977
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	14008
License Date	6/4/2008
Name	<b>BEAN, CECIL W MD</b>
Address	10 MEMBERS WAY STE 303, DOVER, NH, 03820
Specialty	PS
Board Certified	PS
School and Year of Graduation	WAKE FOREST UNIV SCHOOL OF MED USA 1986
Internship and Year	WILLIAM BEAUMONT ARMY MEDICAL CENTER - EL PASO, TX 1987
Residency and Year	WILLIAM BEAUMONT ARMY MEDICAL CENTER - EL PASO, TX 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7070
License Date	5/2/1985
Name	<b>BEAR, CYNTHIA M MD</b>
Address	1245 WASHINGTON RD, PO BOX 374 RYE, NH, 03870-
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS-WORCESTER MA USA 1981
Internship and Year	TUFTS UNIVERSITY-BOSTON, MA 1985
Residency and Year	TUFTS UNIV = BOSTON, MA 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6891
License Date	6/7/1984
Name	<b>BEAR, ROBERT H MD</b>
Address	ACCESS SPORTS MEDICINE, ONE HAMPTON RDEXETER, NH, 03833
Specialty	ORS
Board Certified	
School and Year of Graduation	STATE UNIV OF NEW YORK DOWNSTATE COLL MED USA 1979
Internship and Year	UNIV MA HOSP COORD PROG-WORCHESTER,MA 1980
Residency and Year	UNIV HOSP INC-BOSTON,MA 1981
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>LAPSED FOR NONRENEWAL 6/30/14 RENEWED 8/7/14</b>

License Number 10443  
 License Date 11/4/1998  
 Name **BEARER, ELIZABETH A MD**  
 Address 200 N MARAIN ST, EBENSBURG, PA, 15931  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF MIAMI SCHOOL OF MED - MIAMI, FL USA 1990  
 Internship and Year DUKE UNIV PROGRAM - DURHAM, NC 1991  
 Residency and Year DUKE UNIV PROGRAM - DURHAM, NC 1992  
 License Expiration Date **6/30/2001**  
 Remarks

License Number 10298  
 License Date 6/3/1998  
 Name **BEARS, SEAN D MD**  
 Address DHMC - DEPT OF SURGERY, ONE MEDICAL CENTER DRIVELEBANON, NH, 03756  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation FINCH UNIV HLTH SCI CHICAGO MED SCH - IL USA 1993  
 Internship and Year STAMFORD HOSPITAL - STAMFORD, CT 1994  
 Residency and Year STAMFORD HOSPITAL - STAMFORD, CT 1998  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 6008  
 License Date 1/4/1979  
 Name **BEASLEY, RALPH D MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CTR DRLEBANON, NH, 03756-0001  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation UNIV OF CINCINNATI COLLEGE MEDICINE-CINCINNATI, OH USA 1973  
 Internship and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1974  
 Residency and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1977  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15015  
 License Date 10/6/2010  
 Name **BEATON, KAREN A MD**  
 Address WINCHESTER HOSPITAL, 41 HIGHLAND AVEWINCHESTER, MA, 01890  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation UNIVERSITY OF MASSACHUSETTS USA 1991  
 Internship and Year UNIVERSITY OF MASSACHUSETTS MEMORIAL-MEMORIAL CAMPUS - WORCESTER, MA 1992  
 Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER - WORCESTER, MA 1995  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	5060
License Date	8/15/1973
Name	<b>BEATTIE, BRIAN A MD</b>
Address	87 BUFFALO RD, PO BOX 528LANCASTER, NH, 03584
Specialty	FP
Board Certified	FP
School and Year of Graduation	HARVARD MEDICAL SCHOOL-BOSTON MA USA 1970
Internship and Year	UNIVERSITY OF UTAH-SALT LAKE CITY UT 1971
Residency and Year	UNIV OF UTAH - SALT LAKE CITY, UT 1971
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	11190
License Date	3/7/2001
Name	<b>BEATTIE, SCOTT W MD</b>
Address	BASSETT HEALTHCARE - OBGYN, ONE ATWELL RD COOPERSTOWN, NY, 13326
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	STATE UNIV OF NEW YORK UPSTATE- SYRACUSE, NY USA 1989
Internship and Year	UNIV OF VERMONT - BURLINGTON, VT 1990
Residency and Year	UNIV OF VERMONT - BURLINGTON, VT 1993
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	9977
License Date	5/7/1997
Name	<b>BEATTY, DENNIS R MD</b>
Address	PETERBOROUGH INTERNAL MEDICINE, 454 OLD STREET RD PETERBOROUGH, NH, 03458
Specialty	IMG
Board Certified	IM
School and Year of Graduation	JEFFERSON MED COLL-THOMAS JEFFERSON UNIV USA 1994
Internship and Year	MED CTR HOSPITAL OF VERMONT-BURLINGTON, VT 1997
Residency and Year	MED CTR HOSP OF VERMONT-BURLINGTON, VT 1997
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	11983
License Date	7/2/2003
Name	<b>BEATTY, JAMES F MD</b>
Address	1984 PEACHTREE RD NW, STE 515 ATLANTA, GA, 30309
Specialty	AN
Board Certified	AN
School and Year of Graduation	INDIANA UNIV - INDIANAPOLIS, IN USA 1991
Internship and Year	ST VINCENT HOSPITALS AND HEALTH SERVICES - INDIANAPOLIS, IN 1992
Residency and Year	EMORY UNIV SCHOOL OF MEDICINE - ATLANTA, GA 1995
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number 11344  
 License Date 8/1/2001  
 Name **BEATTY, LANE T MD**  
 Address 4 WAVERLY DR, DOVER, NH, 03820  
 Specialty IM  
 Board Certified  
 School and Year of Graduation WAYNE STATE UNIV SCH OF MED- DETROIT, MI USA 1998  
 Internship and Year HENRY FORD HOSPITAL - DETROIT, MI 1999  
 Residency and Year HENRY FORD HOSPITAL - DETROIT, MI 2000  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12450  
 License Date 9/1/2004  
 Name **BEATY, STEPHEN L DO**  
 Address 2047 WYNDHAM RD, AKRON, OH, 44313  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation OHIO UNIVERSITY, ATHENS OH US 1999  
 Internship and Year CUYAHOGA FALLS GEN HOSP, CUYAHOGA FALLS OH 2000  
 Residency and Year AKRON GENERAL MED CTR, AKRON OH 2002  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 11345  
 License Date 8/1/2001  
 Name **BEAUBOEUF, ANDRE F MD**  
 Address LITTLETON REGIONAL HOSPITAL, 600 ST HOHNSBURY RDLITTLETON, NH, 03561  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation PENNSYLVANIA STATE UNIV - HERSHEY, PA USA 1998  
 Internship and Year MORRISTOWN MEMORIAL HOSPITAL - MORRISTOWN, NJ 2000  
 Residency and Year MORRISTOWN MEMORIAL HOSPITAL - MORRISTOWN, NJ 2001  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 5998  
 License Date 11/8/1978  
 Name **BEAUBOEUF, GUY A MD**  
 Address ST LUKE MEDICAL CENTER, 7 PAGE HILL RDBERLIN, NH, 03570-3531  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation FACULTE DE MED ET DE PHARMACIE DE L UNIV D HAITI PORT AU PRINCE 1964  
 Internship and Year MEMORIAL HOSPITAL - WORCESTER, MA 1967  
 Residency and Year MONTEFIORE HOSPITAL MEDICAL CENTER - BRONX, NY 1971  
 License Expiration Date **6/30/2006**  
 Remarks **RETIRED AS OF 3/23/05**

License Number	16259
License Date	8/7/2013
Name	<b>BEAUCHAMP BRUNO, MAYRA C MD</b>
Address	253 PLEASANT STREET, CONCORD, NH, 03301
Specialty	D
Board Certified	D
School and Year of Graduation	UNIVERSITY OF PUERTO RICO SCHOOL OF MEDICINE USA 2005
Internship and Year	SAN JUAN CITY HOSPITAL - SAN JUAN, PR 2006
Residency and Year	UNIVERSITY OF PUERTO RICO SCHOOL OF MEDICINE - SAN JUAN, PR 2010
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6813
License Date	11/10/1983
Name	<b>BEAUCHER, WILFRED N MD</b>
Address	22 KERRI ANN CIR, METHUEN, MA, 01844
Specialty	AI
Board Certified	AI
School and Year of Graduation	ALBANY MED COLL UNION UNIV-ALBANY,NY USA 1972
Internship and Year	STRONG MEM HOSPITAL-ROCHESTER NY 1973
Residency and Year	STRONG MEM HOSPITAL- ROCHESTER,NY 1977
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10113
License Date	9/10/1997
Name	<b>BEAUCHESNE, RICHARD P MD</b>
Address	PENNOBSCOT BAY ORTHO ASSOC, 4 GLEN COVE DR PHYS BLDGROCKPORT, ME, 04856
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	TUFTS UNIV SCH OF MED - BOSTON, MA USA 1985
Internship and Year	WILLIAM BEAUMONT ARY MEDICAL CENTER - TX 1986
Residency and Year	WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1992
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	7246
License Date	12/5/1985
Name	<b>BEAUDETT, MALCOLM S MD</b>
Address	278 LAFAYETTE RD, BLDG E WEST ENTRANCEPORTSMOUTH, NH, 03801-
Specialty	P
Board Certified	P
School and Year of Graduation	STATE UNIV OF NY DOWNSTATE COLL MED USA 1983
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1984
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>10/18/11 - Settlement Agreement</b>

License Number	9444
License Date	6/7/1995
Name	<b>BEAUDETTE, STEVEN P MD</b>
Address	166 KINSLEY ST, STE 301 NASHUA, NH, 03060
Specialty	CD
Board Certified	CD
School and Year of Graduation	TUFTS UNIVERSITY USA 1988
Internship and Year	UNIVERSITY OF MASSACHUSETTS MED CTR, WORCESTER MA 1991
Residency and Year	UNIVERSITY OF MASSACHUSETTS MED CTR, WORCESTER MA 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	2572
License Date	3/13/1947
Name	<b>BEAUDOIN, ROBERT A MD</b>
Address	Deceased 8/5/99, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1982</b>
Remarks	

License Number	6754
License Date	8/4/1983
Name	<b>BEAUFIT, DAVID W MD</b>
Address	DOCTORS WHO CARE, 411 US RTE 4 ENFIELD, NH, 03748
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF WASHINGTON SCH MED-SEATTLE, WA USA 1979
Internship and Year	HIGHLAND HOSP-ROCHESTER, NY 1980
Residency and Year	HIGHLAND HOSP-ROCHESTER, NY 1982
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13309
License Date	11/1/2006
Name	<b>BEAUPARLANT JR, HENRY P MD</b>
Address	CONCENTRA HEALTH SERVICES, 1 HARBORSIDE DREAST BOSTON, MA, 02128
Specialty	EM
Board Certified	EM
School and Year of Graduation	BOSTON UNIV USA 1999
Internship and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2000
Residency and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2003
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	7473
License Date	12/4/1986
Name	<b>BEAURIVAGE, NANCY A MD</b>
Address	106 COLEMAN RD, AUBURN, NH, 03032
Specialty	DR
Board Certified	DR
School and Year of Graduation	TUFTS MEDICAL SCHOOL USA 1980
Internship and Year	NEW ENGLAND MEDICAL CENTER - BOSTON MA 1981
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON MA 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10742
License Date	11/3/1999
Name	<b>BEAVER, CATHLEEN R MD</b>
Address	DHMC/GIM, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF KANSAS USA 1997
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON NH 1998
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON NH 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>LAPSED FOR NON-RENEWAL 6/30/03...REINSTATED 6/6/07</b>

License Number	10743
License Date	11/3/1999
Name	<b>BEAVER, TIMOTHY A MD</b>
Address	DHMC/CARDIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIVERSITY OF KANSAS USA 1997
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CTR - LEBANON NH 1998
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CTR - LEBANON NH 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>LAPSED FOR NON-RENEWAL...REINSTATED 6/60/07</b>

License Number	7732
License Date	10/7/1987
Name	<b>BEAVERS, JERRY D MD</b>
Address	CORE INC, 200 WHEELER RD 5TH FLBURLINGTON, MA, 01803
Specialty	OM
Board Certified	OM
School and Year of Graduation	UNIV OF OKLAHOMA COLL MED-OK CITY,OK USA 1979
Internship and Year	CARNEY HOSP-BOSTON,MA 1980
Residency and Year	CARNEY HOSP-BOSTON,MA 1982
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number 7733  
 License Date 10/7/1987  
 Name **BECH, FRITZ R MD**  
 Address , , ,  
 Specialty GS  
 Board Certified  
 School and Year of Graduation  
 Internship and Year  
 Residency and Year  
 License Expiration Date **6/30/1997**  
 Remarks

License Number 7671  
 License Date 7/30/1987  
 Name **BECHT, JAMES D MD**  
 Address ELLIOT HOSPITAL, 1 ELLIOT WAYMANCHESTER, NH, 03103-3599  
 Specialty RO  
 Board Certified RO  
 School and Year of Graduation TUFTS UNIV SCH MED - BOSTON, MA USA 1983  
 Internship and Year WALTHAM HOSPITAL - WALTHAM, MA 1984  
 Residency and Year MASS GENERAL HOSPITAL - BOSTON, MA 1986  
 License Expiration Date **6/30/2017**  
 Remarks **ALSO HAS PRIVILEGES AT LOWELL GENERAL HOSPITAL LOWELL MA (COURTESY)**

License Number 12594  
 License Date 2/2/2005  
 Name **BECK, ADAM P MD**  
 Address NEW ENGLAND EYE SPECIALISTS PC, 75 GILCREAST RD STE 210LONDONDERRY, NH, 03053  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation LOYOLA UNIVERSITY, MAYWOOD IL US 1999  
 Internship and Year LOYOLA UNIVERSITY, MAYWOOD IL 2000  
 Residency and Year NORTHWESTERN UNIVERSITY, CHICAGO IL 2001  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 3042  
 License Date 9/8/1954  
 Name **BECK, PETER MD**  
 Address 43 AUSTIN ST, PORTSMOUTH, NH, 03801-4307  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation COLUMBIA UNIVERSITY USA 1947  
 Internship and Year MARY FLETCHER HOSPITAL 1948  
 Residency and Year MASS EYE & EAR INFIRMARY 1954  
 License Expiration Date **6/30/2016**  
 Remarks



License Number	12832
License Date	8/3/2005
Name	<b>BECK, ROBERT D MD</b>
Address	VISTA STAFFING SOLUTIONS, 275 EAST 200 SOUTHSALT LAKE CITY, UT, 84111
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA PA US 1969
Internship and Year	GEISINGER MED CTR, DANVILLE PA 1970
Residency and Year	CLEVELAND CLINIC FOUNDATION, CLEVELAND OH 1976
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	9510
License Date	8/2/1995
Name	<b>BECKER, DANIEL L MD</b>
Address	3 WESTVIEW RD, BROOKLINE, NH, 03033
Specialty	FP
Board Certified	FP
School and Year of Graduation	MEDICAL COLLEGE OF PENNSYLVANIA USA 1992
Internship and Year	LANCASTER GENERAL HOSPITAL - LANCASTER PA 1995
Residency and Year	LANCASTER GENERAL HOSPITAL - LANCASTER PA 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16814
License Date	11/6/2014
Name	<b>BECKER, NILS MD</b>
Address	8010 MAIN CAMPUS DR, LEXINGTON, MA, 02421
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSITY OF HAMBURG GERMANY 2003
Internship and Year	WASHINGTON UNIVERSITY/B-JH/SLCH CONSORTIUM - ST LOUIS, MO 2010
Residency and Year	WASHINGTON UNIVERSITY/B-JH/SLCH CONSORTIUM - ST LOUIS, MO 2013
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12776
License Date	7/6/2005
Name	<b>BECKERMAN, HILA MD</b>
Address	21 SPENCER ST, APT 320LEBANON, NH, 03766
Specialty	PD
Board Certified	PD
School and Year of Graduation	SACKLER SCHOOL OF MEDICINE, TEL AVIV-YAFO, ISRAEL ISRAEL 2002
Internship and Year	SCHNEIDER CHILDRENS HOSPITAL, NEW HYDE PARK, NY 2003
Residency and Year	SCHNEIDER CHILDRENS HOSPITAL, NEW HYDE PARK, NY 2005
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	13370
License Date	1/3/2007
Name	<b>BECKERMAN, MICHAEL E MD</b>
Address	DHMC, 1 MEDICAL CTR DRLEBANON, NH, 03756
Specialty	DR
Board Certified	
School and Year of Graduation	TEL AVIV UNIV ISRAEL 2002
Internship and Year	WINTHROP UNIV HOSPITAL-MINEOLA, NY 2003
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CTR - LEBANON, NH 2006
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	4190
License Date	4/16/1968
Name	<b>BEDENKO, D MITCHELL MD</b>
Address	842 HERITAGE HILLS, SOMERS, NY, 10589
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF ZAGREB YUGOSLAVIA 1961
Internship and Year	BOOTH MEMORIAL HOSPITAL - FLUSHING, NY 1967
Residency and Year	NY HOSPITAL, CORNELL MEDICAL CENTER - WHITE PLAINS, NY 1968
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	8027
License Date	1/4/1989
Name	<b>BEECHAM, JACKSON B MD</b>
Address	, PO BOX 38STRAFFORD, VT, 05072
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	TEMPLE UNIV SCH OF MED - PHILA, PA USA 1969
Internship and Year	MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1970
Residency and Year	MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1974
License Expiration Date	<b>6/30/2009</b>
Remarks	<p>5/8/00 - Order to Show Cause</p> <p>9/1/00 - Memorandum of the Respondent, Jackson Beecham, M.D.</p> <p>9/28/00 - Supplemental Memorandum of the Respondent, Jackson Beecham, M.D.</p> <p>10/9/00 - Order to Approve Respondent's Memorandum - this Order dismisses the Order to Show Cause.</p>

License Number	16815
License Date	11/6/2014
Name	<b>BEECHINOR, ROBERT J MD</b>
Address	61 BARTLET ST, ANDOVER, MA, 01810
Specialty	AN
Board Certified	AN
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1981
Internship and Year	MOUNT AUBURN HOSPITAL - CAMBRIDGE, MA 1982
Residency and Year	TUFTS MEDICAL CENTER - BOSTON, MA 1984
License Expiration Date	<b>11/6/2016</b>
Remarks	

License Number	15952
License Date	12/5/2012
Name	<b>BEEN, LAURA C MD</b>
Address	THYROID CYTOPATHOLOGY PARTNERS, PA, PO BOX 2386ROUND ROCK, TX, 78664
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSITY OF TX HEALTH SCIENCE CENTER USA 2007
Internship and Year	BAYLOR COLLEGE OF MEDICINE - HOUSTON,TX 2008
Residency and Year	BAYLOR COLLEGE OF MEDICINE - HOUSTON,TX 2011
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9270
License Date	9/7/1994
Name	<b>BEERLE, BRION J MD</b>
Address	ALASKA REGIONAL HOSP, PO BOX 140227ANCHORAGE, AK, 99506
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV OF ROCHESTER SCH OF MEDICINE & DENTISTRY USA 1990
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1991
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1994
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	9719
License Date	6/5/1996
Name	<b>BEGIN, JULIE M MD</b>
Address	201 LAURIER AVE EAST, STE 306 OTTAWAONTARIO CANADA, , K1N 6P1
Specialty	FP
Board Certified	
School and Year of Graduation	UNIVERSITY OF OTTAWA,MEDICINE CANADA 1992
Internship and Year	MONTFORT HOSPITAL,OTTAWA-ONTARIO 1993
Residency and Year	MONTFORT HOSPITAL,OTTAWA-ONTARIO 1994
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	9086
License Date	12/1/1993
Name	<b>BEHLING, HELMUT H MD</b>
Address	24 BLUEBERRY HILL RD, ANDOVER, MA, 01810-
Specialty	DR
Board Certified	R
School and Year of Graduation	JEFFERSON MEDICAL COLLEGE USA 1964
Internship and Year	UNIVERSITY WI HOSPITAL AND CLINIC - MADISON WI 1965
Residency and Year	VETERAN AFFAIRS MEDICAL CENTER - MINNEAPOLIS MN 1967
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	9239
License Date	8/3/1994
Name	<b>BEHREND, CLINT E MD</b>
Address	DIGESTIVE HEALTH CTR, 3200 CHANNING WAY STE A-306IDAHO FALLS, ID, 83404
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE USA 1992
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON , NH 1995
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1995
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	5311
License Date	4/15/1975
Name	<b>BEISSWENGER, PAUL J MD</b>
Address	PREVENTAGE HEALTHCARE LLC - DARTMOUTH REG TECH CTR, 16 CAVENDISH COURTEBANON, NH
Specialty	END
Board Certified	END
School and Year of Graduation	UNIV OF PA SCHOOL OF MEDICINE USA 1964
Internship and Year	UNIV OF PA HOSPITAL - PHILA, PA 1965
Residency and Year	UNIV OF PA HOSPITAL - PHILA, PA 1967
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16699
License Date	8/6/2014
Name	<b>BEJARANO, MICHELLE A MD</b>
Address	7 SYBIL LANE, LITCHFIELD, NH, 03052
Specialty	IM
Board Certified	IM
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 2007
Internship and Year	LAHEY CLINIC - BURLINGTON, MA 2008
Residency and Year	LAHEY CLINIC - BURLINGTON, MA 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10196
License Date	1/7/1998
Name	<b>BEKER, BERNARDO E MD</b>
Address	ST JOSEPH REG MED CTR, 801 E LASALLE AVESOUTH BEND, IN, 46617
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV DE LA REPUBLICA FAC DE MED MONTEVIDEO URUGUAY 1978
Internship and Year	UNIV OF CHICAGO HOSPITAL - IL 1980
Residency and Year	UNIV OF CHICAGO HOSPITAL - IL 1983
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	16299
License Date	9/4/2013
Name	<b>BEKKERS, ERIK J MD</b>
Address	SUMMIT RADIOLOGY, PO BOX 80070FORT WAYNE, IN, 46898-0070
Specialty	DR
Board Certified	DR
School and Year of Graduation	STANFORD UNIVERSITY SCHOOL OF MEDICINE USA 2006
Internship and Year	SANTA CLARA VALLEY MEDICAL CENTER - SAN JOSE, CA 2007
Residency and Year	STANFORD UNIVERSITY SCHOOL OF MEDICINE - STANFORD, CA 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8150
License Date	7/12/1989
Name	<b>BELBRUNO, KATHLEEN C MD</b>
Address	DHMC-ENDOCRINOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	END
Board Certified	END
School and Year of Graduation	UMDNJ-ROBERT WOOD JOHNSON MED SCH , NJ USA 1983
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1984
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6543
License Date	6/24/1982
Name	<b>BELCH, RICHARD Z MD</b>
Address	M/ R GYN ONCOLOGY ASSOC, 2 INDEPENDENCE PLACE 233 S 6THPHILADELPHIA, PA, 19106
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF ILLINOIS COLL MED - CHICAGO, IL USA 1974
Internship and Year	UNIV OF ILLINOIS HOSPITAL - CHICAGO, IL 1977
Residency and Year	HOSPITAL UNIV OF PENNSYLVANIA - PHLA, PA 1979
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	11045
License Date	9/6/2000
Name	<b>BELCHER, MATTHEW K MD</b>
Address	BEDFORD VILLAGE FAMILY PRACTIC, 15 CONSTITUTION AVEBEDFORD, NH, 03110
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF CONNECTICUT SCH MED - FARMINGTON, CT USA 1996
Internship and Year	EXEMPLA-ST JOSEPH HOSPITAL - DENVER, CO 1998
Residency and Year	EXEMPLA-ST JOSEPH HOSPITAL - DENVER, CO 2000
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	12616
License Date	3/2/2005
Name	<b>BELDEN, CLIFFORD J MD</b>
Address	DHMC - RADIOLOGY, 1 MED CTR DRLEBANON, NH, 03756
Specialty	R
Board Certified	R
School and Year of Graduation	ALBANY MEDICAL COLLEGE, ALBANY NY US 1990
Internship and Year	ALBANY MEDICAL CTR, ALBANY NY 1991
Residency and Year	UNIVERSITY OF FLORIDA, GAINESVILLE FL 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>LAPSED FOR NON-RENEWAL 6/30/07.. REINSTATED 9/3/08</b>

License Number	15240
License Date	6/1/2011
Name	<b>BELIC, LANIE W MD</b>
Address	2023 E SIMS WAY #316, PORT TOWNSEND, WA, 98368
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF SOUTHERN CALIFORNIA USA 1974
Internship and Year	UNIVERSITY OF SOUTHERN CALIFORNIA - LOS ANGELES, CA 1975
Residency and Year	UNIVERSITY OF SOUTHERN CALIFORNIA - LOS ANGELES, CA 1977
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	14749
License Date	3/3/2010
Name	<b>BELIN, ERIC E MD</b>
Address	CHESHIRE MED CTR-DH KEENE, 51 RAILROAD ST 2ND FLRKEENE, NH, 03431
Specialty	D
Board Certified	D
School and Year of Graduation	UNIFORMED SERVICES UNIV OF THE HEALTH SCIENCES USA 1998
Internship and Year	NAVAL HOSPITAL - PENSACOLA, FL 1999
Residency and Year	WALTER REED ARMY MEDICAL CENTER - BETHESDA, MD 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15469
License Date	12/7/2011
Name	<b>BELINSKAYA, ILONA MD</b>
Address	580-90 COURT STREET, KEENE, NH, 03431
Specialty	IM
Board Certified	IM
School and Year of Graduation	ST GEORGES UNIVERSITY GRENADA 2003
Internship and Year	NEW YORK METHODIST HOSPITAL - BROOKLYN, NY 2004
Residency and Year	NEW YORK METHODIST HOSPITAL - BROOKLYN, NY 2006
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	8521
License Date	5/8/1991
Name	<b>BELL, ANDRE MD</b>
Address	ANESTHESIA ASSOC OF SPRINGFIEL, PO BOX 2608SPRINGFIELD, MA, 01101
Specialty	AN
Board Certified	AN
School and Year of Graduation	MED COLL OF PA - PHILADELPHIA, PA USA 1987
Internship and Year	MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 1988
Residency and Year	WESTCHESTER COUNTY MEDICAL CENTER - VALHALLA, NY 1991
License Expiration Date	<b>10/20/2008</b>
Remarks	LAPSED FOR NON-RENEWAL 6/30/01... REINSTATED 1/3/07 DECEASED 10/20/08

License Number	11480
License Date	1/2/2002
Name	<b>BELL, JEFFREY M MD</b>
Address	CHARLESTOWN FAMILY MEDICINE, 125 MAIN STCHARLESTOWN, NH, 03603
Specialty	IM
Board Certified	IM
School and Year of Graduation	HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA, PA USA 1969
Internship and Year	PHILADELPHIA GENERAL HOSPITAL - PHILADELPHIA PA 1970
Residency and Year	MCP HAHNEMANN UNIVERSITY - PHILADELPHIA PA 1974
License Expiration Date	<b>6/30/2012</b>
Remarks	LAPSED FOR NON-RENEWAL 6/30/03 REINSTATED ON 3/4/09

License Number	4183
License Date	3/28/1968
Name	<b>BELL, JOHN C MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	MANCHESTER UNIVERSITY IN ENGLAND ENGLAND 1955
Internship and Year	
Residency and Year	
License Expiration Date	<b>7/14/1995</b>
Remarks	

License Number	13083
License Date	6/7/2006
Name	<b>BELL, JOHN-ERIK MD</b>
Address	DHMC- DEPT OF ORTHO SURG, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	JOHNS HOPKINS UNIVERSITY, BALTIMORE MD US 2000
Internship and Year	UNIVERSITY OF IOWA, IOWA CITY IA 2001
Residency and Year	UNIVERSITY OF IOWA, IOWA CITY IA 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 6936  
 License Date 8/2/1984  
 Name **BELL, RUTH A MD**  
 Address 904 37TH AVE NE, GREAT FALLS, MT, 59404  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIV OF MICHIGAN MED SCH-ANN ARBOR,MI USA 1946  
 Internship and Year CHILFRENS HOSP-BOSTON,MA 1950  
 Residency and Year CHILDRENS HOSP-BOSTON,MA 1952  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12051  
 License Date 9/3/2003  
 Name **BELL, VALERIE A MD**  
 Address DARTMOUTH-HITCHCOCK NASHUA, 2300 SOUTHWOOD DRNASHUA, NH, 03063  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation U OF VERMONT, BURLINGTON VT US 1999  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2000  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2003  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12187  
 License Date 1/7/2004  
 Name **BELLER, THOMAS C MD**  
 Address BRIGHAM & WOMEN'S HOSP-ALLERGY, ONE JIMMY FUND WAY SMITH #628BOSTON, MA, 02115  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF MIAMI, MIAMI FL US 1998  
 Internship and Year UNIVERSITY OF TEXAS, DALLAS TX 1999  
 Residency and Year UNIVERSITY OF TEXAS, DALLAS TX 2001  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 10577  
 License Date 6/2/1999  
 Name **BELLIVEAU, PAUL F MD**  
 Address COASTAL COUNSELING ASSOC, 24 FRONT ST EXETER, NH, 03833  
 Specialty P  
 Board Certified P  
 School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1989  
 Internship and Year WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1990  
 Residency and Year WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1993  
 License Expiration Date **6/30/2017**  
 Remarks



License Number	8431
License Date	9/5/1990
Name	<b>BELLIVEAU, ROBERT E MD</b>
Address	FRISBIE MEM HOSP, 11 WHITEHALL RD ROCHESTER, NH, 03867
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	YALE UNIV SCH OF MED - NEW HAVEN , CT USA 1969
Internship and Year	YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 1970
Residency and Year	YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 1974
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15279
License Date	7/6/2011
Name	<b>BELLO, LORRAINE K MD</b>
Address	1051 AVENIDA SONOMA, THE VILLAGES, FL, 32159
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS MED SCHOOL USA 1977
Internship and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1978
Residency and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1981
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	6235
License Date	7/3/1980
Name	<b>BELLOWS, DAVID A MD</b>
Address	BELLOWS MEDICAL CENTER, 250 RIVER RD MANCHESTER, NH, 03104-2423
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	CHICAGO MEDICAL SCHOOL - CHICAGO, IL USA 1977
Internship and Year	PRESY UNIV PA MEDICAL CENTER - PHILA, PA 1978
Residency and Year	PRESBY UNIV PA MEDICAL CENTER - PHILA, PA 1980
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7535
License Date	4/1/1987
Name	<b>BELMONT, JUDSON R MD</b>
Address	63 KENSINGTON LANE, BEDFORD, NH, 03110
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	UNIV OF CONNECTICUT SCH MED FARMINGTON CT USA 1978
Internship and Year	WALTER REED MEDICAL EDUCATION CENTER - WASHINGTON, DC 1979
Residency and Year	WALTER REED MEDICAL EDUCATION CENTER - WASHINGTON, DC 1983
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	6298
License Date	10/2/1980
Name	<b>BELSON, ROGER E MD</b>
Address	BRIDGE ST BOX 526, HENNIKER, NH, 03242
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF VERMONT COLL MED-BURLINGTON, VT USA 1977
Internship and Year	WATERBURY HOSPITAL HEALTH CENTER - WATERBURY, CT 1978
Residency and Year	WATERBURY HOSPITAL HEALTH CENTER - WATERBURY, CT 1980
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14829
License Date	5/5/2010
Name	<b>BELTRAN, GERALD W DO</b>
Address	WESTERN MICHIGAN UNIV SCHOOL OF MEDICINE, 1000 OAKLAND DR KALAMAZOO, MI, 49008-128
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND USA 2006
Internship and Year	MEDICAL COLLEGE OF GEORGIA, AUGUSTA, GA 2007
Residency and Year	MEDICAL COLLEGE OF GEORGIA, AUGUSTA, GA 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15371
License Date	9/7/2011
Name	<b>BELUK, DANIEL F MD</b>
Address	CORE GASTROENTEROLOGY, 3 ALUMNI DRIVE SUITE 201 EXETER, NH, 03833
Specialty	GE
Board Certified	GE
School and Year of Graduation	UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE USA 1986
Internship and Year	FAULKNER HOSPITAL - BOSTON, MA 1987
Residency and Year	FAULKNER HOSPITAL - BOSTON, MA 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11105
License Date	11/1/2000
Name	<b>BENAISSA, RAFIK MD</b>
Address	1, RUE DU TENAO, MONTE-CARLO MONACO, , 98000
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIV OF OTTAWA SCH OF MED - OTTAWA ONTARIO CANADA 1990
Internship and Year	NAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1991
Residency and Year	FACULTY OF MEDICINE UNIV OF OTTAWA - OTTAWA ONTARIO, CANADA 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 16991  
 License Date 4/1/2015  
 Name **BENAVIDEZ, OSCAR J MD**  
 Address MGH-PEDIATRIC CARDIOLOGY, 175 CAMBRIDGE ST 5TH FLBOSTON, MA, 02114  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1998  
 Internship and Year CHILDRENS HOSPITAL-BOSTON MEDICAL CENTER - BOSTON, MA 1999  
 Residency and Year CHILDRENS HOSPITAL-BOSTON MEDICAL CENTER - BOSTON, MA 2001  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15334  
 License Date 8/3/2011  
 Name **BENCKENDORF, SANDRA B MD**  
 Address COOS CTY FAMILY HEALTH SER, 54 WILLOW STBERLIN, NH, 03570  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE USA 1979  
 Internship and Year UNION HOSPITAL - TERRE HAUTE, IN 1980  
 Residency and Year METHODIST MEDICAL CENTER OF ILLINOIS - PEORIA, IL 1983  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11363  
 License Date 9/5/2001  
 Name **BENDA, RICHARD L MD**  
 Address 1 PONDFIELD RD W, BRONXVILLE, NY, 10708  
 Specialty CD  
 Board Certified CD  
 School and Year of Graduation VIRGINIA UNIV SCH OF MED - RICHMOND, VA USA 1972  
 Internship and Year METROPOLITAN HOSPITAL CENTER - NEW YORK, NY 1975  
 Residency and Year NEW YORK MEDICAL COLLEGE/METROPOLITAN HOPITAL- NEW YORK, NY 1977  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14245  
 License Date 12/3/2008  
 Name **BENDER III, GEORGE J MD**  
 Address WOMEN & INFANTS' HOSPITAL, 101 DUDLEY STPROVIDENCE, RI, 02905  
 Specialty NPM  
 Board Certified NPM  
 School and Year of Graduation ST LOUIS UNIV UNIV 1999  
 Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2000  
 Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2002  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 11407  
 License Date 10/3/2001  
 Name **BENDER, MARY P MD**  
 Address MT ASCUTNEY PEDIATRICS, 289 COUNTY RD WINDSOR, VT, 05089  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON, MA USA 1989  
 Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1990  
 Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1992  
 License Expiration Date **12/22/2014**  
 Remarks **REQUESTED INACTIVE 12/22/14**

License Number 16502  
 License Date 3/5/2014  
 Name **BENDIX, PETER G MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DR LEBANON, NH, 03756  
 Specialty GS  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF CALIFORNIA DAVIS SCHOOL OF MEDICINE USA 2008  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14187  
 License Date 10/1/2008  
 Name **BENEDETTI, PHILIP F MD**  
 Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500 EDEN PRAIRIE, MN, 55344  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation WAYNE STATE UNIV USA 1975  
 Internship and Year ST MARYS HOSPITAL MEDICAL CENTER - SAN FRANCISCO, CA 1976  
 Residency and Year UNIV OF CALIFORNIA(DAVIS MEDICAL CENTER - SACRAMENTO, CA 1993  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 10319  
 License Date 7/1/1998  
 Name **BENGELSDORF, STEVEN MD**  
 Address 400 SUGARTREE LN STE 200, FRANKLIN, TN, 37064  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation BOSTON UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1991  
 Internship and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1992  
 Residency and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1993  
 License Expiration Date **6/30/2016**  
 Remarks **LAPSED FOR NON-RENEWAL 6/30/02-----REINSTATED 1/4/06** **lapsed for non-renewal 6/30/10**  
**Reinstated 4/6/11**

License Number 10927  
 License Date 6/7/2000  
 Name **BENGTSON, ELIZABETH M MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty HEM  
 Board Certified  
 School and Year of Graduation OHIO STATE UNIV - COLUMBUS, OH USA 1992  
 Internship and Year RIVERSIDE METHODIST HOSPITAL - COLLUMBUS, OH 1993  
 Residency and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1994  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14674  
 License Date 12/2/2009  
 Name **BENIFLAH, JACOB D MD**  
 Address DHMC, 1 MED CTR DRLEBANON, NH, 03756  
 Specialty PD  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF TEXAS USA 2007  
 Internship and Year DARTMOUTH- HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 10197  
 License Date 1/7/1998  
 Name **BENIN, ANDREA L MD**  
 Address CENTER FOR DISEASE CONTROL, 1600 CLIFTON RD MSC-23ATLANTA, GA, 30333  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1995  
 Internship and Year MARY HITCHCOCK MEMORIAL HOSPITAL - NH 1998  
 Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL - NH 1998  
 License Expiration Date **6/30/2001**  
 Remarks

License Number 16940  
 License Date 2/4/2015  
 Name **BENITEZ FARINA, CIBAR M MD**  
 Address NORRIS COTTON CANCER CTR, 87 MCGREGOR ST, STE 4100MANCHESTER, NH, 03102  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV NACIONAL DE ASUNCIÓN PARAGUAY 2006  
 Internship and Year DETROIT MEDICAL CENTER(SINAI GRACE)WAYNE STATE UNIV - DETROIT, MI 2009  
 Residency and Year DETROIT MEDICAL CENTER(SINAI GRACE)WAYNE STATE UNIV - DETROIT, MI 2011  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	11750
License Date	10/2/2002
Name	<b>BENJAMIN, RICHARD J MD</b>
Address	AMERICAN RED CROSS-NE REGION, 180 RUSTCRAFT RDDEDHAM, MA, 02026
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF CAPE TOWN, CAPE TOWN SOUTH AFRICA SOUTH AFRICA 1983
Internship and Year	STANFORD UNIVERSITY SCHOOL OF MEDICINE, STANFORD CA 1992
Residency and Year	BRIGHAM AND WOMENS HOSPITAL, BOSTON MA 1995
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	4540
License Date	4/14/1970
Name	<b>BENNETT JR, RALPH G MD</b>
Address	75 ORIOLE DR, BEDFORD, NH, 03110
Specialty	R
Board Certified	R
School and Year of Graduation	ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY USA 1964
Internship and Year	ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1965
Residency and Year	ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1970
License Expiration Date	<b>6/30/2000</b>
Remarks	<b>DECEASED 4/12/07</b>

License Number	16503
License Date	3/5/2014
Name	<b>BENNETT, AARON A DO</b>
Address	WEST SHORE MEDICAL CENTER, 1293 E PARKDALE RD, STE 2300MANISTEE, MI, 49660
Specialty	GS
Board Certified	
School and Year of Graduation	DES MOINES UNIVERSITY OSTEOPATHIC MEDICAL CENTER USA 2005
Internship and Year	MCLAREN OAKLAND - PONTIAC MI 2006
Residency and Year	MCLAREN OAKLAND - PONTIAC MI 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11261
License Date	6/6/2001
Name	<b>BENNETT, LYDIA B MD</b>
Address	ELLIOT FAMILY MED, 25 SO RIVER RDBEDFORD, NH, 03110
Specialty	FP
Board Certified	FP
School and Year of Graduation	TEMPLE UNIVERSITY SCHOOL OF MEDICINE USA 1998
Internship and Year	FAIRFAX FAMILY PRACTICE CENTER - FAIRFAX VA 1999
Residency and Year	FAIRFAX FAMILY PRACTICE CENTER - FAIRFAX VA 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 10498  
 License Date 2/3/1999  
 Name **BENNETT, MICHAEL I MD**  
 Address 241 PERKINS ST, CABOT ESTATE UNIT B-801JAMAICA PLAIN, MA, 02130  
 Specialty P  
 Board Certified P  
 School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1970  
 Internship and Year ST LUKE'S MEDICAL CENTER - CHICAGO, IL 1971  
 Residency and Year ST LUKE'S MEDICAL CENTER - CHICAGO, IL 1972  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10672  
 License Date 9/1/1999  
 Name **BENNETT, MONA B MD**  
 Address 34 GARNTTE HILL RD, SUNAPEE, NH, 03782  
 Specialty P  
 Board Certified P  
 School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1967  
 Internship and Year BETH ISRAEL DEACONESS MEDICAL CTR- BOSTON, MA 1968  
 Residency and Year BETH ISRAEL DEACONESS MEDICAL CTR - BOSTON, MA 1969  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 6439  
 License Date 8/6/1981  
 Name **BENNETT, TERRY M MD**  
 Address 151 SOUTH MAIN ST, ROCHESTER, NH, 03867  
 Specialty FP  
 Board Certified  
 School and Year of Graduation HARVARD MED SCH-BOSTON,MA USA 1964  
 Internship and Year LA CO USC MED CTR-LOS ANGELES,CA 1965  
 Residency and Year LA CO USC MED CTR-LOS ANGELES,CA 1966  
 License Expiration Date **6/30/2017**  
 Remarks  
 SETTLEMENT AGREEMENT 4/12/95  
 Denial of Motion to Modify Settlement Agreement 4/4/96  
 Notice of Hearing 8/30/05  
 8/04/06 - Order dismissing adjudicatory/disciplinary proceedings.

License Number 13371  
 License Date 1/3/2007  
 Name **BENNETT, THOMAS E MD**  
 Address 149 MEADOW VIEW RD, RINDGE, NH, 03461  
 Specialty IM  
 Board Certified  
 School and Year of Graduation BRODY SCHOOL OF MED @ E CAROLINA UNIV USA 1991  
 Internship and Year MILTON S HERSHEY MEDICAL CENTER-HERSHEY, PA 1992  
 Residency and Year MILTON S HERSHEY MEDICAL CTR-HERSHEY, PA 1994  
 License Expiration Date **6/30/2009**  
 Remarks

License Number	8272
License Date	2/7/1990
Name	<b>BENNETT, THOMAS W MD</b>
Address	749 CENTRAL AVE, DOVER, NH, 03820-
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	VANDERBILT UNIV SCH OF MED -NASHVILLE, TN USA 1970
Internship and Year	NEW YORK UNIV MEDICAL CENTER - NY, NY 1971
Residency and Year	NEW YORK UNIV MEDICAL CENTER - NY, NY 1973
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	12640
License Date	4/6/2005
Name	<b>BENODIN, LES MD</b>
Address	IMAGING ON CALL, LLC, 300 WESTAGE BUSINESS CENTER DR #280FISHKILL, NY, 12524
Specialty	R
Board Certified	R
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL, LEBANON NH US 2002
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER, LEBANON NH 2003
Residency and Year	DARTMOUTH HITCHCOCK MEICAL CENTER, LEBANON NH 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/2/15</b>

License Number	7144
License Date	7/10/1985
Name	<b>BENOIT, EDWARD G MD</b>
Address	CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF CINCINNATI-CINCINNATI, OH USA 1982
Internship and Year	BROWN UNIVERSITY AFFIL HOSPITALS-PROVIDENCE, RI 1983
Residency and Year	BROWN UNIVERSITY AFFIL HOSPITALS-PROVIDENCE, RI 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5943
License Date	7/10/1978
Name	<b>BENOIT, ROGER L MD</b>
Address	18 CHAPMAN PT RD, MEREDITH, NH, 03253
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	ST LOUIS UNIV SCHOOL OF MEDICINE ST LOUIS, MO USA 1969
Internship and Year	ST MARY'S HOSPITAL - SAN FRANCISCO, CA 1970
Residency and Year	ORANGE MEMORIAL HOSPITAL - ORLANDO, FL 1974
License Expiration Date	<b>6/30/2006</b>
Remarks	



License Number	9466
License Date	7/5/1995
Name	<b>BENSEN, STEVEN P MD</b>
Address	DARTMOUTH HITCHCOCK MED CTR, 1 MEDICAL CTR DRLEBANON, NH, 03756-0001
Specialty	GE
Board Certified	GE
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1990
Internship and Year	MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1994
Residency and Year	MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12595
License Date	2/2/2005
Name	<b>BENSON, CAROL B MD</b>
Address	RADIOLOGY, 75 FRANCIS STBOSTON, MA, 02115
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA PA US 1980
Internship and Year	ABINGTON MEMORIAL HOSP, ABINGTON PA 1981
Residency and Year	NY & PRESBYTERIAN HOSP, NEW YORK NY 1984
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	10548
License Date	5/5/1999
Name	<b>BENSON, ERIC R MD</b>
Address	NH ORTHOPAEDIC CENTER, 17 RIVERSIDE ST STE 101NASHUA, NH, 03062-1383
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIV OF MASS MEDICAL SCHOOL USA 1993
Internship and Year	UNIV OF CONNECTICUT SCHOOL OF MEDICINE- FARMINGTON, CT 1994
Residency and Year	UNIV OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON, CT 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5759
License Date	6/15/1977
Name	<b>BENSON, JAMES A MD</b>
Address	ALEXANDER INTERNAL MEDICINE, 320-B 3RD ST SWTAYLORSVILLE, NC, 28681
Specialty	IM
Board Certified	IM
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MED. BOSTON USA 1974
Internship and Year	HARTFORD HOSPITAL 1974
Residency and Year	HARTFORD HOSPITAL 1977
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number 15280  
 License Date 7/6/2011  
 Name **BENSON, JEAN S MD**  
 Address WEEKS MEDICAL CENTER, 173 MIDDLE ST LANCASTER, NH, 03584  
 Specialty EM  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF VT COLLEGE OF MEDICINE USA 1993  
 Internship and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1994  
 Residency and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1996  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 5379  
 License Date 7/31/1975  
 Name **BENSON, RICHARD W MD**  
 Address 114 WESTWIND VILLAGE RD, WEBSTER, NH, 03303  
 Specialty TS  
 Board Certified GS  
 School and Year of Graduation UNIV OF ROCHESTER SCHOOL OF MEDICINE USA 1966  
 Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1967  
 Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1973  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 2745  
 License Date 3/10/1949  
 Name **BENTAS, NICHOLAS H MD**  
 Address 551 STRAW HILL, MANCHESTER, NH, 03104-1679  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation MC GILL UNIVERSITY - MONTREAL CANADA 1947  
 Internship and Year MONTREAL GENERAL HOSPITAL - MONTREAL , CANADA 1948  
 Residency and Year EASTERN MAINE GENERAL HOSPITAL - BANGOR, ME 1949  
 License Expiration Date **6/30/1998**  
 Remarks **Deceased 6/20/02**

License Number 8767  
 License Date 7/1/1992  
 Name **BENTIVOGLIO, GIAN P MD**  
 Address NORTHEAST KINGDOM HUMAN SVS, 2225 PORTLAND ST ST JOHNSBURY, VT, 05819  
 Specialty P  
 Board Certified P  
 School and Year of Graduation BOWMAN GRAY SCHOOL OF MEDICINE USA 1990  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1991  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1994  
 License Expiration Date **6/30/2014**  
 Remarks

License Number	15650
License Date	5/2/2012
Name	<b>BENTLEY, DOUGLAS G MD</b>
Address	NEPONSET VALLEY ORTHOPEDIC, PC, THAYER BLDG - SUITE 2100, 72 WASHINGTON STTAUNTON,
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1977
Internship and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 1978
Residency and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17204
License Date	8/5/2015
Name	<b>BENTLEY, JAMES D MD</b>
Address	MIRICA LIFE SCIENCES, 825 RAHWAY AVEUNION, NJ, 07083
Specialty	PTH
Board Certified	
School and Year of Graduation	CASE WESTERN RESERVE UNIV SCHOOL OF MED OH 1989
Internship and Year	MOUNT SINAI MEDICAL CENTER OF CLEVELAND - CLEVELAND, OH 1990
Residency and Year	UNIVERSITY HOSPITALS CASE MEDICAL CENTER - CLEVELAND, OH 1994
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15429
License Date	11/2/2011
Name	<b>BENTLEY, RICHARD W MD</b>
Address	RAYS, 2201 N CENTRAL EXPY STE 185RICHARDSON, TX, 75080
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIFORMED SERVICES UNIV OF THE HEALTH SCIENCES USA 1999
Internship and Year	WRIGHT STATE UNIVERSITY BOONSHOFT SCHOOL OF MEDICINE - DAYTON, OH 2000
Residency and Year	WRIGHT STATE UNIVERSITY BOONSHOFT SCHOOL OF MEDICINE - DAYTON, OH 2001
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	10928
License Date	6/7/2000
Name	<b>BENTON JR, FRANK R MD</b>
Address	2 MINK RUN, BRENTWOOD, NH, 03833
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF VIRGINIA - CHARLOTTESVILLE, VA USA 1976
Internship and Year	WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1977
Residency and Year	WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1979
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9668
License Date	4/3/1996
Name	<b>BENTON, CHRISTOPHER B MD</b>
Address	7 PROSPECT ST, NASHUA, NH, 03060
Specialty	P
Board Certified	P
School and Year of Graduation	SAINT GEORGE'S UNIVERSITY WEST INDIES 1990
Internship and Year	ST FRANCIS HOSPITAL-POUGHKEEPSIE NY 1992
Residency and Year	EAST TENNESSEE STATE UNIVERSITY-JOHNSON CITY TN 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4325
License Date	10/22/1968
Name	<b>BENTON, CORNING MD</b>
Address	3762 HARVARD ACRES, MARIEMONT, OH, 45227-4202
Specialty	R
Board Certified	R
School and Year of Graduation	MCGILL UNIV - MONTREAL CANADA CANADA 1959
Internship and Year	COLORADO GENERAL HOSPITAL - DENVER, CO 1960
Residency and Year	CINCINNATI GENERAL HOSPITAL - CINCINNATI, OH 1965
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	14860
License Date	6/2/2010
Name	<b>BENTON, LISA M DO</b>
Address	330 BORTHWICK AVE STE 202, PORTSMOUTH, NH, 03801
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND USA 2007
Internship and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2008
Residency and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5136
License Date	2/1/1974
Name	<b>BENTWOOD, JOHN N MD</b>
Address	PLYMOUTH GENERAL SURG, 16 HOSPITAL RDPLYMOUTH, NH, 03264
Specialty	GS
Board Certified	GS
School and Year of Graduation	MARQUETTE SCHOOL OF MEDICINE-MILWAUKEE WI USA 1968
Internship and Year	ST ELIZABETH'S HOSP-BRIGHTON MA 1969
Residency and Year	ST ELIZABETH'S HOSP-BRIGHTON MA 1973
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9467
License Date	7/5/1995
Name	<b>BERESIN, EUGENE V MD</b>
Address	MASS GEN HOSPITAL, WANG 812 -DEPT OF PSYCHIATRBOSTON, MA, 02114
Specialty	CHP
Board Certified	CHP
School and Year of Graduation	UNIVERSITY OF PENNSYLVANIA USA 1977
Internship and Year	YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 1978
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1980
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9793
License Date	8/7/1996
Name	<b>BERG, EUGENE E MD</b>
Address	294 CHARLES BANCROF HIGHWAY, LITCHFIELD, NH, 03052
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIV OF MINNESOTA MED SCHOOL MINNEAPOLIS, MN USA 1978
Internship and Year	UNIV OF NORTH CAROLINA HOSPITAL - NC 1984
Residency and Year	UNIV OF NORTH CAROLINA HOSP-NC 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16400
License Date	12/4/2013
Name	<b>BERGER, BARRY W DO</b>
Address	LAKE ZURICH MEDICAL ASSOC, 290 N RAND RDLAKE ZURICH, IL, 60047
Specialty	IM
Board Certified	IM
School and Year of Graduation	MIDWESTERN UNIVERSITY USA 1980
Internship and Year	ADVOCATE CHRIST MEDICAL CENTER - OAK LAWN, IL 1981
Residency and Year	ST JOSEPH HOSPITAL - CHICAGO, IL 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11896
License Date	5/7/2003
Name	<b>BERGER, DEBORAH G MD</b>
Address	172 KINSLEY ST, NASHUA, NH, 03060
Specialty	R
Board Certified	R
School and Year of Graduation	STATE UNIV OF NEW YORK - SYRACUSE, NY USA 1997
Internship and Year	MT SINAI MEDICAL CENTER - NEW YORK, NY 1998
Residency and Year	MT SINAI HOSPITAL - NEW YORK, NY 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12641
License Date	4/6/2005
Name	<b>BERGER, GARY R MD</b>
Address	ONE MEDICAL CENTER DR, LEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	GEORGETOWN UNIVERSITY SCHOOL, WASHINGTON DC US 2002
Internship and Year	DARTMOUTH HITCHCOCK, LEBANON NH 2003
Residency and Year	DARTMOUTH HITCHCOCK, LEBANON NH 2005
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	7959
License Date	8/10/1988
Name	<b>BERGER, ROBERT S MD</b>
Address	, , ,
Specialty	D
Board Certified	
School and Year of Graduation	NY MEDICAL COLLEGE USA 1980
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1992</b>
Remarks	

License Number	15739
License Date	7/11/2012
Name	<b>BERGERON, MONIQUE S MD</b>
Address	SMITH PAEDIATRIC GROUP, 1920 RUSSELL ROAD SUITE 220OTTAWA ON CANADA, , K1G 4G3
Specialty	PD
Board Certified	PD
School and Year of Graduation	ST MATTHEWS UNIVERSITY CAYMAN ISLANDS 2009
Internship and Year	SUNY HEALTH SCIENCE CENTER @ BROOKLYN - BROOKLYN, NY 2010
Residency and Year	SUNY HEALTH SCIENCE CENTER @ BROOKLYN - BROOKLYN, NY 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>LAPSED FOR NONRENEWAL 6/30/14 RENEWED 8/20/14</b>

License Number	11123
License Date	12/6/2000
Name	<b>BERGERON, PAUL P MD</b>
Address	13 SURREY LANE, DURHAM, NH, 03824
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF VERMONT COLL MED- BURLINGTON, VT USA 1994
Internship and Year	STANFORD UNIV MED CTR - STANFORD, CA 1995
Residency and Year	STANFORD UNIV MED CTR - STANFORD, CA 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13574
License Date	7/11/2007
Name	<b>BERGERON-KILLOUGH, KATRIN S MD</b>
Address	LAMPRY HLTH CARE, 207 MAIN STREETNEWMARKET, NH, 03857
Specialty	FP
Board Certified	FP
School and Year of Graduation	BROWN UNIV USA 2003
Internship and Year	MAINE MEDICAL CENTER-PORTLAND, ME 2004
Residency and Year	MAINE MEDICAL CENTER-PORTLAND, ME 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7474
License Date	12/4/1986
Name	<b>BERGGREN, ALLAN B MD</b>
Address	9 DUNNING ST, CLAREMONT, NH, 03743-2016
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	CASE WESTERN RESSERVE UNIV SCH MED - OH USA 1963
Internship and Year	ST LUKES HOSPITAL - CLEVELAND, OH 1964
Residency and Year	ST LUKES HOSPITAL - CLEVELAND, OH 1966
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	8507
License Date	4/3/1991
Name	<b>BERGMAN, JOSEPH G MD</b>
Address	CHESHIRE MEDICAL CTR, 580 COURT STKEENE, NH, 03431-
Specialty	P
Board Certified	
School and Year of Graduation	UNIV AUTO DE GUADALAJARA JALISCO MEXICO 1979
Internship and Year	JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1981
Residency and Year	JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1984
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6856
License Date	4/10/1984
Name	<b>BERGMAN, SAMUEL MD</b>
Address	95 SETTLERS DR, HANCOCK, ME, 04640
Specialty	EM
Board Certified	EM
School and Year of Graduation	BOSTON UNIV SCH MED -BOSTON,MA USA 1975
Internship and Year	WORCHESTER CITY HOSP-WORCHESTER,MA 1976
Residency and Year	UNIV MA HOSP COORD PROG-WORCHESTER,MA 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14788
License Date	4/7/2010
Name	<b>BERGQUIST, ERIK R MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	ORS
Board Certified	
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2007
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	8665
License Date	12/4/1991
Name	<b>BERGUS, BORIS O MD</b>
Address	AMERICAN VEIN CENTERS, 100 MORSE STNORWOOD, MA, 02062
Specialty	EM
Board Certified	
School and Year of Graduation	HARVARD MEDICAL SCHOOL UNITED STATES 1988
Internship and Year	MEDICAL COLLEGE OF OHIO @ TOLEDO & ASSOCIATED HOSPITALS. 1989
Residency and Year	RHODE ISLAND HOSPITAL-PROVIDENCE,RI 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>8/10/15 - Settlement Agreement</b>

License Number	12521
License Date	11/3/2004
Name	<b>BERK, BRIAN S MD</b>
Address	DHMC DIV GASTROENTEROLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	ROSALIND FRANKLIN UNIVERSITY, NORTH CHICAGO IL US 1994
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 1995
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 1997
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	13084
License Date	6/7/2006
Name	<b>BERKE, ETHAN M MD</b>
Address	DHMC, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	FP
Board Certified	FP
School and Year of Graduation	ALBANY MEDICAL COLLEGE, ALBANY NY US 1995
Internship and Year	UNIVERSITY OF WASHINGTON, SEATTLE WA 1996
Residency and Year	UNIVERSITY OF WASHINGTON, SEATTLE WA 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number 14213  
 License Date 11/5/2008  
 Name **BERKEY, BRYAN D MD**  
 Address MEDICAL LICENSING SERVICES, 298 EAST SALISBURY STPITTSBORO, NC, 27312  
 Specialty R  
 Board Certified R  
 School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 2002  
 Internship and Year TRIPLER ARMY MEDICAL CENTER - HONOLULU, HI 2003  
 Residency and Year TRIPLER ARMY MEDICAL CENTER - HONOLULU, HI 2007  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 8054  
 License Date 3/29/1989  
 Name **BERKOWITZ, MORDECAI E MD**  
 Address CONCENTRA MEDICAL, 500 WEST CUMMINGS PARK STE4060WOBURN, MA, 01801  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation TUFTS UNIV SCHL OF MED BOSTON MA USA 1956  
 Internship and Year BETH ISRAEL HOSP BOSTON MA 1957  
 Residency and Year BOSTON CITY HOSP BOSTON MA 1961  
 License Expiration Date **6/30/2002**  
 Remarks **Deceased 7/7/2013**

License Number 12596  
 License Date 2/2/2005  
 Name **BERLANSTEIN, BRUCE P MD**  
 Address JOHNS HOPKINS HOSPITAL, 601 N CAROLINE ST RM 4210BALTIMORE, MD, 21287  
 Specialty R  
 Board Certified R  
 School and Year of Graduation STATE UNIVERSITY OF NY, BROOKLYN NY US 1977  
 Internship and Year CEDARS-SINAI MED CTR, LOS ANGELES CA 1978  
 Residency and Year JOHNS HOPKINS HOSP, BALTIMORE MD 1981  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 16747  
 License Date 9/3/2014  
 Name **BERLIN, SUZANNE T DO**  
 Address 450 BROOKLINE AVE, BOSTON, MA, 02215  
 Specialty ON  
 Board Certified ON  
 School and Year of Graduation UNVIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC USA 1984  
 Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1986  
 Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1988  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 6258  
 License Date 8/7/1980  
 Name **BERMAN, JOEL C MD**  
 Address 34 SAMUEL DR, CONCORD, NH, 03301  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF PITTSBURGH SCHOOL OF MEDICINE - PITTS, PA USA 1976  
 Internship and Year U CONNECTICUT SCHOOL MEDICINE - FARMINGTON, CT 1977  
 Residency and Year U CONNECTICUT SCHOOL MEDICINE - FARMINGTON, CT 1979  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 9669  
 License Date 4/3/1996  
 Name **BERMAN, MARK A MD**  
 Address 15 OLD ROLLINSFORD RD STE 204, DOVER, NH, 03820-  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1989  
 Internship and Year MARTIN ARMY COMM HOSPITAL-FORT BENNING,GA 1992  
 Residency and Year MARTIN ARMY COMM HOSPITAL-FORT BENNING GA 1992  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 8952  
 License Date 6/2/1993  
 Name **BERMAN, NORMAN B MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756-  
 Specialty PDC  
 Board Certified PDC  
 School and Year of Graduation UNIVERSITY OF SOUTH FLORIDA COLLEGE OF MEDICINE USA 1985  
 Internship and Year UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE - ALBUQUERQUE NM 1986  
 Residency and Year UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE - ALBUQUERQUE NM 1988  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11084  
 License Date 10/4/2000  
 Name **BERMAN, STEPHEN A MD**  
 Address UNIVERSITY OF CENTRAL FL COLLEGE OF MED, 6850 LAKE NONA BLVDORLANDO, FL, 32827  
 Specialty N  
 Board Certified N  
 School and Year of Graduation UNIV OF ILLINOIS COLL OF MED- CHICAGO, IL USA 1974  
 Internship and Year UNIV OF ILLINOIS AT CHICAGO - CHICAGO, IL 1975  
 Residency and Year GREATER BALTIMORE MEDICAL CENTER - BALTIMORE, MD 1977  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 10299  
 License Date 6/3/1998  
 Name **BERNARD, DONALD R MD**  
 Address VA HOSP, 718 SMYTH RDMANCHESTER, NH, 03104  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation BOSTON UNIV - BOSTON, MA USA 1981  
 Internship and Year BOSTON VA MEDICAL CENTER - BOSTON, MA 1982  
 Residency and Year BOSTON VA MEDICAL CENTER - BOSTON, MA 1985  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13236  
 License Date 9/6/2006  
 Name **BERNARD, ELLEN E DO**  
 Address CORE PHYSICIANS LLC - EPPING REGIONAL HEALTH CTR, 212 CALEF HIGHWAYEPPING, NH, 03042  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF NE COLLEGE OF OSTEOPATHIC MED USA 1999  
 Internship and Year UNIV OF MASSACHUSETTS MED SCHOOL-WORCESTER MA 2000  
 Residency and Year UNIV OF MASSACHUSETTS MED SCHOOL-WORCESTER MA 2002  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12931  
 License Date 11/2/2005  
 Name **BERNARD, JOSEPH J DO**  
 Address CORE PHYSICIANS LLC - EPPING REGIONAL HEALTH CTR, 212 CALEF HIGHWAYEPPING, NH, 03042  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME US 2000  
 Internship and Year UNIVERSITY OF MASS, WORCESTER MA 2001  
 Residency and Year UNIVERSITY OF MASS, WORCESTER MA 2003  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 5732  
 License Date 5/16/1977  
 Name **BERNAT, JAMES L MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty N  
 Board Certified N  
 School and Year of Graduation CORNELL UNIVERSITY-NEW YORK NY USA 1973  
 Internship and Year DARTMOUTH MEDICAL SCHOOL-HANOVER NH 1974  
 Residency and Year DARTMOUTH MEDICAL SCHOOL-HANOVER NH 1977  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	11897
License Date	5/7/2003
Name	<b>BERNDT III, WILLIAM G MD</b>
Address	CORE PHYSICIANS LLC, 3 ALUMNI DR STE 101 EXETER, NH, 03833
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIV OF MASSACHUSETTS MED SCH-WORCESTER, MA USA 1997
Internship and Year	UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1998
Residency and Year	UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15999
License Date	2/6/2013
Name	<b>BERNIE, JAN E MD</b>
Address	60 E END AVE #25B, NEW YORK, NY, 10028
Specialty	U
Board Certified	U
School and Year of Graduation	INDIANA UNIVERSITY SCHOOL OF MEDICINE USA 1964
Internship and Year	HENNEPIN COUNTY MEDICAL CENTER - MINNEAPOLIS, MN 1965
Residency and Year	MARQUETTE UNIVERSITY - MILWAUKEE, WI 1968
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	5936
License Date	6/23/1978
Name	<b>BERNIER JR, GEORGE M MD</b>
Address	UNIV OF TEXAS MEDICAL BRANCH, 1.116 ADMINISTRATION BLDG GALVESTON, TX, 77555-0113
Specialty	HEM
Board Certified	HEM
School and Year of Graduation	HARVARD MEDICAL SCHOOL BOSTON, MA USA 1960
Internship and Year	UNIV HOSPITALS - CLEVELAND, OH 1961
Residency and Year	UNIV HOSPITALS - CLEVELAND, OH 1966
License Expiration Date	<b>6/30/2001</b>
Remarks	<b>DECEASED 9/17/2007</b>

License Number	6057
License Date	6/11/1979
Name	<b>BERNINI, PHILIP M MD</b>
Address	DHMC-ORTHOPAEDICS, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	JEFFERSON MEDICAL COLLEGE OF THOMAS JEFFERSON UNIV USA 1973
Internship and Year	DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1974
Residency and Year	DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1978
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16894
License Date	1/21/2015
Name	<b>BERNSTEIN, DAVID B MD</b>
Address	MONADNOCK ANESTHESIA ASSOC / MONADNOCK COMM HOSP, 452 OLD STREET RDPETERBOROU
Specialty	AN
Board Certified	AN
School and Year of Graduation	MT SINAI SCHOOL OF MEDICINE USA 1996
Internship and Year	MOUNT SINAI HOSPITAL - NEW YORK, NY 1997
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12958
License Date	12/7/2005
Name	<b>BERNSTEIN, HENRY H DO</b>
Address	DHMC-PEDIATRICS, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF NEW JERSEY, STRATFORD NJ US 1982
Internship and Year	ST CHRISTOPHERS HOSPITAL, PHILADELPHIA PA 1983
Residency and Year	ST CHRISTOPHERS HOSPITAL, PHILADELPHIA PA 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15430
License Date	11/2/2011
Name	<b>BERNSTEIN, MEGAN L MD</b>
Address	NORTHEAST DERMATOLOGY ASSOC, 401 ANDOVER ST STE 101N ANDOVER, MA, 01845
Specialty	D
Board Certified	D
School and Year of Graduation	UNIVERSITY OF CT SCHOOL OF MEDICINE USA 2006
Internship and Year	MOUNT SINAI HOSPITAL - NY, NY 2007
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2010
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6855
License Date	4/10/1984
Name	<b>BERNSTEIN, STEPHANIE MD</b>
Address	HEMATOLOGY/ONCOLOGY CTR, 620 WASHINGTON STWINCHESTER, MA, 01890
Specialty	ON
Board Certified	ON
School and Year of Graduation	ALBERT EINSTEIN COLL MED-YESHIVA UNIV-NY USA 1978
Internship and Year	MONTEFIORE HOSP MED CTR-BRONX,NY 1979
Residency and Year	NEW ENGLAND MED CTR HOSP INC-BOSTON,MA 1983
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number 17098  
 License Date 6/3/2015  
 Name **BEROUKHIM, REBECCA S MD**  
 Address 175 CAMBRIDGE ST 5TH FL, BOSTON, MA, 02114  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation MEDICAL COLLEGE OF WISCONSIN USA 2000  
 Internship and Year TULANE UNIVERSITY SCHOOL OF MEDICINE - NEW ORLEANS, LA 2001  
 Residency and Year TULANE UNIVERSITY SCHOOL OF MEDICINE - NEW ORLEANS, LA 2003  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10198  
 License Date 1/7/1998  
 Name **BERREEN JR, JOHN P MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation UNIV OF VT COLL OF MED - BURLINGTON, VT USA 1990  
 Internship and Year UNIV WASHINGTON MEDICAL CENTER - DC 1991  
 Residency and Year UNIV WASHINGTON MEDICAL CENTER - DC 1994  
 License Expiration Date **6/30/1999**  
 Remarks

License Number 15470  
 License Date 12/7/2011  
 Name **BERRY, ANDREA M DO**  
 Address MIDSTATE HEALTH CENTER, 101 BOULDER POUNT DRPLYMOUTH, NH, 03264  
 Specialty FP  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2009  
 Internship and Year HEART OF LANCASTER REGIONAL MEDICAL CENTER - LITITZ, PA 2010  
 Residency and Year HEART OF LANCASTER REGIONAL MEDICAL CENTER - LITITZ, PA 2011  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 7827  
 License Date 5/4/1988  
 Name **BERRY, CRAIG C MD**  
 Address 166 KINSLEY ST STE 301, NASHUA, NH, 03060  
 Specialty CD  
 Board Certified CD  
 School and Year of Graduation UMDNJ-ROBERT WOOD JOHNSON MED SCH - NJ USA 1981  
 Internship and Year NEW ENGLAND DEACONESS HOSPITAL - BOSTON, MA 1982  
 Residency and Year NEW ENGLAND DEACONESS HOSPITAL - BOSTON, MA 1984  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	8581
License Date	7/17/1991
Name	<b>BERRY, KEVIN J MD</b>
Address	380 MERRIMACK ST, STE 2DMETHUEN, MA, 01844
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIV OF VERMONT COLL OF MED-BBULINGTON,VT USA 1977
Internship and Year	NORTH CAROLING MEMORIAL HOSPITAL - CHAPEL HILL, NC 1978
Residency and Year	WORCESTER CITY HOSPITAL - WORCESTER, MA 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5901
License Date	5/4/1978
Name	<b>BERRY, PAUL T MD</b>
Address	10 MEMBERS WAY STE 301, DOVER, NH, 03820
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF VERMONT COLLEGE OF MEDICINE BURLINGTON,VT USA 1975
Internship and Year	MEDICAL COLLEGE WISCONSIN AFFILIATED HOSPITALS- MILWAUKEE, WI 1976
Residency and Year	MEDICAL COLLEGE WISCONSIN AFFILITATE HOSPITALS - MILWAUKEE, WI 1979
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15904
License Date	11/7/2012
Name	<b>BERRY, STANLEY M MD</b>
Address	MERIDIAN HEALTH PLAN, 777 WOODWARD AVE SUITE 600DETROIT, MI, 48226
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	MAYO MEDICAL SCHOOL USA 1984
Internship and Year	SAINT LOUIS UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS, MO 1985
Residency and Year	SAINT LOUIS UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS, MO 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6503
License Date	3/4/1982
Name	<b>BERRY, WILLIAM P MD</b>
Address	333 BORTHWICK AVE STE 402, PORTSMOUTH, NH, 03801-0000
Specialty	GS
Board Certified	GS
School and Year of Graduation	MC GILL UNIV FACULTY MED-MONTREAL CANADA 1975
Internship and Year	ST ELIZABETHS HOSP-BOSTON,MA 1977
Residency and Year	ST ELIZABETHS HOSP-BOSTON,MA 1980
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number 6490  
 License Date 2/8/1982  
 Name **BERTAGNA JR, ROBERT J MD**  
 Address ASSOCIATED RADIOLOGISTS, 8 E PEARL ST NASHUA, NH, 03060-3461  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation UNIV OF VERMONT-BURLINGTON,VT USA 1973  
 Internship and Year ST ELIZABETHS HOSP-BOSTON,MA 1974  
 Residency and Year NEW ENGLAND MED CTR HOSP-BOSTON,MA 1980  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 5337  
 License Date 6/9/1975  
 Name **BERTAGNOLL, ALFRED P MD**  
 Address MANCHESTER UROLOGY ASSOC, 4 ELLIOT WAY STE 200 MANCHESTER, NH, 03103-  
 Specialty U  
 Board Certified U  
 School and Year of Graduation NEW JERSEY COLLEGE OF MEDICINE USA 1970  
 Internship and Year EMORY UNIV HOSPITAL - ATLANTA, GA 1971  
 Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1975  
 License Expiration Date **10/14/2014**  
 Remarks **Deceased 10/14/14**

License Number 14157  
 License Date 9/3/2008  
 Name **BERTAGNOLLI, REONO MD**  
 Address 779 SOUTHBRIDGE BLVD, SAVANNAH, GA, 31405  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIV OF VERMONT USA 1998  
 Internship and Year BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 1999  
 Residency and Year TRIPLER ARMY MEDICAL CENTER - HONOLULU, HI 2007  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 8113  
 License Date 6/7/1989  
 Name **BERTRAM, PAMELA S MD**  
 Address GARRISON MEDICAL PA, 770 CENTRAL AVENUE, NH, 03820-3469  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation INDIANA UNIV SCH OF MED - INDIANAPOLIS, IN USA 1984  
 Internship and Year SW MICHIGAN AREA HEALTH CENTER - KALAMAZOO, MI 1985  
 Residency and Year MICHIGAN STATE UNIV HOSPITAL - EAST LANSING, MI 1989  
 License Expiration Date **6/30/2015**  
 Remarks **DECEASED 2/28/2015**



License Number	8670
License Date	1/8/1992
Name	<b>BERTRAND, MARC L MD</b>
Address	DHMC-ANESTHESIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF WISCONSIN UNITED STATES 1983
Internship and Year	MERCY HOSPITAL MEDICAL CENTER SAN DIEGO - CALIFORNIA 1984
Residency and Year	UNIVERSITY MEDICAL CENTER TUCSON - ARIZONA 1987
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15560
License Date	3/7/2012
Name	<b>BERUBE, JAYNE TARKLESON DO</b>
Address	8 CLOVER LANE, WHITEFIELD, NH, 03598
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND USA 2009
Internship and Year	MICHIGAN STATE UNIVERSITY/SPARROW HOSPITAL - LANSING, MI 2010
Residency and Year	MICHIGAN STATE UNIVERSITY/SPARROW HOSPITAL - LANSING, MI 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	2491
License Date	9/12/1946
Name	<b>BERUBE, NORMAN C MD</b>
Address	385 YOVILLE ST, MANCHESTER, NH, 03102-3113
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	LAVAL UNIVERSITY - QUEBEC CANADA 1943
Internship and Year	ST FRANCIS HOSPITAL - PEORIA, IL 1944
Residency and Year	ST FRANCIS HOSPITAL - PEORIA, IL 1946
License Expiration Date	<b>1/6/2002</b>
Remarks	<b>DECEASED 01/02/02</b>

License Number	7110
License Date	6/6/1985
Name	<b>BESKIND, HARRY MD</b>
Address	648 HANOVER CT RD, HANOVER, NH, 03755
Specialty	P
Board Certified	
School and Year of Graduation	JOHNS HOPKINS UNIVERSITY-BALTIMORE, MD USA 1958
Internship and Year	JOHNS HOPKINS HOSPITAL-BALTIMORE, MD 1959
Residency and Year	BOSTON CITY HOSPITAL-BOSTON, MA 1960
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number 7534  
 License Date 4/1/1987  
 Name **BESSETTE, GARY C MD**  
 Address 1415 PORTLAND AVE, STE 500 ROCHESTER, NY, 14621-  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1980  
 Internship and Year HARTFORD HOSPITAL 1982  
 Residency and Year UNIVERSITY MINN HOSPITAL 1986  
 License Expiration Date **6/30/2001**  
 Remarks

License Number 14861  
 License Date 6/2/2010  
 Name **BESSICH, JAMIE L MD**  
 Address 55 SHERWOOD DRIVE, HUNTINGTON, NY, 11743  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2007  
 Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008  
 Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15942  
 License Date 11/7/2012  
 Name **BESSNOW, AMY C MD**  
 Address HEMATOLOGY & ONCOLOGY CTR, 155 BORTHWICK AVE SUITE 301 PORTSMOUTH, NH, 03801  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation NORTHWESTERN UNIVERSITY MEDICAL SCHOOL USA 2004  
 Internship and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2005  
 Residency and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2008  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 9390  
 License Date 4/5/1995  
 Name **BEST, ANDREW G MD**  
 Address ALICE PECK DAY MEMORIAL HOS, 125 MASCOMA ST LEBANON, NH, 03766  
 Specialty EM  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF BRISTOL ENGLAND 1990  
 Internship and Year MATER HOSPITAL - BRISBANE AUSTRALIA 1992  
 Residency and Year MANLY HOSPITAL - NORTH RYDE AUSTRALIA 1994  
 License Expiration Date **6/30/2013**  
 Remarks

License Number	16659
License Date	7/2/2014
Name	<b>BETANCUR RESTREPO, ILDA M MD</b>
Address	NASHUA MEDICAL GROUP, 173 DW HWY SO.NASHUA, NH, 03060
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV PONTIFICA BOLIVARIANA COLOMBIA 2002
Internship and Year	PINNACLE HEALTH HOSPITALS - HARRISBURG, PA 2010
Residency and Year	PINNACLE HEALTH HOSPITALS - HARRISBURG, PA 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8508
License Date	4/3/1991
Name	<b>BETCHART, FRANK A MD</b>
Address	PLEASANT ST FAMILY MEDICINE, 280 PLEASANT STCONCORD, NH, 03301
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF COLORADO SCH OF MED - DENVER,CO USA 1982
Internship and Year	MERCY MEDICAL CENTER - DENVER, CO 1983
Residency and Year	MERCY MEDICAL CENTER - DENVER, CO 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9560
License Date	10/4/1995
Name	<b>BETCHER, ROBERT W MD</b>
Address	, 20 LADD STPORTSMOUTH, NH, 03801-
Specialty	P
Board Certified	P
School and Year of Graduation	HARVARD MEDICAL SCHOOL, BOSTON MA USA 1984
Internship and Year	MC LEAN HOSPITAL BELMONT, MA 1985
Residency and Year	MC LEAN HOSPITAL BELMONT,MA 1988
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	12833
License Date	8/3/2005
Name	<b>BETHA, MEENA D MD</b>
Address	1008 MARGARET COURT, SOUTH PLAINFIELD, NJ, 07080
Specialty	IM
Board Certified	
School and Year of Graduation	ANDHRA UNIVERSITY, INDIA INDIA 2000
Internship and Year	KINGSBROOK JEWISH MED CTR, BROOKLYN NY 2003
Residency and Year	ST BARNABAS MEDICAL CTR, LIVINGSTON NJ 2004
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	13480
License Date	5/9/2007
Name	<b>BETHONEY, LAWRENCE J MD</b>
Address	166 CARVER RD, PLYMOUTH, MA, 02360
Specialty	IM
Board Certified	IM
School and Year of Graduation	TUFTS UNIV USA 1972
Internship and Year	ROGER WILLIAMS GENERAL HOSPITAL-PROVIDENCE, RI 1973
Residency and Year	UNIV OF HAWAII J A BURNS SCHOOL OF MED-HONOLULU, HI 1977
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	4619
License Date	9/24/1970
Name	<b>BETJEMANN JR, CHRISTOPHER MD</b>
Address	90 CANAAN BACK RD, BARRINGTON, NH, 03825
Specialty	EM
Board Certified	EM
School and Year of Graduation	TEMPLE UNIV MEDICAL SCHOOL, PA USA 1969
Internship and Year	MEDICAL CENTER HOSPITAL OF VERMONT - BURLINGTON, VT 1970
Residency and Year	MEDICAL CENTER HOSPITA OF VERMONT - BURLINGTON, VT 1970
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	13895
License Date	4/2/2008
Name	<b>BETT, DOREEN W DO</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	PHILADELPHIA COLLEGE OF OSTEOPATHIC MED USA 2004
Internship and Year	CHRISTIANA CARE HEALTH SYSTEM - NEWARK, DE 2005
Residency and Year	CHRISTIANA CARE HEALTH SYSTEM - NEWARK, DE 2007
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	12188
License Date	1/7/2004
Name	<b>BETTENCOURT, BERNARD M DO</b>
Address	41 MALL ROAD, BURLINGTON, MA, 01805
Specialty	EM
Board Certified	OM
School and Year of Graduation	NORA SOUTHEASTERN UNIVERSITY, FT LAUDERDALE FL US 1992
Internship and Year	DARNALL ARMY COMMUNITY HOSPITAL, FORT HOOD TX 1993
Residency and Year	DARNALL ARMY COMMUNITY HOSPITAL, FORT HOOD, TX 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12522
License Date	11/3/2004
Name	<b>BETTENCOURT, MARIE-CLAUDE D MD</b>
Address	DARTMOUTH HITCHCOCK MED CTR, 1 MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty	U
Board Certified	U
School and Year of Graduation	UNIFORMED SERVICES UNIVERSITY, BETHESDA MD US 1990
Internship and Year	TRIPLER ARMY MED CTR, HONOLULU HI 1991
Residency and Year	WALTER REED ARMY MED CTR, WASHINGTON DC 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8379
License Date	7/11/1990
Name	<b>BETTI, JAMES A MD</b>
Address	DOCTORS PARK STE 3, 17 OLD ROLLINSFORD RD DOVER, NH, 03820
Specialty	U
Board Certified	U
School and Year of Graduation	DARTMOUTH-HITCHCOCK MED SCH-HANOVER,NH USA 1985
Internship and Year	ALBANY MED CTR HOSP-ALBANY,NY 1986
Residency and Year	ALBANY MED CTR HOSP-ALBANY,NY 1989
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10199
License Date	1/7/1998
Name	<b>BETTINGER, PAUL C MD</b>
Address	DARTMOUTH-HITCHCOCK -KEENE, 590 COURT ST KEENE, NH, 03431
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	TUFTS UNIV SCH OF MED - BOSTON, MA USA 1989
Internship and Year	BELLEVUE HOSPITAL CENTER - NY 1994
Residency and Year	MAYO GRADUATE SCHOOL MEDICINE - MN 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8885
License Date	2/3/1993
Name	<b>BETTMANN, MICHAEL A MD</b>
Address	WFU SCHOOL OF MED-RADIOLOGY, MEDICAL CENTER BLVDWINSTON-SALEM, NC, 27157-1088
Specialty	DR
Board Certified	DR
School and Year of Graduation	ALBERT EINSTEIN COLLEGE OF MEDICINE USA 1969
Internship and Year	UNIVERSITY HOSPITALS - CLEVELAND OH 1970
Residency and Year	BETH ISRAEL HOSPITAL - BOSTON MA 1975
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	16895
License Date	1/21/2015
Name	<b>BEVINS, PETER A MD</b>
Address	39 SHERWOOD AVE, DANVERS, MA, 01923
Specialty	GS
Board Certified	
School and Year of Graduation	THE WARREN ALPERT MEDICAL SCHOOL OF BROWN UNIVERSI USA 1978
Internship and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1979
Residency and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1980
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13846
License Date	3/5/2008
Name	<b>BEYEA, ANNETTE M DO</b>
Address	DURHAM REG HOSP, 3643 NORTH ROXBORO RDDURHAM, NC, 27704
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF NEW ENGLAND USA 2005
Internship and Year	DARTMOUTH HITCHCOCK MED CTR - LEBANON, NH 2006
Residency and Year	DARTMOUTH HITCHCOCK MED CTR - LEBANON, NH 2007
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	12898
License Date	10/5/2005
Name	<b>BEYLINSON, ALEXANDER M MD</b>
Address	VISITING PHYSICIANS ASSOC, 7350 INDUSTRIAL PARK BLVDMENTOR, OH, 44060
Specialty	GS
Board Certified	
School and Year of Graduation	KAZAKH STATE MED INSTITUTE, KAZAKHSTAN KAZAKHSTAN 1987
Internship and Year	CASE WESTERN UNIVERSITY, CLEVELAND OH 2003
Residency and Year	HURON HOSPITAL, CLEVELAND OH 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16963
License Date	3/4/2015
Name	<b>BEZZERIDES, VASSILIOS J MD</b>
Address	BOSTON CHILDRENS HOSP, 300 LONGWOOD AVE BADER 266BOSTON, MA, 02115
Specialty	PDC
Board Certified	PDC
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 2006
Internship and Year	CHILDRENS HOSPITAL-BOSTON MEDICAL CENTER - BOSTON, MA 2007
Residency and Year	CHILDRENS HOSPITAL-BOSTON MEDICAL CENTER - BOSTON, MA 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12642
License Date	4/6/2005
Name	<b>BHAGHAYATH, KRISHNA R MD</b>
Address	MARIA PARHAM ENDOCRINOLOGY, 120 CHARLES ROLLINS RD SUITE 206HENDERSON, NC, 27536
Specialty	END
Board Certified	END
School and Year of Graduation	GANDHI MEDICAL COLLEGE, INDIA INDIA 1999
Internship and Year	UNIVERSITY OF ARKANSAS, LITTLE ROCK AR 2001
Residency and Year	UNIVERSITY OF ARKANSAS, LITTLE ROCK AR 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13847
License Date	3/5/2008
Name	<b>BHAMBORE, MAHESH M MD</b>
Address	10207 ALTAVISTA AVE, TAMPA, FL, 33647
Specialty	IM
Board Certified	IM
School and Year of Graduation	BANGALORE UNIV INDIA 1998
Internship and Year	WYCKOFF HEIGHTS MEDICAL CENTER - BROOKLYN, NY 2001
Residency and Year	WYCKOFF HEIGHTS MEDICAL CENTER - BROOKLYN, NY 2003
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	17048
License Date	5/6/2015
Name	<b>BHANDARI, UMESH C MD</b>
Address	609 BAUXITE CV, BRANDON, MS, 39047
Specialty	P
Board Certified	
School and Year of Graduation	OUR LADY OF FATIMA UNIVERSITY PHILIPPINES 2008
Internship and Year	UNIVERSITY OF MISSISSIPPI MEDICAL CENTER - JACKSON, MS 2011
Residency and Year	UNIVERSITY OF MISSISSIPPI MEDICAL CENTER - JACKSON, MS 2014
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15523
License Date	2/1/2012
Name	<b>BHANGLE, SAMIR D MD</b>
Address	WENTWORTH-DOUGLASS PHYS CORP, 10 MEMBERS WAY STE 403DOVER, NH, 03820
Specialty	RHU
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF MUMBAI INDIA 1997
Internship and Year	ST BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 2008
Residency and Year	ST BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 16060  
 License Date 4/3/2013  
 Name **BHARATI, PANKAJ MD**  
 Address WENTWORTH DOUGLASS HOSPITAL, 789 CENTRAL AVEDOVER, NH, 03820  
 Specialty IM  
 Board Certified  
 School and Year of Graduation JAHURUL ISLAN MEDICAL COLLEGE & HOSPITAL BANGLADESH 2006  
 Internship and Year SUNY UPSTATE MEDICAL UNIVERSITY - SYRACUSE, NY 2011  
 Residency and Year SUNY UPSTATE MEDICAL UNIVERSITY - SYRACUSE, NY 2013  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12289  
 License Date 5/5/2004  
 Name **BHARGAVA, ARCHANA MD**  
 Address FRISBIE MEMORIAL HOSPITAL, 11 WHITEHALL RDROCHESTER, NH, 03867  
 Specialty HO  
 Board Certified HO  
 School and Year of Graduation UNIVERSITY OF DELHI, INDIA INDIA 1997  
 Internship and Year ROGER WILLIAMS GENERAL HOSP, PROVIDENCE RI 1999  
 Residency and Year ROGER WILLIAMS GENERAL HOSP, PROVIDENCE RI 2001  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10320  
 License Date 7/1/1998  
 Name **BHARUCHA, ASHOK J MD**  
 Address GEISINGER MED CTR, 100 N ACADEMY AVEDANVILLE, PA, 17822  
 Specialty P  
 Board Certified P  
 School and Year of Graduation PA STATE UNIV COLLEGE OF MED - HERSHEY,A USA 1992  
 Internship and Year MCLEAN HOSPITAL - BELMONT, MA 1993  
 Residency and Year MCLEAN HOSPITAL - BELMONT, MA 1994  
 License Expiration Date **6/30/2016**  
 Remarks **lapsed 6/30/01-reinstated 11/6/14**

License Number 11951  
 License Date 6/4/2003  
 Name **BHAT, ATUL L MD**  
 Address ORTHOPAEDIC SURGICAL ASSOC, 14 RESEARCH PLACENORTH CHELMSFORD, MA, 01863  
 Specialty PM  
 Board Certified PM  
 School and Year of Graduation UNIVERSITY OF MUMBAI SION - BAMBAY INDIA INDIA 1991  
 Internship and Year LENOX HILL HOSPITAL - NEW YORK NY 1998  
 Residency and Year NEW YORK UNIVERSITY MEDICAL CENTER - NEW YORK NY 2001  
 License Expiration Date **6/30/2017**  
 Remarks



License Number 17149  
 License Date 7/1/2015  
 Name **BHATIA, RICHA MD**  
 Address DHMC, 1 MEDICAL CTR DRLEBANON, NH, 03766  
 Specialty CHP  
 Board Certified CHP  
 School and Year of Graduation G S V M MEDICAL COLLEGE INDIA 2005  
 Internship and Year ST LOUIS UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS, MO 2008  
 Residency and Year ST LOUIS UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS, MO 2010  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15616  
 License Date 4/4/2012  
 Name **BHATT, DIGANT V MD**  
 Address 7 TIMBERWOOD DR APT 212, LEBANON, NH, 03766  
 Specialty IM  
 Board Certified  
 School and Year of Graduation C U SHAH MEDICAL COLLEGE INDIA 2006  
 Internship and Year UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE - URBANA, IL 2010  
 Residency and Year UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE - URBANA, IL 2012  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 15281  
 License Date 7/6/2011  
 Name **BHATT, SAMIR M MD**  
 Address MASS EAR NOSE & THROAT ASSOC, 3 MEETINGHOUSE RD STE 24CHELMSFORD, MA, 01824  
 Specialty OTO  
 Board Certified OTO  
 School and Year of Graduation YALE UNIVERSITY SCHOOL OF MEDICINE USA 1986  
 Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1987  
 Residency and Year MASSACHUSETTS EYE & EAR INFIRMARY - BOSTON, MA 1991  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9882  
 License Date 12/4/1996  
 Name **BHATT, USHA P MD**  
 Address 130 WAGON WHEEL RD, SPARTA, NJ, 07871  
 Specialty CHP  
 Board Certified CHP  
 School and Year of Graduation OSMANIA MEDICAL COLLEGE OSMANIA UNIV HYDERABAD A P INDIA 1967  
 Internship and Year SUBURBAN HOSP - MARYLAND 1971  
 Residency and Year EMMA P BRADLEY HOSPITAL - RI 1975  
 License Expiration Date **6/30/2010**  
 Remarks

License Number	13848
License Date	3/5/2008
Name	<b>BHATTACHARYA, ARJUN MD</b>
Address	31 DUNLEITH DR, ST LOUIS, MO, 63124
Specialty	GS
Board Certified	GS
School and Year of Graduation	NAGPUR UNIV INDIA 1963
Internship and Year	DEACONESS HOSPITAL-FOREST PARK HOSPITAL - ST LOUIS, MO 1974
Residency and Year	DEACONESS HOSPITAL-FOREST PARK HOSPITAL - ST LOUIS, MO 1975
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	3598
License Date	3/16/1963
Name	<b>BHATTACHARYA, RAJAT K MD</b>
Address	146 LOWELL ST, PO BOX 656MANCHESTER, NH, 03105-0656
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	MEDICAL COLLEGE - NAGPUR, INDIA INDIA 1956
Internship and Year	SALEM HOSPITAL - SALEM, MA 1957
Residency and Year	SALEM HOSPITAL - SALEM, MA 1962
License Expiration Date	<b>6/30/1999</b>
Remarks	<b>DECEASED 8/98</b>

License Number	11085
License Date	10/4/2000
Name	<b>BHATTACHARYYA, SHEELA M MD</b>
Address	NASHUA MEDICAL GROUP, 173 DANIEL WEBSTER HWY SOUTH NASHUA, NH, 03060
Specialty	FP
Board Certified	FP
School and Year of Graduation	DALHOUSIE UNIV FAC OF MED - HALIFAX NOVA SCOTIA CANADA 1993
Internship and Year	DALHOUSIE UNIV - HALIFAX NOVA SCOTIA, CANADA 1994
Residency and Year	DALHOUSIE UNIV - HALIFAX NOVA SCOTIA, CANADA 1997
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	10578
License Date	6/2/1999
Name	<b>BHESANIA, ZUBIN MD</b>
Address	22101 MOROSS RD, DETROIT, MI, 48236-2172
Specialty	GS
Board Certified	
School and Year of Graduation	UNIV OF WESTERN ONTARIO- CANADA CANADA 1993
Internship and Year	UNIV OF WESTERN ONTARIO - CANADA 1994
Residency and Year	ST JOHN HOSPITAL AND MEDICAL CENTER - DETROIT, MI 1995
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	12523
License Date	11/3/2004
Name	<b>BHOJWANI, RAJESH R MD</b>
Address	VIRTUAL RADIOLOGIC CORP, 513 NORTH THOMAS STARLINGTON, VA, 22203
Specialty	DR
Board Certified	DR
School and Year of Graduation	GEORGE WASHINGTON UNIVERSITY, WASHINGTON DC US 1998
Internship and Year	GEORGE WASHINGTON UNIVERSITY, WASHINGTON DC 1999
Residency and Year	VANDERBILT UNIVERSITY, NASHVILLE TN 2003
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	11770
License Date	11/6/2002
Name	<b>BHOLAT, OMAR S MD</b>
Address	NASSAU UNIV. MED CTR, 2201 HEMPSTEAD TPKEAST MEADOW, NY, 11554
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF NEW JERSEY - PISCATAWAY, NJ USA 1993
Internship and Year	CABRINI MEDICAL CENTER - NEW YORK, NY 1996
Residency and Year	ST VINCENTS HOSPITAL AND MEDICAL CENTER - NEW YORK, NY 1997
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	17150
License Date	7/1/2015
Name	<b>BHOWMIK, SHELLY MD</b>
Address	1201 W MOUNT ROYAL AVE #746, BALTIMORE, MD, 21217
Specialty	GPM
Board Certified	
School and Year of Graduation	GEORGE WASHINGTON UNIVERSITY USA 2012
Internship and Year	BASSETT MEDICAL CENTER - COOPERSTOWN, NY 2013
Residency and Year	JOHNS HOPKINS SCHOOL OF HYGIENE & PUBLIC HEALTH-BALTIMORE, MD 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15335
License Date	8/3/2011
Name	<b>BHULLAR, RAVNEET K MD</b>
Address	1220 NEW SCOTLAND AVE, SLINGERLANDS, NY, 12159
Specialty	AN
Board Certified	AN
School and Year of Graduation	MICHIGAN STATE UNIVERSITY USA 2005
Internship and Year	CARITAS CARNEY HOSPITAL - BOSTON, MA 2006
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number 15905  
 License Date 11/7/2012  
 Name **BHUTTA, OMAR J MD**  
 Address DHMC, 1 MED CTR DRLEBANON, NH, 03756  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIVERSITY OF PITTSBURGH USA 2005  
 Internship and Year SEATTLE CHILDREN'S HOSPITAL - SEATTLE, WA 2006  
 Residency and Year SEATTLE CHILDREN'S HOSPITAL - SEATTLE, WA 2009  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 8771  
 License Date 7/1/1992  
 Name **BIANCHI, JOHN L MD**  
 Address 74-5 S QUINSIGAMOND AVE, SHREWSBURY, MA, 01803  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation TUFTS COLLEGE MEDICAL SCHOOL USA 1950  
 Internship and Year WORCESTER CITY HOSPITAL WORCESTER - MASSACHUSETTS 1952  
 Residency and Year UNIVERSITY OF MASS. MEDICAL SCHOOL 1953  
 License Expiration Date **6/30/1998**  
 Remarks **Deceased 9/22/14**

License Number 6361  
 License Date 4/2/1981  
 Name **BIANCO, JAMES M MD**  
 Address WOMEN'S HEALTHCARE, 168 KINSLEY STNASHUA, NH, 03061-3445  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation NEW YORK MED COLL,NY,NY USA 1975  
 Internship and Year ALBANY MED CTR HOSP,ALBANY,NY 1976  
 Residency and Year JOHNS HOPKINS HOSP,BALTIMORE,MD 1977  
 License Expiration Date **6/30/2003**  
 Remarks

License Number 10152  
 License Date 11/5/1997  
 Name **BIANCONI, JEFFREY MD**  
 Address CHESHIRE MEDICAL CENTER, 580 COURT STKEENE, NH, 03431  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIV DI ROMA-LA SAPIENZA-ITALY ITALY 1982  
 Internship and Year WORCHESTER CITY HOSP-MA 1985  
 Residency and Year WORCHESTER CITY HOSP-MA 1987  
 License Expiration Date **6/30/2001**  
 Remarks

License Number 7828  
 License Date 5/4/1988  
 Name **BIANCONI, MICHAEL J MD**  
 Address 330 BORTHWICK AVE, STE 205PORTSMOUTH, NH, 03801-4101  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF CINCINNATI COLL MED - CINCINNATI, OH USA 1985  
 Internship and Year MEMORIAL MEDICAL CENTER - SAVANNAH, GA 1986  
 Residency and Year MEMORIAL MEDICAL CENTER - SAVANNAH, GA 1988  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 11651  
 License Date 7/3/2002  
 Name **BIBEAU, CAROLE E MD**  
 Address DHMC - HEATER RD PRIMARY CARE, 18 OLD ETNA RDLEBANON, NH, 03766  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF VERMONT - BURLINGTON, VT USA 1999  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2002  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9368  
 License Date 3/1/1995  
 Name **BIBER, BARBARA P MD**  
 Address MAINE MEDICAL CENTER, 22 BRAMHALL STPORTLAND, ME, 04102-  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation UNIV OF ROCHESTER SCHOOL OF MEDICINE & DENTISTRY USA 1983  
 Internship and Year METROWEST MEDICAL CENTER - FRAMINGHAM MA 1984  
 Residency and Year UNIVERSITY OF MASS MEDICAL CENTER - WORCESTER MA 1988  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10776  
 License Date 12/1/1999  
 Name **BIBER, MICHAEL P MD**  
 Address 1180 BEACON ST STE 2D, BROOKLINE, MA, 02446-3806  
 Specialty N  
 Board Certified N  
 School and Year of Graduation UNIV OF CHICAGO PRITZKER SCH OF MED- CHICAGO, IL USA 1967  
 Internship and Year MOUNT SINAI HOSPITAL - NEW YORK, NY 1968  
 Residency and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1972  
 License Expiration Date **6/30/2009**  
 Remarks

License Number	12052
License Date	9/3/2003
Name	<b>BIBOSO, JOSE A MD</b>
Address	DARTMOUTH-HITCHCOCK WALPOLE, MAIN ST PO BOX 756WALPOLE, NH, 03608
Specialty	FP
Board Certified	
School and Year of Graduation	CREIGHTON UNIVERSITY, OMAHA NE US 2000
Internship and Year	PENN STATE UNIVERSITY, LEBANON PA 2002
Residency and Year	PENN STATE UNIVERSITY, LEBANON PA 2003
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	10018
License Date	6/4/1997
Name	<b>BICOCCA, KRISTIN L MD</b>
Address	DERRY PEDIATRICS, 43B BIRCH STDERRY, NH, 03038
Specialty	PD
Board Certified	PD
School and Year of Graduation	NORTHEASTERN OHIO COLL OF MEDICINE-OH USA 1993
Internship and Year	UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER-CA 1997
Residency and Year	UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER-CA 1997
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	15740
License Date	7/11/2012
Name	<b>BIDARI, SHARATCHANDRA S MD</b>
Address	8901 SW 67TH PL, GAINESVILLE, FL, 32608
Specialty	DR
Board Certified	DR
School and Year of Graduation	BLDEU'S SHRI B M PATIL MEDICAL COLLEGE INDIA
Internship and Year	MICHIGAN STATE UNIVERSITY - FLINT, MI 2007
Residency and Year	UNIVERSITY OF FLORIDA MEDICAL CENTER - GAINESVILLE, FL 2009
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	3415
License Date	3/8/1961
Name	<b>BIDDLE, STEPHEN M MD</b>
Address	Deceased 6/13/90, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1986</b>
Remarks	<b>DECEASED 6/13/90</b>

License Number 16099  
 License Date 5/1/2013  
 Name **BIDE, PRALHAD S MD**  
 Address 1290 BRIDLETOWNE CIRCLE, SCARBOROUGH, ONCANADA, , M1W 2V4  
 Specialty FP  
 Board Certified  
 School and Year of Graduation GRANT MEDICAL COLLEGE INDIA 2005  
 Internship and Year CONCORD HOSPITAL - CONCORD, NH 2011  
 Residency and Year CONCORD HOSPITAL - CONCORD, NH 2012  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 11495  
 License Date 2/6/2002  
 Name **BIDOT, LIANIS Z MD**  
 Address PORT WARWICK MED ARTS, 11803 JEFFERSON AVE STE 250NEWPORT NEWS, VA, 23606  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation UNIV OF PUERTO RICO SCH OF MED-SAN JUAN, PR PUERTO RICO 1982  
 Internship and Year UNIV OF PUERTO RICO- SAN JUAN, PR 1983  
 Residency and Year UNIV OF PUERTO RICO- SAN JUAN, PR 1987  
 License Expiration Date **6/30/2004**  
 Remarks

License Number 15471  
 License Date 12/7/2011  
 Name **BIE, BJORN MD**  
 Address MASS ENT ASSOC, 3 MEETING HOUSE RD STE 24CHELMSFORD, MA, 01824  
 Specialty OTO  
 Board Certified OTO  
 School and Year of Graduation UNIVERSITETET I OSLO NORWAY 1979  
 Internship and Year ALBANY MEDICAL CENTER - ALBANY, NY 1983  
 Residency and Year ALBANY MEDICAL CENTER - ALBANY, NY 1986  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16100  
 License Date 5/1/2013  
 Name **BIEBUYCK, JEAN-CHRISTOPHE MD**  
 Address 160 ALLEN STREET, RUTLAND, VT, 05701  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation STATE UNIVERSITY OF NEW YORK USA 1989  
 Internship and Year YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1990  
 Residency and Year YALE UNIVERSITY SCHOOL OF MEDICINE - NEW HAVEN, CT 1994  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	15282
License Date	7/6/2011
Name	<b>BIENIEK, RADOSLAW F MD</b>
Address	POPLAR HEALTHCARE, 3495 HACKS CROSS RDMEMPHIS, TN, 38125
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSITY OF MED & DENTISTRY OF NJ USA 2004
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - EAST CAMPUS - BOSTON, MA 2005
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - EAST CAMPUS - BOSTON, MA 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14055
License Date	7/9/2008
Name	<b>BIERNAT, LUKASZ MD</b>
Address	MEDPACE CLINICAL PHARMACOLOGY, 5355 MEDPACE WAYCINCINNATI, OH, 45227
Specialty	IM
Board Certified	IM
School and Year of Graduation	MEDICAL UNIV OF SILESIA POLAND 2001
Internship and Year	MOUNTAINSIDE HOSPITAL-MONTCLAIR, NJ 2007
Residency and Year	MOUNTAINSIDE HOSPITAL-MONTCLAIR, NJ 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5524
License Date	6/14/1976
Name	<b>BIESE, LEO P MD</b>
Address	Deceased 8/5/91, , ,
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>7/16/1991</b>
Remarks	<b>DECEASED 8/5/91</b>

License Number	7536
License Date	4/1/1987
Name	<b>BIESEK, GENESIO W MD</b>
Address	, , ,
Specialty	IM
Board Certified	IM
School and Year of Graduation	AKAD MED WROCLAW-POLAND POLAND 1982
Internship and Year	MERCY HOSP-BUFFALO,NY 1985
Residency and Year	MERCY HOSP-BUFFALO,NY 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>10/12/04 - Settlement Agreement</b> <b>Medical records available at DHMC-Manch.</b> <b>8/13/13 - Settlement Agreement</b> <b>6/18/14 - Order Lifting Suspension of License</b>



License Number	15741
License Date	7/11/2012
Name	<b>BIESHEUVEL, DESIREE T MD</b>
Address	HCRS, 51 FAIRVIEW STBRATTLEBORO, VT, 05301
Specialty	CHP
Board Certified	CHP
School and Year of Graduation	VRIJE UNIVERSITEIT NETHERLANDS 1998
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2002
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2004
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	9391
License Date	4/5/1995
Name	<b>BIESMAN, BRIAN S MD</b>
Address	345 23RD AVE NORTH STE 416, NASHVILLE, TN, 37203
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIVERSITY OF MICHIGAN MEDICAL SCHOOL USA 1988
Internship and Year	ST JOSEPHS MERCY HP - ANN ARBOR MI 1989
Residency and Year	UNIVERSITY OF IL COLLEGE OF MED - CHICAGO IL 1992
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	14580
License Date	9/2/2009
Name	<b>BIGGEE, BETH MD</b>
Address	ORTHOPEDIC NORTHEAST PC, 575 TURNPIKE ST STE 11NORTH ANDOVER, MA, 01845
Specialty	IM
Board Certified	IM
School and Year of Graduation	STATE UNIV OF NY - SYRACUSE, NY USA 1999
Internship and Year	YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 2000
Residency and Year	YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9898
License Date	1/8/1997
Name	<b>BIGOS, S THOMAS MD</b>
Address	MAINE CTR ENDOCRINOLOGY, 102 CAMPUS DR UNIT 116SCARBOROUGH, ME, 04074
Specialty	END
Board Certified	IM
School and Year of Graduation	TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1969
Internship and Year	ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1970
Residency and Year	MASS GENERAL HOSPITAL - BOSTON, MA 1974
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	10412
License Date	10/7/1998
Name	<b>BIGWOOD, DONALD L DO</b>
Address	KIDSPACE, 73 MARIAVILLE RD PO BOX 787ELLSWORTH, ME, 04605
Specialty	P
Board Certified	
School and Year of Graduation	UNIV OF HLTH SCI COLL OF OSTEO - KANSAS CITY, MO USA 1992
Internship and Year	CARNEY HOSPITAL - BOSTON, MA 1993
Residency and Year	UNIV OF MASS MEDICAL CENTER - WORCESTER, MA 1996
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	12020
License Date	8/6/2003
Name	<b>BIHRLE III, WILLIAM MD</b>
Address	DARTMOUTH HITCHCOCK MED CNTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	U
Board Certified	U
School and Year of Graduation	GEORGETOWN U., WASHINGTON DC US 1977
Internship and Year	BELLEVUE HOSPITAL CTR, NEW YORK NY 1978
Residency and Year	BETH ISRAEL DEACONESS MED CTR, BOSTON MA 1979
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16571
License Date	5/7/2014
Name	<b>BILAL, HARIS MD</b>
Address	611 W PARK ST, URBANA, IL, 61801
Specialty	IM
Board Certified	
School and Year of Graduation	ALLAMA IQBAL MEDICAL COLLEGE PAKISTAN 2008
Internship and Year	UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE - URBANA, IL 2012
Residency and Year	UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE - URBANA, IL 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14214
License Date	11/5/2008
Name	<b>BILAZARIAN, SETH D MD</b>
Address	PENTUCKET MEDICAL ASSOC, LLC ONE PARKWAY 4TH FLHAVERHILL, MA, 01830
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIV OF MASSACHUSETTS USA 1986
Internship and Year	JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1987
Residency and Year	JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1989
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10803
License Date	1/5/2000
Name	<b>BILES, DANIEL T MD</b>
Address	NE SURGERY CENTER, 900 CUMMINGS CENTER SUITE 122 UBEVERLY, MA, 01915
Specialty	AN
Board Certified	AN
School and Year of Graduation	JEFFERSON MED COLL JEFFERSON UNIV-PHILA, PA USA 1981
Internship and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1982
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7865
License Date	6/8/1988
Name	<b>BILETCH, MARK MD</b>
Address	ELLIOT NEUROLOGY ASSOCIATES, 185 QUEEN CITY AVEMANCHESTER, NH, 03101-7100
Specialty	N
Board Certified	N
School and Year of Graduation	UNIV OF MASS MED SCH - WORCESTER, MA USA 1979
Internship and Year	EMANUEL HOSPITAL - PORTLAND, OR 1980
Residency and Year	EMANUEL HOSPITAL - PORTLAND, OR 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8235
License Date	10/4/1989
Name	<b>BILLER, JEFFREY A MD</b>
Address	PEDIATRIC GASTROENTEROLOGY, 40 SECOND AVE STE 340WALTHAM, MA, 02451
Specialty	PG
Board Certified	PD
School and Year of Graduation	JOHNS HOPKINS UNIV SCH OF MED BALTIMORE,MD USA 1976
Internship and Year	JOHNS HOPKINS HOSPITAL -BALTIMORE, MD 1978
Residency and Year	JOHN'S HOPKINS HOSPITAL - BALTIMORE, MD 1981
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16531
License Date	4/2/2014
Name	<b>BILLMEIER, SARAH E MD</b>
Address	3141 WASHINGTON ST APT 2, JAMAICA PLAIN, MA, 02130
Specialty	GS
Board Certified	
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 2006
Internship and Year	BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 2007
Residency and Year	BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 11124  
 License Date 12/6/2000  
 Name **BILODEAU, MICHELE D MD**  
 Address 119 MAPLEWOOD TERRACE, SPRINGFIELD, MA, 01108-1609  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation UNIV OF MASS MED SCH - WORCESTER, MA USA 1982  
 Internship and Year UNIV OF MASS MEDICAL CENTER - WORCESTER, MA 1983  
 Residency and Year UNIV OF MASS MEDICAL CENTER - WORCESTER, MA 1984  
 License Expiration Date **6/30/2003**  
 Remarks

License Number 9512  
 License Date 8/2/1995  
 Name **BINCZEWSKI, BRIAN A MD**  
 Address 100 HITCHCOCK WAY, MANCHESTER, NH, 03104  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF PA SCHOOL OF MEDICINE USA 1985  
 Internship and Year UNIVERSITY HOSPITALS - CLEVELAND OH 1986  
 Residency and Year UNIVERSITY HOSPITALS - CLEVELAND OH 1990  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10512  
 License Date 3/3/1999  
 Name **BINDER, GOTTFRIED H MD**  
 Address 2315 LITTLER LN, OCEANSIDE, CA, 92056  
 Specialty PTH  
 Board Certified D  
 School and Year of Graduation TEMPLE UNIV SCH OF MED - PHILADELPHIA, PA USA 1957  
 Internship and Year LONG BEACH MEMORIAL HOSPITAL - LONG BEACH, CA 1958  
 Residency and Year UNIV HOSPITAL DEPT OF DERMATOLOGY - MINNEAPOLIS, MN 1961  
 License Expiration Date **6/30/2001**  
 Remarks **DECEASED 12/14/2010**

License Number 15862  
 License Date 10/3/2012  
 Name **BING-YOU, ROBERT G MD**  
 Address 48 BLUEBERRY CV, YARMOUTH, ME, 04096-6527  
 Specialty  
 Board Certified END  
 School and Year of Graduation GEORGE WASHINGTON UNIV SCHOOL OF MEDICINE USA 1986  
 Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1987  
 Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1989  
 License Expiration Date **5/13/2015**  
 Remarks **Requested inactive 5-13-15.**

License Number	8151
License Date	7/12/1989
Name	<b>BIRENBAUM, DEBRA L MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	TEMPLE UNIV SCH OF MED PHIL,PA USA 1982
Internship and Year	UNIV MICHIGAN HOSP-ANN ARBOR,MI 1983
Residency and Year	UNIV OF MICHIGAN HOSP-ANN ARBOR,MI 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6641
License Date	1/6/1983
Name	<b>BIRKBY, BRUCE E MD</b>
Address	PENTUCKET MEDICAL ASSOCIATES, 203 TURNPIKE STN ANDOVER, MA, 01845-5042
Specialty	A
Board Certified	A
School and Year of Graduation	TUFTS UNIV SCH MED-BOSTON,MA USA 1973
Internship and Year	NEWTON WELLESLEY HOSP-NEWTN LWR FLS 1974
Residency and Year	UNIV HOSP- ANN ARBOR,MI 1982
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	8572
License Date	6/5/1991
Name	<b>BIRKMEYER, JOHN D MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	GS
Board Certified	GS
School and Year of Graduation	HARVARD MEDICAL SCHOOL-BOSTON MA USA 1989
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER-LEBANON NH 1990
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER-LEBANON NH 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	license lapsed 6/30/05 - reinstated 11/6/14

License Number	6870
License Date	5/10/1984
Name	<b>BIRNBAUM, STEVEN B MD</b>
Address	DARTMOUTH HITCHCOCK CLINIC DEPT OF RADIOLOGY, 100 HITCHCOCK WAYMANCHESTER, NH, 03
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIV OF ROCHESTER SCH MED-DENTISTRY-NY USA 1978
Internship and Year	CHILDRENS HOSP MED CTR-BOSTON,MA 1979
Residency and Year	CHILDRENS HOSP MED CTR-BOSTON,MA 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11408
License Date	10/3/2001
Name	<b>BISBEE, DAVID M MD</b>
Address	1878 MI RD, STOWE, VT, 05672
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF MINNESOTA MED SCH- MINNEAPOLIS,MN USA 1983
Internship and Year	UNIV OF MINNESOTA/FAIRVIEW UNIV MEDICAL CENTER - MINNEAPOLIS, MN 1984
Residency and Year	UNIV OF MINNESOTA/FAIRVIEW UNIV MEDICAL CENTER - MINNEAPOLIS, MN 1986
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	4729
License Date	7/14/1972
Name	<b>BISETT, THOMAS C MD</b>
Address	NH DARTMOUTH FAMILY MED CTR, 260 PLEASANT STCONCORD, NH, 03301
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF ROCHESTER - NY USA 1967
Internship and Year	NORTH CAROLINA MEMORIAL HOSPITAL - CHAPEL HILL, NC 1968
Residency and Year	NORTH CAROLINA MEMORIAL HOSPITAL - CHAPEL HILL, NC 1970
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13944
License Date	5/7/2008
Name	<b>BISHOP DANIELS, BETHANY A MD</b>
Address	ELLIOT HOSPITAL, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF VERMONT USA 2002
Internship and Year	HARTFORD HOSPITAL - HARTFORD, CT 2003
Residency and Year	HARTFORD HOSPITAL - HARTFORD, CT 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15953
License Date	12/5/2012
Name	<b>BISHOP, BRUCE G MD</b>
Address	1500 SPLIT ROCK DR #109, IVINS, UT, 84738
Specialty	D
Board Certified	D
School and Year of Graduation	UNIVERSITY OF UTAH SCHOOL OF MEDICINE USA 1970
Internship and Year	MADIGAN ARMY MEDICAL CENTER - TACOMA, WA 1971
Residency and Year	OREGON HEALTH SCIENCES UNIVERSITY - PORTLAND, OR 1975
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4440
License Date	6/17/1969
Name	<b>BISHOP, DAVID E MD</b>
Address	220 COTTAGE ST, LITTLETON, NH, 03561-1821
Specialty	FP
Board Certified	FP
School and Year of Graduation	JEFFERSON MEDICAL COLLEGE - PHILA, PA USA 1966
Internship and Year	MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1967
Residency and Year	MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1967
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	4850
License Date	10/27/1971
Name	<b>BISHOP, JAMES R E MD</b>
Address	, , ,
Specialty	DR
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>5/5/1994</b>
Remarks	<b>REQUESTED INACTIVE 5/5/94</b>

License Number	13575
License Date	7/11/2007
Name	<b>BISHOP, JOHN W MD</b>
Address	UNIVERSITY OF CALIFORNIA, 4400 V SST PATH BLDGSACRAMENTO, CA, 95817
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	TUFTS UNIV USA 1977
Internship and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1978
Residency and Year	NAVAL MEDICAL CENTER-SAN DIEGO, CA 1980
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	17099
License Date	6/3/2015
Name	<b>BISHOP, PAULINE M MD</b>
Address	443 LOWELL ST, PEABODY, MA, 01960
Specialty	DR
Board Certified	
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2009
Internship and Year	LEMUEL SHATTUCK HOSPITAL - JAMAICA PLAIN, MA 2010
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2014
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7866
License Date	6/8/1988
Name	<b>BISHOP, ROBERT C DO</b>
Address	MAXFIELD CLINIC, 48 BELKNAP AVENUE NEWPORT, NH, 03773-0629
Specialty	OS
Board Certified	FP
School and Year of Graduation	UNIV OF NEW ENGLAND COLL OF OSTEO - ME USA 1986
Internship and Year	BAPTIST MEDICAL CENTER OF NY - BROOKLYN, NY 1987
Residency and Year	WATERVILLE OSTEOPATHIC HOSPITAL - WATERVILLE, ME 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16439
License Date	1/8/2014
Name	<b>BISHOP-BARTOLOMEI, KELLY K MD</b>
Address	SURGERY/UROLOGY AT MEMORIAL HOSPITAL, 3073 WHITE MTN HWY NORTH CONWAY, NH, 0386
Specialty	GS
Board Certified	GS
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2002
Internship and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2003
Residency and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14532
License Date	8/5/2009
Name	<b>BISSAH, STEPHEN N MD</b>
Address	NEW LONDON HOSPITAL, 273 COUNTY RD NEW LONDON, NH, 03257
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF GHANA GHANA 1998
Internship and Year	WOODHULL MEDICAL & MENTAL HEALTH CENTER - BROOKLYN, NY 2007
Residency and Year	WOODHULL MEDICAL & MENTAL HEALTH CENTER - BROOKLYN, NY 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12863
License Date	9/7/2005
Name	<b>BISSELL, KRISTIN F MD</b>
Address	1060 DAY HILL RD, STE 203 WINDSOR, CT, 06095
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF CT, FARMINGTON CT US 1999
Internship and Year	HIGHLAND FAMILY MED, ROCHESTER NY 2000
Residency and Year	HIGHLAND FAMILY MED, ROCHESTER NY 2002
License Expiration Date	<b>6/30/2007</b>
Remarks	



License Number	12834
License Date	8/3/2005
Name	<b>BISSELL, SCOTT A MD</b>
Address	SPORTS MEDICINE PARTNERS, 2800 TAMARACK AVE STE 106SOUTH WINDSOR, CT, 06074
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIVERSITY OF CONNECTICUT, FARMINGTON CT US 1999
Internship and Year	UNIVERSITY OF ROCHESTER, ROCHESTER NY 2000
Residency and Year	UNIVERSITY OF ROCHESTER, ROCHESTER NY 2004
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	6393
License Date	3/6/1991
Name	<b>BISSON, JOHN A MD</b>
Address	THE VAS CLINIC, 64 COLCHESTER AVEBURLINGTON, VT, 05401-
Specialty	U
Board Certified	U
School and Year of Graduation	UNIV OF VERMONT COLL OF MED, BURLINGTON,VT USA 1973
Internship and Year	MED CTR HOSP,BURLINGTON,VT 1974
Residency and Year	MED CTR HOSP, BURLINGTON,VT 1978
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	9597
License Date	12/6/1995
Name	<b>BISSON, MONELLE G MD</b>
Address	OB/GYN HOSPITALIST PROGRAM, 8 PROSPECT STNASHUA, NH, 03060
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF VT COLLEDGE OF MEDICINE USA 1988
Internship and Year	BROOKE ARMY MEDICAL CTR-FT S -HOUSTON,TX 1992
Residency and Year	BROOKE ARMY MEDICAL CENTER - FT S HOUSTON, TX 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12617
License Date	3/2/2005
Name	<b>BISSONNETTE, JOHN P MD</b>
Address	PATHOLOGY SPECIALISTS OF N E, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	LOYOLA UNIVERSITYOF CHICAGO, MAYWOOD IL US 1999
Internship and Year	MASS GENERAL HOSPITAL, BOSTON MA 2003
Residency and Year	MASS GENERAL HOSPITAL, BOSTON MA 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11523
License Date	3/6/2002
Name	<b>BISWAS, EHSAN A MD</b>
Address	VA HOSPITAL, 200 SPRING RDBEDFORD, MA, 01730
Specialty	P
Board Certified	P
School and Year of Graduation	DHAKA MED COLL- DHAKA, BANGLADESH BANGLADESH 1992
Internship and Year	MEHARRY MEDICAL COLLEGE- NASHVILLE, TN 1997
Residency and Year	MEHARRY MEDICAL COLLEGE- NASHVILLE, TN 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9179
License Date	6/1/1994
Name	<b>BITTERMANN, DONALD E MD</b>
Address	INTERMED, 100 FODEN RD STE 101S PORTLAND, ME, 04106
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE USA 1966
Internship and Year	MAINE MEDICAL CENTER - PORTLAND ME 1967
Residency and Year	MAINE MEDICAL CENTER - PORTLAND ME 1973
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	11826
License Date	2/5/2003
Name	<b>BIVINS, DON H MD</b>
Address	NEUROPATHIC PAIN TREAT CTR, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty	N
Board Certified	N
School and Year of Graduation	UNIV OF TENNESSEE- MEMPHIS, TN USA 1976
Internship and Year	UNIV OF VIRGINIA - ROANOKE, VA 1978
Residency and Year	WAKE FOREST UNIVERSITY - WINSTON - SALEM, NC 1981
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	16101
License Date	5/1/2013
Name	<b>BIYANI, SHRUTI S MD</b>
Address	STEWART MED GRP - WOMENS HLTH OF SALEM, 18 KEEWAYDIN DRSALEM, NH, 03079
Specialty	OBG
Board Certified	
School and Year of Graduation	B J MEDICAL COLLEGE INDIA 2002
Internship and Year	ROCHESTER GENERAL HOSPITAL - ROCHESTER, NY 2010
Residency and Year	ROCHESTER GENERAL HOSPITAL - ROCHESTER, NY 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11106
License Date	11/1/2000
Name	<b>BIZAR-SCHNEEBAUM, ANDREA MD</b>
Address	SO NH INT MEDICINE ASSOC., 6 TSIENNETO RD STE 300DERRY, NH, 03038
Specialty	RHU
Board Certified	RHU
School and Year of Graduation	SACKLER FAC OF MED TTEL AVIV UNIV - AVIV-YAFO ISRAEL 1981
Internship and Year	YALE PRIMARY CARE PROGRAM - NEW HAVEN, CT 1982
Residency and Year	YALE PRIMARY CRE PROGRAM - NEW HAVEN, CT 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16660
License Date	7/2/2014
Name	<b>BIZOT, WILLIAM B MD</b>
Address	7237 FOX HARBOR RD, PROSPECT, KY, 40059
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF LOUISVILLE SCHOOL OF MEDICINE USA 1986
Internship and Year	HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 1987
Residency and Year	HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 1989
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11684
License Date	8/7/2002
Name	<b>BLACK, CANDICE C DO</b>
Address	DHMC - PATHOLOGY, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	NOVA SOUTHEASTERN UNIV - FT LAUDERDALE,FL USA 1996
Internship and Year	FLORIDA MEDICA CENTER - FORT LAUDERDALE, FL 1997
Residency and Year	MT SINAI MEDICAL CENTER - NEW YORK, NY 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10894
License Date	5/3/2000
Name	<b>BLACK, DOUGLAS J MD</b>
Address	DOUGLAS BLACK MD, PLLC, 185 QUEEN CITY AVEMANCHESTER, NH, 03101
Specialty	N
Board Certified	N
School and Year of Graduation	UNIV OF SO FLORIDA COLL OF MED - TAMPA, FL USA 1993
Internship and Year	UNIV OF SOUTH FLORIDA COLL OF MED - TAMPA, FL 1994
Residency and Year	UNIV OF SOUTH FLORIDA - TAMPA, FL 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3519
License Date	6/29/1962
Name	<b>BLACK, DOUGLAS M MD</b>
Address	156 LITTLE POND RD, CONCORD, NH, 03301
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF VERMONT MEDICAL SCHOOL USA 1956
Internship and Year	INDIANA UNIVERSITY MEDICAL CENTER 1957
Residency and Year	WOMAN'S HOSPITAL DIVISION OF ST. LUKE'S- NY 1962
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	15649
License Date	5/2/2012
Name	<b>BLACK, MARTIN D MD</b>
Address	CONCORD HOSP, 250 PLEASANT STCONCORD, NH, 03301
Specialty	PCC
Board Certified	PCC
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 2006
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2007
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8582
License Date	7/17/1991
Name	<b>BLACK, WILLIAM C MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	DR
Board Certified	DR
School and Year of Graduation	VIRGINIA COMMONWEALTH UNIV - RICHMOND, VA USA 1979
Internship and Year	UNIV OF VIRGINIA HOSPITAL - CHARLOTTESVILLE, VA 1980
Residency and Year	UNIV OF VIRGINIA HOSPITAL - CHARLOTTESVILLE, VA 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10579
License Date	6/2/1999
Name	<b>BLACKMAN, GREGORY E MD</b>
Address	DEPT OF RADIOLOGY NACC NEWPORT, 1 RIGGS RDNEWPORT, RI, 02840
Specialty	R
Board Certified	R
School and Year of Graduation	VANDERBILT UNIV SCH OF MED - NASHVILLE, TN USA 1987
Internship and Year	UNIV OF TEXAS SOUTHWESTERN MED CTR - DALLAS, TX 1988
Residency and Year	UNIV OF TEXAS SOUTHWESTERN MED CTR - DALLAS, TX 1989
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number 14750  
 License Date 3/3/2010  
 Name **BLACKSTONE, JACQUELYN A DO**  
 Address MAINE MED PART WOM HEALTH, 887 CONGRESS ST STE 200PORTLAND, ME, 04102  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 1987  
 Internship and Year ST VINCENT'S MIDTOWN AKA NYCOM/ST CLARE'S HOSP & HEALTH-PORT EWEN, NY 1988  
 Residency and Year MT SINAI SCHOOL OF MEDICINE - JERSEY CITY, NJ 1991  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 15372  
 License Date 9/7/2011  
 Name **BLACKWOOD, CAROL L MD**  
 Address VA CLINIC, 640 MARLBORO STKEENE, NH, 03431  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF VERMONT USA 1997  
 Internship and Year NAVAL HOSPITAL - CAMP PENDLETON, CA 1998  
 Residency and Year NAVAL HOSPITAL - CAMP PENDLETON, CA 2000  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 8732  
 License Date 6/3/1992  
 Name **BLACKWOOD, MARK R MD**  
 Address DURHAM FAMILY HEALTH, 36 MADBURY RDDURHAM, NH, 03824  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1989  
 Internship and Year UNIVERSITY OF VIRGINIA HOSPITALS CHARLOTTESVILLE,VA 1992  
 Residency and Year UNIVERSITY OF VIRGINIA HOSPITALS-CHARLOTTESVILLE,VA 1992  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 5860  
 License Date 3/2/1978  
 Name **BLACKWOOD, WILLIAM S MD**  
 Address SJ PHYSICIAN SERVICES, 172 KINSLEY STNASHUA, NH, 03060  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation LONDON HOSPITAL MEDICAL COLLEGE - LONDON ENGLAND 1971  
 Internship and Year LONDON HOSPITAL - LONDON, ENGLAND 1972  
 Residency and Year ST JOHN'S HOSPITAL - CHELMSFORD ESSEX ENGLAND 1972  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13085  
 License Date 6/7/2006  
 Name **BLAHA, GREGORY R MD**  
 Address 1 ESSEX CENTER DR, PEABODY, MA, 01960  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation UNIVERSITY OF PA, PHILADELPHIA PA US 2000  
 Internship and Year CROZER-CHESTER MED CTR, UPLAND PA 2001  
 Residency and Year TUFTS UNIVERSITY, BOSTON MA 2004  
 License Expiration Date **5/4/2015**  
 Remarks **Requested inactive 5/4/2015.**

License Number 16150  
 License Date 6/5/2013  
 Name **BLAIR III, VILRAY P MD**  
 Address COMPHEALTH, PO BOX 713100SALT LAKE CITY, UT, 84171  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation DUKE UNIVERSITY SCHOOL OF MEDICINE USA 1977  
 Internship and Year BARNES-JEWISH HOSPITAL - ST LOUIS, MO 1978  
 Residency and Year BARNES-JEWISH HOSPITAL - ST LOUIS, MO 1982  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 6556  
 License Date 6/24/1982  
 Name **BLAIR, STEVEN R MD**  
 Address , PO BOX 61CORNISH FLAT, NH, 03746  
 Specialty PD  
 Board Certified  
 School and Year of Graduation ALBERT EINSTEIN COLL MED - BRONX, NY USA 1979  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1980  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1982  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16000  
 License Date 2/6/2013  
 Name **BLAISDELL, GREGORY Y MD**  
 Address NH ORTHOPAEDIC CTR, 17 RIVERSIDE ST., SUITE 101NASHUA, NH, 03062  
 Specialty ORS  
 Board Certified  
 School and Year of Graduation PENNSYLVANIA STATE UNIVERSITY USA 2007  
 Internship and Year UNIVERSITY OF WASHINGTON - SEATTLE, WA 2008  
 Residency and Year UNIVERSITY OF WASHINGTON - SEATTLE, WA 2012  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	15691
License Date	6/6/2012
Name	<b>BLAKE, HEIDI C MD</b>
Address	PORTSMOUTH REG HOSP, 333 BORTHWICK AVEPORTSMOUTH, NH, 03801
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF MICHIGAN MEDICAL SCHOOL USA 1993
Internship and Year	UNIVERSITY OF MICHIGAN MEDICAL CENTER-ANN ARBOR, MI 1995
Residency and Year	UNIVERSITY OF MICHIGAN MEDICAL CENTER-ANN ARBOR, MI 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14985
License Date	9/1/2010
Name	<b>BLAKE, ROBERT V MD</b>
Address	230 HILTON AVE STE 117, HEMPSTEAD, NY, 11550
Specialty	DR
Board Certified	DR
School and Year of Graduation	NEW YORK MEDICAL COLLEGE USA 1975
Internship and Year	LONG ISLAND JEWISH MEDICAL CENTER - NEW HYDE PARK, NY 1976
Residency and Year	LONG ISLAND JEWISH MEDICAL CENTER - NEW HYDE PARK, NY 1976
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12643
License Date	4/6/2005
Name	<b>BLAKE, TIMOTHY D MD</b>
Address	NASHUA EYE ASSOCIATES, 5 COLISEUM AVENASHUA, NH, 03063-3292
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	LOYOLA UNIV OF CHICAGO US 2000
Internship and Year	RESURRECTION MEDICAL CENTER, CHICAGO IL 2001
Residency and Year	TEMPLE UNIVERSITY 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16992
License Date	4/1/2015
Name	<b>BLANCH, ROBERT M MD</b>
Address	WAYS, 13737 NOEL RD STE 1600DALLAS, TX, 75240
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF UT SCHOOL OF MEDICINE USA 2004
Internship and Year	UNIVERSITY OF KANSAS MEDICAL CENTER - KANSAS CITY, KS 2005
Residency and Year	SAINT LUKE'S HOSPITAL OF KANSAS CITY - KANSAS CITY, MO 2010
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15906
License Date	11/7/2012
Name	<b>BLANCHET, JACQUES H MD</b>
Address	CMC - DHK, 580-590 COURT STREETKEENE, NH, 03431
Specialty	EM
Board Certified	EM
School and Year of Graduation	MCGILL UNIVERSITY FACULTY OF MEDICINE CANADA 1986
Internship and Year	JEWISH GENERAL HOSPITAL - MONTREAL, CANADA 1987
Residency and Year	JEWISH GENERAL HOSPITAL - MONTREAL, CANADA 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8748
License Date	6/3/1992
Name	<b>BLANCHETTE PORTER, MISTY M MD</b>
Address	DHMC OBGYN, ONE MEDICAL DRLEBANON, NH, 03756-
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL HANOVER, NH USA 1989
Internship and Year	MEDICAL CENTER HOSPITAL VERMONT 1993
Residency and Year	MEDICAL CENTER HOSPITAL VERMONT 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6259
License Date	8/7/1980
Name	<b>BLANCHETTE, PATRICIA A MD</b>
Address	347 N KUAKINI ST, HPM 9HONOLULU, HI, 96817-2372
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF HAWAII SCHOOL MED - HONOLULU, HI USA 1979
Internship and Year	DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1980
Residency and Year	DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1980
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	16964
License Date	3/4/2015
Name	<b>BLAND, JESSICA K MD</b>
Address	AMOSKEAG ANESTHESIA, ONE ELLIOT WAY, SUITE 200MANCHESTER, NH, 03103
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF TX HEALTH SCIENCE CENTER @ SAN ANTON USA 2005
Internship and Year	YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2006
Residency and Year	FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number 12899  
 License Date 10/5/2005  
 Name **BLANK, ALVIN R MD**  
 Address CIGNA BEHAVIORIAL HEALTH, 1447 YORK RD STE 700 LUTHERVILLE, MD, 21093  
 Specialty P  
 Board Certified P  
 School and Year of Graduation ROSALIND FRANKLIN UNIVERSITY, NORTH CHICAGO IL US 1970  
 Internship and Year UNIVERSITY OF MARYLAND, BALTIMORE MD 1971  
 Residency and Year UNIVERSITY OF CINCINNATI, CINCINNATI OH 1974  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15617  
 License Date 4/4/2012  
 Name **BLANK, ERIKA S MD**  
 Address CORE PHYSICIANS HAMPTON HEALTH, 879 LAFAYETTE RD HAMPTON, NH, 03842  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation ALBERT EINSTEIN COLLEGE USA 1996  
 Internship and Year MOUNT SINAI HOSPITAL - NEW YORK, NY 1997  
 Residency and Year MOUNT SINAI HOSPITAL - NEW YORK, NY 1999  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 5650  
 License Date 12/6/1976  
 Name **BLASIK JR, LAWRENCE G MD**  
 Address SUMMIT DERMATOLOGY & LASER CTR, 111 GLYNCO PKWY STE 20 BLG 1 BRUNSWICK, GA, 31525  
 Specialty D  
 Board Certified D  
 School and Year of Graduation UNIV OF ILLINOIS COLLEGE OF MED CHICAGO USA 1972  
 Internship and Year HARTFORD HOSPITAL 1973  
 Residency and Year HARTFORD HOSPITAL 1975  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 14614  
 License Date 10/7/2009  
 Name **BLASZCZAK, TOMASZ MD**  
 Address 46 ROCKY POINT DR, BOW, NH, 03304  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation AKADEMIA MEDYCZNA, LUBLIN POLAND 1999  
 Internship and Year NASSAU UNIVERSITY MEDICAL CENTER - EAST MEADOW, NY 2004  
 Residency and Year NASSAU UNIVERSITY MEDICAL CENTER - EAST MEADOW, NY 2006  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	13656
License Date	9/5/2007
Name	<b>BLASZYK, HAGEN MD</b>
Address	SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200SOUTH PORTLAND, ME, 04106
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF JENA GERMANY 1992
Internship and Year	MAYO CLINIC - ROCHESTER, MN 1994
Residency and Year	MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15176
License Date	4/6/2011
Name	<b>BLATT, NANCY A DO</b>
Address	BARRINGTON FAMILY PRACTICE, 426 CALEF HWY (RTE 125)BARRINGTON, NH, 03825
Specialty	FP
Board Certified	FP
School and Year of Graduation	MIDWESTERN UNIVERSITY USA 2001
Internship and Year	ARROWHEAD REGIONAL MEDICAL CENTER - COLTON, CA 2002
Residency and Year	UNIVERSITY HOSPITALS OF CLEVELAND - CLEVELAND, OH 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13145
License Date	7/5/2006
Name	<b>BLEAKLEY, JEFFREY F MD</b>
Address	100 MC GREGOR ST, MANCHESTER, NH, 03102
Specialty	IM
Board Certified	CD
School and Year of Graduation	VANDERBILT UNIV USA 1993
Internship and Year	STRONG MEMORIAL HOSPITAL-ROCHESTER NY 1994
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL-BOSTON MA 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12982
License Date	1/4/2006
Name	<b>BLEDSON, JAMES H MD</b>
Address	709 SKY MOUNTAIN DR, ROGERS, AR, 72756
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF ARKANSAS USA 1969
Internship and Year	UNIV OF TEXAS MEDICAL SCHOOL, HOUSTON TX 1970
Residency and Year	UNIV OF ARKANSAS FOR MEDICAL SCIENCES, LITTLE ROCK AR 1974
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 16572  
 License Date 5/7/2014  
 Name **BLEICH, LAUREN M MD**  
 Address 100 PARROTT DR #913, SHELTON, CT, 06484  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation TULANE UNIVERSITY SCHOOL OF MEDICINE USA 2007  
 Internship and Year LAHEY CLINIC - BURLINGTON, MA 2008  
 Residency and Year LAHEY CLINIC - BURLINGTON, MA 2011  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10067  
 License Date 7/2/1997  
 Name **BLENCOWE, ELIZABETH A MD**  
 Address NORTH END COUNSELING, 9 BLODGET STREETMANCHESTER, NH, 03104-3502  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIV OF TX MED SCH AT SAN ANTONIO , TX USA 1973  
 Internship and Year ST MARYS HOSPMED CENTER-CA 1976  
 Residency and Year ST MARY'S HOSPITAL MEDICAL CENTER - CA 1976  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 7311  
 License Date 5/8/1986  
 Name **BLEND, TIMOTHY W MD**  
 Address THE BLEND INSTITUTE, 1911 MANATEE AVE E, SUITE 102BRADENTEN, FL, 34208  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation ROSS UNIV (UNIV OF DOMINICA) ROSEAU WEST INDIES 1981  
 Internship and Year KINGS COUNTY HOSPITAL CENTER - BROOKLYN, NY 1982  
 Residency and Year NEW YORK UNIV MEDICAL CENTER - NY, NY 1985  
 License Expiration Date **6/30/2016**  
 Remarks **lapsed 6/30/99 - reinstated 10/3/12**

License Number 4788  
 License Date 6/14/1971  
 Name **BLENKINSOP, ALFRED I MD**  
 Address 109 CAMELOT DR, BEDFORD, NH, 03110  
 Specialty FP  
 Board Certified  
 School and Year of Graduation KINGS COLLEGE MEDICAL SCHOOL ENGLAND 1957  
 Internship and Year HEXHAM GENERAL HOSPITAL - NORTHUMBERLAND 1958  
 Residency and Year HAXHAM GENERAL HOSPITAL - NORTHUMBERLAND 1962  
 License Expiration Date **6/30/2009**  
 Remarks

License Number	13421
License Date	3/7/2007
Name	<b>BLEYENBERG, JULIE A DO</b>
Address	DOVER WOMEN'S HEALTH, 700 CENTRAL AVEDOVER, NH, 03820
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	DES MOINES UNIV USA 2002
Internship and Year	UNIV OF CINCINNATI - CINCINNATI, OH 2004
Residency and Year	UNIV OF CINCINNATI - CINCINNATI, OH 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8733
License Date	6/3/1992
Name	<b>BLIKE, GEORGE T MD</b>
Address	DHMC-ANESTHESIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF CINCINNATI USA 1988
Internship and Year	HARTFORD HOSPITAL HARTFORD - CONNECTICUT 1989
Residency and Year	YALE-NEW HAVEN HOSPITAL NEW HAVEN - CONNECTICUT 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6892
License Date	6/7/1984
Name	<b>BLITZER, CHARLES M MD</b>
Address	MARSH BROOK PROF CTR, 7 MARSH BROOK DR SOMERSWORTH, NH, 03878
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	BOSTON UNIV SCH MED-BOSTON, MA USA 1979
Internship and Year	BAYSTATE MED CTR-SPRINGFIELD, MA 1980
Residency and Year	MED CTR HOSPITAL-BURLINGTON, VT 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10853
License Date	4/5/2000
Name	<b>BLOCK, CLAY A MD</b>
Address	DHMC-NEPHROLOGY, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF CALIFORNIA USA 1989
Internship and Year	UNIVERSITY OF NORTH CAROLINA - CHAPEL HILL NC 1993
Residency and Year	UNIVERSITY OF NORTH CAROLINA - CHAPEL HILL NC 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6804
License Date	10/6/1983
Name	<b>BLOCK, LEONARD MD</b>
Address	c/o BLADEN COUNTY HOSP, 501 POPLAR STELIZABETHTOWN, NC, 28337
Specialty	GS
Board Certified	GS
School and Year of Graduation	CHICAGO MED SCH-CHICAGO,IL USA 1974
Internship and Year	COOK COUNTY HOSPITAL-CHICAGO,IL 1974
Residency and Year	COOK COUNTY HOSPITAL-CHICAGO,IL 1980
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	9598
License Date	12/6/1995
Name	<b>BLOCK, ROBERT C MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 253 PLEASANT STCONCORD, NH, 03301-
Specialty	OAR
Board Certified	IM
School and Year of Graduation	UMDNJ NEW JERSEY MEDICAL SCHOOL- NEWMARK, NJ USA 1991
Internship and Year	KALAMAZOO CENTER MEDICAL STUDIES- KALAMAZOO, MI 1992
Residency and Year	MAYO GRAD SCHOOL MEDICINE/MAYO FNDN - ROCHESTER, MN 1995
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	9863
License Date	11/6/1996
Name	<b>BLOMSTEDT, JEFFREY W MD</b>
Address	115 WINCHESTER ST, GREENFIELD, MA, 01301
Specialty	NEP
Board Certified	NEP
School and Year of Graduation	COLUMBIA UNIV COLLEGE OF PHYSICIANS,SURGEONS, NY USA 1974
Internship and Year	PRESBYTERIAN HOSPITAL - NY, NY 1975
Residency and Year	PRESBYTERIAN HOSPITAL - NY, NY 1976
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17254
License Date	9/2/2015
Name	<b>BLONDEAU, BENOIT A MD</b>
Address	55 WESTERN PROM, AUBURN, ME, 04210
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITE FRANCOIS-RABELAIS FRANCE 1993
Internship and Year	HOWARD UNIV HOSPITAL- WASHINGTON DC 2000
Residency and Year	TRUMAN MEDICAL CTR - KANSAS CITY, MO 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10444
License Date	11/4/1998
Name	<b>BLONDIN, BRIAN D MD</b>
Address	HEYWOOD HOSP, 242 GREEN STGARDNER, MA, 01440
Specialty	AN
Board Certified	AN
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1991
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1992
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1997
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	6058
License Date	6/11/1979
Name	<b>BLOOM, JOHN D MD</b>
Address	83 SPUR RD, DOVER, NH, 03820
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	BOWMAN GRAY SCHOOL OF MEDICINE OF WAKE FORREST USA 1972
Internship and Year	WILFORD HALL USAF MEDICAL CENTER - LACKLAND AFB, TX 1973
Residency and Year	MAYO GRANDUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1978
License Expiration Date	<b>6/30/2015</b>
Remarks	<b>RETIRED</b>

License Number	7560
License Date	5/6/1987
Name	<b>BLOOM, WILLIAM S MD</b>
Address	80 S MAIN ST, HANOVER, NH, 03755
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	MT SINAI SCHOOL OF MEDICINE - NEW YORK, NY USA 1981
Internship and Year	BETH ISRAEL MEDICAL CENTER - NEW YORK, NY 1982
Residency and Year	UNIVERSITY HOSPITAL INC - BOSTON, MA 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8583
License Date	7/17/1991
Name	<b>BLOOMER, JAMES A MD</b>
Address	YOUR MEDICAL HOME LLC, 21 HAMPTON RDEXETER, NH, 03833-4831
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF MASS MED SCH - WORCESTER, MA USA 1987
Internship and Year	FRANKLIN SQUARE HOSPITAL CENTER - BALTIMORE, MD 1990
Residency and Year	FRANKILN SQUARE HOSPITL CENTER-BALTIMORE,MD 1990
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11409
License Date	10/3/2001
Name	<b>BLOSS, MICHAEL F MD</b>
Address	VIRTUAL RADIOLOGIC PROFESSIONALS LLC, 11995 SINGLETREE LN SUITE 500EDEN PRAIRIR, MN, 55
Specialty	R
Board Certified	R
School and Year of Graduation	DARTMOUTH MEDICAL SCH - LEBANON, NH USA 1997
Internship and Year	BASSETT HEALTHCARE - COOPERSTOWN, NY 198
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16001
License Date	2/6/2013
Name	<b>BLUDAU, JUERGEN H MD</b>
Address	ELLIOT HEALTH SYSTEM, 138 WEBSTER STREETMANCHESTER, NH, 03104
Specialty	IM
Board Certified	IM
School and Year of Graduation	ROYAL COLLEGE OF SURGIONS IRELAND 1987
Internship and Year	NEWTON WELLESLEY HOSPITAL - NEWTON LOWER FALLS, MA 1991
Residency and Year	NEWTON WELLESLEY HOSPITAL - NEWTON LOWER FALLS, MA 1993
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	4963
License Date	3/6/1973
Name	<b>BLUESTONE, NAOMI R MD</b>
Address	230 BEAUTY HILL RD, PO BOX 217CTR BARNSTEAD, NH, 03225-0217
Specialty	P
Board Certified	PH
School and Year of Graduation	MEDICAL COLLEGE OF PA USA 1962
Internship and Year	ALBERT EINSTEIN MEDICAL CENTER HOSPITAL - PHILA, PA 1963
Residency and Year	CITY OF NY HOSPITAL - NY, NY 1966
License Expiration Date	<b>11/13/1999</b>
Remarks	<b>DECEASED 11/13/99</b>

License Number	13763
License Date	12/5/2007
Name	<b>BLUM, STEPHEN M MD</b>
Address	1001 NW LOVEJOY ST, #706PORTLAND, OR, 97209-3570
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF OKLAHOMA USA 1969
Internship and Year	MONTEFIORE MEDICAL CTR - BRONX, NY 1970
Residency and Year	BELLEVUE HOSPITAL - NEW YORK, NY 1973
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	11685
License Date	8/7/2002
Name	<b>BLUMBERG, JILL I MD</b>
Address	WHITE RIVER FAMILY PRACTICE, 331 OLCOTT DRWHITE RIVER JCT, VT, 05001
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF CONNECTICUT SCH OF MED - FARMINGTON, CT USA 1999
Internship and Year	ALASKA FAMILY PRACTICE/PROVIDENCE HOSPITAL - ANCHORAGE, AK 2000
Residency and Year	ALASKA FAMILY PRACTICE/PROVIDENCE HOSPITAL - ANCHORAGE, AK 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6394
License Date	6/4/1981
Name	<b>BLUME, PETER MD</b>
Address	CONCORD HOSP, 250 PLEASANT STCONCORD, NH, 03301-
Specialty	EM
Board Certified	EM
School and Year of Graduation	CMDNJ NEW JERSEY MED SCH, NEWARK,NJ USA 1977
Internship and Year	UNIV HOSP, MADISON,WI 1978
Residency and Year	UNIV HOSP, MADISON,WI 1981
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10744
License Date	11/3/1999
Name	<b>BOALS, AARON M MD</b>
Address	MERRIMACK FAMILY PRACTICE, 294 DANIEL WEBSTER HWYMERRIMACK, NH, 03054
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF IOWA USA 1996
Internship and Year	BOWMAN GRAY SCHOOL OF MEDICINE - WINSTON-SALEM NC 1999
Residency and Year	BOWMAN GRAY SCHOOL OF MEDICINE - WINSTON-SALEM NC 1999
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	12158
License Date	12/3/2003
Name	<b>BOARDMAN, JOHN W MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF WISCONSIN, MADISON WI US 1994
Internship and Year	ST LUKES MEDICAL CTR, MILWAUKEE WI 1995
Residency and Year	ST LUKES MEDICAL CTR, MILWAUKEE WI 1999
License Expiration Date	<b>6/30/2013</b>
Remarks	



License Number	12159
License Date	12/3/2003
Name	<b>BOAZ, TRAVIS L MD</b>
Address	401 HAWTHORNE LN STE 110-121, CHARLOTTE, NC, 28202
Specialty	R
Board Certified	R
School and Year of Graduation	GEORGE WASHINGTON UNIVERSITY, WASHINGTON DC US 1992
Internship and Year	CEDARS-SINAI MED CTR, LOS ANGELES CA 1993
Residency and Year	UNIVERSITY HOSPITALS OF CLEVELAND, CLEVELAND OH 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11161
License Date	2/7/2001
Name	<b>BOBMAN, STUART A MD</b>
Address	3680 BROADWAY, FT MYERS, FL, 33901
Specialty	
Board Certified	R
School and Year of Graduation	DUKE UNIV SCH OF MED- DURHAM, NC USA 1985
Internship and Year	ST JOHN'S MERCY MEDICAL CENTER - ST LOUIS, MO 1986
Residency and Year	HOSPITAL OF THE UNIV OF PA - PHILADELPHIA, PA 1990
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	13086
License Date	6/7/2006
Name	<b>BOBOCEA, MANUELA A MD</b>
Address	SOUTHERN NH MED CTR, 8 PROSPECT STNASHUA, NH, 03061
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF DEMEDICINA, ROMANIA ROMANIA 1999
Internship and Year	ST LUKES, NEW YORK NY 2004
Residency and Year	ST LUKES, NEW YORK NY 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6871
License Date	5/10/1984
Name	<b>BOBRUFF, MARTHA R MD</b>
Address	PO BOX 2400, NEW LONDON, NH, 03257
Specialty	P
Board Certified	
School and Year of Graduation	GEORGE WASHINGTON UNIV OF MED - DC USA 1972
Internship and Year	BOSTON UNIV MEDICAL CENTER - MA 1973
Residency and Year	MC LEAN HOSPITAL - MA 1976
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 16151  
 License Date 6/5/2013  
 Name **BOCACHICA, JOHN H MD**  
 Address 19441 OSTOVIA CIR, EAGLE RIVER, AK, 99577  
 Specialty D  
 Board Certified D  
 School and Year of Graduation STATE UNIVERSITY OF NEW YORK USA 1976  
 Internship and Year METROPOLITAN HOSPITAL CENTER - NY, NY 1977  
 Residency and Year  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 15954  
 License Date 12/5/2012  
 Name **BOCK, ANTHONY J MD**  
 Address YORK HOSPITAL, 15 HOSPITAL DRYORK, ME, 03909  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIVERSITY OF SOUTH DAKOTA SCHOOL OF MEDICINE USA 1997  
 Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1998  
 Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2000  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15651  
 License Date 5/2/2012  
 Name **BODA, NAMRATHA R MD**  
 Address FRISBIE MEMORIAL HOSPITAL, 11 WHITEHALL RD ROCHESTER, NH, 03867  
 Specialty P  
 Board Certified P  
 School and Year of Graduation SRI DEVARAJ URS MEDICAL COLLEGE INDIA 2004  
 Internship and Year BETH ISRAEL MEDICAL CENTER - NY, NY 2008  
 Residency and Year BETH ISRAEL MEDICAL CENTER - NY, NY 2011  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12053  
 License Date 9/3/2003  
 Name **BODEN, THOMAS M MD**  
 Address VIRTUAL RADIOLGIC, 11995 SINGLETREE LN STE 500 EDEN PRAIRIE, MN, 55344  
 Specialty R  
 Board Certified R  
 School and Year of Graduation CARL GUSTAV CARUS ACADEMY OF MED, DRESDEN GERMANY GERMANY 1992  
 Internship and Year METROHEALTH MEDICAL CTR, CLEVELAND OH 1998  
 Residency and Year METROHEALTH MEDICAL CTR, CLEVELAND OH 2002  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	15077
License Date	12/1/2010
Name	<b>BODNER, BRUCE E MD</b>
Address	34 GRINNELL ST, BERKLEY, MA, 02779
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF MEDICINE & DENTISTRY OF NJ USA 1980
Internship and Year	MOUNT SINAI SCHOOL OF MEDICINE - NY, NY 1982
Residency and Year	MOUNT SINAI SCHOOL OF MEDICINE - NY, NY 1985
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	16338
License Date	10/2/2013
Name	<b>BOEHLER, RICHARD MD</b>
Address	ST JOSEPH HOSPITAL, 172 KINSLEY ST NASHUA, NH, 03060
Specialty	IM
Board Certified	IM
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 1980
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1982
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11262
License Date	6/6/2001
Name	<b>BOERNER, CAROL F MD</b>
Address	320 MAIN ST, SUITE 3 NORWICH, VT, 05055
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	JEFFERSON MEDICAL COLLEGE USA 1976
Internship and Year	BRYN MAWR HOSPITAL - BRYN MAWR PA 1977
Residency and Year	EMORY UNIVERSITY - ATLANTA GA 1981
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16401
License Date	12/4/2013
Name	<b>BOES, CHRISTOPHER J MD</b>
Address	MAYO CLINIC, 200 1ST ST SW ROCHESTER, MN, 55905
Specialty	N
Board Certified	N
School and Year of Graduation	UNIVERSITY OF NEBRASKA MEDICAL CENTER USA 1996
Internship and Year	UNIVERSITY OF NEBRASKA MEDICAL CENTER - OMAHA, NE 1997
Residency and Year	MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13700
License Date	10/3/2007
Name	<b>BOFFETTI, PAUL F MD</b>
Address	FOUNDATION MEDICAL PARTNERS, 8 PROSPECT STNASHUA, NH, 03061
Specialty	IM
Board Certified	CD
School and Year of Graduation	TUFTS UNIV USA 1984
Internship and Year	BOSTON VETERANS AFFAIRS MEDICAL CENTER - JAMAICA PLAIN, MA 1985
Residency and Year	UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1990
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16208
License Date	7/3/2013
Name	<b>BOGGS, MARY K DO</b>
Address	ELLIOT, ONE ELLIOT WAYMANCHESTER, NH, 37604
Specialty	GS
Board Certified	
School and Year of Graduation	KANSAS CITY UNIVERSITY OF MEDICINE USA 2004
Internship and Year	MERCY HOSPITAL MEDICAL CENTER - DES MOINES, IA 2005
Residency and Year	MERCY HOSPITAL MEDICAL CENTER - DES MOINES, IA 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6450
License Date	8/24/1981
Name	<b>BOGIN, FREDERICK J MD</b>
Address	236 WHITEBECK RD, NEW HARTFORD, CT, 06057
Specialty	PD
Board Certified	PD
School and Year of Graduation	NEW YORK MED COLL-NEW YORK,NY USA 1975
Internship and Year	U CT SCH MED INTEG PROG-FARMINGTON,CT 1976
Residency and Year	U CT SCH MED INTEG PROG-FARMINGTON,CT 1978
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	8484
License Date	2/6/1991
Name	<b>BOGRAKOS, WILLIAM L DO</b>
Address	9113 SUMNER GROVE DR, LAUREL, MD, 20708
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF NEW ENGLAND COLL - BIDDEFORD, ME USA 1985
Internship and Year	BAPTIST MEDICAL CENTER - BROOKLYN, NY 1986
Residency and Year	BAPIST MEDICAL CENTER - BROOKLYN, NY 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8704
License Date	5/6/1992
Name	<b>BOGURSKY, STEPHEN I MD</b>
Address	ANESTHESIA CARE GROUP PC, 88 MCGREGOR ST STE 303MANCHESTER, NH, 03102
Specialty	AN
Board Certified	AN
School and Year of Graduation	NEW YORK MEDICAL COLLEGE USA 1988
Internship and Year	PRESBYTERIAN HOSPITAL 1989
Residency and Year	PRESBYTERIAN HOSPITAL 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17205
License Date	8/5/2015
Name	<b>BOH, BENJAMIN J DO</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF NE COLLEGE OF OSTEOPATHIC MED USA 2010
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15283
License Date	7/6/2011
Name	<b>BOHEEN, ERICA A MD</b>
Address	ROCHESTER PEDIATRIC ASSOC, 245 ROCHESTER HILL RD UNIT 2ROCHESTER, NH, 03867
Specialty	PD
Board Certified	PD
School and Year of Graduation	TEMPLE UNIVERSITY SCHOOL OF MEDICINE USA 1995
Internship and Year	CONNECTICUT CHILDRENS MEDICAL CENTER - HARTFORD, CT 1997
Residency and Year	CONNECTICUT CHILDRENS MEDICAL CENTER - HARTFORD, CT 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9561
License Date	10/4/1995
Name	<b>BOHNERT, MICHAEL J MD</b>
Address	464 COMMON ST STE 331, BELMONT, MA, 02478
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF PENNDYLVANIA SCHOOL OF MEDICINE USA 1972
Internship and Year	HOSPITAL UNIV OF PENNSYLVANIA PHILADELPHIA, PA] 1973
Residency and Year	MASS MENTAL HEALTH CENTER BOSTON, MA 1976
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 9670  
 License Date 4/3/1996  
 Name **BOISEN, VICTORIA C DO**  
 Address 160 PLAISTOW RD, PLAISTOW, NH, 03865  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLL OF OSTEOPATHIC MED USA 1993  
 Internship and Year MALDEN HOSPITAL-MALDEN MA 1994  
 Residency and Year MALDEN HOSPITAL-MALDEN MA 1996  
 License Expiration Date **6/30/2002**  
 Remarks

License Number 15336  
 License Date 8/3/2011  
 Name **BOJKOVIC, MICHAEL N MD**  
 Address FOCUS HEALTH INC, 10801 STARKEY ROAD #104-101SEMINOLE, FL, 33777  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIVERSITY OF MANITOBA FACULTY OF MEDICINE CANADA 1989  
 Internship and Year UNIVERSITY OF TORONTO - TORONTO, CANADA 1990  
 Residency and Year UNIVERSITY OF TORONTO - TORONTO, CANADA 1991  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12332  
 License Date 6/2/2004  
 Name **BOKAT, PAMELA MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty P  
 Board Certified P  
 School and Year of Graduation TEL AVIV UNIVERSITY, TEL AVIV-YAFO ISRAEL ISRAEL 2000  
 Internship and Year BETH ISRAEL MEDICAL CTR, NEW YORK NY 2001  
 Residency and Year BETH ISRAEL MEDICAL CTR, NEW YORK NY 2003  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 7940  
 License Date 8/10/1988  
 Name **BOL, MORRIS MD**  
 Address ALICE PECK DAY HOSP, 125 MASCOMA STLEBANON, NH, 03766  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation STANFORD UNIV SCH MED - STANFORD, CA USA 1969  
 Internship and Year SANTA CLARA VALLEY MEDICAL CENTER - SAN JOSE, CA 1970  
 Residency and Year UNIV COLORADO SCH OF MED AFFILIATED HOSPITAL - DENVER, CO 1971  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 7251  
 License Date 1/2/1986  
 Name **BOLAND, ARTHUR L MD**  
 Address 10 HAWTHORNE PL STE 114, BOSTON, MA, 02114-2336  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation CORNELL UNIV MED COLL NEW YORK NY USA 1961  
 Internship and Year NY HOSP CORNELL UNIV MED CTR NY 1962  
 Residency and Year MASS GEN HOSPITAL BOSTON MA 1968  
 License Expiration Date **6/30/2000**  
 Remarks

License Number 15977  
 License Date 1/9/2013  
 Name **BOLDING, JULIA M MD**  
 Address 580 ST JOHNSBURY RD, LITTLETON, NH, 03561  
 Specialty RHU  
 Board Certified RHU  
 School and Year of Graduation UNIVERSITY OF NORTH DAKOTA SCHOOL OF MED USA 1999  
 Internship and Year WEST VIRGINIA UNIVERSITY HOSPITALS - MORGANTOWN, WV 2000  
 Residency and Year WEST VIRGINIA UNIVERSITY HOSPITALS - MORGANTOWN, WV 2003  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16504  
 License Date 3/5/2014  
 Name **BOLLA, SARITHA MD**  
 Address CENTER FOR CANCER CARE, 620 WASHINGTON ST WINCHESTER, MA, 01890  
 Specialty HO  
 Board Certified IM  
 School and Year of Graduation OSMANIA MEDICAL COLLEGE-HYDERABAD INDIA 2000  
 Internship and Year BROOKDALE UNIVERSITY HOSPITAL AND MEDICAL CENTER - BROOKLYN, NY 2004  
 Residency and Year BROOKDALE UNIVERSITY HOSPITAL AND MEDICAL CENTER - BROOKLYN, NY 2006  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10603  
 License Date 7/7/1999  
 Name **BOLON, CLAIRE E MD**  
 Address COTTAGE HOSPITAL, 79 SWIFTWATER RD STE 3 WOODSVILLE, NH, 03785  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIVERSITY OF NEW YORK SYRACUSE - NY USA 1988  
 Internship and Year CHILDREN'S HOSPITAL - COLUMBUS OH 1991  
 Residency and Year CHILDREN'S HOSPITAL - COLUMBUS OH 1991  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 12093  
 License Date 10/1/2003  
 Name **BOLTON, VINCENT E MD**  
 Address 6 WASHINGTON COURT, KENNEBUNKPORT, ME, 04046  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation UNIVERSITY OF NAVADA, RENO NV US 1983  
 Internship and Year NAVAL MEDICAL CTR, SAN DIEGO CA 1984  
 Residency and Year NAVAL MEDICAL CTR, SAN DIEGO CA 1988  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 12231  
 License Date 3/3/2004  
 Name **BOMBA, GARRETT J MD**  
 Address PENTUCKET MEDICAL, 360 MERRIMACK ST LAWRENCE, MA, 01843  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIVERSITY OF MASSACHUSETTS, WORCESTER MA US 2001  
 Internship and Year BAYSTATE MEDICAL CTR, SPRINGFIELD MA 2003  
 Residency and Year BAYSTATE MEDICAL CTR, SPRINGFIELD MA 2004  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9180  
 License Date 6/1/1994  
 Name **BONACCI, DAVID D MD**  
 Address 104 FOUR WINDS RD, PETERBOROUGH, NH, 03458  
 Specialty P  
 Board Certified P  
 School and Year of Graduation PRITZKER SCHOOL OF MEDICINE USA 1974  
 Internship and Year ABBOTT-NORTHWESTERN HOSPITAL - MINNEAPOLIS MN 1975  
 Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER NY 1978  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15401  
 License Date 10/5/2011  
 Name **BONAFEDE, KATHRYN A MD**  
 Address LAMPREY HEALTH CARE, 128 STATE RTE 27 RAYMOND, NH, 03077  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2008  
 Internship and Year GREATER LAWRENCE FAMILY HEALTH CENTER - LAWRENCE, MA 2009  
 Residency and Year GREATER LAWRENCE FAMILY HEALTH CENTER - LAWRENCE, MA 2011  
 License Expiration Date **6/30/2017**  
 Remarks



License Number 7111  
 License Date 6/6/1985  
 Name **BONICA, ALEXANDER J MD**  
 Address 2 LANDING WAY, DOVER, NH, 03820  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation UNIVERSITY OF MASSACHUSETTS-WORCESTER, MA USA 1978  
 Internship and Year USPHS HOSPITAL-BOSTON, MA 1979  
 Residency and Year NEW ENGLAND MEDICAL CTR HOSPITAL-BOSTON, MA 1985  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9298  
 License Date 10/5/1994  
 Name **BONNEM, ERIC M MD**  
 Address UNIV HEALTH ASSOC-HEMATOLOGY & ONCOLOGY, 2008 PREFESSIONAL COURTMARTINSBURG, W  
 Specialty ON  
 Board Certified IM  
 School and Year of Graduation PA STATE UNIVERSITY COLLEGE OF MEDICINE USA 1976  
 Internship and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD MA 1977  
 Residency and Year GEORGETOWN UNIVERSITY HOSPITAL - WASHINGTON DC 1982  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11472  
 License Date 12/5/2001  
 Name **BONTEMPI, WILLIAM J MD**  
 Address BERKSHIRE FACIAL SURGERY, 53 SOUTHHAMPTON RDWESTFIELD, MA, 01085  
 Specialty OS  
 Board Certified  
 School and Year of Graduation UNIV OF CONNECTICUT SCH OF MED-FARMINGTON, CT USA 1997  
 Internship and Year UNIV OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON, CT 1998  
 Residency and Year UNIV OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON, CT 1999  
 License Expiration Date **6/30/2002**  
 Remarks

License Number 7073  
 License Date 5/2/1985  
 Name **BOORNAZIAN JR, ZAVEN C MD**  
 Address WAUSAU MEDICAL CENTER, 306 WARIA DRWAUSAU, WI, 54401-4129  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation TUFTS UNIVERSITY-BOSTON, MA USA 1982  
 Internship and Year MAINE MEDICAL CENTER-PORTLAND, ME 1983  
 Residency and Year MAINE MEDICAL CENTER-PORTLAND, ME 1985  
 License Expiration Date **6/30/2003**  
 Remarks

License Number	7041
License Date	2/7/1985
Name	<b>BOORNAZIAN, JOHN S MD</b>
Address	C/O HUGGINS HOSPITAL, 240 S MAIN STWOLFEBORO, NH, 03894-4411
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF ROCHESTER SCH MED-ROCHESTER,NY USA 1982
Internship and Year	BROWN UNIV AFFIL HOSP-PROVIDENCE,RI 1983
Residency and Year	BROWN UNIV AFFIL HOSP-PROVIDENCE,RI 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17206
License Date	8/5/2015
Name	<b>BORERI, SUSAN K MD</b>
Address	56 FARLEY AVE, IPSWICH, MA, 01938
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY MASSACHUSETTS MED SCHOOL USA 2002
Internship and Year	UNIVERSITY OF MASSACHUSETTS - WORCESTER, MA 2003
Residency and Year	UNIVERSITY OF MASSACHUSETTS - WORCESTER, MA 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16260
License Date	8/7/2013
Name	<b>BORMANN, JOHN L MD</b>
Address	SUMMIT RADIOLOGY PC, PO BOX 80070FT WAYNE, IN, 46898-0070
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF IOWA USA 1990
Internship and Year	UNIVERSITY OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 1991
Residency and Year	UNIVERSITY OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 1994
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6703
License Date	6/2/1983
Name	<b>BORNSTEIN, MYER S MD</b>
Address	88 WASHINGTON ST, TAUNTON, MA, 02780-2470
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF VERMONT COLL MED BURLINGTON, VT USA 1965
Internship and Year	ROCHESTER GENERAL HOSPITAL - ROCHESTER, NY 1966
Residency and Year	AROCHESTER GENERAL HOSPITAL - ROCHESTER, NY 1969
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	13815
License Date	2/6/2008
Name	<b>BORSODI, KATHRYN S MD</b>
Address	AGNESIAN HEALTHCARE, 430 E DIVISION ST/CO INTENSIVEFOND DU LAC, WI, 54935
Specialty	AN
Board Certified	
School and Year of Graduation	UNIV OF MASSACHUSETTS USA 2004
Internship and Year	ST VINCENT HOSPITAL-WORCESTER, MA 2005
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	13736
License Date	11/7/2007
Name	<b>BORTECEN, KEREM H MD</b>
Address	NYU LANGONE MEDICAL CENTER, 403 E 34TH ST - 3RD FLNEW YORK, NY, 10016
Specialty	GS
Board Certified	GS
School and Year of Graduation	ISTANBUL UNIV TURKEY 1994
Internship and Year	YALE UNIV SCHOOL OF MED-NEW HAVEN, CT 1997
Residency and Year	YALE UNIV SCHOOL OF MED-NEW HAVEN, CT 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14371
License Date	4/1/2009
Name	<b>BORTHWICK, MELISSA L MD</b>
Address	1 ELLIOT WAY, HOSPITALIST PROGRAM 5TH FLOORMANCHESTER, NH, 03103
Specialty	FP
Board Certified	FP
School and Year of Graduation	E TENNESSEE STATE UNIV USA 2002
Internship and Year	CONCORD HOSPITAL - CONCORD, NH 2007
Residency and Year	CONCORD HOSPITAL - CONCORD, NH 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14278
License Date	1/7/2009
Name	<b>BORUTA II, DAVID M MD</b>
Address	MGH GYNECOLOGIC ONCOLOGY, 55 FRUIT ST YAWKEY CTR STE 9EBOSTON, MA, 02114
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF MICHIGAN USA 1996
Internship and Year	BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1997
Residency and Year	BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6379
License Date	5/7/1981
Name	<b>BOS, STEVEN J MD</b>
Address	, 22 GOOSE POINT RDKITTEY POINT, ME, 03905
Specialty	EM
Board Certified	EM
School and Year of Graduation	STATE UNIV OF NY AT BUFFALO SCH OF MED,BUFFALO,NY USA 1974
Internship and Year	UNIV OF HAWAII INTERG PATH RES,HONOLULU,HI 1975
Residency and Year	MED CTR HOSP,BURLINGTON,VT 1979
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	5210
License Date	7/18/1974
Name	<b>BOSAK, ROBERT D MD</b>
Address	, , ,
Specialty	GS
Board Certified	
School and Year of Graduation	UNIVERSITY OF MICHIGAN USA 1973
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1997</b>
Remarks	<b>DECEASED 3/25/07</b>

License Number	15078
License Date	12/1/2010
Name	<b>BOSCO, PETER D MD</b>
Address	CAPE COD HOSPITAL, 27 PARK STHYANNIS, MA, 02601
Specialty	EM
Board Certified	EM
School and Year of Graduation	TUFTS UNIVERSITY USA 1996
Internship and Year	ALBERT EINSTEIN MEDICAL CENTER - PHILADELPHIA, PA 1997
Residency and Year	ALBERT EINSTEIN MEDICAL CENTER - PHILADELPHIA, PA 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14279
License Date	1/7/2009
Name	<b>BOSE, ABHISHEK MD</b>
Address	WENTWORTH DOUGLASS HOSPITAL, 789 CENTRAL AVENUEDOVER, NH, 03820
Specialty	IM
Board Certified	IM
School and Year of Graduation	KASTURBA MEDICAL COLLEGE, MANIPAOL UNIV INDIA 2004
Internship and Year	LINCOLN MEDICAL & MENTAL HEALTH CTR - BRONX, NY 2006
Residency and Year	SUNY UPSTATE MEDICAL UNIV @ SYRACUSE - SYRACUSE, NY 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15785
License Date	8/1/2012
Name	<b>BOSE, BRENT J MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	DR
Board Certified	
School and Year of Graduation	DREXEL UNIVERSITY COLLEGE OF MEDICINE USA 2007
Internship and Year	CROZER-CHESTER MEDICAL CENTER - UPLAND, PA 2008
Residency and Year	OREGON HEALTH SCIENCES UNIVERSTIY - PORTLAND, OR 2012
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	14862
License Date	6/2/2010
Name	<b>BOSELLI, KAREN J MD</b>
Address	CONCORD ORTHOPAEDICS, 264 PLEASANT STCONCORD, NH, 03301
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	GEORGETOWN UNIVERSITY USA 2004
Internship and Year	HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA - PHILADELPHIA, PA 2005
Residency and Year	HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA - PHILADELPHIA, PA 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8576
License Date	6/26/1991
Name	<b>BOSHES, ROGER A MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	YALE UNIVERSITY USA 1975
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1994</b>
Remarks	

License Number	8252
License Date	12/6/1989
Name	<b>BOSS JR, RICHARD A MD</b>
Address	CONCORD HOSPITAL CARDIAC ASSOC, 246 PLEASANT STCONCORD, NH, 03301
Specialty	CD
Board Certified	IM
School and Year of Graduation	GEORGETOWN UNIV SCH OF MED -WASHINGTON,DC USA 1978
Internship and Year	HARTFORD HOSPITAL - HARTFORD, CT 1979
Residency and Year	HARTFORD HOSPITAL - HARTFORD, CT 1981
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15431
License Date	11/2/2011
Name	<b>BOSTAPH, ANDREW S MD</b>
Address	RAYS, 13737 NOEL RD SUITE 1600DALLAS, TX, 75240
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIFORMED SERVICES UNIV OF THE HEALTH SCIENCES USA 2000
Internship and Year	BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 2001
Residency and Year	BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9671
License Date	4/3/1996
Name	<b>BOSTIC, JEFF Q MD</b>
Address	2 FAITH RD, WINDHAM, NH, 03087
Specialty	CHP
Board Certified	P
School and Year of Graduation	TEXAS TECH MEDICAL SCHOOL USA 1990
Internship and Year	TIMBERLAWN MENTAL HEALTH SYSTEM-DALLAS TX 1991
Residency and Year	TIMBERLAWN MENTAL HEALTH SYSTEM-DALLAS TX 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15337
License Date	8/3/2011
Name	<b>BOSWELL, JENNIFER Y MD</b>
Address	LAKES REGION GENERAL HOSP, 80 HIGHLAND STLACONIA, NH, 03246
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF ARKANSAS USA 1995
Internship and Year	EMORY UNIVERSITY SCHOOL OF MEDICINE - ATLANTA, GA 1999
Residency and Year	GRADY MEMORIAL HOSPITAL - ATLANTA, GA 2000
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	9469
License Date	7/5/1995
Name	<b>BOTERO, JORGE M MD</b>
Address	TALLMAN EYE ASSOC, 360 MERRIMACK ST BLDG 9LAWRENCE, MA, 01843
Specialty	OPH
Board Certified	
School and Year of Graduation	UNIV PONTIFICIA BOLIVARIANA FAC DE MEDICINE COLOMBIA 1982
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1991
Residency and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON MA 1994
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11587
License Date	5/1/2002
Name	<b>BOTERO-VELEZ, MAURICIO MD</b>
Address	DARTMOUTH-HITHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF VALLE - CALI, VALLE COLOMBIA COLOMBIA 1984
Internship and Year	UNIV OF ALABAMA MEDICAL CENTER - BIRMINGHAM, AL 1992
Residency and Year	MONTEFIORE MEDICAL CENTER - BRONX, NY 2000
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	6124
License Date	10/4/1979
Name	<b>BOTSFORD JR, DANIEL R MD</b>
Address	18 REGENCY DR, BEDFORD, NH, 03110
Specialty	N
Board Certified	N
School and Year of Graduation	STATE UNIV OF NY AT BUFFALO SCHOOL MEDICINE - NY USA 1974
Internship and Year	BUFFALO GENERAL HOSPITAL - BUFFALO, NY 1975
Residency and Year	ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1978
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14700
License Date	1/6/2010
Name	<b>BOTTINO, CHRISTOPHER J MD</b>
Address	ANESTHESIA ASSOC OF DANBURY, 6 GERMANTOWN RDDANBURY, CT, 06810
Specialty	AN
Board Certified	AN
School and Year of Graduation	GEORGETOWN UNIVERSITY USA 1986
Internship and Year	NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1987
Residency and Year	CARITAS ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 1993
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	16816
License Date	11/6/2014
Name	<b>BOUCHARD, JONQUILLE DO</b>
Address	INTEGRATIVE OSTEOPATHIC MED & HEALING CTR, LLC, 16 HIGH ST, STE 2MANCHESTER, NH, 03101
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MED USA 2009
Internship and Year	NYIT-COM/SOUTHAMPTON HOSPITAL - SOUTHAMPTON, NY 2010
Residency and Year	NYIT-COM/SOUTHAMPTON HOSPITAL - SOUTHAMPTON, NY 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10525
License Date	4/7/1999
Name	<b>BOUCHARD, MARC R MD</b>
Address	STE 1 109 PROUTY DR, NEWPORT, VT, 05855
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF MONTREAL FAC OF MED - CANADA CANADA 1995
Internship and Year	UNIV DE SHERBROOKE - SHERBROOKE QC CANADA 1996
Residency and Year	UNIV DE SHERBROOKE - SHERBROOKE QC CANADA 1997
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	8070
License Date	5/10/1989
Name	<b>BOUCHER, MARTIN J MD</b>
Address	46 BLUEBERRY HILL, WOLFEBORO, NH, 03894-
Specialty	EM
Board Certified	IM
School and Year of Graduation	DALHOUSIE UNIV FAC OF MED HALIFAX NS CANADA 1986
Internship and Year	UNIV MA HOSP MED CTR WORCESTER MA 1987
Residency and Year	UNIV MA HOSP MED CTR WORCESTER MA 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4100
License Date	8/14/1967
Name	<b>BOUCHER, ROBERT E MD</b>
Address	64 BOW CENTER RD, BOW, NH, 03304
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF ST LOUIS - MO USA 1961
Internship and Year	ST JOHN'S MERCY HOSPITAL - ST LOUIS, MO 1962
Residency and Year	UNIV OF ST LOUIS - ST LOUIS, MO 1965
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	9794
License Date	8/7/1996
Name	<b>BOUCHER, WILLIAM F MD</b>
Address	FORTUNES ROCKS CONSULTANTS, 725 MAIN STSOUTH PORTLAND, ME, 04106
Specialty	OM
Board Certified	OM
School and Year of Graduation	HAHNEMANN UNIV - PHILADELPHIA, PA USA 1972
Internship and Year	BAY STATE MEDICAL CENTER - SPRINGFIELD, MA 1973
Residency and Year	BAY STATE MEDICAL CENTER - SPRINGFIELD, MA 1975
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number 13031  
 License Date 4/5/2006  
 Name **BOULAY, BRIAN R MD**  
 Address DHMC, ONE MEDICAL CTR DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation ROSALIND FRANKLIN UNIV, NORTH CHICAGO IL USA 2001  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2002  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2006  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 8485  
 License Date 2/6/1991  
 Name **BOULE, JUDITH A MD**  
 Address DARTMOUTH HITCHCOCK KEENE, 590 COURT STREETKEENE, NH, 03431  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation ALBANY ME COLL - ALBANY, NY USA 1983  
 Internship and Year NAVAL HOSPITAL - BETHESDA, MD 1984  
 Residency and Year NORFOLK HOSPITAL - NORFOLK, VA 1991  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 4265  
 License Date 6/27/1968  
 Name **BOULTER, PHILIP R MD**  
 Address TUFTS HEALTH PLAN, 705 MOUNT AUBURN STWATERTOWN, MA, 02472  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1966  
 Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1967  
 Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1968  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 4811  
 License Date 7/26/1971  
 Name **BOULTER, SUZANNE C MD**  
 Address NH DARTMOUTH FAMILY PRACTICE, 250 PLEASANT STCONCORD, NH, 03301  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation HARVARD MEDICAL SCHOOL, MA USA 1968  
 Internship and Year CHILDREN'S HOSPITAL MEDICAL CENTER - BOSTON, MA 1969  
 Residency and Year CHILDREN'S HOSPITAL MEDICAL CENTER - BOSTON, MA 1970  
 License Expiration Date **6/30/2011**  
 Remarks

License Number	7603
License Date	6/3/1987
Name	<b>BOURBEAU, JOSEE L MD</b>
Address	COOS COUNTY FAMILY HLTH SRVC, 133 PLEASANT STBERLIN, NH, 03570
Specialty	FP
Board Certified	
School and Year of Graduation	UNIVERSITY OF MONTREAL FACULTY OF MEDICINE CANADA 1985
Internship and Year	CENTRE HOSPITALIER DE VERDUN - QUEBEC CANADA 1986
Residency and Year	CENTRE HOSPITALIER DE VERDUN - QUEBEC CANADA 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10580
License Date	6/2/1999
Name	<b>BOURGEOIS, ALBERT J DO</b>
Address	60 PINE ST, HOOKSETT, NH, 03106
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF NEW ENGLAND COLL OF OSTEO-BIDDEFORD, ME USA 1996
Internship and Year	MOUNTAINSIDE FAMILY PRACTICE ASSOC - VERONA, NJ 1997
Residency and Year	MOUNTAINSIDE FAMILY PRACTICE ASSOC - VERONA, NJ 1998
License Expiration Date	<b>12/4/2013</b>
Remarks	<b>LICENSE INACTIVE EFFECTIVE 12/4/13.</b>

License Number	8884
License Date	1/6/1993
Name	<b>BOURNE, DAVID J MD</b>
Address	, 477 CONGRESS ST 5TH FLPORTLAND, ME, 04101
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF BRUXELLES USA 1977
Internship and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER 1978
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER 1979
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7385
License Date	7/3/1986
Name	<b>BOUTROS, GEORGE J MD</b>
Address	12375 RAGWEED, SAN DIEGO, CA, 92129
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	AMERICAN UNIVERSITY OF BEIRUT BEIRUT 1980
Internship and Year	TULANE UNIVERSITY SCH MED AFFIL HOSPITAL 1985
Residency and Year	HARVARD AFFIL HOSPITAL 1986
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	16029
License Date	3/6/2013
Name	<b>BOUTRUS, STEVEN P MD</b>
Address	CHESHIRE MEDICAL CENTER, 580 COURT STKEENE, NH, 03431
Specialty	EM
Board Certified	
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDIICNE USA 2010
Internship and Year	SUNY @ STONY BROOK - STONY BROOK, NY 2011
Residency and Year	SUNY @ STONY BROOK - STONY BROOK, NY 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16152
License Date	6/5/2013
Name	<b>BOUTSELIS, MAXIMINA A MD</b>
Address	7 SUTHERLAND ST, ANDOVER, MA, 01810
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF CONNECTICUT SCHOOL OF MED USA 1995
Internship and Year	ST VINCENT HOSPITAL - WORCESTER, MA 1996
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER - WORCESTER, MA 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11263
License Date	6/6/2001
Name	<b>BOUVIER, DANIEL P MD</b>
Address	NH ORTHOPEDIC CENTER, 17 RIVERSIDE ST STE 101NASHUA, NH, 03062
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIVERSITY OF VERMONT USA 1995
Internship and Year	ST LUKES-ROOSEVELT HOSPITAL CENTER - NEW YORK NY 1996
Residency and Year	ST LUKES-ROOSEVELT HOSPITAL CENTER - NEW YORK NY 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14731
License Date	2/3/2010
Name	<b>BOUWKAMP, THOMAS G MD</b>
Address	FISHERMEN'S HOSP, 3301 OVERSEAS HWYMARATHON, FL, 33050
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF ILLINOIS USA 1978
Internship and Year	UNIVERSITY OF SOUTH FLORIDA - TAMPA, FL 1979
Residency and Year	HARTFORD HOSPITAL - HARTFORD, CT 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 2026  
 License Date 8/3/1936  
 Name **BOVAIRD, JAMES E MD**  
 Address Deceased 1/2/84, , ,  
 Specialty  
 Board Certified  
 School and Year of Graduation  
 Internship and Year  
 Residency and Year

License Expiration Date **6/30/1983**  
 Remarks **DECEASED 1/2/84**

License Number 9649  
 License Date 3/6/1996  
 Name **BOVIENZO, JAMES D DO**  
 Address 100 WEST 58TH ST APT 6F, NEW YORK, NY, 10019  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIV OF HEALTH COLL OF OSTEO MED - KANSAS CITY.MO USA 1990  
 Internship and Year LONG ISLAND JEWISH MEDICAL CENTER - NY 1992  
 Residency and Year ALBANY MEDICAL CENTER - ALBANY, NY 1994  
 License Expiration Date **6/30/2016**  
 Remarks **lapsed 6/30/12 - reinstated 6/3/15**

License Number 3386  
 License Date 9/16/1960  
 Name **BOWEN, GERALD E MD**  
 Address 25 CROSS ST, SHREWSBURY, MA, 01545-  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation TUFTS UNIVERSITY, SCHOOL OF MEDICINE USA 1958  
 Internship and Year US NAVAL HOSPITAL - BETHESDA, MD 1959  
 Residency and Year US NAVAL HOSPITAL - BETHESDA, MD 1959  
 License Expiration Date **5/6/2011**  
 Remarks **Deceased 5/6/2011**

License Number 9650  
 License Date 3/6/1996  
 Name **BOWEN, MICHAEL R MD**  
 Address CARROLL COUNTY GASTROENTEROLOG, PO BOX 878WOLFEBORO FALLS, NH, 03869-0878  
 Specialty GE  
 Board Certified IM  
 School and Year of Graduation ST LOUIS UNIV SCHOOL OF MEDICINE - MO USA 1984  
 Internship and Year NAVAL MEDICAL CENTER - PORTSMOUTH, VA 1985  
 Residency and Year NAVAL MEDICAL CENTER - PORTSMOUTH, VA 1992  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 7676  
 License Date 8/5/1987  
 Name **BOWER, GEORGE J MD**  
 Address 389 NASHUA STREET, MILFORD, NH, 03055-4216  
 Specialty IM  
 Board Certified  
 School and Year of Graduation FAC DE MED DE LA UNIV-JALISCO MEXICO 1979  
 Internship and Year CHRIST HOSP-OAK LAWN,IL 1984  
 Residency and Year EDGEWATER HOSP-CHICAGO,IL 1986  
 License Expiration Date **6/30/2017**  
 Remarks **6/13/01-SETTLEMENT AGREEMENT**

License Number 4158  
 License Date 10/23/1967  
 Name **BOWER, HUGH P MD**  
 Address 718 SMYTH RD, MANCHESTER, NH, 03104  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation ST BARTHOLOMENS HOSPITAL LONDON ENGLAND 1957  
 Internship and Year MT VERNON HOSPITAL - MIDDLESEX, ENGLAND 1958  
 Residency and Year ROYAL INFIRMARY HSPITAL - UNITED KINGDOM 1962  
 License Expiration Date **6/30/2002**  
 Remarks **Deceased 4/3/2012**

License Number 15338  
 License Date 8/3/2011  
 Name **BOWERS, BRIAN P DO**  
 Address APPLIEDORE MEDICAL GROUP, 155 BORTHWICK AVE STE 202WPORTSMOUTH, NH, 03801  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation NEW YORK COLLEGE OF OSTEOPATHIC MEDICINE USA 2001  
 Internship and Year STONY BROOK UNIVERSITY HOSPITAL - STONY BROOK, NY 2002  
 Residency and Year STONY BROOK UNIVERSITY HOSPITAL - STONY BROOK, NY 2004  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 6059  
 License Date 6/11/1979  
 Name **BOXER, JEFFREY J MD**  
 Address MONADNOCK REGIONAL PEDIATRICS, 454 OLD STREET RD STE 106PETERBOROUGH, NH, 03458  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation STATE UNIV OF NY UPSTATE COLL MED SYRACUSE, NY USA 1975  
 Internship and Year WILMINGTON MEDICAL CENTER - WILMINGTON, DE 1976  
 Residency and Year WILMINGTON MEDICAL CENTER - WILMINGTON, DE 1979  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	15284
License Date	7/6/2011
Name	<b>BOYADZHIEV, IVAN Y MD</b>
Address	DARTMOUTH-HITCHCOCK MILFORD, 14 ARMORY ROAD, RR3MILFORD, NH, 03055
Specialty	FP
Board Certified	FP
School and Year of Graduation	MEDICAL UNIVERSITY OF SOFIA BULGARIA 2004
Internship and Year	UIC COLLEGE OF MEDICINE @ ROCKFORD, ROCKFORD, IL 2009
Residency and Year	UIC COLLEGE OF MEDICINE @ ROCKFORD, ROCKFORD, IL 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	3760
License Date	2/2/1965
Name	<b>BOYCE, THOMAS K MD</b>
Address	MIDDLETOWN PSYCHIATRIC CTR, 150 NORTH BEACON STMIDDLETOWN, NY, 10940-
Specialty	P
Board Certified	P
School and Year of Graduation	CATHOLIC UNIV OF LUUVAIN BELGIUM 1961
Internship and Year	MEADOWBROOK HOSPITAL - HEMPTEAD, NY 1962
Residency and Year	MIDDLETOWN STATE HOSPITAL - MIDDLETOWN, NY 1965
License Expiration Date	<b>6/30/2007</b>
Remarks	<b>DECEASED 3/4/07</b>

License Number	9939
License Date	3/5/1997
Name	<b>BOYD, ANNE S MD</b>
Address	GME, 400 W MINERAL KING AVEVISALIA, CA, 93291
Specialty	FP
Board Certified	FP
School and Year of Graduation	CASE WESTERN RESERVE UNIV SCH OF MED- OH USA 1994
Internship and Year	BEVERLY HOSPITAL-MA 1997
Residency and Year	BEVERLY HOSPITAL - MA 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12864
License Date	9/7/2005
Name	<b>BOYER, RICHARD P MD</b>
Address	LOCUM TENEMS GENERAL SURGERY, 26 RESERVE PLACECONCORD, NH, 03301-7922
Specialty	GS
Board Certified	GS
School and Year of Graduation	TUFTS UNIVERSITY, BOSTON MA US 1968
Internship and Year	HARTFORD HOSPITAL, HARTFORD CT 1969
Residency and Year	HARTFORD HOSPITAL, HARTFORD CT 1970
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 17100  
 License Date 6/3/2015  
 Name **BOYLAN, MARIA T DO**  
 Address CONCORD HOSPITAL, 250 PLEASANT ST CONCORD, NH, 03301  
 Specialty FP  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND OF OSTEOPATHIC MED USA 2012  
 Internship and Year CONCORD HOSPITAL - CONCORD, NH 2013  
 Residency and Year CONCORD HOSPITAL - CONCORD, NH 2015  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 4588  
 License Date 7/29/1970  
 Name **BOYLE JR, WILLIAM E MD**  
 Address DHMC-PEDI, 1 MEDICAL CENTER DR LEBANON, NH, 03756  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE , MA USA 1963  
 Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1964  
 Residency and Year CHILDREN'S HOSPITAL - BOSTON, MA 1970  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12128  
 License Date 11/5/2003  
 Name **BOYMAN, KYM M MD**  
 Address VERMONT GYNECOLOGY P.C., 1775 WILLISTON RD STE 110 SOUTH BURLINGTON, VT, 05403  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIVERSITY OF VERMONT, BURLINGTON VT US 1999  
 Internship and Year UNIVERSITY OF VERMONT, BURLINGTON VT 2000  
 Residency and Year UNIVERSITY OF VERMONT, BURLINGTON VT 2003  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 4159  
 License Date 10/26/1967  
 Name **BOYNTON, ROBERT D MD**  
 Address 988 RAY ST, MANCHESTER, NH, 03104-1620  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation BOSTON UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1945  
 Internship and Year ST FRANCIS HOSPITAL - HARTFORD, CT 1946  
 Residency and Year VA HOSPITAL - STATEN ISLAND, NY 1950  
 License Expiration Date **6/30/1998**  
 Remarks

License Number 16626  
 License Date 6/4/2014  
 Name **BOZORG, SARA MD**  
 Address 45 MYRTLE ST #18, BOSTON, MA, 02114  
 Specialty OPH  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE USA 2008  
 Internship and Year UNIVERSITY OF CALIFORNIA - SAN DIEGO, CA 2009  
 Residency and Year UNIVERSITY OF CALIFORNIA-SHIRLEY EYE CENTER - LA JOLLA, CA 2012  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 3244  
 License Date 3/12/1958  
 Name **BOZUWA, GERARD G MD**  
 Address 2717 WAKEFIELD RD, PO BOX 250 WAKEFIELD, NH, 03872  
 Specialty FP  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF UTRECHT HOLLAND 1953  
 Internship and Year QUINCY CITY HOSPITAL QUINCY - MASSACHUSETTS 1956  
 Residency and Year MARY HITCHCOCK MEMORIAL HANOVER - NH 1958  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 5113  
 License Date 12/3/1973  
 Name **BRABSON, WINSLOW MD**  
 Address 1 BOULTERS COVE ROAD, NORTH HAMPTON, NH, 03862  
 Specialty OBG  
 Board Certified  
 School and Year of Graduation  
 Internship and Year  
 Residency and Year  
 License Expiration Date **6/16/1992**  
 Remarks

License Number 15978  
 License Date 1/9/2013  
 Name **BRABSTON III, EUGENE W MD**  
 Address DHMC, 1 MED CTR DR LEBANON, NH, 03756  
 Specialty ORS  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF SOUTH ALABAMA COLLEGE OF MED USA 2008  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013  
 License Expiration Date **6/30/2015**  
 Remarks



License Number	10854
License Date	4/5/2000
Name	<b>BRACK, VIRGINIA C MD</b>
Address	DARTMOUTH COLLEGE HEALTH SERVICE, 7 ROPE FERRY RDHANOVER, NH, 03755
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF CALIFORNIA USA 1989
Internship and Year	UNIVERSITY OF NORTH CAROLINA - CHAPEL HILL NC 1993
Residency and Year	UNIVERSITY OF NORTH CAROLINA - CHAPEL HILL NC 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9058
License Date	10/6/1993
Name	<b>BRACKEN, ANN C MD</b>
Address	DARTMOUTH COLLEGE HEALTH SERV, 7 ROPE FERRY RDHANOVER, NH, 03755
Specialty	PD
Board Certified	P
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1989
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1995
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16700
License Date	8/6/2014
Name	<b>BRACKETT, BESS E MD</b>
Address	1040 56TH ST, SACRAMENTO, CA, 95819
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE USA 1988
Internship and Year	ST LUKES MEDICAL CENTER - CLEVELAND, OH 1989
Residency and Year	ST LUKES MEDICAL CENTER - CLEVELAND, OH 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12054
License Date	9/3/2003
Name	<b>BRACKETT, CHARLES H MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	YALE UNIVERSITY, NEW HAVEN CT US 1987
Internship and Year	CAMBRIDGE HOSPITAL, CAMBRIDGE MA 1988
Residency and Year	CAMBRIDGE HOSPITAL, CAMBRIDGE MA 1990
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 13237  
 License Date 9/6/2006  
 Name **BRADEEN, DAVID A MD**  
 Address 231 ATLANTIC ST APT 61, KEYPORT, NJ, 07735  
 Specialty PTH  
 Board Certified IM  
 School and Year of Graduation UNIV OF CINCINNATI USA 1977  
 Internship and Year RHODE ISLAND HOSPITAL-PROVIDENCE RI 1978  
 Residency and Year RHODE ISLAND HOSPITAL-PROVIDENCE RI 1980  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15863  
 License Date 10/3/2012  
 Name **BRADFIELD, HAROLD A MD**  
 Address VIRTUAL RADIOLOGY, 11995 SINGLETREE LN STE 500 EDEN PRAIRIE, MN, 55344  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE USA 1993  
 Internship and Year UPMC PRESBYTERIAN HOSPITAL-PITTSBURGH, PA 1994  
 Residency and Year WEST VIRGINIA UNIVERSITY HOSPITALS - MORGANTOWN, WV 1998  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 7787  
 License Date 3/9/1988  
 Name **BRADFORD JR, JOHN C DO**  
 Address 620 KILBURN RD, WILMINGTON, DE, 19836  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation PHILADELPHIA COLL OF OSTEO PHIL PA USA 1955  
 Internship and Year HOSPS OF PA COLLEGE OF OSTEO MED 1956  
 Residency and Year 0000  
 License Expiration Date **6/30/1999**  
 Remarks

License Number 12021  
 License Date 8/6/2003  
 Name **BRADFORD, ANDREA C MD**  
 Address 2 PEACHTREE ST NW STE 22.396, ATLANTA, GA, 30303-3142  
 Specialty P  
 Board Certified P  
 School and Year of Graduation U OF ALABAMA, BIRMINGHAM AL US 1980  
 Internship and Year DWIGHT DAVID EISENHOWER ARMY MED CTR, FORT GORDON GA 1981  
 Residency and Year DWIGHT DAVID EISENHOWER ARMY MED CTR, FORT GORDON GA 1984  
 License Expiration Date **6/30/2005**  
 Remarks

License Number	14581
License Date	9/2/2009
Name	<b>BRADFORD, LETITIA L MD</b>
Address	7485 RIVER DR, STE 7110-323SACRAMENTO, CA, 95831
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIV OF CALIFORNIA, SAN FRANCISCO, CA USA 1997
Internship and Year	UNIVERSITY OF CANIFORNIA AT SAN FRANCISCO, CA 1999
Residency and Year	UNIVERSITY OF CANIFORNIA AT SAN FRANCISCO, CA 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13310
License Date	11/1/2006
Name	<b>BRADLEY, ELIZABETH P MD</b>
Address	DHMC- LYME CLINIC, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1993
Internship and Year	MOUNT AUBURN HOSPITAL - CAMBRIDGE, MA 1995
Residency and Year	DARTMOUTH HITCHCOCK MED CTR-LEBANON, NH 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4877
License Date	12/28/1971
Name	<b>BRADLEY, JAMES J MD</b>
Address	109 SHORE RD, GILFORD, NH, 03246-
Specialty	AN
Board Certified	AN
School and Year of Graduation	NEW YORK MEDICAL COLLEGE USA 1966
Internship and Year	ST ELIZABETH HOSPITAL - BRIGHTON, MA 1967
Residency and Year	ST ELIZABETH HOSPITAL - BRIGHTON, MA 1969
License Expiration Date	<b>6/30/2000</b>
Remarks	<b>8/13/98 - SETTLEMENT AGREEMENT - RESTRICTIONS ON LICENSE</b>

License Number	15561
License Date	3/7/2012
Name	<b>BRADLEY, KAREN A MD</b>
Address	CHESHIRE MED CTR/DH - KEENE, 580-590 COURT STKEENE, NH, 03431
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2002
Internship and Year	UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2003
Residency and Year	UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5265
License Date	12/2/1974
Name	<b>BRADLEY, PETER S MD</b>
Address	NH HHS MEDICAID DISABILITY DETERMINATION, 29 HAZEN DRCONCORD, NH, 03301
Specialty	US
Board Certified	
School and Year of Graduation	BOSTON UNIV SCHOOL OF MEDICINE - MA USA 1971
Internship and Year	MOSES H CONE MEMORIAL - GREENSBORO, NC 1972
Residency and Year	MOSES H CONE MEMORIAL - GREENSBORO, NC 1973
License Expiration Date	<b>6/30/2016</b>
Remarks	REQUESTED INACTIVE 6/30/2006. ORDER OF CONDITIONAL LICENSE ISSUED 6/28/2010 (NOT DISCIPLINE) - CONDITIONS PLACED ON LICENSE FOR FIRST 6 MONTHS OF PRACTICE.

License Number	16153
License Date	6/5/2013
Name	<b>BRADLEY, TIMOTHY P MD</b>
Address	ELLIOT HOSPITAL - MANCH/N.H. HOSPITAL FOR CHILDREN, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty	PD
Board Certified	PD
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 2005
Internship and Year	BERKSHIRE MEDICAL CENTER - PITTSFIELD,MA 2006
Residency and Year	LOMA LINDA UNIVERSITY MEDICAL CENTER - LOMA LINDA, CA 2010
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5547
License Date	7/1/1976
Name	<b>BRADLEY, VOLKER E MD</b>
Address	12 SNOWSHOE HILL RD, CLAREMONT, NH, 03743
Specialty	GS
Board Certified	
School and Year of Graduation	UNIVERSITY OF ALABAMA-BIRMINGHAM AL USA 1972
Internship and Year	DETROIT GENERAL HOSPITAL-DETROIT MI 1973
Residency and Year	WAYNE STATE UNIVERSITY-DETROIT MI 1976
License Expiration Date	<b>6/30/2010</b>
Remarks	RETIRED, EFFECTIVE 1/1/04----LICENSE REINSTATED 7/26/05

License Number	7830
License Date	5/4/1988
Name	<b>BRADLEY, WILLIAM A MD</b>
Address	CHAMPLAIN VALLEY CARDIOLOGY, 210 CORNELIA ST STE 101PLATTSBURG, NY, 12901
Specialty	CD
Board Certified	CD
School and Year of Graduation	TUFTS UNIV SCH MED - BOSTON, MA USA 1980
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1981
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR- HANOVER, NH 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3494
License Date	3/14/1962
Name	<b>BRADLEY, WILLIAM C MD</b>
Address	15721 LOCKMABEN AVE, FT MYERS, FL, 33912
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	NEW YORK MEDICAL COLLEGE USA 1956
Internship and Year	WORCESTER CITY HOSPITAL- MA 1957
Residency and Year	NEW YORK MEDICAL COLLEGE- METROPOLITAN MEDICAL CTR.- NY 1960
License Expiration Date	<b>6/30/2006</b>
Remarks	Deceased 10/19/2012

License Number	7112
License Date	6/6/1985
Name	<b>BRADY, B EUGENE MD</b>
Address	288 GROVELAND ST, HAVERHILL, MA, 01830-6669
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	GEORGETOWN UNIV SCH MED-WASHINGTON,DC USA 1973
Internship and Year	ST ELIZABETH HOSP-BOSTON,MA 1974
Residency and Year	UNIV MA HOSP COORD PROG-WORCESTER,MA 1979
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14056
License Date	7/9/2008
Name	<b>BRADY, STEPHEN P MD</b>
Address	NORTHEAST DERMATOLOGY ASSOC, 401 ANDOVER ST STE 101NORTH ANDOVER, MA, 01845
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	NORTHWESTERN UNIV USA 1993
Internship and Year	NEW ENGLAND MEDICAL CENTER-BOSTON,MA 1994
Residency and Year	NEW ENGLAND MEDICAL CENTER-BOSTON,MA 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13616
License Date	8/1/2007
Name	<b>BRAESCU, OTILIA MD</b>
Address	BOSTON MEDICAL CENTER, 85 EAST CONCORD ST 6TH FLBOSTON, MA, 02118
Specialty	OBG
Board Certified	
School and Year of Graduation	UNIV DE MEDICINA SI FARMACIE TIRGU-MURES ROMANIA 1993
Internship and Year	BOSTON UNIV MEDICAL CENTER - BOSTON, MA 2004
Residency and Year	BOSTON UNIV MEDICAL CENTER - BOSTON, MA 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7457
License Date	11/12/1986
Name	<b>BRAESE, NANCY E DO</b>
Address	EXETER HEALTH FAMILY PRACTICE, 21 HAMPTON RD BLDG 3EXETER, NH, 03833
Specialty	FP
Board Certified	FP
School and Year of Graduation	PHILADELPHIA COLLEGE OF OSTEO MEDICINE USA 1983
Internship and Year	KENNEDY MEMORIAL HOSPITAL 1984
Residency and Year	UNDERWOOD MEMORIAL HOSPITAL 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11863
License Date	4/2/2003
Name	<b>BRAFF, GEORGE MD</b>
Address	LITTLETON REGIONAL HOSPITAL, 600 ST JOHNSBURY RDLITTLETON, NH, 03565
Specialty	R
Board Certified	R
School and Year of Graduation	MT SINAI SCH OF MED - NEW YORK, NY USA 1973
Internship and Year	NORTH SHORE UNIVERSITY HOSPITAL - MANHASSET, NY 1974
Residency and Year	NORTH SHORE UNIVERSITY HOSPITAL - MANHASSET, NY 1977
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	10745
License Date	11/3/1999
Name	<b>BRAFF, STEVEN P MD</b>
Address	SUMMIT RADIOLOGY PC, PO BOX 80070FT WAYNE, IN, 46898
Specialty	R
Board Certified	R
School and Year of Graduation	WAYNE STATE UNIVERSITY USA 1976
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON NH 1977
Residency and Year	MONTEFIORE MEDICAL CTR - BRONX NY 1980
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12730
License Date	6/1/2005
Name	<b>BRAGA, CHRISTOPHER C MD</b>
Address	DARTMOUTH-HITCHCOCK, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty	FP
Board Certified	FP
School and Year of Graduation	ROSALIND FRANKLIN UNIVERSITY, NORTH CHICAGO IL US 1998
Internship and Year	DWIGHT D EISENHOWER ARMY MED CTR, FORT GORDON GA 1999
Residency and Year	DWIGHT D EISENHOWER ARMY MED CTR, FORT GORDON GA 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14448
License Date	6/3/2009
Name	<b>BRAGA, JULIE A MD</b>
Address	DHMC - DEPT OF OB/GYN, 1 MED CTR DRLEBANON, NH, 03756
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS USA 2005
Internship and Year	ABINGTON MEMORIAL HOSPITAL - ABINGTON, PA 2007
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13481
License Date	5/9/2007
Name	<b>BRAGA, MATTHEW S MD</b>
Address	DHMC/PEDIATRICS, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF MASSACHUSETTS USA 2001
Internship and Year	UNIV OF MASSACHUSETTS MEDICAL SCHOOL-WORCESTER, MA 2002
Residency and Year	UNIV OF MASSACHUSETTS MEDICAL SCHOOL-WORCESTER, MA 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10513
License Date	3/3/1999
Name	<b>BRAIMAN, JONATHAN MD</b>
Address	106 W UTICA ST, SUITE AOSWEGO, NY, 13126
Specialty	P
Board Certified	N
School and Year of Graduation	TUFTS UNIV SCH OF MED - BOSTON, MA USA 1987
Internship and Year	WILLIAM BEAUMONT ARMY MEDICAL CENTER - EL PASO, TX 1988
Residency and Year	WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1993
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	6893
License Date	6/7/1984
Name	<b>BRAINARD, KAREN O MD</b>
Address	6120 53RD AVE E, BRADENTON, FL, 34203
Specialty	FP
Board Certified	FP
School and Year of Graduation	MED COLL OF VIRGINIA COMMONWEALTH UNIV,VA USA 1981
Internship and Year	ME DARTMOUTH FAM PRACTICE RES-AUGUSTA ,ME 1982
Residency and Year	ME DARTMOUTH FAM PRACTICE RES-AUGUSTA,ME 1982
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	6504
License Date	3/4/1982
Name	<b>BRALOWER, MICHAEL MD</b>
Address	LOWELL COMMUNITY HEALTH CTR, 585 MERRIMACK STLOWELL, MA, 01854
Specialty	N
Board Certified	N
School and Year of Graduation	WAYNE STATE UNIV SCH MED-DETROIT,MI USA 1972
Internship and Year	BOSTON CITY HOSP-BOSTON,MA 1973
Residency and Year	UNIV HOSP INC-BOSTON,MA 1976
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	16209
License Date	7/3/2013
Name	<b>BRANAM, DANIEL G MD</b>
Address	SUMMIT RADIOLOGY, PO BOX 80070FORT WAYNE, IN, 46898-0070
Specialty	DR
Board Certified	DR
School and Year of Graduation	INDIANA UNIVERSITY SCHOOL OF MEDICINE USA 2003
Internship and Year	BALL MEMORIAL HOSPITAL - MUNCIE, IN 2004
Residency and Year	INDIANA UNIVERSITY MEDICAL CENTER - INDIANAPOLIS, IN 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10777
License Date	12/1/1999
Name	<b>BRANCH JR, GEORGE L MD</b>
Address	675 EAST 2100 SOUTH, STE 390SALT LAKE CITY, UT, 84106
Specialty	PD
Board Certified	
School and Year of Graduation	UNIV OF ROCHESTER SCH - ROCHESTER, NH USA 1962
Internship and Year	UNIV OF NORTH CAROLINA SCHOOL OF MEDICINE - CHAPEL HILL, NC 1963
Residency and Year	UNIV OF NORTH CAROLINA SCHOOL OF MEDICINE - CHAPEL HILL, NC 1965
License Expiration Date	<b>12/17/1999</b>
Remarks	<b>DECEASED 12/17/99</b>

License Number	13693
License Date	9/5/2007
Name	<b>BRAND, JOHN D MD</b>
Address	26 ALDEN CIR, PO BOX 456CHOCORUA, NH, 03817
Specialty	IM
Board Certified	
School and Year of Graduation	UNIV OF TORONTO CANADA 1962
Internship and Year	SCARBOROUGH GENERAL HOSPITAL-SCARBOROUGH, ONTARIO CANADA 1963
Residency and Year	SUNNYBROOK HEALTH SCIENCE-TORONTO, ONTARIO CANADA 1966
License Expiration Date	<b>6/30/2015</b>
Remarks	



License Number	15864
License Date	10/3/2012
Name	<b>BRAND, STEPHEN J MD</b>
Address	MASS TEX IMAGING, 100 CUMMINGS CTR STE 106BBEVERLY, MA, 01915
Specialty	GE
Board Certified	
School and Year of Graduation	UNIVERSITY OF WESTERN AUSTRALIA USA 1975
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1984
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10985
License Date	7/5/2000
Name	<b>BRANDENBERGER, WILLIAM B MD</b>
Address	5001 DEER VIEW RD, GRETN, VA, 24557
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF OKLAHOMA COLL OF MED - OKLAHOMA CITY, OK USA 1984
Internship and Year	UNIV OF MISSOURI-COLUMBIA - COLUMBIA, MO 1985
Residency and Year	UNIV OF MISSOURI-COLUMBIA- COLUMBIA,MO 1987
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	14830
License Date	5/5/2010
Name	<b>BRANDON, WILLIAM R MD</b>
Address	30 ELM AVE, HYANNIS, MA, 02601
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF PITTSBURGH USA 1984
Internship and Year	UNIVERSITY OF PITTSBURGH SHADYSIDE - PITTSBURGH, PA 1985
Residency and Year	UNIVERSITY OF PITTSBURGH SHADYSIDE - PITTSBURGH, PA 1987
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	10581
License Date	6/2/1999
Name	<b>BRANDWEIN, STEVEN L MD</b>
Address	GI UNIT MASS GENERAL HOSP, BOSTON, MA, 02114
Specialty	IM
Board Certified	IM
School and Year of Graduation	NORTHWESTERN UNIV MED SCH - CHICAGO, IL USA 1990
Internship and Year	BOSTON UNIV SCH OF MED - BOSTON, MA 1991
Residency and Year	UNIV OF ALABAMA AT BIRMINGHAM - BIRMINGHAM, AL 1992
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number 7242  
 License Date 12/5/1985  
 Name **BRANN, KATHY L MD**  
 Address 14 ARMORY ROAD, MILFORD, NH, 03055  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF MISSOURI KS CITY MO USA 1982  
 Internship and Year FAMILY PRACTICE CUMH 1985  
 Residency and Year FAMILY PRACTICE CUMH 1985  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 17101  
 License Date 6/3/2015  
 Name **BRANT, ELIZABETH J MD**  
 Address 7024 BURNETT WOMACK BLDG, CB 7155CHAPEL HILL, NC, 27599  
 Specialty NEP  
 Board Certified NEP  
 School and Year of Graduation ALBERT EINSTEIN COLLEGE OF MED OF YESHIVA UNIV USA 2008  
 Internship and Year TULANE MEDICAL CENTER - NEW ORLEANS, LA 2008  
 Residency and Year TULANE MEDICAL CENTER - NEW ORLEANS, LA 2011  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 2313  
 License Date 3/12/1942  
 Name **BRASSARD, ROGER P MD**  
 Address , , ,  
 Specialty  
 Board Certified  
 School and Year of Graduation  
 Internship and Year  
 Residency and Year  
 License Expiration Date **6/30/1996**  
 Remarks **DECEASED 11/12/03**

License Number 11554  
 License Date 4/3/2002  
 Name **BRAUER, CHRISTOPHER M MD**  
 Address ELLIOT HOSP HOSPITALIST, ONE ELLIOT WAYMANCHESTER, NH, 03103-3599  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation MT SINAI SCH OF MED UNIV OF NY - NY, NY USA 1999  
 Internship and Year BETH ISRAE DEACONESS MEDICAL CENTER - BOSTON, MA 2000  
 Residency and Year BETH ISRAE DEACONESS MEDICAL CENTER - BOSTON, MA 2002  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	15820
License Date	9/5/2012
Name	<b>BRAUN, JOHN T MD</b>
Address	DHMC - DEPT OF ORTHOPEDICS, ONE MED CTR DRLEBANON, NH, 03756
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	CORNELL UNIVERSITY MEDICAL COLLEGE USA 1989
Internship and Year	NEW YORK & PRESBYTERIAN HOSP - NY, NY 1990
Residency and Year	HOSPITAL FOR SPECIAL SURGERY CORNELL MEDICAL CENTER - NY, NY 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12524
License Date	11/3/2004
Name	<b>BRAUN, MARY F MD</b>
Address	DARTMOUTH HITCHCOCK CLINIC, 87 MCGREGOR STMANCHESTER, NH, 03102
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF MINNESOTA, ST PAUL MN US 2001
Internship and Year	HENNEPIN COUNTY MED CTR, MINNEAPOLIS MN 2002
Residency and Year	HENNEPIN COUNTY MED CTR, MINNEAPOLIS, MN 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16360
License Date	11/6/2013
Name	<b>BRAUNSCHWEIG, IRA J MD</b>
Address	VIRTUAL RADIOLOGY, 11995 SINGLETREE LANE STE 500EDEN PRAIRIE, MN, 55344
Specialty	DR
Board Certified	DR
School and Year of Graduation	NY MEDICAL COLLEGE USA 1989
Internship and Year	MONMOUTH MEDICAL CENTER - LONG BRANCH, NJ 1991
Residency and Year	MONMOUTH MEDICAL CENTER - LONG BRANCH, NJ 1994
License Expiration Date	<b>8/31/2015</b>
Remarks	Requested inactive effective 8/31/15.

License Number	16896
License Date	1/21/2015
Name	<b>BRAUNSTEIN, LARRY MD</b>
Address	VIRTUAL RADIOLOGY, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	DR
Board Certified	DR
School and Year of Graduation	HAHNEMANN UNIVERSITY USA 1993
Internship and Year	TEMPLE UNIVERSITY HOSPITAL - PHILADELPHIA, PA 1994
Residency and Year	TEMPLE UNIVERSITY HOSPITAL - PHILADELPHIA, PA 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 16532  
 License Date 4/2/2014  
 Name **BRAY, EMILY L DO**  
 Address 49 DOVER ST APT 29, SOMERVILLE, MA, 02144  
 Specialty P  
 Board Certified  
 School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEOPATHIC MED USA 2009  
 Internship and Year ALBERT EINSTEIN HEALTHCARE NETWORK - PHILADELPHIA, PA 2010  
 Residency and Year ALBERT EINSTEIN HEALTHCARE NETWORK - PHILADELPHIA, PA 2013  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14280  
 License Date 1/7/2009  
 Name **BRAYLAN, RAUL C MD**  
 Address 7131 ARLINGTON RD APT 404, BETHESDA, MD, 20814  
 Specialty  
 Board Certified PTH  
 School and Year of Graduation UNIV DE BUENOS AIRES ARGENTINA 1960  
 Internship and Year MT SINAI HOSPITAL MEDICAL CENTER - CHICAGO, IL 1964  
 Residency and Year MT SINAI HOSPITAL MEDICAL CENTER - CHICAGO, IL 1965  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 16856  
 License Date 12/3/2014  
 Name **BRAZER, WILLIAM F MD**  
 Address 2 GLENBROOK DR, NEW MILFORD, CT, 06776  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIVERSITY OF VT COLLEGE OF MEDICINE USA 2004  
 Internship and Year DANBURY HOSPITAL - DANBURY, CT 2005  
 Residency and Year DANBURY HOSPITAL - DANBURY, CT 2008  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15525  
 License Date 2/1/2012  
 Name **BREAZEAL, BRETTON H MD**  
 Address VIRTUAL RADIOLOGY, 11995 SINGLETREE LN STE 500 EDEN PRAIRIE, MN, 55344  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation LOMA LINDA UNIVERSITY SCHOOL OF MEDICINE USA 2000  
 Internship and Year LOMA LINDA UNIVERSITY MEDICAL CENTER - LOMA LINDA, CA 2001  
 Residency and Year LOMA LINDA UNIVERSITY MEDICAL CENTER - LOMA LINDA, CA 2005  
 License Expiration Date **6/30/2014**  
 Remarks

License Number	12189
License Date	1/7/2004
Name	<b>BRECHER, ERIC S MD</b>
Address	NIGHTHAWK RADIOLOGY SERVICES, 601 E FRONT AVE STE 502 COEUR D'ALENE, ID, 83814
Specialty	R
Board Certified	R
School and Year of Graduation	TEL AVIV UNIVERSITY, TEL AVIV-YAFO, ISRAEL ISRAEL 1995
Internship and Year	ALBANY MEDICAL CTR HOSPITAL, ALBANY NY 1997
Residency and Year	ALBANY MEDICAL CTR, ALBANY NY 1999
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	6177
License Date	3/24/1980
Name	<b>BREED II, R HUNTINGTON MD</b>
Address	308 MAIN ST, HOPKINTON, NH, 03229-2627
Specialty	PS
Board Certified	PS
School and Year of Graduation	HARVARD MED SCH. BOSTON, MA USA 1970
Internship and Year	PRESBYTERIAN HOSP. NY 1971
Residency and Year	PRESBYTERIAN HOSP. NY 1974
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	14372
License Date	4/1/2009
Name	<b>BREEN JR, FRANCIS A MD</b>
Address	1461 N EAGLE HWY, LAKE LEELANAU, MI, 49653
Specialty	HO
Board Certified	HO
School and Year of Graduation	THOMAS JEFFERSON UNIV USA 1963
Internship and Year	MERCY FITZGERALD HOSPITAL - DARBY, PA 1964
Residency and Year	MERCY FITZGERALD HOSPITAL - DARBY, PA 1966
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	8912
License Date	4/7/1993
Name	<b>BREEN, ANDREW J MD</b>
Address	PEDIATRIC ASSOC. OF HAMPTON, 55 HIGH ST HAMPTON, NH, 03842-
Specialty	PD
Board Certified	PD
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1987
Internship and Year	HIGHLAND HOSPITAL - ROCHESTER NY 1988
Residency and Year	RHODE ISLAND HOSPITAL - PROVIDENCE RI 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9011
License Date	8/4/1993
Name	<b>BREEN, JOAN C MD</b>
Address	WHITTIER REHABILITATION HOSP, 145 WARD HILL AVEBRADFORD, MA, 01835
Specialty	N
Board Certified	N
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1988
Internship and Year	MIRIAM HOSPITAL PROVIDENCE, RI 1989
Residency and Year	NEW ENGLAND MEDICAL CENTER HOSPITALS BOSTON, MA 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12190
License Date	1/7/2004
Name	<b>BREHIO, TERI L MD</b>
Address	HILLSBORO FAMILY HEALTH, 15 ANTRIM RDHILLSBORO, NH, 03244
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF MASS, WORCESTER MA US 2001
Internship and Year	NH DARTMOUTH FAMILY PRACTICE, CONCORD NH 2002
Residency and Year	NH DARTMOUTH FAMILY PRACTICE, CONCORD NH 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8509
License Date	4/3/1991
Name	<b>BREITHOLTZ, TIMOTHY D MD</b>
Address	ELLIOT BEHAVIORAL HEALTH SERVI, 445 CYPRESS STE 8MANCHESTER, NH, 03103
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV I UMEA MED FAK UMEA SWEDEN USA 1984
Internship and Year	LENOX HILL HOSPITAL - NY,NY 1987
Residency and Year	BETH ISRAEL MEDICAL CENTER - NY, NY 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16030
License Date	3/6/2013
Name	<b>BREITKOPF, DANIEL M MD</b>
Address	MAYO CLINIC, 200 1ST ST SWROCHESTER, MN, 55905
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	STATE UNIVERSITY OF NY HEALTH SCIENCE CENTER USA 1993
Internship and Year	UNIVERSITY OF VERMONT - BURLINGTON, VT 1994
Residency and Year	UNIVERSITY OF VERMONT - BURLINGTON, VT 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 4150  
 License Date 10/10/1967  
 Name **BRENA, GUILLERMO P MD**  
 Address , , ,  
 Specialty  
 Board Certified  
 School and Year of Graduation  
 Internship and Year  
 Residency and Year  
 License Expiration Date **6/30/1995**  
 Remarks

License Number 13446  
 License Date 4/4/2007  
 Name **BRENNAN JR, FRED H DO**  
 Address SEACOAST ORTHO & SPORTS MED, 7 MARSH BROOK DR SOMERSWORTH, NH, 03878  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF NEW ENGLAND USA 1992  
 Internship and Year ALBANY MEDICAL CENTER-ALBANY, NY 1993  
 Residency and Year ALBANY MEDICAL CENTER-ALBANY, NY 1995  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15609  
 License Date 3/7/2012  
 Name **BRENNAN, ALISON R MD**  
 Address PORTSMOUTH HOSPITAL, 333 BORTHWICK AVE PORTSMOUTH, NH, 03801  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation NEW YORK MEDICAL COLLEGE - VALHALLA, NY USA 2002  
 Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2003  
 Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2004  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11652  
 License Date 7/3/2002  
 Name **BRENNAN, JOHN H MD**  
 Address 468 OLD COUNTY RD, ROCKLAND, ME, 04841  
 Specialty P  
 Board Certified P  
 School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1960  
 Internship and Year UNIV OF CHICAGO - CHICAGO, IL 1961  
 Residency and Year BOSTON UNIV MED CTR - BOSTON, MA 1964  
 License Expiration Date **6/30/2014**  
 Remarks

License Number	13816
License Date	2/6/2008
Name	<b>BRENNAN, JOHN P MD</b>
Address	9 BUZELL AVE, SALTONSTALL BLDGEXETER, NH, 03833
Specialty	IM
Board Certified	IM
School and Year of Graduation	TUFTS UNIV USA 2002
Internship and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2003
Residency and Year	RHODE ISLAND HOSPITAL-PROVIDENCE, RI 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16701
License Date	8/6/2014
Name	<b>BRENNAN, PATRICK J MD</b>
Address	195R HIGH RD, NEWBURY, MA, 01951
Specialty	PM
Board Certified	
School and Year of Graduation	UNIVERSITY OF TX HEALTH SCIENCE CENTER USA 1994
Internship and Year	UNIVERSITY OF KENTUCKY MEDICAL CENTER - LEXINGTON, KY 1995
Residency and Year	UNIVERSITY OF KENTUCKY MEDICAL CENTER - LEXINGTON, KY 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8407
License Date	8/8/1990
Name	<b>BRENNAN, STEPHEN R DO</b>
Address	26 BRICKYARD COURT, STE 7YORK, ME, 03909-
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF NEW ENGLAND COLL OF OSTEO MED-BIDDEFORD,ME USA 1985
Internship and Year	KENNEDY MEM HOSP-SADDLEBROOK,NJ 1986
Residency and Year	MAYO GRAD SCH OF MED-ROCHESTER,MN 1989
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	7025
License Date	1/10/1985
Name	<b>BRENNAN, THOMAS E MD</b>
Address	SPRINGFIELD HOSPITAL, 25 RIDGEWOOD RDSRINGFIELD, VT, 05156
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF MASS SCH OF MED- WORCESTER, MA USA 1977
Internship and Year	NORTH CAROLINA BAPTIST HOSP - WINSTON-SALEM, NC 1978
Residency and Year	UNIV OF MASS HOSPITAL - WORCESTER, MA 1980
License Expiration Date	<b>6/30/2005</b>
Remarks	



License Number 10229  
 License Date 2/4/1998  
 Name **BRENNER, ALAN S MD**  
 Address 184 TURKEY HILL RD, PO BOX 177ELKINS, NH, 03233  
 Specialty CD  
 Board Certified IM  
 School and Year of Graduation UNIV OF PA SCH OF MED - PHILADELPHIA, PA USA 1968  
 Internship and Year DUKE UNIV MEDICAL CENTER - NC 1969  
 Residency and Year DUKE UNIV MEDICAL CENTER - NC 1973  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 10481  
 License Date 1/6/1999  
 Name **BRENNER, CHARLES S MD**  
 Address DARTMOUTH HITCHCOCK CLINIC, 253 PLEASANT STCONCORD, NH, 03301  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation UNIV OF PITTSBURGH SCH OF MED- PITTSBURGH, PA USA 1974  
 Internship and Year UNIV OF CALIFORNIA MED CTR - ORANGE, CA 1975  
 Residency and Year CEDARS-SINAI MEDICAL CENTER - LOS ANGELES, CA 1976  
 License Expiration Date **6/30/2002**  
 Remarks

License Number 10604  
 License Date 7/7/1999  
 Name **BRENNICK, JEOFFRY B MD**  
 Address DARTMOUTH HITCHCOCK MED CRT, ONE MEDICAL CENTER DRLEBANON, NH, 03756-0001  
 Specialty PTH  
 Board Certified DMP  
 School and Year of Graduation HARVARD MEDICAL SCHOOL-BOSTON,MA USA 1991  
 Internship and Year MASSACHUSETTS GENERAL HOSPITAL-BOSTON ,MA 1994  
 Residency and Year MASSACHUSETTS GENERAL HOSPITAL-BOSTON,MA 1995  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 5892  
 License Date 4/26/1978  
 Name **BRENTON JR, CHARLES J MD**  
 Address VALLEY FAMILY PHYSICIANS, 55 TYLER STCLAREMONT, NH, 03743  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation GEORGE WASHINGTON UNIV SCHOOL OF MED WASHINGTON,DC USA 1975  
 Internship and Year ST JOSEPH'S HOSPITAL - HEALTH CENTER SYRACUSE, NY 1976  
 Residency and Year ST JOSEPH'S HOSPITAL - HEALTH CENTER SYRACUSE, NY 1978  
 License Expiration Date **6/30/2014**  
 Remarks

License Number	3798
License Date	6/10/1965
Name	<b>BRESNAHAM, BARTHOLOMEW F MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1979</b>
Remarks	<b>DECEASED 8/4/79</b>

License Number	5304
License Date	3/4/1975
Name	<b>BRESS, JAMES H MD</b>
Address	60 ROCHESTER HILL RD, ROCHESTER, NH, 03867-3216
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF VERMONT COLLEGE OF MEDICINE USA 1972
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1973
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1974
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6278
License Date	9/2/1980
Name	<b>BRETHAUER, ROBERT C MD</b>
Address	PULMONARY MEDICINE ASSOC PC, 706 RIVERWAY PLBEDFORD, NH, 03110-6743
Specialty	PUD
Board Certified	PUD
School and Year of Graduation	OHIO STATE UNIV COLL MED - COLUMBUS , OH USA 1973
Internship and Year	NORFOLK GENERAL HOSPITAL - NORFOLK, VA 1976
Residency and Year	E VIRGINIA GRAD SHOOL MEDICAL HOSPITAL - NORFOLK, VA 1977
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9445
License Date	6/7/1995
Name	<b>BRETT, CRAIG M MD</b>
Address	CARDIOVASCULAR CONSULTANTS, 96 CAMPUS DR STE 1SCARBOROUGH, ME, 04074
Specialty	CD
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF VERMONT USA 1989
Internship and Year	VIRGINIA MASON HOSPITAL, SEATTLE WA 1992
Residency and Year	MAINE MEDICAL CENTER, PORTLAND ME 1995
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	9537
License Date	9/6/1995
Name	<b>BREUDER, ANDREW J MD</b>
Address	VA MEDICAL CENTER, 718 SMYTH RDMANCHESTER, NH, 03104
Specialty	AM
Board Certified	AM
School and Year of Graduation	BOSTON UNIV SCHOOL OF MEDICINE USA 1977
Internship and Year	USAF MEDICAL CENTER/ WEST PATTSON AFB OHIO 1978
Residency and Year	USAF SCHOOL AEROSPACE MEDICAL BROOKS AFB TX 1981
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15472
License Date	12/7/2011
Name	<b>BREWER, EDWARD S MD</b>
Address	RAYS, 13737 NOEL RD STE 1600DALLAS, TX, 75240
Specialty	DR
Board Certified	DR
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2001
Internship and Year	NAVAL MEDICAL CENTER - PORTSMOUTH, VA 2002
Residency and Year	LAHEY CLINIC MEDICAL CENTER - BURLINGTON, MA 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14650
License Date	11/4/2009
Name	<b>BREWER, JEFFREY J MD</b>
Address	UNIV AT BUFFALO SURGEONS LLC, 462 GRIDER STBUFFALO, NY, 14215
Specialty	GS
Board Certified	
School and Year of Graduation	STATE UNIVERSITY OF NEW YORK USA 2005
Internship and Year	WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE - WINSTON-SALEM, NC 2006
Residency and Year	WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE - WINSTON-SALEM, NC 2009
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	9978
License Date	5/7/1997
Name	<b>BREWER, JOHN F MD</b>
Address	SALEM RADIOLOGY, 23 STILES RDSALEM, NH, 03079
Specialty	R
Board Certified	DR
School and Year of Graduation	UNIV OF MI SCH -ANN ARBOR USA 1976
Internship and Year	MED CTR HOSP OF VT-BURLINGTON,VT 1977
Residency and Year	CHILDRENS HOSP-MASS 1980
License Expiration Date	<b>6/30/2005</b>
Remarks	<b>DECEASED 8/24/2011</b>

License Number	11984
License Date	7/2/2003
Name	<b>BREWINGTON, FLORA H MD</b>
Address	CAPITAL REGION FAMILY HLTH CTR, 250 PLEASANT STCONCORD, NH, 03301
Specialty	FP
Board Certified	
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 2000
Internship and Year	NEW HAMPSHIRE DARTMOUTH FAMILY PRACTICE - CONCORD 2002
Residency and Year	NEW HAMPSHIRE DARTMOUTH FAMILY PRACTICE - CONCORD 2003
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	9612
License Date	1/3/1996
Name	<b>BREWSTER, THOMAS G MD</b>
Address	347 MAIN ST, GORHAM, ME, 04038-
Specialty	PD
Board Certified	MG
School and Year of Graduation	UNIV OF NEBRASKA COLLEGE OF MEDICINE - OMAHA, NE USA 1971
Internship and Year	CHILDRENS HOSPITAL - PHILADELPHIA, PA 1972
Residency and Year	CHILDRENS HOSPITAL - PHILADELPHIA, PA 1973
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	7537
License Date	4/1/1987
Name	<b>BREWSTER, WILLIAM C MD</b>
Address	HARVARD PILGRIM HEALTH CARE, 650 ELM ST 7TH FLOORMANCHESTER, NH, 03101-2596
Specialty	IM
Board Certified	IM
School and Year of Graduation	GEORGE WASHINGTON UNIV SCH MED - DC USA 1981
Internship and Year	WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 1982
Residency and Year	WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 1984
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9146
License Date	5/4/1994
Name	<b>BRICCETTI, FREDERICK M MD</b>
Address	NH ONCOLOGY-HEMATOLOGY PA, 200 TECHNOLOGY DRHOOKSETT, NH, 03106-2505
Specialty	HO
Board Certified	HO
School and Year of Graduation	UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE USA 1988
Internship and Year	NEW YORK HOSPITAL - NEW YORK NY 1991
Residency and Year	NEW YORK HOSPITAL - NEW YORK NY 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11346
License Date	8/1/2001
Name	<b>BRICK, GREGORY W MD</b>
Address	ORTHO SURG BRIGHAM & WOMENS HOSP, 75 FRANCIS STBOSTON, MA, 02115
Specialty	ORS
Board Certified	
School and Year of Graduation	UNIV OF AUCKLAND SCH OF MED- AUCKLAND NEW ZEALAND NEW ZEALAND 1977
Internship and Year	BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 1986
Residency and Year	VANDERBILT UNIV MED CTR - NASHVILLE, TN 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>lapsed 6/30/13 - reinstated 2/4/15</b>

License Number	13447
License Date	4/4/2007
Name	<b>BRICK, STEVEN H MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	EMORY UNIV USA 1983
Internship and Year	SUNY @ STONY BROOK UNIV HOSPITAL - STONY BROOK, NY 1984
Residency and Year	GEORGE WASHINGTON UNIV - WASHINGTON, DC 1987
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	3586
License Date	1/14/1963
Name	<b>BRICKER, GLENN W MD</b>
Address	1 PLEASANT ST, ASHLAND, NH, 03217-0135
Specialty	LM
Board Certified	LM
School and Year of Graduation	JEFFERSON MEDICAL COLLEGE - PHILADELPHIA, PA USA 1952
Internship and Year	HELENE FULD HOSPITAL - TRENTON, NJ 1953
Residency and Year	HELENE FULD HOSPITAL - TRENTON, NJ 1953
License Expiration Date	<b>6/30/2000</b>
Remarks	<b>DECEASED 8/16/00</b>

License Number	5070
License Date	9/6/1973
Name	<b>BRICKMAN, LAWRENCE H MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1996</b>
Remarks	

License Number	11015
License Date	8/2/2000
Name	<b>BRICKMAN, MARC H DO</b>
Address	AIKEN MEDICAL PC, 400 SOCIETY HILL DRAIKEN, SC, 29803
Specialty	IM
Board Certified	IM
School and Year of Graduation	MIDWESTERN UNIV - DOWNERS GROVE, IL USA 1990
Internship and Year	EVANSTON NORTHWESTERN HEALTHCARE - EVANSTON, IL 1991
Residency and Year	EVANSTON NORTHWESTERN HEALTHCARE - EVANSTON, IL 1993
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	10855
License Date	4/5/2000
Name	<b>BRICOUT, PHILIPPE B MD</b>
Address	31 FREDHNA RD, WABAN, MA, 02468
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF MONTREAL CANADA 1962
Internship and Year	UNIVERSITE DE MONTREAL - MONTREAL CANADA 1965
Residency and Year	ROSWELL PARK CANCER INSTITUTE - BUFFALO NY 1966
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	11046
License Date	9/6/2000
Name	<b>BRIDE JR, JOHN P MD</b>
Address	DEPT OF INTERNAL MEDICINE, WOMACK ARMY MEDICAL CENTERFORT BRAGG, NC, 28310
Specialty	IM
Board Certified	IM
School and Year of Graduation	GEORGE WASHINGTON UNIV SCH - WASHINGTON, DC USA 1993
Internship and Year	BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1994
Residency and Year	BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1996
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	L3398
License Date	6/24/2014
Name	<b>BRIDE, SAMUEL H MD</b>
Address	HUGGINS HOSPITAL, 240 S MAIN STWOLFEBORO, NH, 03894
Specialty	CRS
Board Certified	
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2006
Internship and Year	BOSTON MEDICAL CENTER- BOSTON, MA 2009
Residency and Year	
License Expiration Date	<b>6/26/2014</b>
Remarks	

License Number 3611  
License Date 5/8/1963  
Name **BRIDGE, CARL J MD**  
Address , , ,  
Specialty  
Board Certified  
School and Year of Graduation  
Internship and Year  
Residency and Year  
License Expiration Date **6/30/1996**  
Remarks **DECEASED 7/5/96**

License Number 10818  
License Date 2/2/2000  
Name **BRIDGES, BRYAN C MD**  
Address 8 HALF PENNY LN, EXETER, NH, 03833  
Specialty AN  
Board Certified AN  
School and Year of Graduation UNIV OF ROCHESTER SCH OF MED-ROCHESTER,NY USA 1990  
Internship and Year HIGHLAND HOSPITAL OF ROCHESTER - ROCHESTER, NY 1991  
Residency and Year MILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 1992  
License Expiration Date **6/30/2016**  
Remarks

License Number 14406  
License Date 5/6/2009  
Name **BRIDGES, JONATHAN S MD**  
Address SEACOAST CARDIOLOGY ASSOCIATES, 12 HOSPITAL DR STE 9YORK, ME, 03909  
Specialty CD  
Board Certified CD  
School and Year of Graduation UNIV OF SOUTH CAROLINA USA 2002  
Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2003  
Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2005  
License Expiration Date **6/30/2017**  
Remarks

License Number 12731  
License Date 6/1/2005  
Name **BRIER, MATTHEW E MD**  
Address BAYSTATE MEDICAL CTR, 759 CHESTNUT STSPRINGFIELD, MA, 01109  
Specialty IM  
Board Certified IM  
School and Year of Graduation BOSTON UNIVERSITY, BOSTON MA US 1996  
Internship and Year BAYSTATE MED CTR, SPRINGFIELD MA 2001  
Residency and Year BAYSTATE MED CTR, SPRINGFIELD MA 2005  
License Expiration Date **6/30/2007**  
Remarks

License Number	13817
License Date	2/6/2008
Name	<b>BRIGGS, EDWIN M MD</b>
Address	1316 HARRISON BLVD, BOISE, ID, 83702
Specialty	U
Board Certified	U
School and Year of Graduation	STANFORD UNIV USA 1964
Internship and Year	UNIV OF MICHIGAN MEDICAL CENTER - ANN ARBOR, MI 1965
Residency and Year	STANFORD UNIV SCHOOL OF MEDICINE - STANFORD, CA 1968
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	16468
License Date	2/5/2014
Name	<b>BRIGGS, JONATHAN E MD</b>
Address	605 QUEENSGROVE CRES, VIRGINIA BEACH, VA, 23452
Specialty	IM
Board Certified	IM
School and Year of Graduation	GEORGIA HEALTH SCIENCES UNIVERSITY USA 2002
Internship and Year	VIRGINIA COMMONWEALTH UNIVERSITY HEALTH SYSTEM - RICHMOND, VA 2003
Residency and Year	VIRGINIA COMMONWEALTH UNIVERSITY HEALTH SYSTEM - RICHMOND, VA 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9135
License Date	4/6/1994
Name	<b>BRIGGS, LANCE L MD</b>
Address	CARDIO CARE OF NH AND YORK HOSP, 12 HOSPITAL DR STE 9YORK, ME, 03909-1030
Specialty	CD
Board Certified	CD
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1985
Internship and Year	BOSTON CITY HOSPITAL - BOSTON MA 1986
Residency and Year	BOSTON CITY HOSPITAL - BOSTON MA 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14701
License Date	1/6/2010
Name	<b>BRIGGS, LAWRENCE J MD</b>
Address	UCONN RADIOLOGY, 263 FARMINGTON AVEFARMINGTON, CT, 06030
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF CONNECTICUT USA 1995
Internship and Year	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON, CT 1996
Residency and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1997
License Expiration Date	<b>6/30/2012</b>
Remarks	



License Number	11810
License Date	1/8/2003
Name	<b>BRIGGS, STEPHANIE MD</b>
Address	RUTLAND REGIONAL MED CTR, 160 ALLEN STRUTLAND, VT, 05701
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF VERMONT - BURLINGTON, VT USA 1991
Internship and Year	ALAMEDA COUNTY MEDICAL CENTER - OAKLAND, CA 1992
Residency and Year	ALAMEDA COUNTY MEDICAL CENTER - OAKLAND, CA 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5871
License Date	3/16/1978
Name	<b>BRIGHT, JAMES F MD</b>
Address	SEACOAST UROLOGY, 278 LAFAYETTE RDPORTSMOUTH, NH, 03801-5455
Specialty	U
Board Certified	U
School and Year of Graduation	CASE WESTERN RESERVE UNIV SCHOOL OF MEDICINE OH USA 1971
Internship and Year	DARTMOUTH MEDICAL SCHOOL AFFILIATED HOSPITALS - HANOVER, NH 1972
Residency and Year	DARTMOUTH MEDICAL SCHOOL AFFILIATED HOSPITALS - HANOVER, NH 1978
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	11300
License Date	7/11/2001
Name	<b>BRIGNALL, DAVID B MD</b>
Address	S J FAMILY MEDICAL, 208 ROBINSON RDHUDSON, NH, 03051
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF OTTAWA CANADA 1987
Internship and Year	MCGILL UNIVERSITY MONTREAL QUEBEC CANADA 1988
Residency and Year	MCGILL UNIVERSITY MONTREAL QUEBEC CANADA 1989
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	9764
License Date	7/3/1996
Name	<b>BRILL, LESSA A MD</b>
Address	UNH HEALTH SERVICES, 4 PETTEE BROOK LANEDURHAM, NH, 03824-
Specialty	GYN
Board Certified	
School and Year of Graduation	UNIV OF PITTSBURGH SCHOOL OF MEDICINE, PITTSBURGH USA 1983
Internship and Year	INDIANA UNIV HOSPITAL - INDIANA 1984
Residency and Year	INDIANA UNIV HOSPITAL - INDIANA 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15865
License Date	10/3/2012
Name	<b>BRINCKMAN, MARK A MD</b>
Address	DIVERSIFIED RADIOLOGY, 1746 COLE BLVD STE 150LAKEWOOD, CO, 80401
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF KANSAS SCHOOL OF MEDICINE USA 2005
Internship and Year	EXEMPLA ST JOSEPH HOSPITAL - DENVER, CO 2006
Residency and Year	UNIVERSITY OF COLORADO HEALTH SCIENCES CENTER- AURORA, CO 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12479
License Date	10/6/2004
Name	<b>BRITO, JORGE L MD</b>
Address	NAVAL HOSPITAL BREMERTON, 1 BOONE RDBREMERTON, WA, 98312
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	STANFORD UNIVERSITY, STANFORD CA US 2000
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2001
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8522
License Date	5/8/1991
Name	<b>BRITTON, JOHN C MD</b>
Address	FRISBIE MEDICAL BUILDING, 21 WHITEHALL RD STE 204ROCHESTER, NH, 03867-1935
Specialty	GS
Board Certified	GS
School and Year of Graduation	DARTMOUTH MED SCH - HANOVER, NH USA 1986
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1987
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4165
License Date	12/12/1967
Name	<b>BRITTON, JOSEPH F MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>5/10/1995</b>
Remarks	

License Number	8114
License Date	6/7/1989
Name	<b>BROADWATER, RALPH P MD</b>
Address	16 HOSPITAL ROAD, PLYMOUTH, NH, 03624
Specialty	IM
Board Certified	IM
School and Year of Graduation	ST LOUIS UNIV SCH OF MED STLOUIS,MO USA 1986
Internship and Year	ST JOSEPH HOSP-CHICAGO,IL 1987
Residency and Year	NORTHWESTERN MEM HOSP-CHICAGO,IL 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5138
License Date	2/11/1974
Name	<b>BROADY, HAROLD MD</b>
Address	, , ,
Specialty	OBG
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1989</b>
Remarks	

License Number	2656
License Date	5/12/1948
Name	<b>BROCK, WARREN H MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1992</b>
Remarks	<b>Deceased 5/17/02</b>

License Number	9614
License Date	1/3/1996
Name	<b>BROCUM, CONSTANTINE P MD</b>
Address	X-RAY PROFESSIONAL ASSOC, 2 1/2 BEACON STCONCORD, NH, 03301-
Specialty	DR
Board Certified	DR
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1990
Internship and Year	BROCKTON HOSPITAL - BROCKTON, MA 1991
Residency and Year	UNIV HEALTH CENTER OF PITTSBURGH - PITTSBURGH, PA 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4191
License Date	4/16/1968
Name	<b>BROCOUM, JAMES C MD</b>
Address	ST JOSEPH HOSP, 172 KINSLEY STNASHUA, NH, 03060
Specialty	IM
Board Certified	
School and Year of Graduation	LOUVAIN UNIV OF BELGIUM BELGIUM 1958
Internship and Year	QUEEN ELIZABETH HOSPITAL - MONTREAL, CANADA 1966
Residency and Year	QUEEN ELIZABETH HOSPITAL - MONTREAL, CANADA 1967
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11686
License Date	8/7/2002
Name	<b>BRODERICK, ELISABETH C MD</b>
Address	ELDER SERVICE PLAN - NORTH SHO, 9 BUFFUM STLYNN, MA, 01901
Specialty	IM
Board Certified	IM
School and Year of Graduation	MT SINAI SCH OF MED - NEW YORK, NY USA 1991
Internship and Year	MAYO GRADUATE SCH OF MED - ROCHESTER, MN 1992
Residency and Year	MAYO GRADUATE SCH OF MED - ROCHESTER, MN 1994
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	7599
License Date	5/6/1987
Name	<b>BRODERICK, THOMAS F DO</b>
Address	CORNER MEDICAL, BOX 83LYNDONVILLE, VT, 05851
Specialty	EM
Board Certified	EM
School and Year of Graduation	MICHIGAN STATE UNIV COLL OF OST. MI USA 1981
Internship and Year	GARDEN CITY HOSPITAL-GARDEN CITY ,MI 1982
Residency and Year	GARDEN CITY HOSPITAL - GARDEN CITY, MI 1982
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15821
License Date	9/5/2012
Name	<b>BRODSKY, IRWIN G MD</b>
Address	MAINE MEDICAL PARTNERS, 175 US ROUTE 1SCARBOROUGH, ME, 04074
Specialty	END
Board Certified	END
School and Year of Graduation	NORTHWESTERN UNIVERSITY MEDICAL SCHOOL USA 1984
Internship and Year	EMORITY UNIVERSITY SCHOOL OF MEDICINE - ATLANTA, GA 1985
Residency and Year	EMORITY UNIVERSITY SCHOOL OF MEDICINE - ATLANTA, GA 1987
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 12777  
 License Date 7/6/2005  
 Name **BRODY, JASON S MD**  
 Address EYESIGHT OPTHALMIC SER, 330 BORTHWICK AVE STE # 307PORTSMOUTH, NH, 03801  
 Specialty OPH  
 Board Certified  
 School and Year of Graduation ROSALIND FRANKLIN UNIVERSITY, NORTH CHICAGO IL USA 2001  
 Internship and Year ADVOCATE ILLINOIS MASONIC MEDICAL CENTER, CHICAGO IL 2002  
 Residency and Year COOK COUNTY HOSPITAL, CHICAGO IL 2005  
 License Expiration Date **6/30/2007**  
 Remarks

License Number 16965  
 License Date 3/4/2015  
 Name **BRODY, SCOTT P MD**  
 Address 2808 SCOTT MILL ESTATES DR, JACKSONVILLE, FL, 32257  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation GEORGIA HEALTH SCIENCES UNIVERSITY USA 1990  
 Internship and Year LOUISIANA STATE UNIVERSITY MEDICAL CENTER - NEW ORLEANS, LA 1991  
 Residency and Year LOUISIANA STATE UNIVERSITY MEDICAL CENTER - NEW ORLEANS, LA 1994  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 3646  
 License Date 9/11/1963  
 Name **BRODY, SPENCER J MD**  
 Address LAKES REGION NURSING CARE & COMFORT LLC, PO BOX 7624, 22 SAWMILL RD., UNIT 2GILFORD,  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation YALE MEDICAL SCHOOL - NEW HAVEN, CT USA 1962  
 Internship and Year GRACE-NEW HAVEN COMMUNITY HOSPITAL - NEW HAVEN, CT 1963  
 Residency and Year GRACE -NEW HAVEN COMM HOSPITAL - NEW HAVEN, CT 1965  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 6689  
 License Date 5/5/1983  
 Name **BROGADIR, STUART P MD**  
 Address 9 WASHINGTON PL, SUITE 204BEDFORD, NH, 03110  
 Specialty GE  
 Board Certified GE  
 School and Year of Graduation CORNELL UNIV MED COLL NY, NY USA 1975  
 Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1976  
 Residency and Year HOSPITAL UNIV OF PA - PHILADELPHIA, PA 1979  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	8152
License Date	7/12/1989
Name	<b>BROKAW, FRANCES C MD</b>
Address	4 STONEHURST COMMON, HANOVER, NH, 03755
Specialty	IM
Board Certified	IM
School and Year of Graduation	MICHIGAN STATE UNIV -EAST LANSING, MI USA 1985
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1986
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12959
License Date	12/7/2005
Name	<b>BROKETA, GORAN MD</b>
Address	VA MEDICAL CTR, 718 SMYTH RDMANCHESTER, NH, 03104
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF ZAGREB, ZAGREB CROATIA CROATIA 1992
Internship and Year	STATE UNIVERSITY OF NEW YORK, STONY BROOK NY 1994
Residency and Year	STATE UNIVERSITY OF NEW YORK, STONY BROOK NY 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>lapsed for non-renewal 6/30/07...</b> <b>Reinstated 2/2/11</b>

License Number	13657
License Date	9/5/2007
Name	<b>BRONFINE, BORIS I MD</b>
Address	DARTMOUTH HITCHCOCK/ NASHUA, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty	GS
Board Certified	GS
School and Year of Graduation	OMSK STATE MEDICAL ACADEMY RUSSIA 1992
Internship and Year	BERKSHIRE MEDICAL CENTER-PITTSFIELD, MA 1998
Residency and Year	BERSHIRE MEDICAL CENTER-PITTSFIELD, MA 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8547
License Date	6/5/1991
Name	<b>BRONSON, JAMES P MD</b>
Address	LAKES REGION RADIOLOGY PA, 87 SPRING ST STE 101LACONIA, NH, 03246
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIF OF ROCHESTER SCH OF MED-ROCHESTER,NY USA 1986
Internship and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1987
Residency and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7831
License Date	5/4/1988
Name	<b>BRONSTEIN, ERIC L MD</b>
Address	ROBERT A MESROPION CENTER, 15 ALICE PECK DAY DRLEBANON, NH, 03766-1133
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF COLORADO SCH MED - DENVER, CO USA 1985
Internship and Year	MAINE-DARTMOUTH FAMILY PRACTICE RESIDENCY PROGRAM - AUGUSTA, ME 1986
Residency and Year	MAINE-DARTMOUTH FAMILY PRACTICE RESIDENCY PROGRAM - AUGUSTA, ME 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6609
License Date	9/9/1982
Name	<b>BROOKS JR, THEODORE T MD</b>
Address	DERRY MEDICAL CENTER, 6 TSIENNETO RDDERRY, NH, 03038-
Specialty	FP
Board Certified	FP
School and Year of Graduation	BOWMAN GRAY SCH MED OF WAKE FORREST, NC USA 1978
Internship and Year	CENTRAL MAINE MEDICAL CENTER, LEWISTON, ME 1979
Residency and Year	CENTRAL MAINE MEDICAL CENTER, LEWISTON, ME 1981
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15432
License Date	11/2/2011
Name	<b>BROOKS, JANICE W MD</b>
Address	RAYS, 13737 NOEL RD STE 1600DALLAS, TX, 75240
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF ARKANSAS COLLEGE OF MED USA 1987
Internship and Year	UNIVERSITY OF ARKANSAS COLLEGE OF MEDICINE - LITTLE ROCK, AR 1988
Residency and Year	UNIV OF ARKANSAS FOR MEDICAL SCIENCES - LITTLE ROCK, AR 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9181
License Date	6/1/1994
Name	<b>BROOKS, JOHN G MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty	PD
Board Certified	PD
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 1969
Internship and Year	UNIVERSITY OF COLORADO HEALTH SCIENCE CENTER - DENVER CO 1970
Residency and Year	MOFFITT HOSPITAL UNIVERSITY OF CALIFORNIA - SAN FRANCISCO CA 1974
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	8709
License Date	5/6/1992
Name	<b>BROOKS, MARY ELLEN MD</b>
Address	SOUTHERN NH INT MEDICAL ASSOC, 6 TSIENNETO RD STE 300DERRY, NH, 03038-
Specialty	IM
Board Certified	IM
School and Year of Graduation	NY UNIVERSITY SCHOOL OF MEDICINE USA 1984
Internship and Year	UNIVERSITY HOSPITAL OF CLEVELAND 1985
Residency and Year	UNIVERSITY HOSPITAL OF CLEVELAND 1987
License Expiration Date	<b>6/30/2016</b>
Remarks	5/7/04 - Settlement Agreement

License Number	10699
License Date	10/6/1999
Name	<b>BROOKS, THOMAS R MD</b>
Address	PPO BOX 235, SALISBURY, NH, 03268-0235
Specialty	OBG
Board Certified	
School and Year of Graduation	JEFFERSON MEDICAL COLLEGE USA 1948
Internship and Year	PENNSYLVANIA HOSPITAL 1955
Residency and Year	ROBERT PACKER HOSPITAL 1950
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	8115
License Date	6/7/1989
Name	<b>BROOKS, WILLIAM B MD</b>
Address	DHMC-GIM, 1 MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty	IM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL HANOVER, NH USA 1979
Internship and Year	UNIV OF VIRGINIA HOSPITAL CHARLOTTESVILLE, VA 1980
Residency and Year	UNIV OF VIRGINIA HOSPITAL CHARLOTTESVILLE, VA 1981
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12689
License Date	5/4/2005
Name	<b>BROUHA, ANNE K MD</b>
Address	243 ELM STREET, CLAREMONT, NH, 03743
Specialty	IM
Board Certified	IM
School and Year of Graduation	STANFORD UNIVERSITY, STANFORD CA US 2001
Internship and Year	CAMBRIDGE HOSP, CAMBRIDGE MA 2002
Residency and Year	CAMBRIDGE HOSP, CAMBRIDGE MA 2002
License Expiration Date	<b>6/30/2015</b>
Remarks	



License Number	10114
License Date	9/10/1997
Name	<b>BROWER, KATHERINE M MD</b>
Address	RUTLAND FREE CLINIC, 145 N STATE STRUTLAND, VT, 05701
Specialty	IM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1995
Internship and Year	MARY-HITCHCOCK MEMORIAL HOSPITAL-NH 1998
Residency and Year	MARY-HITCHCOCK MEMORIAL HOSPITAL - NH 1998
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	8292
License Date	4/4/1990
Name	<b>BROWN JR, GALE G MD</b>
Address	250 FIRST AVE, UNIT 318CHARLESTOWN, MA, 02129
Specialty	PM
Board Certified	PM
School and Year of Graduation	UNIV OF CONNECTICUT SCH OF MED FARMINGTON USA 1980
Internship and Year	ST FRANCIS HOSPITAL MEDICAL CENTER - HARTFORD, CT 1981
Residency and Year	UNIV HOSPITAL - BOSTON, MA 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16102
License Date	5/1/2013
Name	<b>BROWN JR, ROBERT A DO</b>
Address	ACAS, 25033 HANGER ACCESS ROADFORT DRUM, NY, 13603
Specialty	EM
Board Certified	
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND COLLEGE USA 2010
Internship and Year	CARL R DARNALL ARMY MEDICAL CENTER - FORT HOOD, TX 2011
Residency and Year	CARL R DARNALL ARMY MEDICAL CENTER - FORT HOOD, TX 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15786
License Date	8/1/2012
Name	<b>BROWN JR, ROBERT D MD</b>
Address	MAYO CLINIC, 200 1ST ST SWROCHESTER, MN, 55905
Specialty	N
Board Certified	N
School and Year of Graduation	MAYO MEDICAL SCHOOL USA 1987
Internship and Year	MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1988
Residency and Year	MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 10019  
 License Date 6/4/1997  
 Name **BROWN, ANDREW O MD**  
 Address 100 LIBERTY WAY, DOVER, NH, 03820-5808  
 Specialty P  
 Board Certified P  
 School and Year of Graduation ALBANY MEDICAL COLLEGE-NY USA 1993  
 Internship and Year LEMUEL SHATTUCK HOSPITAL-MA 1994  
 Residency and Year BRIGHAM & WOMEN'S HOSPITAL-MA 1996  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 8341  
 License Date 6/6/1990  
 Name **BROWN, ANDREW P MD**  
 Address SCOTLAND MEMORIAL HOSP, 500 LAUCHWOOD DRIVE LAURINBURG, NC, 28352  
 Specialty RO  
 Board Certified RO  
 School and Year of Graduation UNIV OF LONDON FAC MED - LONDON ENGLAND 1978  
 Internship and Year ROYAL COLLEGE OF PHYSICIANS - UNITED KINGDOM 1981  
 Residency and Year ROYAL COLLEGE OF RADIOLOGIST - UNITED KINGDOM 1985  
 License Expiration Date **6/30/2016**  
 Remarks Lapsed for non-renewal 6/30/10...  
 Reinstated 6/1/11

License Number 10020  
 License Date 6/4/1997  
 Name **BROWN, ANNIKA M MD**  
 Address NORTH MEADOW FAMILY HEALTH, 154 HANCOCK RD PETERBOROUGH, NH, 03458  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation YALE UNIVERSITY-CT USA 1994  
 Internship and Year UNIVERSITY OF UTAH-UT 1997  
 Residency and Year UNIVERSITY OF UTAH-UT 1997  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12094  
 License Date 10/1/2003  
 Name **BROWN, ARTHUR S MD**  
 Address 205 EAGLE CT, MOORESTOWN, NJ, 08057  
 Specialty PS  
 Board Certified PS  
 School and Year of Graduation UNIVERSITY OF PA, PHILADELPHIA PA US 1970  
 Internship and Year UNIVERSITY OF PA, PHILADELPHIA PA 1971  
 Residency and Year UNIVERSITY OF PA, PHILADELPHIA PA 1976  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 10895  
 License Date 5/3/2000  
 Name **BROWN, CHARLES I MD**  
 Address AVH PATHOLOGY, 59 PAGE HILL RDBERLIN, NH, 03570  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation UNIV OF UTAH - SALT LAKE CITY, UT USA 1995  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1996  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1999  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12191  
 License Date 1/7/2004  
 Name **BROWN, CLARENCE D MD**  
 Address MERCY MEDICAL CTR, 1301 15TH AVE WWILLISTON, ND, 58801  
 Specialty AN  
 Board Certified  
 School and Year of Graduation MEDICAL COLLEGE OF GA, AUGUSTA, GA US 1971  
 Internship and Year RIVERSIDE METHODIST HOSPITAL, COLUMBUS OH 1972  
 Residency and Year UNIVERSITY OF MIAMI, MIAMI FL 1976  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 5525  
 License Date 6/14/1976  
 Name **BROWN, DANIEL J MD**  
 Address PEDIATRIC ASSOC OF HAMPTON & PORTSMOUTH, 330 BORTHWICK AVE STE 202PORTSMOUTH, N  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation JEFFERSON MEDICAL COLLEGE-PHILADELPHIA PA USA 1973  
 Internship and Year CHILDREN'S OF PHILADELPHIA HOSP-PHILADELPHIA PA 1974  
 Residency and Year CHILDREN'S OF PHILADELPHIA HOSP-PHILADELPHIA PA 1976  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10640  
 License Date 8/4/1999  
 Name **BROWN, DARIN C MD**  
 Address MEMORIAL HOSPITAL, RTE 16NORTH CONWAY, NH, 03860  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIV OF ILLINOIS COLL OF MED -CHICAGO, IL USA 1996  
 Internship and Year YORK HOSPITAL - YORK, PA 1997  
 Residency and Year YORK HOSPITAL - YORK, PA 1998  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	11725
License Date	9/4/2002
Name	<b>BROWN, DAVID J MD</b>
Address	DARTMOUTH HITCHCOCK MEDICAL CT, ONE MEDICAL CENTER DRLEBANON, NH, 03766
Specialty	GS
Board Certified	
School and Year of Graduation	UNIVERSITY OF CALIFORNIA-DAVIS, CA USA 2000
Internship and Year	DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2001
Residency and Year	DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2002
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	10151
License Date	11/5/1997
Name	<b>BROWN, DERYCK W MD</b>
Address	125 CENTER ST, TROY, PA, 16947
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF WEST INDIES-JAMAICA JAMAICA 1980
Internship and Year	MCKEELPORT HOSPITAL-PA 1988
Residency and Year	MCKEELPORT HOSPITAL-PA 1988
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	4613
License Date	9/1/1970
Name	<b>BROWN, DEWI R MD</b>
Address	ST JOSEPH BUSINESS & HEALTH, 166 KINSLEY ST STE 203NASHUA, NH, 03060
Specialty	OM
Board Certified	
School and Year of Graduation	CHARING CROSS HOSPITAL MEDICAL SCHOOL - LONDON ENGLAND 1960
Internship and Year	CHARING CROSS HOSPITAL - LONDON, ENGLAND 1961
Residency and Year	CHARING CROSS HOSPITAL - LONDON, ENGLAND 1962
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10115
License Date	9/10/1997
Name	<b>BROWN, DOUGLAS T MD</b>
Address	DOUGLAS BROWN NEUROLOGY, PO BOX 1382PORTSMOUTH, NH, 03802
Specialty	N
Board Certified	N
School and Year of Graduation	DARTMOUTH-HITCHCOCK MEDICAL CENTER USA 1987
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER- NH 1988
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - NH 1991
License Expiration Date	<b>6/30/2013</b>
Remarks	Lapsed for non-renewal 6/30/01 - Reinstated 4/6/11

License Number	15526
License Date	2/1/2012
Name	<b>BROWN, ERICA R MD</b>
Address	PARKLAND MEDICAL CENTER, 1 PARKLAND DRIVEDERRY, NH, 03038
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF WISCONSIN MEDICAL SCHOOL USA 2005
Internship and Year	OHIO STATE UNIVERSITY MEDICAL CENTER - COLUMBUS, OH 2007
Residency and Year	OHIO STATE UNIVERSITY MEDICAL CENTER - COLUMBUS, OH 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4110
License Date	7/17/1983
Name	<b>BROWN, FORST E MD</b>
Address	VA HOSPITAL-DEPT OF SURGERY, N HARTLAND RDWHITE RIVER JCT, VT, 05001
Specialty	PS
Board Certified	PS
School and Year of Graduation	HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1959
Internship and Year	UNIV HOSPITAL - CLEVELAND, OH 1960
Residency and Year	UNIV HOSPITAL - CLEVELAND, OH 1967
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	5548
License Date	7/1/1976
Name	<b>BROWN, HENRY MD</b>
Address	BRINGHAM WOMENS HOSPITAL, 75 FRANICS STBOSTON, MA, 02115
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF PENNSYLVANIA-PHILA, PA USA 1944
Internship and Year	ST VINCENT HOSPITAL-ERIE PA 1945
Residency and Year	UNIVERSITY OF WISCONSIN-MADISON WI 1956
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	12778
License Date	7/6/2005
Name	<b>BROWN, JAMES M DO</b>
Address	MUNSON ARMY HLTH CTR, 550 POPE AVEFORT LEAVENWORTH, KS, 66027
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND, BIDDEFORD, ME USA 2002
Internship and Year	ST VINCENT HOSPITAL, WORCESTER MA 2003
Residency and Year	ST VINCENT HOSPITAL, WORCESTER MA 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 15079  
 License Date 12/1/2010  
 Name **BROWN, JANET L MD**  
 Address PO BOX 207, PADEN, OK, 74860  
 Specialty OBG  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF OKLAHOMA USA 1988  
 Internship and Year WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 1989  
 Residency and Year WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 1992  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 10929  
 License Date 6/7/2000  
 Name **BROWN, JEFFREY L MD**  
 Address 280 MAIN ST STE 441, NASHUA, NH, 03062-2919  
 Specialty VS  
 Board Certified GS  
 School and Year of Graduation HAHNEMANN MED COLL - PHILA, PA USA 1992  
 Internship and Year MCP HAHNEMANN UNIV - PHILADELPHIA, PA 1993  
 Residency and Year MCP HAHNEMANN UNIV - PHILADELPHIA, PA 1999  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 9851  
 License Date 10/2/1996  
 Name **BROWN, KENNETH M MD**  
 Address HAMPSTEAD HOSP, 218 EAST RDHAMPSTEAD, NH, 03841  
 Specialty CHP  
 Board Certified CHP  
 School and Year of Graduation TULANE UNIV SCHOOL OF MEDICINE - NEW ORLEANS, LA USA 1991  
 Internship and Year MEDICAL UNIV SOUTH CAROLINA COLLEGE OF MEDICINE - CHARLESTON, SC 1994  
 Residency and Year UNIV MIAMI/JACKSON MEMORIAL MEDICAL CENTER - MIAMI, FL 1996  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14831  
 License Date 5/5/2010  
 Name **BROWN, KHALILAH M MD**  
 Address DHMC- DEPT OF NEUROLOGY, 1 MEDICAL CTR CRLEBANON, NH, 03756  
 Specialty N  
 Board Certified N  
 School and Year of Graduation HOWARD UNIVERSITY USA 2006  
 Internship and Year BOSTON UNIVERSITY MEDICAL CENTER UNIVERSITY HOSPITAL - BOSTON, MA 2007  
 Residency and Year UNIVERSITY OF CHICAGO HOSPITALS - CHICAGO, IL 2009  
 License Expiration Date **6/30/2012**  
 Remarks

License Number	13311
License Date	11/1/2006
Name	<b>BROWN, KIRK M MD</b>
Address	VIRTUAL RADIOLOGIC CORP, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	DR
Board Certified	R
School and Year of Graduation	BROWN UNIV USA 1994
Internship and Year	ROGER WILLIAMS HOSPITAL-PROVIDENCE, RI 1995
Residency and Year	HOSPITAL OF ST RAPHAEL-NEW HAVEN, CT 1999
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	6472
License Date	12/3/1981
Name	<b>BROWN, LIN A MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	RHU
Board Certified	RHU
School and Year of Graduation	MED COLL OF PENNSYLVANIA,PA USA 1979
Internship and Year	DARTMOUTH MED SCH AFFIL HOSP-HANOVER,NH 1980
Residency and Year	DARTMOUTH MEDICAL SCH AFFIL HOSP - HANOVER, NH 1980
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	3167
License Date	9/12/1956
Name	<b>BROWN, MARVIN J MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1997</b>
Remarks	<b>DECEASED 4/2/2012</b>

License Number	10445
License Date	11/4/1998
Name	<b>BROWN, MELISSA R MD</b>
Address	527 W INTERLAKEN RD, FAIRMONT, MN, 56031
Specialty	U
Board Certified	U
School and Year of Graduation	UNIV OF IOWA COLL OF MED - IOWA CITY, IA USA 1993
Internship and Year	UNIV OF UTAH - SALT LAKE CITY, UT 1995
Residency and Year	UNIV OF UTAH - SALT LAKE CITY, UT 1998
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	8792
License Date	9/2/1992
Name	<b>BROWN, PAUL J MD</b>
Address	105 PLEASANT ST, CONCORD, NH, 03301
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE USA 1983
Internship and Year	ROGER WILLIAMS GENERAL HOSPITAL PROVIDENCE - RI 1984
Residency and Year	BUTLER HOSPITAL PROVIDENCE - RI 1987
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6551
License Date	6/24/1982
Name	<b>BROWN, RANDALL L MD</b>
Address	NH EYE ASSOCIATES, PA, 1415 ELM STMANCHESTER, NH, 03101-1325
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	LOUISIANA UNIV SCH OF MED - NEW ORLEANS, LA USA 1978
Internship and Year	FRAMINGHAM UNION HOSPITAL - FRAMINGHAM, MA 1979
Residency and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16573
License Date	5/7/2014
Name	<b>BROWN, RANDOLPH E MD</b>
Address	10510 AVENUE J, BROOKLYN, NY, 11236
Specialty	IM
Board Certified	
School and Year of Graduation	UNIVERSITY OF THE WEST INDIES JAMAICA 2005
Internship and Year	JERSEY CITY MEDICAL CENTER - JERSEY CITY, NJ 2012
Residency and Year	JERSEY CITY MEDICAL CENTER - JERSEY CITY, NJ 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17255
License Date	9/2/2015
Name	<b>BROWN, SAMUEL L DO</b>
Address	DHMC - DEPT OF EMERGENCY MED, 1 MEDICAL CTR DRLEBANON, NH, 03766
Specialty	EM
Board Certified	
School and Year of Graduation	UNIV OF NE COLL OF OSTEOPATHIC MED- BIDDEFORD, ME USA 2012
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number	8438
License Date	10/10/1990
Name	<b>BROWN, STEVEN L MD</b>
Address	18 CONSTITUTION DR, STE 4BEDFORD, NH, 03110-6000
Specialty	PS
Board Certified	PS
School and Year of Graduation	UNIV OF PITTSBURGH SCH OF MED-PITTSBURG,PA USA 1982
Internship and Year	NEW BRITAIN GENERAL HOSPITAL - NEW BRITAIN, CT 1983
Residency and Year	NEW BRITAIN GENERAL HOSPITAL - NEW BRITAIN, CT 1987
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3238
License Date	3/12/1958
Name	<b>BROWN, THOMAS S MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>2/2/1996</b>
Remarks	

License Number	11191
License Date	3/7/2001
Name	<b>BROWN, TIMOTHY D MD</b>
Address	850 HARRISON AVE, DOWLING 2NBOSTON, MA, 02118
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	TULANE UNIV SCH OF MED - NEW ORLEANS, LA USA 1984
Internship and Year	CHARITY HOSPITAL - NEW ORLEANS, LA 1985
Residency and Year	TULANE UNIV SCHOOL OF MEDICINE - NEW ORLEANS, LA 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>7/11/06 - Settlement Agreement</b> <b>7/30/07 - Order Terminating Conditions in Settlement Agreement.</b>

License Number	10641
License Date	8/4/1999
Name	<b>BROWN, WILLIAM F MD</b>
Address	, RD 2 BOX 244LOWVILLE, NY, 13367
Specialty	AN
Board Certified	AN
School and Year of Graduation	PENNSYLVANIA STATE UNIV COLL OF MED - PA USA 1988
Internship and Year	YORK HOSPITAL - YORK, PA 1989
Residency and Year	MERCY HOSPITAL - PITTSBURGH, PA 1992
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number 8377  
 License Date 6/6/1990  
 Name **BROWNE, DEBORAH S MD**  
 Address PARTNERS FOR WOMEN'S HEALTH, 3 ALUMNI DR STE 401 EXETER, NH, 03833  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIV OF ALABAMA SCH OF MED -BIRMINGHAM,AL USA 1986  
 Internship and Year UNIV ALABAMA HOSPITAL - BIRMINGHAM, AL 1987  
 Residency and Year UNIV ALABAMA HOSPITAL - BIRMINGHAM, AL 1989  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14215  
 License Date 11/5/2008  
 Name **BROWNE, MARCIA J MD**  
 Address NASHUA ONCOLOGY/HEMATOLOGY, 10 PROSPECT ST STE 202 NASHUA, NH, 03060  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation GEORGETOWN UNIV USA 1979  
 Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1980  
 Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1982  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9470  
 License Date 7/5/1995  
 Name **BROZEN, REED MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DR LEBANON, NH, 03756-  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIVERSITY OF CHICAGO PRITZKER SCHOOL OF MEDICINE USA 1992  
 Internship and Year EHS CHRISTIAN HOSPITAL MEDICAL CENTER - OAK LAWN IL 1995  
 Residency and Year EHS CHRISTIAN HOSPITAL MEDICAL CENTER - OAK LAWN IL 1995  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9077  
 License Date 10/6/1993  
 Name **BRUCE, JULIA J MD**  
 Address 46 LONG HALL DR, BERWICK, ME, 03901  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation UNIVERSITY OF NEBRASKA COLLEGE OF MEDICINE USA 1985  
 Internship and Year UNIVERSITY OF WASHINGTON MEDICAL CENTER - SEATTLE WA 1986  
 Residency and Year MEDICAL CENTER HOSPITAL - BURLINGTON VT 1993  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	8486
License Date	2/6/1991
Name	<b>BRUCH JR, FREDERICK R MD</b>
Address	CROTCHED MTN REHAB CTR, 1 VERNEY DRGREENFIELD, NH, 03047
Specialty	IM
Board Certified	IM
School and Year of Graduation	ALBANY MED COLL - ALBANY, NY USA 1983
Internship and Year	NAVAL HOSPITAL - BETHESDA, MD 1984
Residency and Year	EAST VIRGINIA GRADUATE SCHOOL MEDICINE - NORFOLK , VA 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6391
License Date	6/4/1981
Name	<b>BRUEN, MARIAN A MD</b>
Address	JUNIPER HILL, 420 QUECHEE RDHARTLAND, VT, 05048
Specialty	N
Board Certified	N
School and Year of Graduation	COLUMBIA UNIV COLLEGE OF PHYSICIANS NY, NY USA 1973
Internship and Year	ST LUKES HOSPITAL CENTER - NY, NY 1974
Residency and Year	PRESBYTERIAN HOSPITAL - NY, NY 1979
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12290
License Date	5/5/2004
Name	<b>BRULL, JAMES DO</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF KANSAS CITY, KANSAS CITY MO US 1995
Internship and Year	ST LUKES HOSPITAL, KANSAS CITY MO 1996
Residency and Year	ST LUKES HOSPITAL, KANSAS CITY MO 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11481
License Date	1/2/2002
Name	<b>BRUMFIELD, AMY S MD</b>
Address	DARTMOUTH HITCHCOCK, 294 DANIEL WEBSTER HGWYMERRIMACK, NH, 03054
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF KENTUCKY COLL OF MED - LEXINGTON, KY USA 1995
Internship and Year	UNIV OF MISSOURI- KANSAS CITY, MO 1996
Residency and Year	UNIV OF MISSOURI- KANSAS CITY, MO 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 7604  
 License Date 6/3/1987  
 Name **BRUMLEY, DAVID W MD**  
 Address OXFORD HEALTH PLANS, 10 TARA BLVD NASHUA, NH, 03060  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation ST LOUIS UNIV SCH MED ST LOUIS, MO USA 1984  
 Internship and Year ST JOSEPH HOSPITAL - STAMFORD, CT 1985  
 Residency and Year UNIV MISSOURI HOSPITAL - COLUMBIA, MO 1987  
 License Expiration Date **6/30/2000**  
 Remarks

License Number 11985  
 License Date 7/2/2003  
 Name **BRUMMETT II, RUSSELL S MD**  
 Address CONCORD ORTHOPAEDICS PA, 264 PLEASANT ST CONCORD, NH, 03301  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation UNIV OF TEXAS MEDICAL SCHOOL - SAN ANTONIO, TX USA 1997  
 Internship and Year HOSPITAL OF THE UNIV OF PENNSYLVANIA- PHILADELPHIA, PA 1998  
 Residency and Year HOSPITAL OF THE UNIV OF PENNSYLVANIA- PHILADELPHIA, PA 2002  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 6938  
 License Date 8/2/1984  
 Name **BRUNDAGE, BARBARA A MD**  
 Address DERRY PEDIATRICS, 43B BIRCH ST DERRY, NH, 03038-2718  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation WAYNE STATE UNIV SCH MED-DETROIT, MI USA 1981  
 Internship and Year UNIV CINCINNATI HSOP-MED CTR-CINCINNATI, OH 1982  
 Residency and Year CHILDRENS HOSP MED CTR-CINCINNATI, OH 1984  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 8408  
 License Date 8/8/1990  
 Name **BRUNELLE, KERMIT B MD**  
 Address FAMILY HEALTH & WELLNESS, 188 RTE 101 BEDFORD, NH, 03110  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIV OF VERMONT COLL OF MED-BURLINGTON, VT USA 1987  
 Internship and Year UNIV UTAH MEDICAL CENTER - SALT LAKE CITY, UT 1988  
 Residency and Year UNIV HOSPITAL - SALT LAKE CITY, UT 1990  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	13448
License Date	4/4/2007
Name	<b>BRUNELLI, WILLIAM J MD</b>
Address	NORTH COUNTRY HOSPITAL, 109 PROVTY DRNEWPORT, VT, 05855
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV CENTRAL DEL ESTE DOMINICAN REPUBLIC 1983
Internship and Year	RARITAN BAY MEDICAL CENTER-PERTH AMBOY, NJ 1985
Residency and Year	RARITAN BAY MEDICAL CENTER-PERTH AMBOY, NJ 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9030
License Date	8/4/1993
Name	<b>BRUNETTE, MARY F MD</b>
Address	105 PLEASANT ST, CONCORD, NH, 03301
Specialty	P
Board Certified	P
School and Year of Graduation	OREGON HEALTH SCIENCE UNIVERSITY SCHOOL OF MED USA 1991
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1995
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6260
License Date	8/7/1980
Name	<b>BRUNO, FRANCIS E MD</b>
Address	225 PORTOFINO DR, NOKOMIS, FL, 34275
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	TUFTS UNIV SCHOOL MEDICINE - BOSTON, MA USA 1970
Internship and Year	USAF MEDICAL CENTER - W PATTSON AFB, OH 1971
Residency and Year	ST ELIZABETH'S HOSPITAL - BOSTON, MA 1979
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12192
License Date	1/7/2004
Name	<b>BRUNO, RODERICK J MD</b>
Address	ACCESS SPORTS MEDICINE, ONE HAMPTON RDEXETER, NH, 03833
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIVERSITY OF CINCINNATI, CINCINNATI OH US 1994
Internship and Year	LINCOLN MEDICAL CTR, BRONX NY 1995
Residency and Year	RUSH-PRESBYTERIAN-ST LUKES MED CTR, CHICAGO IL 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9012	
License Date	8/4/1993	
Name	<b>BRUTON, WILLIAM J MD</b>	
Address	CONCORD ORTHOPAEDICS, 264 PLEASANT STCONCORD, NH, 03301-	
Specialty	ORS	
Board Certified	ORS	
School and Year of Graduation	GEORGETOWN UNIVERSITY USA 1960	
Internship and Year	YALE NEW HAVEN HOSPITAL	NEW HAVEN CT 1961
Residency and Year	YALE NEW HAVEN HOSPITAL	NEW HAVEN CT 1962
License Expiration Date	<b>6/30/2017</b>	
Remarks		

License Number	11264	
License Date	6/6/2001	
Name	<b>BRYAN III, HUGH M MD</b>	
Address	, PO BOX 646GLOUCESTER, VA, 23061	
Specialty	ORS	
Board Certified	ORS	
School and Year of Graduation	PENNSYLVANIA STATE UNVIERSITY USA 1980	
Internship and Year	MADIGAN ARMY MEDICAL CENTER - TACOMA WA 1981	
Residency and Year	MADIGAN ARMY MEDICAL CENTER - TACOMA WA 1985	
License Expiration Date	<b>6/30/2002</b>	
Remarks		

License Number	13032	
License Date	4/5/2006	
Name	<b>BRYAN, DAVID J MD</b>	
Address	LAHEY CLINIC - PLASTIC SURG, 41 MALL RDBURLINGTON, MA, 01803	
Specialty	PS	
Board Certified	PS	
School and Year of Graduation	HARVARD MEDICAL, BOSTON MA USA 1981	
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL, BOSTON MA 1982	
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL, BOSTON MA 1988	
License Expiration Date	<b>6/30/2016</b>	
Remarks		

License Number	9899	
License Date	1/8/1997	
Name	<b>BRYAN, JOHN A MD</b>	
Address	ELLIOT HOSPITAL, ONE ELLIOT WAYMANCHESTER, NH, 03103	
Specialty	ATP	
Board Certified	PTH	
School and Year of Graduation	GEORGETOWN UNIV SCHOOL OF MEDICINE, DC USA 1992	
Internship and Year	GEORGETOWN UNIV HOSPITAL-WASHINGTON,DC 1996	
Residency and Year	GEORGETOWN UNIV HOSPITAL - WASHINGTON, DC 1996	
License Expiration Date	<b>6/30/2017</b>	
Remarks		

License Number	16300
License Date	9/4/2013
Name	<b>BRYANT, CRAIG A MD</b>
Address	EMERGENCY MED PHYSICIANS, 4535 DRESSLER RD NWCANTON, OH, 44718
Specialty	EM
Board Certified	EM
School and Year of Graduation	STATE UNIVERSITY OF NEW YORK USA 2001
Internship and Year	UNIVERSITY HOSPITAL - SUNY UPSTATE - SYRACUSE, NY 2002
Residency and Year	UNIVERSITY HOSPITAL - SUNY UPSTATE - SYRACUSE, NY 2004
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	14120
License Date	8/6/2008
Name	<b>BRYANT, JENNIFER E MD</b>
Address	VIRTUAL RADIOLOGIC PROFESSIONALS, 11995 SINGLETREE LANE STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	MT SINAI SCHOOL USA 1994
Internship and Year	MT SINAI SCHOOL OF MEDICINE-NY, NY 1995
Residency and Year	MT SINAI HOSPITAL-NY, NY 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>lapsed 6/30/12 - reinstated 5/1/13</b>

License Number	11086
License Date	10/4/2000
Name	<b>BRYANT, KAREN M MD</b>
Address	CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF ILLINOIS COLL OF MED- CHICAGO, IL USA 1995
Internship and Year	UNIV OF ILLINOIS MEDICAL CENTER - CHICAGO, IL 1996
Residency and Year	UNIV OF ILLINOIS MEDICAL CENTER - CHICAGO, IL 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>LAPSED FOR NON-RENEWAL 6/30/03... REINSTATED 4/4/07</b>

License Number	16627
License Date	6/4/2014
Name	<b>BRYANT, PAUL A MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	P
Board Certified	
School and Year of Graduation	UNIVERSITY OF NC @ CHAPEL HILL USA 2010
Internship and Year	NEW HANOVER REGIONAL MEDICAL CENTER - WILMINGTON, NC 2011
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14487
License Date	7/1/2009
Name	<b>BRYN, AGATA K MD</b>
Address	ENT ASSOC OF NH, 85 SPRING ST LACONIA, NH, 03246
Specialty	OTO
Board Certified	
School and Year of Graduation	BOSTON UNIVERSITY USA 2004
Internship and Year	EASTERN VIRGINIA MEDICAL SCHOOL - NORFOLK, VA 2005
Residency and Year	UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2009
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	16154
License Date	6/5/2013
Name	<b>BUCAL, ALMARIO A MD</b>
Address	QUEST DIAGNOSTICS INC, 200 FOREST ST MARLBOROUGH, MA, 01752
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSITY OF SANTO TOMAS PHILIPPINES 1961
Internship and Year	ALLEGHENY GENERAL HOSPITAL - PITTSBURGH, PA 1964
Residency and Year	ALLEGHENY GENERAL HOSPITAL - PITTSBURGH, PA 1966
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11162
License Date	2/7/2001
Name	<b>BUCHANAN, ALEC W MD</b>
Address	INSTITUTE OF PSYCHIATRY, DE CRESPIGNY PARK LONDON, UK, SE5 8AF
Specialty	P
Board Certified	
School and Year of Graduation	UNIV OF EDINBURGH MED SCH - EDINBURGH UK UNITED KINGDOM 1981
Internship and Year	SOUTH LONDON AND MAUDSLEY HOSPITAL - DENMARK HILL, LONDON 1988
Residency and Year	SOUTH LONDON AND MAUDSLEY HOSPITAL - DENMARK HILL, LONDON 1990
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	15907
License Date	11/7/2012
Name	<b>BUCHANAN, BENNION D MD</b>
Address	MED REVIEW INST OF AMERICA, 2875 S DECKER LAKE DR STE 550 SALT LAKE CITY, UT, 84119
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF UTAH SCHOOL OF MEDICINE USA 1977
Internship and Year	GORGAS HOSPITAL - ANCON, US CANAL ZONE IN PANAMA 1978
Residency and Year	
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	9107
License Date	2/2/1994
Name	<b>BUCHANAN, ELIZABETH A MD</b>
Address	CORE PHYSICIANS, LLC, 20 HAMPTON RDEXETER, NH, 03833-
Specialty	FP
Board Certified	FP
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1988
Internship and Year	MEDICAL CENTER HOSPITAL - BURLINGTON VT 1989
Residency and Year	EASTERN MAINE MEDICAL CENTER - BANGOR ME 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10321
License Date	7/1/1998
Name	<b>BUCHANAN, JOHN T MD</b>
Address	FOUNDATION MEDICAL PARTNERS, 116 SPIT BROOK RDNASHUA, NH, 03062
Specialty	FP
Board Certified	FP
School and Year of Graduation	TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1995
Internship and Year	UNIV OF NORTH CAROLINA HOSPITAL - CHAPEL HILL, NC 1996
Residency and Year	UNIV OF NORTH CAROLINA HOSPITAL - CHAPEL HILL, NC 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9765
License Date	7/3/1996
Name	<b>BUCHANAN, KEVIN L MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTERLEBANON, NH, 03756-
Specialty	P
Board Certified	
School and Year of Graduation	LOMA LINDA UNIV SCHOOL OF MEDICINE, LOMA LINDA, CA USA 1994
Internship and Year	MARY HITCHCOCK MEMORIAL HOSPITAL - NH 1996
Residency and Year	MARY HITCHCOCK MEMORIAL HOPSITAL-NH 1996
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	16402
License Date	12/4/2013
Name	<b>BUCK, ANA E MD</b>
Address	CARING FOR WOMEN, 734 N MAIN STLAACONIA, NH, 03246
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	MEDICAL UNIVERSITY OF SOUTH CAROLINA USA 2009
Internship and Year	VANDERBILT UNIVERSITY HOSPITAL - NASHVILLE, TN 2010
Residency and Year	VANDERBILT UNIVERSITY HOSPITAL - NASHVILLE, TN 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16061
License Date	4/3/2013
Name	<b>BUCK, MATTHEW V MD</b>
Address	LAKES REGION ANESTHESIOLOGY, 80 HIGHLAND ST LACONIA, NH, 03246
Specialty	AN
Board Certified	AN
School and Year of Graduation	ROSS UNIVERSITY USA 2008
Internship and Year	MEDICAL UNIVERSITY OF SOUTH CAROLINA - CHARLESTON, SC 2009
Residency and Year	MEDICAL UNIVERSITY OF SOUTH CAROLINA - CHARLESTON, SC 2012
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10413
License Date	10/7/1998
Name	<b>BUCKEY JR, JAY C MD</b>
Address	DHMC/INTERNAL MED DEPT, ONE MEDICAL CTR DR LEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	CORNELL UNIV MEDICAL COLL - NEW YORK, NY USA 1981
Internship and Year	NEW YORK HOSPITAL - NEW YORK, NY 1982
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9766
License Date	7/3/1996
Name	<b>BUCKLEY JR, DAVID I MD</b>
Address	HITCHCOCK CLINIC, 590 COURT ST KEENE, NH, 03431
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV IF NEW MEXICO SCHOOL OF MEDICINE, ALBUQUERQUE USA 1993
Internship and Year	UNIV OF NEW MEXICO SCHOOL OF MEDICINE - NM 1994
Residency and Year	UNIV OF NEW MEXICO SCHOOL OF MEDICINE- NM 1996
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	15473
License Date	12/7/2011
Name	<b>BUCKLEY, ABRAHAM K DO</b>
Address	230 JOHN ST, LAWRENCE, NY, 11559
Specialty	FP
Board Certified	FP
School and Year of Graduation	WESTERN UNIVERSITY OF HEALTH SCIENCES USA 2003
Internship and Year	ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 2005
Residency and Year	UMDNJ-ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK, NJ 2007
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	8487
License Date	2/6/1991
Name	<b>BUCKLEY, PETER D MD</b>
Address	MARSH BROOK PROF CENTER, 7 MARSH BROOK DR SOMERSWORTH, NH, 03878
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIV OF VERMONT COLL OF MED BURLINGTON, VT USA 1984
Internship and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1985
Residency and Year	UNIV FLORIDA HOSPITAL - GAINESVILLE, FL 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15562
License Date	3/7/2012
Name	<b>BUDDENSEE, MELISSA M MD</b>
Address	AMMONOOSUC COMMUNITY HEALTH SRVCS, 155 MAIN ST FRANCONIA, NH, 03580
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL USA 2009
Internship and Year	CONCORD HOSPITAL - CONCORD, NH 2010
Residency and Year	CONCORD HOSPITAL - CONCORD, NH 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5875
License Date	4/6/1978
Name	<b>BUDNITZ, ALBEE L MD</b>
Address	DOWNTOWN MEDICAL ASSOC, 280 MAIN ST NASHUA, NH, 03060
Specialty	IM
Board Certified	IM
School and Year of Graduation	WAYNE STATE UNIV SCHOOL OF MEDICINE DETROIT, MI USA 1973
Internship and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1974
Residency and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14057
License Date	7/9/2008
Name	<b>BUENO, ELEANOR A DO</b>
Address	PRIMARY CARE OF HUDSON, 300 DERRY RD HUDSON, NH, 03051
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF NEW ENGLAND USA 2005
Internship and Year	CONCORD HOSPITAL-CONCORD, NH 2006
Residency and Year	CONCORD HOSPITAL-CORCORD, NH 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11347
License Date	8/1/2001
Name	<b>BUENO, JACK THOMAS S MD</b>
Address	DARTMOUTH-HITCHCOCK NASHUA, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty	GE
Board Certified	GE
School and Year of Graduation	UNIV OF PHILIPPINES - MANILA, PHILIPPINES PHILIPPINES 1995
Internship and Year	UNIV OF CONNECTICUT SCH OF MED - FARMINGTON, CT 1997
Residency and Year	UNIV OF CONNECTICUT SCH OF MED - FARMINGTON, CT 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4559
License Date	5/25/1970
Name	<b>BUENO, MAZZINI MD</b>
Address	, , ,
Specialty	R
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1993</b>
Remarks	

License Number	13422
License Date	3/7/2007
Name	<b>BUFF, MICHAEL S MD</b>
Address	NH ONCOLOGY/HEMATOLOGY, 200 TECHNOLOGY DRHOOKSETT, NH, 03106
Specialty	IM
Board Certified	IM
School and Year of Graduation	STATE UNIV OF NEW YORK USA 2001
Internship and Year	BETH ISRAEL DEACONESS MED CTR - BOSTON, MA 2002
Residency and Year	BETH ISRAEL DEACONESS MED CTR - BOSTON, MA 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13029
License Date	4/5/2006
Name	<b>BUFFINGTON, COLLEEN M DO</b>
Address	LANCASTER GENERAL HOSPITAL, 555 NORTH DUKE STLANCASTER, PA, 17604
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF NEW JERSEY, STRATFORD NJ USA 1998
Internship and Year	ST LUKES HOSPITAL, BETHLEHEM PA 1999
Residency and Year	CHRISTIANA CARE HEALTH SYSTEM, NEWARD DE 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15241
License Date	6/1/2011
Name	<b>BUHAY, SARAH M MD</b>
Address	UNIV OF ROCHESTER MED CTR, 601 ELMWOOD AVE BOX 604 ROCHESTER, NY, 14646
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF ROCHESTER USA 2005
Internship and Year	MARY IMOGENE BASSETT HOSPITAL - COOPERSTOWN, NY 2006
Residency and Year	STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER- ROCHESTER, NY 2009
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	14216
License Date	11/5/2008
Name	<b>BUJARSKI, KRZYSZTOF A MD</b>
Address	DHMC - NEUROLOGY DEPT, 1 MED CTR DR LEBANON, NH, 03756
Specialty	N
Board Certified	N
School and Year of Graduation	POZNAN UNIV OF MEDICAL SCIENCES POLAND 2000
Internship and Year	LOYOLA UNIV OF CHICAGO - MAYWOOD, IL 2001
Residency and Year	LOYOLA UNIV-STRITCH SCHOOL OF MEDICINE - MAYWOOD, IL 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14121
License Date	8/6/2008
Name	<b>BULANOWSKI, MALGORZATA D MD</b>
Address	ELLIOT HOSPITAL, ONE ELLIOT WAY MANCHESTER, NH, 03103
Specialty	PD
Board Certified	PD
School and Year of Graduation	AKADEMIA MEDYCZNA POLAND 1990
Internship and Year	ST BARNABAS HOSPITAL - BRONX, NY 2004
Residency and Year	ST BARNABAS HOSPITAL - BRONX, NY 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14281
License Date	1/7/2009
Name	<b>BULCZAK, DARIUSZ P MD</b>
Address	VIRTUAL RADIOLOGY, 11995 SINGLETREE LN STE 500 EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	AKADEMIA MEDYCZNA, GDANSK POLAND 1993
Internship and Year	CARITAS HEALTH CARE INC - JAMAICA, NY 1997
Residency and Year	MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8116
License Date	6/7/1989
Name	<b>BULL, THOMAS A MD</b>
Address	GENERAL DELIVERY, HARBORSIDE, ME, 04642
Specialty	P
Board Certified	
School and Year of Graduation	UNIV OF FL COLL OF MED GAINESVILLE FL USA 1964
Internship and Year	ST ELIZABETHS HOSP WASHINGTON DC 1965
Residency and Year	BOSTON CITY HOSP BOSTON MA 1967
License Expiration Date	<b>6/30/2000</b>
Remarks	Deceased 3/5/13

License Number	7168
License Date	8/1/1985
Name	<b>BULLEY, JOANNE E MD</b>
Address	DARTMOUTH-HITCHCOCK KEENE, 590 COURT STKEENE, NH, 03431
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	MEDICAL COLLEGE OF OHIO-TOLEDO, OH USA 1981
Internship and Year	ST JOSEPH MERCY HOSPITAL-ANN ARBOR, MI 1982
Residency and Year	ST JOSEPH MERCY HOSPITAL-ANN ARBOR, MI 1985
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	7788
License Date	3/9/1988
Name	<b>BULMER, DAVID R MD</b>
Address	CATHOLIC MEDICAL CENTER, 100 MC GREGOR STMANCHESTER, NH, 03102
Specialty	P
Board Certified	P
School and Year of Graduation	FAC OF MED UNIV OF EDINBURG SCOTLAND 1967
Internship and Year	PORTER MEM HOSP-DENVER 1969
Residency and Year	PORTER MEMORIAL HOSP - DENVER, CO 1969
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13391
License Date	2/7/2007
Name	<b>BULUCU, CAN MD</b>
Address	THE WHITTIER PAVILION, 76 SUMMER STHAVERHILL, MA, 01830
Specialty	P
Board Certified	P
School and Year of Graduation	EGE UNIVERSITY TURKEY 1983
Internship and Year	LONG ISLAND JEWISH MEDICAL CENTER THE ZUCKER HILLSIDE HOSPITAL-GLEN OAKS, NY 1996
Residency and Year	LONG ISLAND JEWISH MEDICAL CENTER THE ZUCKER HILLSIDE HOSPITAL-GLEN OAKS, NY 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9636
License Date	1/3/1996
Name	<b>BUNCE, MAUREEN T MD</b>
Address	330 PORTSMOUTH AVE, GREENLAND, NH, 03840
Specialty	FP
Board Certified	
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1988
Internship and Year	MEMORIAL HOSPITAL - PAWTUCKET, RI 1989
Residency and Year	MEMORIAL HOSPITAL - PAWTUCKET, RI 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6872
License Date	5/10/1984
Name	<b>BUNDSCHUH, ALEXIS-ANN B MD</b>
Address	15 FOX DEN RD, HOLLIS, NH, 03039
Specialty	IM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MED SCH-HANOVER,NH USA 1981
Internship and Year	GENESEE HOSP DEPT/IM-ROCHESTER,NY 1982
Residency and Year	GENESEE HOSP DEPT/IM-ROCHESTER,NY 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13030
License Date	4/5/2006
Name	<b>BUONO, DAVID P MD</b>
Address	PORTSMOUTH FAMILY PRACTICE, 26 MANCHESTER SQUAREPORTSMOUTH, NH, 03801
Specialty	FP
Board Certified	FP
School and Year of Graduation	BOSTON UNIV, BOSTON MA USA 2003
Internship and Year	UNIV OF MASS MEDICAL SCHOOL, WORCESTER MA 2004
Residency and Year	UNIV OF MASS MEDICAL SCHOOL, WORCESTER MA 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9369
License Date	3/1/1995
Name	<b>BUONOMANO, JOANN MD</b>
Address	GOODWIN COMMUNITY HEALTH CTR, 311 RTE 108SOMERSWORTH, NH, 03878
Specialty	FP
Board Certified	FP
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1989
Internship and Year	CAPE FEAR VALLEY HOSPITAL - FAYETTEVILLE NC 1992
Residency and Year	CAPE FEAR VALLEY HOSPITAL - FAYETTEVILLE NC 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 4634  
 License Date 11/16/1970  
 Name **BURACK, W RICHARD MD**  
 Address 86 PRESIDENTIAL RD, PO BOX 5JACKSON, NH, 03846  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation BOWMAN GRAY SCHOOL OF MEDICINE, NC USA ]195  
 Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1952  
 Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1953  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 17256  
 License Date 9/2/2015  
 Name **BURATYNSKI, THERESA J MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CTR DRLEBANON, NH, 03756  
 Specialty OCC  
 Board Certified  
 School and Year of Graduation CASE WESTERN RESERVE UNIV SCH OF MED- CLEVELAND OH USA 1995  
 Internship and Year UNIV OF OKLAHOMA HEALTH SCIENCES CTR - OKLAHOMA CITY, OK 1996  
 Residency and Year NAVY MEDICINE OPERATIONALTRAINING CTR- PENSACOLA, FL 2000  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 5763  
 License Date 6/20/1977  
 Name **BURBANK, ALAN I MD**  
 Address 16 W SHORE RD, WINDHAM, NH, 03087  
 Specialty GP  
 Board Certified GS  
 School and Year of Graduation STATE UNIVERSITY OF NEW YORK-BROOKLYN NY USA 1959  
 Internship and Year LONG ISLAND COLLEGE HOSPITAL-BROOKLYN NY 1960  
 Residency and Year BARNES HOSPITAL-ST LOUIS MO 1963  
 License Expiration Date **9/18/2008**  
 Remarks **DECEASED 9/18/2008**

License Number 13849  
 License Date 3/5/2008  
 Name **BURBANK, HEATHER N MD**  
 Address FACH-RADIOLOGY DEPT, 111 COLCHESTER AVEBURLINGTON, VT, 05401  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIV OF VERMONT USA 2001  
 Internship and Year TUCSON HOSPITALS MEDICAL EDUCATION PROGRAM - TUCSON, AZ 2002  
 Residency and Year UNIV OF VERMONT COLLEGE OF MEDICINE - BURLINGTON, VT 2006  
 License Expiration Date **6/30/2010**  
 Remarks



License Number 14373  
 License Date 4/1/2009  
 Name **BURCH, JOHN W MD**  
 Address AMERICAN RED CROSS, 825 JOHN STW HENRIETTA, NY, 14586  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1971  
 Internship and Year WASHINGTON UNIV - ST LOUIS, MO 1972  
 Residency and Year WASHINGTON UNIV - ST LOUIS, MO 1973  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 8117  
 License Date 6/7/1989  
 Name **BURCHARD, KENNETH W MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation UNIV OF ROCHESTER SCH OF MED-ROCHESTER,NY USA 1973  
 Internship and Year RHODE ISLAND HOSP-PROVIDENCE,RI 1974  
 Residency and Year RHODE ISLAND HOSP-PROVIDENCE,RI 1980  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12865  
 License Date 9/7/2005  
 Name **BURCHMAN, COREY A MD**  
 Address DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation GEORGE WASHINGTON UNIVERSITY WASHINGTON DC US 1983  
 Internship and Year NAVAL HOSPITAL OAKLAND, BETHESDA MD 1984  
 Residency and Year NASS GENERAL HOSPITAL, BOSTON MA 1988  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14751  
 License Date 3/3/2010  
 Name **BURDETTE, TODD E MD**  
 Address CONCORD PLASTIC SURGERY, 246 PLEASANT ST STE 210CONCORD, NH, 03301  
 Specialty PS  
 Board Certified PS  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2004  
 Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005  
 Residency and Year KARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10642  
 License Date 8/4/1999  
 Name **BURDICK, JULIA F MD**  
 Address DARTMOUTH-HITCHCOCK CONCORD, 253 PLEASANT ST CONCORD, NH, 03301  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation CASE WESTERN RESERVE UNIV - CLEVELAND, OH USA 1996  
 Internship and Year UNIV OF NEW MEXICO HLTH SCI CTR SCH OF MED - ALBUQUERQUE, NM 1997  
 Residency and Year UNIV OF NEW MEXICO HLTH SCI CTR SCH OF MED - ALBUQUERQUE, NM 1999  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 7113  
 License Date 6/6/1985  
 Name **BURGEE, G BRENT MD**  
 Address 1201 HARLOW HILL RD, RANDOLPH, VT, 05060  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIVERSITY OF MARYLAND-BALTIMORE, MD USA 1977  
 Internship and Year THE WILLIAMSPORT HOSPITAL-WILLIAMSPORT, PA 1980  
 Residency and Year UNIVERSITY OF MASSACHUSETTS HOSPITAL MEDICAL CENTER-WORCESTER, MA 1985  
 License Expiration Date **6/30/2017**  
 Remarks **lapsed 6/30/13-reinstated 4/1/15**

License Number 10700  
 License Date 10/6/1999  
 Name **BURGER, FRANCES L MD**  
 Address ANDOVER MENTAL HEALTH, ONE ELM SQUARE ANDOVER, MA, 01810  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIVERSITY COLLEGE UNIV OF LONDON ENGLAND 1966  
 Internship and Year FELLOWSHIP  
 Residency and Year WASHINGTON UNIV DEPT OF PSY 1972  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 16628  
 License Date 6/4/2014  
 Name **BURGESS, CAROL J MD**  
 Address 275 E 200 S, SALT LAKE CITY, UT, 84111  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation ALBANY MEDICAL SCHOOL USA 1982  
 Internship and Year UNIVERSITY OF MINNESOTA MEDICAL CENTER - MINNEAPOLIS, MN 1983  
 Residency and Year UNIVERSITY OF MINNESOTA MEDICAL CENTER - MINNEAPOLIS, MN 1984  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	9979
License Date	5/7/1997
Name	<b>BURKE, BRIAN F MD</b>
Address	MEMORIAL HOSPITAL, 3073 MAIN STN CONWAY, NH, 03860
Specialty	IM
Board Certified	IM
School and Year of Graduation	MT SINAI SCH MED OF THE CIYT UNIV OF NY USA 1994
Internship and Year	UNIV OF MI HOSPITALS-MICHIGAN 1997
Residency and Year	UNIV OF MI HOSP-MICHIGAN 1997
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	6491
License Date	2/8/1982
Name	<b>BURKE, CHARLES R MD</b>
Address	NORTHEAST UROLOGIC SURGERY, 231 SUTTON ST UNIT 1DN ANDOVER, MA, 01845-1620
Specialty	U
Board Certified	U
School and Year of Graduation	TUFTS UNIV SCH MED-BOSTON,MA USA 1967
Internship and Year	ST ELIZABETHS HOSP-BOSTON,MA 1968
Residency and Year	UNIV HOSP INC-BOSTON,MA 1976
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	8775
License Date	8/5/1992
Name	<b>BURKE, FRANK A MD</b>
Address	BLUEGRASS ORTHOPEDICS, 120 N EAGLE CREEK DR STE 440LEXINGTON, KY, 40509-
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	GEORGETOWN UNIVERSITY USA 1981
Internship and Year	GEISINGER MEDICAL CENTER DANVILLE - PENNSYLVANIA 1982
Residency and Year	GEISINGER MEDICAL CENTER DANVILLE - PENNSYLVANIA 1986
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	11348
License Date	8/1/2001
Name	<b>BURKE, JANE L MD</b>
Address	CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF COLORADO SCH OF MED- DENVER,CO USA 1995
Internship and Year	UNIV HEALTH CENTER OF PITTSBURGH- PITTSBURGH, PA 1996
Residency and Year	UNIV HEALTH CENTER OF PITTSBURGH - PITTSBURGH, PA 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9767
License Date	7/3/1996
Name	<b>BURKE, LILLIAN P MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF MINNEAPOLIS MEDICAL SCHOOL USA 1979
Internship and Year	UNIV OF ALABAMA HOSPITAL - AL 1980
Residency and Year	UNIV OF ALABAMA HOSPITAL - AL 1982
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	10986
License Date	7/5/2000
Name	<b>BURKE, M BARBARA MD</b>
Address	DARTMOUTH HITCHCOCK CLINIC, 590 COURT STKEENE, NH, 03431
Specialty	GS
Board Certified	GS
School and Year of Graduation	BROWN UNIV SCH OF MED- PROVIDENCE, RI USA 1995
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1996
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1997
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	15822
License Date	9/5/2012
Name	<b>BURKE, MONICA A DO</b>
Address	CONCORD HOSP NEUROLOGY ASSOC, 248 PLEASANT ST STE G200CONCORD, NH, 03301
Specialty	N
Board Certified	
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND USA 1998
Internship and Year	UNIVERSITYOF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 1999
Residency and Year	RHODE ISLAND HOSPITAL - BROWN UNIVERSITY - PROVIDENCE, RI 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11473
License Date	12/5/2001
Name	<b>BURKE, ROBERT M MD</b>
Address	17 BELMONT AVE, BRATTLEBORO, VT, 05301
Specialty	IM
Board Certified	IM
School and Year of Graduation	NEW YORK MEDICAL COLLEGE - VALHALLA, NY USA 1988
Internship and Year	NEW YORK MEDICAL COLLEGE - VALHALLA, NY 1989
Residency and Year	NEW YORK MEDICAL COLLEGE - VALHALLA, NY 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16261
License Date	8/7/2013
Name	<b>BURKETT, DONNA L MD</b>
Address	PLANNED PARENTHOOD NORTHERN NEW ENGLAND, 128 LAKESIDE AVE, SUITE 301BURLINGTON,
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF NC @ CHAPEL HILL USA 1995
Internship and Year	OREGON HEALTH SCIENCES UNIVERSITY - PORTLAND, OR 1996
Residency and Year	OREGON HEALTH SCIENCES UNIVERSITY - PORTLAND, OR 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10526
License Date	4/7/1999
Name	<b>BURKEY, DAVID C MD</b>
Address	MMP MAINEHEALTH CARDIOLOGY, 96 CAMPUS DR STE 1SCARBOROUGH, ME, 04074
Specialty	CD
Board Certified	CD
School and Year of Graduation	NORTHEASTERN OHIO UNIV - ROOTSTOWN, OH USA 1986
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1990
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13701
License Date	10/3/2007
Name	<b>BURKHOLZ, KIMBERLY J MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRIARIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	LOMA LINDA UNIV USA 2001
Internship and Year	LOMA LINDA UNIVERSITY MEDICAL CENTER - LOMA LINDA, CA 2002
Residency and Year	LOMA LINDA UNIVERSITY MEDICAL CENTER - LOMA LINDA, CA 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11301
License Date	7/11/2001
Name	<b>BURKLEY, CARLA A MD</b>
Address	WOMEN'S HEALTH ASSOCIATES, 330 SABATTUS STLEWISTON, ME, 04240
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF ROCHESTER USA 1997
Internship and Year	MAINE MEDICAL CENTER PORTLAND ME 1998
Residency and Year	MAINE MEDICAL CENTER PORTLAND ME 2000
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	9271
License Date	9/7/1994
Name	<b>BURLESON, NANCY L MD</b>
Address	AVH SURGICAL ASSOCIATES, 7 PAGE HILL RDBERLIN, NH, 03581
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF TEXAS MEDICAL SCHOOL USA 1985
Internship and Year	UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITAL - GALVESTON TX 1989
Residency and Year	UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITAL - GALVESTON TX 1989
License Expiration Date	<b>6/30/2014</b>
Remarks	<b>LAPSED FOR NON RENEWAL 6/30/03--REINSTATED 11/2/05</b>

License Number	15433
License Date	11/2/2011
Name	<b>BURMAN, HARRISON E MD</b>
Address	CHESHIRE MED CTR/D H, 580 COURT STKEENE, NH, 03431
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE USA 1996
Internship and Year	UNIVERSITY OF TENNESSEE, MEMPHIS, TN 1997
Residency and Year	UNIVERSITY OF TENNESSEE, MEMPHIS, TN 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13193
License Date	8/2/2006
Name	<b>BURNETT, KAREN L MD</b>
Address	4231 W 16TH AVE, KUHLMAN BLDG #317DENVER, CO, 80204
Specialty	FP
Board Certified	
School and Year of Graduation	SABA UNIV SCHOOL OF MEDICINE NETHERLANDS 2004
Internship and Year	ST ANTHONY CENTRAL HOSPITAL-DENVER, CO 2005
Residency and Year	ST ANTHONY CENTRAL HOSPITAL-DENVER, CO 2006
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	8929
License Date	5/5/1993
Name	<b>BURNS, CHRISTOPHER M P MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756-0001
Specialty	RHU
Board Certified	RHU
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 1982
Internship and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER - WORCESTER MA 1983
Residency and Year	WORCESTER MEMORIAL HOSPITAL - WORCESTER MA 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9672
License Date	4/3/1996
Name	<b>BURNS, DAVID L MD</b>
Address	LAHEY CLINIC, 41 MALL RDBURLINGTON, MA, 01805
Specialty	GE
Board Certified	NTR
School and Year of Graduation	BOSTON UNIVERSITY USA 1990
Internship and Year	NEW ENGLAND DEACONESS HOSPITAL-BOSTON MA 1993
Residency and Year	LAHEY-HITCHCOCK CLINIC-BURLINGTON MA 1996
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	11265
License Date	6/6/2001
Name	<b>BURNS, EMILY A MD</b>
Address	25 SOUTH RIVER RD, BEDFORD, NH, 03110
Specialty	FP
Board Certified	FP
School and Year of Graduation	U OF MED & DENT NJ ROBERT WOOD JOHNSON MED SCHOOL USA 1998
Internship and Year	FAIRFAX FAMILY PRACTICE CENTER - FAIRFAX VA 1999
Residency and Year	FAIRFAX FAMILY PRACTICE CENTER - FAIRFAX VA 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7042
License Date	2/7/1985
Name	<b>BURNS, JAY P MD</b>
Address	SEACOAST REDICARE, 396 HIGH STSOMERSWORTH, NH, 03878
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF VT COLL OF MED-BURLINGOTN.VT USA 1982
Internship and Year	CENTRAL ME MED CTR-LEWISTON,ME 1983
Residency and Year	CENTRAL ME MED CTR-LEWISTON,ME 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4079
License Date	6/5/1967
Name	<b>BURNS, PADRAIC MD</b>
Address	7 ORCHARD RD, BROOKLINE, MA, 02445-2114
Specialty	P
Board Certified	P
School and Year of Graduation	YALE UNIV SCHOOL OF MED - NEW HAVEN, CT USA 1955
Internship and Year	PENNSYLVANIA HOSPITAL - PHIL, PA 1956
Residency and Year	BOSTON CITY HOSPITAL - BOSTON, MA 1963
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number 10414  
 License Date 10/7/1998  
 Name **BURNS, SEAN M MD**  
 Address CORE PHYSICIANS, BUZZEL AVEEXETER, NH, 03833  
 Specialty AN  
 Board Certified IM  
 School and Year of Graduation COLL OF MED ST LOUIS UNIV BAGUIO CITY PHILIPPINES 1987  
 Internship and Year JAMAICA HOSPITAL MEDICAL CENTER - JAMAICA, NY 1988  
 Residency and Year JAMAICA HOSPITAL MEDICAL CENTER - JAMAICA, NY 1989  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15618  
 License Date 4/4/2012  
 Name **BURNS, SEAN T MD**  
 Address CONCORD ORTHOPEDICS PROF ASSOC, 264 PLEASANT STCONCORD, NH, 03301  
 Specialty ORS  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF TEXAS USA 2006  
 Internship and Year UNIVERSITY OF TEXAS MEDICAL BRANCH - GALVESTON, TX 2007  
 Residency and Year UNIVERSITY OF TEXAS MEDICAL BRANCH - GALVESTON, TX 2011  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 17102  
 License Date 6/3/2015  
 Name **BURRAGE, PETER S MD**  
 Address DHMC - DEPT OF ANESTHESIOLOGY, 1 MEDICAL CTR DRLEBANON, NH, 03756  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2009  
 Internship and Year BRIGHAM & WOMENS HOSPITAL-BOSTON, MA 2010  
 Residency and Year BRIGHAM & WOMENS HOSPITAL-BOSTON, MA 2013  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 6552  
 License Date 6/24/1982  
 Name **BURROUGHS, JONATHAN H MD**  
 Address MEMORIAL HOSP, EMERGENCY DEPTNORTH CONWAY, NH, 03860  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation CASE WESTERN UNIV USA 1977  
 Internship and Year UC DAVIS MED CENTER-SACRAMENTO,CA 1978  
 Residency and Year BERKSHIRE MED CTR,PITTSFIELD,MA 1981  
 License Expiration Date **6/30/2010**  
 Remarks



License Number	6894
License Date	6/7/1984
Name	<b>BURSTEIN, SANDERS F MD</b>
Address	DARTMOUTH-HITCHCOCK CLINIC, 2300 SOUTHWOOD DR NASHUA, NH, 03063
Specialty	FP
Board Certified	FP
School and Year of Graduation	CASE WESTERN UNIV SCH MED-CLEVELAND,OH USA 1979
Internship and Year	ME DARTMOUTH FAM PRACTICE-AUGUSTA,ME 1980
Residency and Year	ME DARTMOUTH FAM PRACTICE-AUGUSTA,ME 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6572
License Date	6/24/1982
Name	<b>BURSZTAJN, HAROLD J MD</b>
Address	96 LARCHWOOD DR, CAMBRIDGE, MA, 02138-4639
Specialty	P
Board Certified	P
School and Year of Graduation	HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1977
Internship and Year	CHILDREN'S HOSPITAL MEDICAL CENTER - BOSTON, MA 1978
Residency and Year	MASS GENERAL HOSPITAL - BOSTON, MA 1979
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	10482
License Date	1/6/1999
Name	<b>BURZON, EDWARD C MD</b>
Address	1 SARAH PAUL HILL, MADBURY, NH, 03823
Specialty	AN
Board Certified	AN
School and Year of Graduation	FAC OF MED AUTONOMOUS UNIV GUADALAJARA MEXICO 1985
Internship and Year	SUNY DOWNSTATE MED CTR HLTH SCI CTR- BROOKLYN, NY 1987
Residency and Year	SUNY DOWNSTATE MED CTR HLTH SCI CTR - BROOKLYN, NY 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4690
License Date	6/12/1972
Name	<b>BUSCH, HAL J MD</b>
Address	, PO BOX 637LACONIA, NH, 03247-
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF CINCINNATI COLLEGE OF MEDICINE, OH USA 1966
Internship and Year	MEDICAL CENTER HOSPITAL OF VERMONT - BURLINGTON, VT 1967
Residency and Year	MEDICAL CENTER HOSPITAL OF VERMONT - BURLINGTON, VT 1969
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number 12095  
 License Date 10/1/2003  
 Name **BUSEMAN, SANDRA K MD**  
 Address CITY OF MANCHESTER HEALTH DEPT, 1528 ELM STMANCHESTER, NH, 03101-1350  
 Specialty PH  
 Board Certified PH  
 School and Year of Graduation UNIVERSITY OF SO DAKOTA, VERMILLION SD US 1996  
 Internship and Year GUNDERSON LUTHERAN MED FOUNDATION, LA CROSSE WI 1997  
 Residency and Year UNIVERSITY OF COLORADO, DENVER CO 2000  
 License Expiration Date **6/30/2007**  
 Remarks

License Number D0004  
 License Date  
 Name **BUSH JR, HARRY L MD**  
 Address 525 EAST 68 STREET STE F-2003, NEW YORK, NY, 10021  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation COLUMBIA UNIVERSITY - NY USA 1968  
 Internship and Year PRESBYTERIAN HOSPITAL - NEW YORK, NY 1969  
 Residency and Year PRESBYTERIAN HOSPITAL - NEW YORK, NY 1970  
 License Expiration Date **2/17/2000**  
 Remarks **2/17/00 - Order of Conditional Denial. License denied based on action taken by the New York Board.**

License Number 6470  
 License Date 11/16/1981  
 Name **BUSHEY, MICHAEL J MD**  
 Address MAINE GENERAL MED CTR/ANESTH, NORTH STWATERVILLE, ME, 04901  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation UNIV OF VT COLL MED-BURLINGTON,VT USA 1976  
 Internship and Year MED CTR HOSP-BURLINGTON,VT 1977  
 Residency and Year MED CTR HOSP-BURLINGTON,VT 1978  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13449  
 License Date 4/4/2007  
 Name **BUSSE, PAUL M MD**  
 Address MGH, COX 3 100 BLOSSOM STBOSTON, MA, 02114  
 Specialty R  
 Board Certified R  
 School and Year of Graduation ST LOUIS UNIV USA 1982  
 Internship and Year WASHINGTON UNIV - ST LOUIS, MO 1983  
 Residency and Year MASSACHUSETTS GENERAL HOSPITAL-BOSTON, MA 1986  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	14407
License Date	5/6/2009
Name	<b>BUSTAMANTE, CHRISTOPHER D MD</b>
Address	FAMILY CARE OF SOMERSWORTH, 353 HIGH STSOMERSWORTH, NH, 03878
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF THE PHILIPPINES PHILIPPINES 1997
Internship and Year	PENN STATE UNIVERSITY/GOOD SAMARITAN HOSPITAL-LEBANON, PA 2007
Residency and Year	PENN STATE UNIVERSITY/GOOD SAMARITAN HOSPITAL-LEBANON, PA 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4647
License Date	1/11/1971
Name	<b>BUTLER, JAMES S MD</b>
Address	63 PINNACLE PARK, MEREDITH, NH, 03253
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	GEORGE WASHINGTON UNIV, DC USA 1963
Internship and Year	JERSEY SHORE MEDICAL CENTER - NEPTUNE, NJ 1964
Residency and Year	WASHINGTON HOSPITAL CENTER HOSPITAL - WASHINGTON, DC 1968
License Expiration Date	<b>6/30/2007</b>
Remarks	5/29/01 - ORDER OF THE BOARD, 7/27/01 Order Vacating Rulings of Law #3 on the Board's Order of May 30, 2001 9/11/01 - ORDER GRANTING MOTION TO SEAL 9/11/01 - BOARD ORDER-REPRIMAND

License Number	5769
License Date	7/7/1977
Name	<b>BUTLER, PAUL W MD</b>
Address	196A DOVER POINT ROAD, DOVER, NH, 03820
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF VIRGINIA-CHARLOTTESVILLE VA USA 1970
Internship and Year	MEDICAL CENTER HOSPITAL OF VERMONT-BURLINGTON VT 1971
Residency and Year	MEDICAL CENTER HOSPITAL OF VERMONT-BURLINGTON VT 1977
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>RETIRED</b>

License Number	13087
License Date	6/7/2006
Name	<b>BUTTERFIELD, REBECCA C MD</b>
Address	DOVER PEDIATRICS, 17 OLD ROCHESTER RD DOVER, NH, 03820
Specialty	PD
Board Certified	
School and Year of Graduation	ALBANY MEDICAL COLLEGE, ALBANY NY US 2003
Internship and Year	STRONG MEMORIAL HOSPITAL, ROCHESTER NY 2004
Residency and Year	STRONG MEMORIAL HOSPITAL, ROCHESTER NY 2006
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	5156
License Date	4/16/1974
Name	<b>BUTTERICK, JAMES D MD</b>
Address	CHARLTON MEMORIAL HOSPITAL, 363 HIGHLAND AVE FALL RIVER, MA, 02720-
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF MICHIGAN-ANN ARBOR MI USA 1970
Internship and Year	UNIVERSITY OF MICHIGAN-ANN ARBOR MI 1971
Residency and Year	UNIVERSITY OF MICHIGAN-ANN ARBOR MI 1973
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	10527
License Date	4/7/1999
Name	<b>BUTTERLY, JOHN R MD</b>
Address	DHMC-CARDIOLOGY, ONE MEDICAL CTR DR LEBANON, NH, 03756
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIV OF CALIFORNIA - SAN FRANCISCO, CA USA 1977
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1978
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1979
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10549
License Date	5/5/1999
Name	<b>BUTTERLY, LYNN F MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1979
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1980
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1982
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7941
License Date	8/10/1988
Name	<b>BUTTLAR, CONSTANCE A MD</b>
Address	NASHUA PATHOLOGY PA, 1 PROSPECT ST 2ND FL NASHUA, NH, 03060-3921
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF MASS MED SCH-WORCHESTER, MA USA 1980
Internship and Year	ST VINCENTS HOSP-WORCHESTER, MA 1981
Residency and Year	ST VINCENT HOSP-WORCHESTER, MA 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16533
License Date	4/2/2014
Name	<b>BUTURLA, SEAN A MD</b>
Address	2 WAYSIDE DR, EXETER, NH, 03833
Specialty	EM
Board Certified	
School and Year of Graduation	JAGIELLONIAN UNIV MEDICAL COLLEGE POLAND 2010
Internship and Year	UNIVERSITY OF TOLEDO MEDICAL CENTER - TOLEDO, OH 2011
Residency and Year	UNIVERSITY OF TOLEDO MEDICAL CENTER - TOLEDO, OH 2013
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13238
License Date	9/6/2006
Name	<b>BUTZEL, DAVID W MD</b>
Address	MMP - MAINEHEALTH CARDIOLOGY, 96 CAMPUS DR, STE 1SCARBOROUGH, ME, 04074
Specialty	CD
Board Certified	IM
School and Year of Graduation	UNIV OF ROCHESTER USA 1996
Internship and Year	STRONG MEMORIAL HOSPITAL-ROCHESTER NY 1997
Residency and Year	STRONG MEMORIAL HOSPITAL-ROCHESTER NY 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13528
License Date	6/6/2007
Name	<b>BUYUK, ARZU MD</b>
Address	222 STATION PLAZA STE 618, MINEOLA, NY, 11501
Specialty	PTH
Board Certified	
School and Year of Graduation	HACETTEPE UNIV TURKEY 1994
Internship and Year	WINTHROP-UNIV HOSPITAL - MINEOLA, NY 2004
Residency and Year	WINTHROP-UNIV HOSPITAL - MINEOLA, NY 2006
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	13482
License Date	5/9/2007
Name	<b>BUZDON, MOLLY M MD</b>
Address	ATLANTIC SURGICAL ASSOCIATES, 330 BORTHWICK AVE STE308PORTSMOUTH, NH, 03801
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF MICHIGAN USA 1994
Internship and Year	UNIV OF MARYLAND MEDICAL SYSTEM-BALTIMORE, MD 1995
Residency and Year	UNIV OF MARYLAND MEDICAL SYSTEM-BALTIMORE, MD 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 14615  
 License Date 10/7/2009  
 Name **BUZNEY, SHELDON M MD**  
 Address BOSTON RETINA, 422 WORCESTER ST., SUITE 301 WELLESLEY, MA, 02482  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1972  
 Internship and Year CHILDRENS HOSPITAL - BOSTON, MA 1973  
 Residency and Year CHILDRENS HOSPITAL - BOSTON, MA 1974  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 4522  
 License Date 12/10/1969  
 Name **BUZZELL, KEITH A DO**  
 Address 44 PORTLAND ST STE 2, FRYEBURG, ME, 04037  
 Specialty FP  
 Board Certified  
 School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE USA 1960  
 Internship and Year OSTEOPATHIC HOSPITAL OF MAINE - PORTLAND, ME 1961  
 Residency and Year  
 License Expiration Date **6/30/2013**  
 Remarks **lapsed 6/30/81 - reinstated 12/7/11**

License Number 9392  
 License Date 4/5/1995  
 Name **BUZZELL, STEPHEN H MD**  
 Address MONADNOCK COMMUNITY HOSPITAL, 452 OLD ST PETERBOROUGH, NH, 03458  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1990  
 Internship and Year RIVERSIDE MEDICAL CENTER - MINNEAPOLIS MN 1993  
 Residency and Year RIVERSIDE MEDICAL CENTER - MINNEAPOLIS MN 1993  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 7268  
 License Date 2/6/1986  
 Name **BYER, JEFFREY B MD**  
 Address EAR NOSE & THROAT PHY & SUR, 130 TARRYTOWN RD MANCHESTER, NH, 03103  
 Specialty OTO  
 Board Certified OTO  
 School and Year of Graduation BAYLOR COLLEGE OF MED HOUSTON TX USA 1979  
 Internship and Year NEW BRITAIN GEN HOSP NEW BRITAIN CT 1980  
 Residency and Year ALBANY MED CTR HOSP ALBANY NY 1985  
 License Expiration Date **6/30/2016**  
 Remarks **8/7/09 - Settlement Agreement**

License Number	10930
License Date	6/7/2000
Name	<b>BYNUM, JULIE P MD</b>
Address	DHMC-GIM, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	JOHN HOPKINS UNIV - BALTIMORE, MD USA 1997
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1998
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12193
License Date	1/7/2004
Name	<b>BYOCK, IRA R MD</b>
Address	DHMC-FAMILY PRACTICE/PALLIATIVE MED, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF COLORADO, DENVER CO US 1978
Internship and Year	UNIVERSITY MEDICAL CTR, FRESNO CA 1979
Residency and Year	UNIVERSITY MEDICAL CTR, FRESNO CA 1981
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15823
License Date	9/5/2012
Name	<b>BYRNE, ASHLEIGH A MD</b>
Address	PAIN CARE, 255 ROUTE 108SOMERSWORTH, NH, 03878
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV OF MED & DENTISTRY OF NJ USA 2007
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2008
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2011
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	13194
License Date	8/2/2006
Name	<b>BYRNE, THOMAS G MD</b>
Address	425 REVERE ST, REVERE, MA, 02151
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIFORMED SERVICES UNIV OF THE HEALTH SCIENCES USA 1985
Internship and Year	NAVAL HOSPITAL-JACKSONVILLE, FL 1986
Residency and Year	NAVAL HOSPITAL-JACKSONVILLE, FL 1989
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10357
License Date	8/5/1998
Name	<b>BYRNE, TRACY S MD</b>
Address	OBGYN ASSOC OF N INDIANA, 6301 UNIVERSITY STE 310SOUTH BEND, IN, 46635
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	BAYLOR COLL OF MED - HOUSTON, TX USA 1994
Internship and Year	UNIV OF ROCHESTER STRONG MEMORIAL HOSP- ROCHESTER, NY 1995
Residency and Year	UNIV OF ROCHESTER STRONG MEMORIAL HOSP - ROCHESTER, NY 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16629
License Date	6/4/2014
Name	<b>CABALONA, WILHELMINA D MD</b>
Address	THE HEMATOLOGY & ONCOLOGY CTR, 155 BORTHWICK AVE, STE 301PORTSMOUTH, NH, 03801
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF SANTO TOMAS PHILIPPINES 1997
Internship and Year	ST ELIZABETHS MEDICAL CENTER - BRIGHTON, MA 2012
Residency and Year	ST ELIZABETHS MEDICAL CENTER - BRIGHTON, MA 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13195
License Date	8/2/2006
Name	<b>CABOT, ANN C DO</b>
Address	CONCORD NEUROLOGY ASSOC, 248 PLEASANT ST STE G200CONCORD, NH, 03301
Specialty	N
Board Certified	N
School and Year of Graduation	UNIV OF NEW ENGLAND USA 1998
Internship and Year	UNIV OF MASSACHUSETTS MEDICAL SCHOOL-WORCESTER, MA 1999
Residency and Year	UNIV OF MASSACHUSETTS MEDICAL SCHOOL-WORCESTER, MA 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15652
License Date	5/2/2012
Name	<b>CABRAL, CHAD M DO</b>
Address	EXETER HOSPITAL, 3 ALUMNI DR STE 201EXETER, NH, 03833
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND OF OSTEOPATHIC MED USA 2005
Internship and Year	LAHEY CLINIC - BURLINGTON, MA 2006
Residency and Year	LAHEY CLINIC - BURLINGTON, MA 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	9183
License Date	6/1/1994
Name	<b>CADORETTE, TERESA M MD</b>
Address	TERESA MARY CADORETTE MD P.A., 45 MAIN ST STE 101PETERBOROUGH, NH, 03458
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF TEXAS SCHOOL OF MEDICINE USA 1987
Internship and Year	UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL - DALLAS TX 1991
Residency and Year	UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL - DALLAS TX 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12732
License Date	6/1/2005
Name	<b>CADY, ROBERT S MD</b>
Address	MAINE EYE CENTER, 15 LOWELL STPORTLAND, ME, 04102
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	STATE UNIVERSITY OF NEW YORK, SYRACUSE NY US 1999
Internship and Year	MAINE MEDICAL CTR, PORTLAND ME 2000
Residency and Year	UNIVERSITY OF WASHINGTON, SEATTLE WA 2003
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	15402
License Date	10/5/2011
Name	<b>CAESAR, RICHARD E MD</b>
Address	55 BROADWAY, BANGOR, ME, 04401
Specialty	U
Board Certified	U
School and Year of Graduation	UNIVERSITY OF SOUTH FLORIDA COLLEGE OF MEDICINE USA 1985
Internship and Year	MALDEN HOSPITAL - MALDEN MA 1986
Residency and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4446
License Date	6/30/1969
Name	<b>CAHILL JR, GEORGE F MD</b>
Address	, P O BOX 367STODDARD, NH, 03464-0367
Specialty	IM
Board Certified	IM
School and Year of Graduation	COLUMBIA UNIV - NY, NY USA 1953
Internship and Year	PETER BENT BRIGHAM HOSPITAL - BOSTON, MA 1954
Residency and Year	PETER BENT BRIGHAM HOSPITAL - BOSTON, MA 1958
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number 6829  
 License Date 1/5/1984  
 Name **CAHILL, JAMES D MD**  
 Address 212 PERKINS HILL RD, PERKINSVILLE, VT, 05151  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIV OF VERMONT COLL MED- BURLINGTON, VT USA 1969  
 Internship and Year HARRISBURG HOSPITAL - HARRISBURG, PA 1970  
 Residency and Year HARRISBURG HOSPITAL - HARRISBURG, PA 1973  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13945  
 License Date 5/7/2008  
 Name **CAI, JIAN-PING MD**  
 Address DIANON SYSTEM/LABCORP, 5610 W LASALLE STTAMPA, FL, 33607  
 Specialty DMP  
 Board Certified DMP  
 School and Year of Graduation ZHEJIANG MEDICAL UNIV CHINA 1983  
 Internship and Year UNIV OF TENNESSEE - MEMPHIS TN 2000  
 Residency and Year UNIV OF TENNESSEE - MEMPHIS TN 2003  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10643  
 License Date 8/4/1999  
 Name **CALABRO, JOHN R MD**  
 Address OVERLOOK HOSPITAL, MAC BLDGSUMMIT, NJ, 07901  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation UNIV OF MED & DENTISTRY OF NEW JERSEY USA 1975  
 Internship and Year OVERLOOK HOSPITAL - SUMMIT, NJ 1976  
 Residency and Year PRESBYTERIAN HOSPITAL - NEW YORK, NY 1977  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 11016  
 License Date 8/2/2000  
 Name **CALAMIA, MICHAEL H MD**  
 Address FARMINGTON FAMILY PRACTICE, 316 NH ROUTE 11FARMINGTON, NH, 03835  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation JEFFERSON MED COLL - PHILADELPHIA, PA USA 1997  
 Internship and Year WEST JERSEY HEALTH SYSTEM - VOORHEES, NJ 1999  
 Residency and Year WEST JERSEY HEALTH SYSTEM- VOORHEES, NJ 2000  
 License Expiration Date **6/30/2014**  
 Remarks

License Number	14058
License Date	7/9/2008
Name	<b>CALCAGNI JOHNSON, KRISTEN W MD</b>
Address	EXETER PEDIATRICS, 9 BUZZELL AVEEXETER, NH, 03833
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF VT USA 2000
Internship and Year	STRONG MEMORIAL HOSPITAL-ROCHESTER,NY 2001
Residency and Year	STRONG MEMORIAL HOSPITAL-ROCHESTER,NY 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6492
License Date	2/8/1982
Name	<b>CALCAGNI, DAVID C MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03657
Specialty	AN
Board Certified	
School and Year of Graduation	UNIVERSITY OF VERMONT USA 1977
Internship and Year	
Residency and Year	
License Expiration Date	<b>10/1/1984</b>
Remarks	

License Number	13702
License Date	10/3/2007
Name	<b>CALDEMEYER, KAREN S MD</b>
Address	VIRTUAL RADIOLOGIC PROF, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	DR
Board Certified	R
School and Year of Graduation	INDIANA UNIV USA 1988
Internship and Year	INDIANA UNIV MEDICAL CENTER - INDIANAPOLIS, IN 1990
Residency and Year	INDIANA UNIV MEDICAL CENTER - INDIANAPOLIS, IN 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14449
License Date	6/3/2009
Name	<b>CALDERON-DUJARRIC, FERMIN MD</b>
Address	11 WHITEHALL RD, ROCHESTER, NH, 03867
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV NACIONAL PEDRO HENRIQUEZ URENA DOMINICAN REPUBLIC 1993
Internship and Year	ST BARNABAS HOSPITAL - BRONX, NY 1998
Residency and Year	ST BARNABAS HOSPITAL - BRONX, NY 2000
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	14488
License Date	7/1/2009
Name	<b>CALDWELL, CHARLES G MD</b>
Address	MAYO CLINIC HEALTH SYSTEM - DIV OF ORTHOPEDICS, 305 PINEVIEW STWAYCROSS, GA, 31501
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIVERSITY OF TEXAS USA 1972
Internship and Year	UNIVERSITY OF UTAH MEDICAL CENTER - SALT LAKE CITY, UT 1973
Residency and Year	BAYLOR COLLEGE OF MEDICINE - HOUSTON, TX 1976
License Expiration Date	<b>6/30/2015</b>

Remarks

License Number	13737
License Date	11/7/2007
Name	<b>CALEGA, VIRGINIA C MD</b>
Address	HIGHMARK INC, 120 FIFTH AVE #P4105PITTSBURGH, PA, 15222
Specialty	IM
Board Certified	IM
School and Year of Graduation	MEDICAL COLLEGE OF PENNSYLVANIA USA 1987
Internship and Year	RHODE ISLAND HOSPITAL-PROVIDENCE, RI 1988
Residency and Year	RHODE ISLAND HOSPITAL-PROVIDENCE, RI 1990
License Expiration Date	<b>6/30/2017</b>

Remarks

License Number	10673
License Date	9/1/1999
Name	<b>CALEGARI, JEFFREY T DO</b>
Address	GRANITE STATE INTERNAL MEDICINE, 188 ROUTE 101BEDFORD, NH, 03110
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF NEW ENGLAND COLL OF OSTEO MED - ME USA 1995
Internship and Year	BAYSTATE MEDICAL CENTER- SPRINGFIELD, MA 1996
Residency and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1997
License Expiration Date	<b>6/30/2017</b>

Remarks

License Number	10701
License Date	10/6/1999
Name	<b>CALEGARI, KAREN M DO</b>
Address	100 MCGREGOR ST, MANCHESTER, NH, 03102
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF N.E. COLL OF OSTEO USA 1996
Internship and Year	BAYSTATE MEDICAL CENTER 1997
Residency and Year	BAYSTATE MEDICAL CENTER 1999
License Expiration Date	<b>6/30/2017</b>

Remarks **7/8/10 - Settlement Agreement**

License Number	12779
License Date	7/6/2005
Name	<b>CALESTINO, MATTHEW T MD</b>
Address	NORTH FLORIDA REGIONAL MEDICAL CENTER, 6500 W NEWBERRY ROADGAINSVILLE, FL, 32605
Specialty	IM
Board Certified	IM
School and Year of Graduation	AMERICAN UNIVERSITY OF THE CARIBBEAN, ST MAARTEN NETHERLANDS ANTILLES 2000
Internship and Year	PROVIDENCE HOSPITAL, SOUTHFIELD MI 2002
Residency and Year	PROVIDENCE HOSPITAL, SOUTHFIELD MI 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11266
License Date	6/6/2001
Name	<b>CALHOUN, CHRISTOPHER S MD</b>
Address	GLEN LAKE FAMILY PRACTICE, 89 SOUTH MAST RDGOFFSTOWN, NH, 03045
Specialty	FP
Board Certified	FP
School and Year of Graduation	VANDERBILT UNIVERSITY USA 1998
Internship and Year	ST MARGARET'S MEMORIAL HOSPITAL - PITTSBURGH PA 2000
Residency and Year	ST MARGARET'S MEMORIAL HOSPITAL - PITTSBURGH PA 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14913
License Date	7/7/2010
Name	<b>CALHOUN, SHANNON P DO</b>
Address	383 INVERNESS PKWY #280, ENGLEWOOD, CO, 80112
Specialty	DR
Board Certified	DR
School and Year of Graduation	OKLAHOMA STATE UNIVERSITY USA 1998
Internship and Year	COLUMBIA TULSA REGIONAL MEDICAL CENTER-TULSA, OK 1999
Residency and Year	COLUMBIA TULSA REGIONAL MEDICAL CENTER-TULSA, OK 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13791
License Date	1/11/2008
Name	<b>CALL, KENNETH D MD</b>
Address	NEW LONDON HOSPITAL, 273 COUNTY RDNEW LONDON, NH, 03757
Specialty	EM
Board Certified	
School and Year of Graduation	E CAROLINA UNIV USA 1991
Internship and Year	E CAROLINA UNIV SCHOOL OF MEDICAL - GREENVILLE, NC 1992
Residency and Year	E CAROLINA UNIV SCHOOL OF MEDICAL - GREENVILLE, NC 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 16062  
 License Date 4/3/2013  
 Name **CALL, LINDA P MD**  
 Address NEW HAMPSHIRE HOSPITAL - APC, 36 CLINTON ST CONCORD, NH, 03301  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIVERSITY OF MISSISSIPPI SCHOOL OF MEDICINE USA 2007  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9615  
 License Date 1/3/1996  
 Name **CALLAGHAN, JOHN W MD**  
 Address BELKNAP FAMILY HEALTH CTR, 34 MAIN ST PO BOX 719 BELMONT, NH, 03220  
 Specialty P  
 Board Certified  
 School and Year of Graduation UNIVERSITY COLLEGE CORK USA 1975  
 Internship and Year  
 Residency and Year  
 License Expiration Date **6/30/1997**  
 Remarks

License Number 9330  
 License Date 12/7/1994  
 Name **CALLAHAN JR, BRIAN T MD**  
 Address WALDEN SURGICAL ASSOC, 131 ORNAC STE 500 JCB CONCORD, MA, 01742  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1983  
 Internship and Year ST ELIZABETHS HOSPITAL - BOSTON MA 1984  
 Residency and Year ST ELIZABETHS HOSPITAL - BOSTON MA 1988  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 10528  
 License Date 4/7/1999  
 Name **CALLAHAN, KEVIN J DO**  
 Address EXECUTIVE MEWS STE V107, 1930 E RTE 70 CHERRY HILL, NJ, 08003  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF NEW ENGLAND COLL OF MED - BIDDEFORD, ME USA 1987  
 Internship and Year UMDNJ- SCHOOL OF OSTEOPATHIC MED - STRATFORD, NJ 1988  
 Residency and Year UMDNJ- SCHOOL OF OSTEOPATHIC MED - STRATFORD, NJ 1990  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	15787
License Date	8/1/2012
Name	<b>CALLER, TRACIE A MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	N
Board Certified	N
School and Year of Graduation	UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE USA 2007
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15742
License Date	7/11/2012
Name	<b>CALONE, JOHN M MD</b>
Address	1406 JEFF DAVIS DR, TYLER, TX, 75703
Specialty	AN
Board Certified	AN
School and Year of Graduation	STATE UNIVERSITY OF NY HEALTH SCIENCE CTR USA 2000
Internship and Year	LENOX HILL HOSPITAL - NEW YORK, NY 2001
Residency and Year	SUNY HEALTH SCIENCE CENTER @ BROOKLYN - BROOKLYN, NY 2011
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9422
License Date	5/3/1995
Name	<b>CALORAS, DANIEL MD</b>
Address	MAIN ST, PO BOX 1118CHARLESTOWN, NH, 03603
Specialty	FP
Board Certified	
School and Year of Graduation	UNIVERSITY OF VIRGINIA USA 1990
Internship and Year	SHADYSIDE HOSPITAL 1993
Residency and Year	SHADYSIDE HOSPITAL 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12291
License Date	5/5/2004
Name	<b>CAMACHO, CANDICE L MD</b>
Address	MEDICINE - PEDIATRICS OF NASHUA, 17 PROSPECT ST N 103NASHUA, NH, 03060
Specialty	IM
Board Certified	IM
School and Year of Graduation	YALE UNIVERSITY, NEW HAVEN CT US 2000
Internship and Year	MASS GENERAL HOSP, BOSTON MA 2001
Residency and Year	MASS GENERAL HOSP, BOSTON MA 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 17145  
 License Date 6/3/2015  
 Name **CAMACHO, VICTOR M MD**  
 Address 1460 OLD RIVERSIDE RD, PO BOX 767429 ROSWELL, GA, 30076  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIVERSIDAD CENTRAL DEL ESTE UCE DOMINICAN REPUBLIC 1980  
 Internship and Year SUMMA HEALTH SYSTEM - AKRON, OH 1981  
 Residency and Year JACKSON MEMORIAL HOSPITAL - MIAMI, FL 1982  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13423  
 License Date 3/7/2007  
 Name **CAMBARERI, RICHARD J MD**  
 Address RAVENEL ONCOLOGY CTR-MEM HOSP, 320 HOSPITAL DR MARTINSVILLE, VA, 24112  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation GEORGETOWN UNIV USA 1975  
 Internship and Year WORCESTER CITY HOSPITAL(CLOSED) UNIV OF MASSACHUSETTS MEDICAL SCHOOL-WORCES  
 Residency and Year GEORGETOWN UNIV MEDICAL CTR - WASHINGTON, DC 1978  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 16630  
 License Date 6/4/2014  
 Name **CAMBIO, CORINNE E MD**  
 Address 8 COWELL CT, PAWCATUCK, CT, 06379  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation LOYOLA UNIVERSITY OF CHICAGO STRITCH SCHOOL OF MED USA 2002  
 Internship and Year RESURRECTION MEDICAL CENTER - CHICAGO, IL 2003  
 Residency and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER-FARMINGTON, CT 2006  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9240  
 License Date 8/3/1994  
 Name **CAMERON, CAROL L MD**  
 Address 84 WARREN ST, CONCORD, NH, 03301-3806  
 Specialty N  
 Board Certified  
 School and Year of Graduation BOWMAN GRAY SCHOOL OF MEDICINE OF WAKE FOREST UNIV USA 1989  
 Internship and Year MONTEFIORE UNIVERSITY HOSPITAL/UPMC - PITTSBURGH PA 1990  
 Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITALS - BOSTON MA 1993  
 License Expiration Date **6/30/2016**  
 Remarks



License Number 12733  
 License Date 6/1/2005  
 Name **CAMERON, JOHN D MD**  
 Address X-RAY PROFESSIONAL ASSOC, 2 1/2 BEACON STCONCORD, NH, 03301  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIVERSITY OF TEXAS, DALLAS TX US 1999  
 Internship and Year BAYLOR UNIVERSITY, DALLAS TX 2000  
 Residency and Year UNIVERSITY OF MIAMI, MIAMI FL 2004  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 8342  
 License Date 6/6/1990  
 Name **CAMERON, PAUL F MD**  
 Address , , ,  
 Specialty P  
 Board Certified  
 School and Year of Graduation DARTMOUTH-HITCHCOCK MEDICAL SCHOOL USA 1988  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1989  
 Residency and Year  
 License Expiration Date **6/30/1996**  
 Remarks **12/5/97 - SETTLEMENT AGREEMENT**

License Number 8735  
 License Date 6/3/1992  
 Name **CAMMILLERI JR, THOMAS J DO**  
 Address 207 STAGE RD, PO BOX 458HAMPSTEAD, NH, 03841  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation OHIO UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINE USA 1989  
 Internship and Year ALBANY MEDICAL CENTER-ALBANY,NY 1992  
 Residency and Year ALBANY MEDICAL CENTER- ALBANY NY 1992  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10175  
 License Date 12/3/1997  
 Name **CAMPANELLI, CRAIG P MD**  
 Address , PO BOX 788SCOTTSVILLE, VA, 24590-0788  
 Specialty IM  
 Board Certified  
 School and Year of Graduation BOSTON UNIV SCH OF MED BOSTON,MA USA 1991  
 Internship and Year BOSTON UNIV MED CTR-BOSTON,MA 1994  
 Residency and Year BOSTON UNIV MED CTR-BOSTON,MA 1994  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 10483  
 License Date 1/6/1999  
 Name **CAMPBELL JR, JAMES L MD**  
 Address DERMATOLOGY & SKIN HEALTH, 784 CENTRAL AVEDOVER, NH, 03820  
 Specialty D  
 Board Certified D  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL -HANOVER, NH USA 1993  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1994  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1997  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13850  
 License Date 3/5/2008  
 Name **CAMPBELL, ALAIN L MD**  
 Address CONCORD FEMINIST HEALTH CTR, 38 SOUTH MAIN STCONCORD, NH, 03301  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation MCGILL UNIV USA 1976  
 Internship and Year MCGILL UNIV-FACULTY OF MEDICINE - MONTREAL, QUEBEC CANADA 1977  
 Residency and Year UNIV DE MONTREAL - MONTREAL, QUEBEC CANADA 1980  
 License Expiration Date **5/16/2015**  
 Remarks **Requested inactive 5-16-2015.**

License Number 3477  
 License Date 10/2/1961  
 Name **CAMPBELL, ALEXANDER C MD**  
 Address 26 SOUTH MAIN ST 164, CONCORD, NH, 03301  
 Specialty EM  
 Board Certified  
 School and Year of Graduation DALHAUSIE UNIVERSITY -NOVA SCOTIA, CANADA CANADA 1951  
 Internship and Year VICTORIA GENERAL HOSPITAL- HALIFAX, NOVA SCOTIA 1951  
 Residency and Year VICTORIA GENERAL HOSPITAL- HALIFAX, NOVA SCOTIA 1955  
 License Expiration Date **6/30/1999**  
 Remarks **DECEASED 6/30/99**

License Number 16661  
 License Date 7/2/2014  
 Name **CAMPBELL, CALEB R MD**  
 Address RI HOSP/UNIV ORTHO, 2 DUDLEY ST MOC STE 200PROVIDENCE, RI, 02905  
 Specialty ORS  
 Board Certified  
 School and Year of Graduation BAYLOR COLLEGE OF MEDICINE USA 2008  
 Internship and Year BAYLOR COLLEGE OF MEDICINE - HOUSTON, TX 2009  
 Residency and Year BAYLOR COLLEGE OF MEDICINE - HOUSTON, TX 2013  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	11047
License Date	9/6/2000
Name	<b>CAMPBELL, CARRIE M MD</b>
Address	MANCHESTER HEALTH DEPT, 1528 ELM STMANCHESTER, NH, 03101
Specialty	PD
Board Certified	PD
School and Year of Graduation	MED UNIV OF SC - CHARLESTON, SC USA 1996
Internship and Year	E CARILINA UNIV SCH OF MEDICINE - GREENVILLE, NC 1996
Residency and Year	UNIV HEALTH SYSTEMS OF EASTERN CAROLINA - GREENVILLE, NC 1999
License Expiration Date	<b>6/30/2006</b>
Remarks	<b>REINSTATED 10/1/03</b>

License Number	10856
License Date	4/5/2000
Name	<b>CAMPBELL, CONNIE J MD</b>
Address	NH SURGICAL SPEC AT THE PAVILION, 9 WASHINGTON PL STE 203BEDFORD, NH, 03110-6750
Specialty	GS
Board Certified	GS
School and Year of Graduation	TEMPLE UNIVERSITY USA 1993
Internship and Year	TEMPLE UNIVERSITY - PHILADELPHIA PA 1994
Residency and Year	TEMPLE UNIVERSITY - PHILADELPHIA PA 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13063
License Date	5/3/2006
Name	<b>CAMPBELL, CRAWFORD C MD</b>
Address	ESSEX ORTHOPEDICS, 16 PELHAM RD STE 1SALEM, NH, 03079
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 1987
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL, BOSTON MA 1988
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL, BOSTON MA 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7458
License Date	11/12/1986
Name	<b>CAMPBELL, DAVID G MD</b>
Address	DHMC/OPHTHALMOLOGY DEPT, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	YALE MEDICAL SCHOOL USA 1965
Internship and Year	UNIV OF VIRGINIA HOSPITAL - CHARLOTTESVILLE VA 1966
Residency and Year	MASSACHUSETTS EYE & EAR INFIRMARY - BOSTON MA 1973
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9720
License Date	6/5/1996
Name	<b>CAMPBELL, PATRICIA I DO</b>
Address	DARTMOUTH-HITCHCOCK KEENE, 590 COURT STKEENE, NH, 03431-
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MED. USA 1992
Internship and Year	COMMUNITY HOSPITAL -LANCASTER PA 1993
Residency and Year	UNIVERSITY OF NEW MEXICO-ALBUQUERQUE 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15210
License Date	5/4/2011
Name	<b>CAMPBELL, SHAWN A MD</b>
Address	FRISBIE MEM HOSP, 11 WHITEHALL RDROCHESTER, NH, 03867
Specialty	AN
Board Certified	AN
School and Year of Graduation	WRIGHT STATE UNIVERSITY USA 2004
Internship and Year	WRIGHT STATE UNIVERSITY - KETTERING, OH 2005
Residency and Year	WRIGHT STATE UNIVERSITY - KETTERING, OH 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15866
License Date	10/3/2012
Name	<b>CANACCI, ANASTASIA M MD</b>
Address	25 SCOTT RD, BEDFORD, NH, 03110
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	OHIO STATE UNIVERSITY COLLEGE OF MEDICINE USA 2003
Internship and Year	UNIVERSITY HOSPITALS OF CLEVELAND - CLEVELAND, OH 2005
Residency and Year	UNIVERSITY HOSPITALS OF CLEVELAND - CLEVELAND, OH 2008
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	14489
License Date	7/1/2009
Name	<b>CANAPARI, CRAIG A MD</b>
Address	275 CAMBRIDGE ST POB 5, BOSTON, MA, 02114
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF CONNECTICUT USA 2001
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2002
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2004
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number 5604  
 License Date 6/24/1983  
 Name **CANDITO, LOUIS F MD**  
 Address THE ORTHOPEDIC CTR, 17 RIVERSIDE ST STE 101 NASHUA, NH, 03062  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation GEORGETOWN UNIV SCHOOL OF MED WASHINGTON USA 1969  
 Internship and Year NASSUA CO MED CENTER 1970  
 Residency and Year NASSAU CO MED CENTER 1974  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 11615  
 License Date 6/5/2002  
 Name **CANELLAKIS, GEORGE E MD**  
 Address NORTHEAST UROLOGIC SURGERY, 231 SUTTON ST UNIT 1D N ANDOVER, MA, 01845-1620  
 Specialty U  
 Board Certified U  
 School and Year of Graduation BOSTON UNIV - BOSTON, MA USA 1996  
 Internship and Year UNIVERSITY HOSPITALS OF CLEVELAND - CLEVELAND, OH 1997  
 Residency and Year UNIVERSITY HOSPITALS OF CLEVELAND - CLEVELAND, OH 1998  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10264  
 License Date 5/6/1998  
 Name **CANERIS, ONASSIS A MD**  
 Address 220 SUTTON ST, N ANDOVER, MA, 01845  
 Specialty N  
 Board Certified N  
 School and Year of Graduation UNIV OF CINCINNATI COLLEGE OF MEDICINE USA 1989  
 Internship and Year MERCY HOSPITAL OF PITTSBURG-PA 1990  
 Residency and Year UNIV OF CHICAGO HOSPITAL-IL 1993  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 14059  
 License Date 7/9/2008  
 Name **CANES, DAVID MD**  
 Address LAHEY CLINIC, 41 MALL RD BURLINGTON, MA, 01805  
 Specialty U  
 Board Certified U  
 School and Year of Graduation CORNELL UNIV USA 2001  
 Internship and Year LAHEY CLINIC MEDICAL CENTER-BURLINGTON, MA 2002  
 Residency and Year LAHEY CLINIC MEDICAL CENTER-BURLINGTON, MA 2007  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 8281  
 License Date 3/7/1990  
 Name **CANFIELD, JAMES A MD**  
 Address 797 GREENVILLE ROAD, MASON, NH, 03048  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIV OF PITTSBURGH SCHOOL OF MEDICNE - PITTSBURGH USA 1969  
 Internship and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1970  
 Residency and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1974  
 License Expiration Date **4/12/2010**  
 Remarks **4/12/10 - Voluntary Surrender of License**

License Number 7516  
 License Date 3/4/1987  
 Name **CANNING, SUZANNE B MD**  
 Address 469 243RD PLACE SE, SAMMAMISH, WA, 98074  
 Specialty P  
 Board Certified P  
 School and Year of Graduation WEST VIRGINIA UNIV SCH MED-MORGANTOWN,WV USA 1981  
 Internship and Year CAMBRIDGE HOSP-CAMBRIDGE,MA 1982  
 Residency and Year CAMBRIDGE HOSP-CAMBRIDGE,MA 1985  
 License Expiration Date **6/30/2000**  
 Remarks

License Number 15619  
 License Date 4/4/2012  
 Name **CANTO, CHRISTOPHER C DO**  
 Address 50 BROAD COVE RD, CAPE ELIZABETH, ME, 04107  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation KANSAS CITY UNIVERSITY OF MEDICINE USA 2000  
 Internship and Year ST MICHAELS MEDICAL CENTER - NEWARK, NJ 2001  
 Residency and Year ST MICHAELS MEDICAL CENTER - NEWARK, NJ 2004  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 11653  
 License Date 7/3/2002  
 Name **CANTU, ROBERT V MD**  
 Address DHMC-DEPT OF ORTHO SURGERY, ONE MEDICAL CTR DRLEBANON, NH, 03756  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1994  
 Internship and Year BETH ISRAEL DEACONESS MED CTR - BOSTON, MA 1995  
 Residency and Year BETH ISRAEL DEACONESS MED CTR - BOSTON, MA 1996  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	8603
License Date	7/17/1991
Name	<b>CANVER, CHARLES C MD</b>
Address	DUKE CARDIOVASCULAR SRGY-DANVILLE/DUKE UNIV HEALTH, 201 S MAIN ST., STE 1100DANVILLE,
Specialty	TS
Board Certified	TS
School and Year of Graduation	UNIVERSITY OF TURKEY, TURKEY TURKEY 1981
Internship and Year	SUNY BUFFALO, BUFFALO NY 1984
Residency and Year	SUNY BUFFALO, BUFFALO NY 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>3/10/06 - Settlement Agreement</b> <b>8/14/14 - Order Lifting License Restrictions.</b>

License Number	17207
License Date	8/5/2015
Name	<b>CANZANELLO, ERIC J DO</b>
Address	580 COURT ST, KEENE, NH, 03431
Specialty	FP
Board Certified	
School and Year of Graduation	LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE USA 2012
Internship and Year	MAYO GRADUATE SCHOOL OF MEDICINE EDUCATION - ROCHESTER, MN 2013
Residency and Year	MAYO GRADUATE SCHOOL OF MEDICINE EDUCATION - ROCHESTER, MN 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16301
License Date	9/4/2013
Name	<b>CAPAMPANGAN, DAN J MD</b>
Address	MAYO CLINIC, 5777 E MAYO BLVDPHOENIX, AZ, 85054
Specialty	N
Board Certified	N
School and Year of Graduation	WAKE FOREST SCHOOL OF MEDICINE USA 2006
Internship and Year	MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - SCOTTSDALE, AZ 2008
Residency and Year	MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - SCOTTSDALE, AZ 2010
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	17151
License Date	7/1/2015
Name	<b>CAPARRELLI, DAVID J MD</b>
Address	CMC, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty	VS
Board Certified	VS
School and Year of Graduation	UNIV OF PENNSYLVANIA SCHOOL OF MEDICINE USA 1997
Internship and Year	JOHNS HOPKINS UNIVERSITY - BALTIMORE, MD 1999
Residency and Year	JOHNS HOPKINS UNIVERSITY - BALTIMORE, MD 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15434
License Date	11/2/2011
Name	<b>CAPECCI, KENDALL L MD</b>
Address	RAYS, 13737 NOEL RD STE 1600DALLAS, TX, 75240
Specialty	DR
Board Certified	DR
School and Year of Graduation	MEDICAL COLLEGE OF WISCONSIN USA 1987
Internship and Year	MACNEAL HOSPITAL - BERWYN, IL 1988
Residency and Year	MICHAEL REESE HOSPITAL - EULESS, TX 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8410
License Date	8/8/1990
Name	<b>CAPINO, JOHN G MD</b>
Address	MERRIMACK EYE CLINIC, 1230 BRIDGE STLOWELL, MA, 01850-
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIV OF PHILIPPINES - MANILA PHILIPPINES PHILIPPINES 1978
Internship and Year	UNIV OF PHILIPPINES - PHILIPPINES 1982
Residency and Year	UNIV HOSPITAL - BOSTON, MA 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9917
License Date	2/5/1997
Name	<b>CAPLE, JOCELYN F MD</b>
Address	SALMON FALLS PATHOLOGY, 15 WHITEHALL RDROCHESTER, NH, 03867
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF MA MED SCHOOL - WORCESTER, MA USA 1992
Internship and Year	CLEVELAND CLINIC FOUNDATION -OH 1996
Residency and Year	CLEVELAND CLINIC FOUNDATION - OH 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6592
License Date	7/15/1982
Name	<b>CAPOBIANCO, JOSEPH J MD</b>
Address	DARTMOUTH HITCHCOCK-WALPOLE, PO BOX 758WALPOLE, NH, 03608
Specialty	FP
Board Certified	FP
School and Year of Graduation	CREIGHTON UNIV SCH MED - OMAHA, NE USA 1979
Internship and Year	CREIGHTON UNIV AFFIL HOSPITAL - OMAHA, NE 1980
Residency and Year	CREIGHTON UNIV AFFIL HOSPITAL - OMAHA, NE 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	Lapsed for non-renewal 6/30/04.. Reinstated 3/2/11



License Number	12644
License Date	4/6/2005
Name	<b>CAPODILUPO, ROBERT C MD</b>
Address	100 MCGREGOR ST, MANCHESTER, NH, 03101
Specialty	CD
Board Certified	CD
School and Year of Graduation	NEW YORK MEDICAL COLLEGE, VALHALLA NY US 1991
Internship and Year	BOSTON UNIVERSITY MEDICAL CENTER, BOSTON MA 1992
Residency and Year	BOSTON UNIVERSITY, BOSTON MA 1994
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13764
License Date	12/5/2007
Name	<b>CAPPELLO, RICHARD DO</b>
Address	ROCHESTER HILL FAMILY PRACTICE, 245 ROCHESTER HILL ROAD UNIT 1A ROCHESTER, NH, 03867
Specialty	FP
Board Certified	FP
School and Year of Graduation	DES MOINES UNIV OSTEOPATHIC MED CTR USA 1985
Internship and Year	MICHIANA COMMUNITY HOSPITAL - SOUTH BEND, IN 1986
Residency and Year	SOUTHSIDE HOSPITAL - BAY SHORE, NY 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8886
License Date	2/3/1993
Name	<b>CAPPETTA, CHARLES T MD</b>
Address	DARTMOUTH-HITCHCOCK NASHUA, 2300 SOUTHWOOD DR NASHUA, NH, 03063-1818
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF LONDON LONDON 1988
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1993
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10499
License Date	2/3/1999
Name	<b>CAPRIOLA, MICHAEL J MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty	U
Board Certified	
School and Year of Graduation	UNIV OF COLORADO SCH OF MED - BOULDER, CO USA 1996
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1997
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1998
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	7074
License Date	5/2/1985
Name	<b>CAPRON, THEODORE H MD</b>
Address	BELKNAP FAMILY HLTH CTR, 238 DANIEL WEBSTER HWYMEREDITH, NH, 03253
Specialty	FP
Board Certified	FP
School and Year of Graduation	GEORGE WASHINGTON UNIVERSITY-WASHINGTON, DC USA 1980
Internship and Year	ANDERSON MEMORIAL HOSPITAL-ANDERSON SC 1981
Residency and Year	ANDERSON MEMORIAL HOSPITAL-ANDERSON SC 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11163
License Date	2/7/2001
Name	<b>CAPUTO, GARRETT C MD</b>
Address	GRAND RIVER HOSPITAL DISTRICT, 501 AIRPORT RDRIFLE, CO, 81650
Specialty	FP
Board Certified	FP
School and Year of Graduation	ORAL ROBERTS UNIV - TULSA, OK USA 1989
Internship and Year	UNITED HOSPITAL CENTER - CLARKSBURG, WV 1990
Residency and Year	UNITED HOSPITAL CENTER - CLARKSBURG, WV 1992
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	10073
License Date	8/6/1997
Name	<b>CARAGHER, JOAN E MD</b>
Address	CENTRAL MAINE MEDICAL CENTER, 310 MAIN STLEWISTON, ME, 04240
Specialty	EM
Board Certified	
School and Year of Graduation	UNIV OF CT SCH OF MED FARMINGTON, CT USA 1985
Internship and Year	FAULKNER HOSPITAL - MA 1986
Residency and Year	EMORY UNIV SCHOOL OF MEDICINE - GA 1995
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	16339
License Date	10/2/2013
Name	<b>CARAMAGNA, JOHN B DO</b>
Address	JOHN B CARAMAGNA, DO, PLLC, 73 FLOYD PL - 1AE NORWICH, NY, 11732-1310
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND COLLEGE USA 1996
Internship and Year	NYCOM - MASSAPEQUA GENERAL HOSPITAL - SEAFORD, NY 1997
Residency and Year	NYCOM - MASSAPEQUA GENERAL HOSPITAL - SEAFORD, NY 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6895
License Date	6/7/1984
Name	<b>CARANDANG, ELIZARDO P MD</b>
Address	NEW ENGLAND NEUROLOGICAL, 354 MERRIMACK ST LAWRENCE, MA, 01843
Specialty	PM
Board Certified	PM
School and Year of Graduation	FAC OF MED AND SURG UNIV OF SANTO TOMAS PHILIPPINES 1977
Internship and Year	MONTEFIORE HOSP MED CTR-NY 1984
Residency and Year	MONTEFIORE HOSP MED CTR-NY 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3893
License Date	2/3/1966
Name	<b>CARANTIT, CONRAD M MD</b>
Address	CONCORD PATHOLOGISTS PROF ASSN, 25 MANCHESTER ST CONCORD, NH, 03301-
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF SANTO TOMAS - MANILA, PHILIPPINES PHILIPPINES 1957
Internship and Year	ST JOHN'S HOSPITAL - LOWELL, MA 1958
Residency and Year	ORANGE MEMORIAL - ORANGE, NJ 1963
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	8550
License Date	6/5/1991
Name	<b>CARBONNEAU, ROBERT J MD</b>
Address	ASSOCIATED RADIOLOGISTS, 8 E PEARL ST NASHUA, NH, 03060-9029
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF VERMONT COLL OF MED-BURLINGTON, VT USA 1981
Internship and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1982
Residency and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1984
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5056
License Date	7/24/1973
Name	<b>CARD, DENNIS J MD</b>
Address	50 TENNEY HILL RD, DUNBARTON, NH, 03046-4115
Specialty	U
Board Certified	U
School and Year of Graduation	GEORGETOWN UNIVERSITY-WASHINGTON DC USA 1966
Internship and Year	PRESBYTERIAN UNIVERSITY HOSP-PITTSBURGH PA 1967
Residency and Year	YALE-NEW HAVEN HOSP-NEW HAVEN CT 1971
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	15563
License Date	3/7/2012
Name	<b>CARD, LEIA L MD</b>
Address	GYNECOLOGY & INFERTILITY ASSOC, 15 OLD ROLLINSFORD RD, STE 102DOVER, NH, 03820
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	FLORIDA STATE UNIVERSITY COLLEGE OF MEDICINE USA 2008
Internship and Year	STONY BROOK UNIVERSITY MEDICAL CENTER - STONY BROOK, NY 2009
Residency and Year	STONY BROOK UNIVERSITY MEDICAL CENTER - STONY BROOK, NY 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10896
License Date	5/3/2000
Name	<b>CARDEIRO, JOSEPH W MD</b>
Address	SO NH MEDICAL CENTER, 8 PROSPECT STNASHUA, NH, 03061
Specialty	EM
Board Certified	EM
School and Year of Graduation	HAHNEMANN MED COLL- PHILADELPHIA, PA USA 1991
Internship and Year	UNIV OF MASS MED CENTER - WORCESTER, MA 1992
Residency and Year	UNIV OF MASS MED CENTER - WORCESTER,MA 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9980
License Date	5/7/1997
Name	<b>CARDEIRO, WENDI A MD</b>
Address	FOUNDATION CARDIOLOGY, 8 PROSPECT STNASHUA, NH, 03061
Specialty	CD
Board Certified	CD
School and Year of Graduation	HAHNEMANN UNIV SCH MED -PHIL,PA USA 1991
Internship and Year	MIRIAM HOSP - RI 1997
Residency and Year	MIRIAM HOSP-RI 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13517
License Date	5/9/2007
Name	<b>CARDENAS, JAVIER D MD</b>
Address	ANDROSCOGGIN VALLEY HOSPITAL, 59 PAGE HILL RDBERLIN, NH, 03570
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF DEL NORTE COLOMBIA 1984
Internship and Year	UNIV OF WISCONSIN FOX VALLEY FAMILY PRACTICE - APPLETON, WI 2003
Residency and Year	UNIV OF WISCONSIN FOX VALLEY FAMILY PRACTICE - APPLETON, WI 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9673
License Date	4/3/1996
Name	<b>CARDI, GAETANO MD</b>
Address	THOMAS JEFFERSON UNIVERSITY, 1025 WALNUT ST STE 1010PHILADELPHIA, PA, 19107
Specialty	ON
Board Certified	IM
School and Year of Graduation	UNIVERSITY DI ROMA-LA SAPIENZA ITALY 1981
Internship and Year	UNIV OF ROME-ROME ITALY 1983
Residency and Year	UNIVERSITY OF ROME-ROME ITALY 1983
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	10074
License Date	8/6/1997
Name	<b>CARDINI, ELENA L MD</b>
Address	39 CENTRAL SQUIRE, STE 222KEENE, NH, 03431
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF VT COLL OF MED BURLINGTON, VT USA 1992
Internship and Year	MEDICAL CENTER HOSPITAL - VT 1995
Residency and Year	MEDICAL CENTER HOSPITAL - VT 1995
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	9313
License Date	11/2/1994
Name	<b>CARDONE, VITO R MD</b>
Address	CARDONE REPRODUCTION MEDICINE, 2 MAIN ST STE 150STONEHAM, MA, 02180
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	LAVAL UNIVERSITY CANADA 1974
Internship and Year	LAVAL UNIVERSITY - CANADA 1975
Residency and Year	MCGILL UNIVERSITY HOSPITAL - CANADA 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5266
License Date	12/2/1974
Name	<b>CARDOZO, JOHN B MD</b>
Address	VALLEY OB-GYN PROF ASSN, DUNNING STCLAREMONT, NH, 03743
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	NATIONAL UNIV OF IRELAND IRELAND 1959
Internship and Year	NATIONAL UNIV OF IRELAND - IRELAND 1960
Residency and Year	ST DAVIDS HOSPITAL - BANGOR, NORTH WALES 1962
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	3286
License Date	3/11/1959
Name	<b>CARDOZO, RICHARD H MD</b>
Address	, , ,
Specialty	GS
Board Certified	
School and Year of Graduation	1942
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1986</b>
Remarks	Deceased 4/29/14

License Number	10075
License Date	8/6/1997
Name	<b>CARELLA, JANET MD</b>
Address	1555 ELM, MANCHESTER, NH, 03101
Specialty	P
Board Certified	PYG
School and Year of Graduation	CREIGHTON UNIV SCH OF MED OMAHA, NE USA 1995
Internship and Year	MARY HITCHCOCK MEMORIAL HOSPITAL-NH 1999
Residency and Year	MARY HITCHCOCK MEMORIAL HOSPITAL - NH 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11524
License Date	3/6/2002
Name	<b>CAREY, CHRISTINE S MD</b>
Address	INTERNAL MEDICINE, 248 PLEASANT ST STE 2800CONCORD, NH, 03301
Specialty	IM
Board Certified	IM
School and Year of Graduation	BOSTON UNIV - BOSTON, MA USA 1998
Internship and Year	BOSTON MEDICAL CENTER - BOSTON, MA 1999
Residency and Year	BOSTON MEDICAL CENTER - BOSTON, MA 2000
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	4807
License Date	7/9/1971
Name	<b>CAREY, DONALD E MD</b>
Address	198 GUNSTOCK HILL RD, GILFORD, NH, 03249-7560
Specialty	PD
Board Certified	PD
School and Year of Graduation	JOHNS HOPKINS USA 1955
Internship and Year	JOHNS HOPKINS HOSPITAL, BALTIMORE MD 1956
Residency and Year	COLUMBIA PRESBYTERIAN HOSPITAL, NEW YORK CITY NY 1960
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number D0005

License Date

Name **CAREY, PETER MD**

Address , , ,

Specialty

Board Certified

School and Year of Graduation

Internship and Year

Residency and Year

License Expiration Date

Remarks **HAVE NO LICENSE INFORMATION ON THIS DOCTOR.**

License Number 10605

License Date 7/7/1999

Name **CAREY, WILFRED MD**

Address 750 EAST ADAMS ST, SYRACUSE, NY, 13210

Specialty DR

Board Certified

School and Year of Graduation TEMPLE UNIVERSITY - PHILADELPHIA PA USA 1992

Internship and Year ORLANDO REGIONAL MEDICAL CENTER - ORLANDO FL 1995

Residency and Year SUNY HEALTH SCIENCE CENTER - SYRACUSE NY 1999

License Expiration Date **6/30/2000**

Remarks

License Number 14337

License Date 3/4/2009

Name **CARIASO, CRIZELDO D MD**

Address 59 PAGE HILL ROAD, BERLIN, NH, 03570

Specialty N

Board Certified N

School and Year of Graduation UNIV OF THE EAST PHILIPPINES 1990

Internship and Year UNIV OF PITTSBURGH MEDICAL CENTER-PITTSBURGH, PA 2002

Residency and Year UNIVERSITY HEALTH CENTER OF PITTSBURGH-PITTSBURGH, PA 2004

License Expiration Date **6/30/2017**

Remarks

License Number 7430

License Date 9/4/1986

Name **CARIGLIA, NICHOLAS J MD**

Address AKUREYRI GENERAL HOSP, AKUREYRI ICELAND, , 600

Specialty IM

Board Certified IM

School and Year of Graduation BOLOGNA UNIVERSITY ITALY 1974

Internship and Year LONG ISLAND COLL HOSPITAL BROOKLYN - NEW YORK 1975

Residency and Year LONG ISLAND COLL HOSPITAL BROOKLYN - NEW YORK 1977

License Expiration Date **6/30/2003**

Remarks

License Number	10987
License Date	7/5/2000
Name	<b>CARIGNAN, ALLEN E MD</b>
Address	SEACOAST PAIN INSTITUTE OF NE, 7 MARSH BROOK DR STE 10SOMERSWORTH, NH, 03878
Specialty	AN
Board Certified	AN
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1995
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1996
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14188
License Date	10/1/2008
Name	<b>CARLE, TIMOTHY R MD</b>
Address	LAKE AFTER HOURS, 3333 DRUSILLA LNBATON ROUGE, LA, 70809
Specialty	FP
Board Certified	FP
School and Year of Graduation	DUKE UNIV USA 2004
Internship and Year	DUKE UNIVERSITY HOSPITAL - DURHAM, NC 2005
Residency and Year	DUKE UNIVERSITY HOSPITAL - DURHAM, NC 2007
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	11525
License Date	3/6/2002
Name	<b>CARLIN, DANIEL J MD</b>
Address	176 NEWPORT RD, NEW LONDON, NH, 03257
Specialty	EM
Board Certified	EM
School and Year of Graduation	TUFTS UNIV - BOSTON, MA USA 1985
Internship and Year	NATIONAL NAVAL MEDICAL CENTER- BETHESDA, MD 1986
Residency and Year	MORRISTOWN MEMORIAL HOSPITAL - MORRISTOWN, NJ 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15692
License Date	6/6/2012
Name	<b>CARLONI, STACEY B MD</b>
Address	NEW HAMPSHIRE HOSPITAL, 36 CLINTON STCONCORD, NH, 03301
Specialty	P
Board Certified	
School and Year of Graduation	MERCER UNIVERSITY SCHOOL OF MEDICINE USA 2008
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	12055
License Date	9/3/2003
Name	<b>CARLSEN, ANDREW B MD</b>
Address	66 RAM ISLAND DR, PO BOX 612SHELTER ISLAND HTS, NY, 11965
Specialty	IM
Board Certified	IM
School and Year of Graduation	MCGILL UNIVERSITY, MONTREAL QUEBEC CANADA CANADA 1965
Internship and Year	VANDERBILT UNIVERSITY, NASHVILLE TN 1966
Residency and Year	ROYAL VICTORIA HOSP, MONTREAL QUEBEC CANADA 1971
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	2821
License Date	6/28/1950
Name	<b>CARLSON, BERGER H MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1995</b>
Remarks	

License Number	9638
License Date	2/7/1996
Name	<b>CARLSON, CARL W MD</b>
Address	225 HEMP HILL RD, PO BOX 513BRISTOL, NH, 03222-0513
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF IL COLL OF MEDICINE - CHICAGO IL USA 1968
Internship and Year	WILFORD HALL USAF MEDICAL CTR - LACKLAND AFB, TX 1969
Residency and Year	CA PACIFIC MEDICAL CENTER - SA FRANCISCO CA 1975
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3502
License Date	3/28/1962
Name	<b>CARLSON, DENNIS J MD</b>
Address	160 HIGHLAND CIRCLE RD, SWANZEY, NH, 03441
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	WESTERN RESERVE UNIVERSITY - CLEVELAND OH USA 1959
Internship and Year	UNIVERSITY HOSPITAL- CLEVELAND OH 1960
Residency and Year	UNIV HOSPITAL - CLEVELAND, OH 1960
License Expiration Date	<b>6/30/1999</b>
Remarks	Deceased 9/28/2012

License Number	12567
License Date	1/5/2005
Name	<b>CARLSON, JOHN F DO</b>
Address	VA MANCHESTER, 718 SMYTH RDMANCHESTER, NH, 03104-4048
Specialty	FP
Board Certified	FP
School and Year of Graduation	PHILADELPHIA COLLEGE, PHILADELPHIA PA US 1996
Internship and Year	COMMUNITY HOAPITAL, LANCASTER PA 1997
Residency and Year	COMMUNITY HOSPITAL, LANCASTER PA 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12866
License Date	9/7/2005
Name	<b>CARLSON, LISA K MD</b>
Address	SOMMERVILLE PRIMARY CARE, 26 CENTRAL STSOMMERVILLE, MA, 02143
Specialty	IM
Board Certified	IM
School and Year of Graduation	JOHN HOPKINS UNIVERSITY, BALTIMORE MD US 2000
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2001
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2003
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	9184
License Date	6/1/1994
Name	<b>CARLSON, LYNN B MD</b>
Address	LAPSED LICENSE, , ,
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	PENNSYLVANIA MEDICAL COLLEGE USA 1981
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1996</b>
Remarks	

License Number	10857
License Date	4/5/2000
Name	<b>CARLSON, RICHARD G MD</b>
Address	800 CONNECTICUT AVE, NORWALK, CT, 06856
Specialty	IM
Board Certified	IM
School and Year of Graduation	COLUMBIA UNIVERSITY USA 1970
Internship and Year	ALBERT EINSTEIN COLLEGE OF MEDICINE - BRONX NY 1971
Residency and Year	ALBERT EINSTEIN COLLEGE OF MEDICINE - BRONX NY 1976
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	6995
License Date	11/1/1984
Name	<b>CARLTON, LYNN N MD</b>
Address	KPM(ATTN: K.WILKINS OR J.WARD), 2003 E SUNSHINE STSPRINGFIELD, MO, 65804
Specialty	DR
Board Certified	DR
School and Year of Graduation	WASHINGTON UNIV SCH MED-ST LOUIS,MO USA 1968
Internship and Year	MADIGAN ARMY MED CTR-TACOMA,WA 1969
Residency and Year	TRIPLER ARMY MED CTR-TRIPLER AMC HI 1975
License Expiration Date	<b>6/30/2012</b>
Remarks	12/12/07 - Settlement Agreement

License Number	8343
License Date	6/6/1990
Name	<b>CARMAN, MEGAN W MD</b>
Address	NORTHERN HUMAN SERVICES, 29 MAPLE ST- PO BOX 599LITTLETON, NH, 03561
Specialty	P
Board Certified	P
School and Year of Graduation	UMDNJ-ROBT WOOD JOHNSON MED SCH-NJ USA 1986
Internship and Year	INST OF LIVING HOSP-HARTFORD,CT 1987
Residency and Year	INST OF LIVING HOSP-HARTFORD,CT 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12525
License Date	11/3/2004
Name	<b>CARNEY, BRIAN T MD</b>
Address	VAMC, 215 NORTH MAIN STWHITE RIVER JUNCTION, VT, 05009-0001
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIVERSITY OF CALIFORNIA, IRVINE CA US 1981
Internship and Year	DAVID GRANT MED CTR, TRAVIS AFB CA 1982
Residency and Year	UCLA, LOS ANGELES CA 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10322
License Date	7/1/1998
Name	<b>CARNEY, DANIEL C DO</b>
Address	BOSTON MEDICAL CENTER, 88 E NEWTON STBOSTON, MA, 02118
Specialty	PM
Board Certified	
School and Year of Graduation	NOVA SOUTHEASTERN COLL OF OSTEO MED - FL USA 1995
Internship and Year	PALMETTO GENERAL HOSPITAL - HIALEAH, FL 1996
Residency and Year	BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1997
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	8793
License Date	9/2/1992
Name	<b>CARNEY, MARK D MD</b>
Address	DARTMOUTH-HITCHCOCK CLINIC, 253 PLEASANT STCONCORD, NH, 03301
Specialty	PD
Board Certified	PD
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1982
Internship and Year	CHILDRENS MEDICAL CENTER DALLAS - TX 1983
Residency and Year	DALLAS COUNTY HOSPITAL - PARKLAND MEDICAL CENTER DALLAS - TX 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10155
License Date	11/5/1997
Name	<b>CARO, JOSE J MD</b>
Address	870 LAKESHORE DR, APT Z-3DORVAL CANADA, , H95 5X7
Specialty	PUD
Board Certified	
School and Year of Graduation	UNIV NAC DE COLUMBIA FAC DE MED - BOGOTA COLOMBIA 1960
Internship and Year	NORTHWESTERN MEMORIAL HOSPITAL - IL 1966
Residency and Year	NORTHWESTERN MEMORIAL HSOPITAL - IL 1966
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	14832
License Date	5/5/2010
Name	<b>CARON, EVELYNE C MD</b>
Address	PARTNERS FOR WOMENS HEALTH, 3 ALUMNI DR STE 401EXETER, NH, 03833
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	MCGILL UNIVERSITY CANADA 2001
Internship and Year	MCGILL UNIVERSITY - FACULTY OF MEDICINE - MONTREAL, QUEBEC CANADA 2003
Residency and Year	MCGILL UNIVERSITY - FACULTY OF MEDICINE - MONTREAL, QUEBEC CANADA 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3192
License Date	3/13/1957
Name	<b>CARON, MARCEL J MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1991</b>
Remarks	

License Number	4959
License Date	2/12/1973
Name	<b>CARON, NORMAN A MD</b>
Address	1016 MEADOW LN DUNBARTON NH, PO BOX 72GOFFSTOWN, NH, 03045
Specialty	GS
Board Certified	
School and Year of Graduation	UNIV OF LAUSANNE SWITZERLAND 1971
Internship and Year	NEW YORK MEDICAL COLLEGE - NY, NY 1972
Residency and Year	NEW YORK MEDICAL COLLEGE - NY, NY 1973
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16993
License Date	4/1/2015
Name	<b>CARPENTER II, GENE A MD</b>
Address	1302 WHEATLAND AVE, LANCASTER, PA, 17603
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF MICHIGAN MEDICAL SCHOOL USA 2000
Internship and Year	OAKWOOD HOSPITAL - DEARBORN, MI 2001
Residency and Year	DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16505
License Date	3/5/2014
Name	<b>CARPENTIER, DOMINIQUE A MD</b>
Address	11 HUBBARD RD, DOVER, NH, 03820-4273
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY MASSACHUSETTS MEDICAL SCHOOL USA 1994
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1995
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7990
License Date	11/9/1988
Name	<b>CARR, CHARLES F MD</b>
Address	DHMC-ORTHOPAEDICS, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1981
Internship and Year	MERCY HOSPITAL MEDICAL CENTER - SAN DIEGO CA 1982
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13007
License Date	3/1/2006
Name	<b>CARR, MICHAEL J DO</b>
Address	FAMILY HEALTH CENTER - CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty	FP
Board Certified	
School and Year of Graduation	PHILADELPHIA COLLEGE, PHILADELPHIA PA US 2000
Internship and Year	CONCORD HOSPITAL, CONCORD NH 2001
Residency and Year	CONCORD HOSPITAL, CONCORD NH 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7980
License Date	10/5/1988
Name	<b>CARR, REX G MD</b>
Address	45 LYME RD STE 102, HANOVER, NH, 03755
Specialty	PM
Board Certified	PM
School and Year of Graduation	ST LOUIS UNIV SCHOOL OF MEDICINE USA 1983
Internship and Year	REHABILITATION INSTITUTE - CHICAGO IL 1984
Residency and Year	REHABILITATION INSTITUTE - CHCAGO IL 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15743
License Date	7/11/2012
Name	<b>CARR, ZYAD J MD</b>
Address	DARTMOUTH HITCHCOCK MEDICAL CENTER, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERISTY COLLEGE CORK, NAT'L UNIV OF IRELAND IRELAND 2005
Internship and Year	ABINGTON MEMORIAL HOSPITAL - ABINGTON, PA 2007
Residency and Year	COOPER HOSPITAL - CAMDEN, NJ 2010
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	16994
License Date	4/1/2015
Name	<b>CARREGAL, RICHARD J DO</b>
Address	WAYS, 13737 NOEL RD STE 1600DALLAS, TX, 75240
Specialty	R
Board Certified	R
School and Year of Graduation	DES MOINES UNIVERSITY USA 2007
Internship and Year	HURON VALLEY SINAI HOSPITAL - COMMERCE TOWNSHIP, MI 2008
Residency and Year	HURON VALLEY SINAI HOSPITAL - COMMERCE TOWNSHIP, MI 2012
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16506
License Date	3/5/2014
Name	<b>CARRICK, MATTHEW M MD</b>
Address	ACUTE CARE SURGERY, 330 BORTHWICK AVE #200PORTSMOUTH, NH, 03801
Specialty	GS
Board Certified	GS
School and Year of Graduation	TEXAS TECH UNIVERSITY HEALTH SCIENCE CENTER USA 1999
Internship and Year	TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER - EL PASO, TX 2002
Residency and Year	TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER - EL PASO, TX 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6857
License Date	4/10/1984
Name	<b>CARRIER, CHARLES F MD</b>
Address	QUEEN CITY MEDICAL ASSOC, 769 SOUTH MAIN ST STE 300MANCHESTER, NH, 03102
Specialty	IM
Board Certified	IM
School and Year of Graduation	STATE UNIV OF NEW YORK UPSTATE COLL-NY USA 1981
Internship and Year	THE GRADUATE HOSP-PHIL,PA 1982
Residency and Year	THE GRADUATE HOSP-PHIL,PA 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16210
License Date	7/3/2013
Name	<b>CARRIER, JOHN P MD</b>
Address	CONCENTRA, 59 EAST AVELEWISTON, ME, 04240
Specialty	
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF THE EAST RAMON MAGSAYSAY MEM MED CTR PHILIPPINES 1979
Internship and Year	EASTERN MAINE MEDICAL CENTER, BANGOR, ME 1981
Residency and Year	EASTERN MAINE MEDICAL CENTER, BANGOR, ME 1983
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	14450
License Date	6/3/2009
Name	<b>CARROLL JR, JAMES L MD</b>
Address	DHMC/5C PULMONARY SECTION, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	PCC
School and Year of Graduation	UNIVERSITY OF IOWA USA 1994
Internship and Year	UNIVERSITY OF IOWA HOSPITALS & CLINIC - IOWA CITY, IA 1995
Residency and Year	UNIVERSITY OF IOWA HOSPITALS & CLINIC - IOWA CITY, IA 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 4903  
 License Date 2/29/1972  
 Name **CARROLL, BRIAN C MD**  
 Address 813 DOLLY RD, HOPKINTON, NH, 03229  
 Specialty FP  
 Board Certified  
 School and Year of Graduation TUFTS UNIVERSITY-BOSTON MA USA 1963  
 Internship and Year RHODE ISLAND HOSP-PROVIDENCE RI 1964  
 Residency and Year MASS GENERAL HOSPITAL - BOSTON, MA 1968  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 11616  
 License Date 6/5/2002  
 Name **CARROLL, JAMES F MD**  
 Address MERCY MEDICAL CENTER, 271 CAREW STSPRINGFIELD, MA, 01102  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation ALBANY MEDICAL COLLEGE - ALBANY, NY USA 1999  
 Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2000  
 Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2001  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11164  
 License Date 2/7/2001  
 Name **CARROLL, KEVIN W MD**  
 Address 3680 BROADWAY, FT MYERS, FL, 33901  
 Specialty R  
 Board Certified R  
 School and Year of Graduation GEORGETOWN UNIV SCH OF MED- WASHINGTON, DC USA 1990  
 Internship and Year VETERANS AFFAIRS MEDICAL CENTER -WASHINGTON, DC 1991  
 Residency and Year DAVID GRANT MEDICAL CENTER - TRAVIS AFB, CA 1997  
 License Expiration Date **6/30/2002**  
 Remarks

License Number 3949  
 License Date 10/3/1966  
 Name **CARROLL, NOEL MD**  
 Address GRACE COTTAGE HOSPITAL, TOWNSHEND, VT, 05353  
 Specialty DR  
 Board Certified  
 School and Year of Graduation TRINITY COLLEGE, UNIV OF DUBLIN IRELAND 1962  
 Internship and Year MEATH HOSPITAL - DUBLIN, IRELAND 1962  
 Residency and Year ST RAPHAEL'S HOSPITAL - NEW HAVEN, CT 1964  
 License Expiration Date **6/30/2006**  
 Remarks



License Number	8523
License Date	5/8/1991
Name	<b>CARROLL, PATRICK H MD</b>
Address	FAMILY CARE OF CONCORD, 248 PLEASANT ST STE 2600CONCORD, NH, 03301
Specialty	FP
Board Certified	FP
School and Year of Graduation	DARTMOUTH MED SCH - HANOVER, NH USA 1984
Internship and Year	LANCASTER GENERAL HOSPITAL - LANCASTER, PA 1985
Residency and Year	MIDDLESEX MEMORIAL HOSPITAL - MIDDLETOWN, CT 1987
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	11813
License Date	1/8/2003
Name	<b>CARROLL, PHILIP D MD</b>
Address	31 TAGGARD RD, WALPOLE, NH, 03608
Specialty	FP
Board Certified	
School and Year of Graduation	MCGILL UNIV FAC OF MED- MONTREAL QUEBEC CANADA CANADA 2000
Internship and Year	ST MARY'S HOSPITAL CENTRE - MONTREAL, CANADA 2001
Residency and Year	ST MARY'S HOSPITAL CENTRE - MONTREAL, CANADA 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15564
License Date	3/7/2012
Name	<b>CARROLL, WILLIAM N MD</b>
Address	BARTLETT REGIONAL HOSPITAL - DEPT OF PSYCHIATRY, 3260 HOSPITAL DRIVEJUNEAU, AK, 99801
Specialty	P
Board Certified	P
School and Year of Graduation	NEW YORK MEDICAL COLLEGE USA 1970
Internship and Year	METROPOLITAN HOSPITAL CENTER - VALHALLA, NY 1971
Residency and Year	METROPOLITAN HOSPITAL CENTER - VALHALLA, NY 1972
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>LAPSED FOR NONRENWAL 6/30/14 RENEWED 9/23/14</b>

License Number	14246
License Date	12/3/2008
Name	<b>CARROZZELLA II, JOHN C MD</b>
Address	JCMD MED SVS INC, 10006 CROSS CREEK BLVD STE 416TAMPA, FL, 33647
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIV OF CINCINNATI USA 1982
Internship and Year	UNIV OF CINCINNATI MEDICAL CENTER - CINCINNATI, OH 1983
Residency and Year	UNIV OF CINCINNATI MEDICAL CENTER - CINCINNATI, OH 1987
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	13946
License Date	5/7/2008
Name	<b>CARTER III, WILLIAM P MD</b>
Address	PORTSMOUTH REGIONAL HOSP, 333 BORTHWICK AVEPORTSMOUTH, NH, 03802
Specialty	EM
Board Certified	EM
School and Year of Graduation	TUFTS UNIV USA 2005
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2006
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11687
License Date	8/7/2002
Name	<b>CARTER, ANDREW W MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CTR DR OB/GYNLEBANON, NH, 03856
Specialty	OBG
Board Certified	
School and Year of Graduation	UNIV OF MINNESOTA MED SCH - MINEAPOLIS,MN USA 1998
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON,NH 1999
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON,NH 2002
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	3025
License Date	6/2/1954
Name	<b>CARTER, FRANK H MD</b>
Address	16 SAWMILL DR, SWANZEY CTR, NH, 03446-2300
Specialty	FP
Board Certified	FP
School and Year of Graduation	TUFTS COLLEGE USA 1951
Internship and Year	US NAVAL HOSPITAL- CHELSEA, MA 1952
Residency and Year	US NAVAL HOSPITAL - CHELSEA, MA 1952
License Expiration Date	<b>6/30/2004</b>
Remarks	<b>DECEASED 6/2/2012</b>

License Number	13851
License Date	3/5/2008
Name	<b>CARTER, JENNIFER M MD</b>
Address	PORTSMOUTH REGIONAL HOSPITAL, 333 BORTHWICK AVENUEPORTSMOUTH, NH, 03801
Specialty	IM
Board Certified	IM
School and Year of Graduation	TUFTS UNIV USA 2005
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2006
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17152
License Date	7/1/2015
Name	<b>CARTER, JOI B MD</b>
Address	DHMC - DERMOTOLOGY, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	D
Board Certified	D
School and Year of Graduation	THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 2005
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER-BOSTON, MA 2006
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16897
License Date	1/21/2015
Name	<b>CARTER, JONATHAN L MD</b>
Address	MAYO CLINIC, 13400 E SHEA BLVDSCOTTSDALE, AZ, 85259
Specialty	N
Board Certified	N
School and Year of Graduation	MAYO MEDICAL SCHOOL USA 1981
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1982
Residency and Year	BRIGHAM & WOMEN'S HOSPITAL/MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12253
License Date	4/7/2004
Name	<b>CARTER, LESLIE A MD</b>
Address	DHMC-SECTION DERMATOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	D
Board Certified	
School and Year of Graduation	OREGON UNIVERSITY, PORTLAND OR US 2000
Internship and Year	GOOD SAMARITAN REGIONAL MED CTR, PHOENIX AZ 2001
Residency and Year	DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2003
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	6896
License Date	6/7/1984
Name	<b>CARTER, PETER K MD</b>
Address	278 LAFAYETTE RD STE 6, PORTSMOUTH, NH, 03801-
Specialty	GS
Board Certified	GS
School and Year of Graduation	TUFTS UNIV SCH MED -BOSTON,MA USA 1978
Internship and Year	MAINE MED CTR-PORTLAND,ME 1979
Residency and Year	MAINE MED CTR-PORTLAND,ME 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11482
License Date	1/2/2002
Name	<b>CARTER, ROBIN E DO</b>
Address	3078 VICTOR ST, AURORA, CO, 80011
Specialty	FP
Board Certified	FP
School and Year of Graduation	DES MOINES UNIV - DES MOINES, IA USA 1994
Internship and Year	GARDEN CITY HOSPITAL - GARDEN CITY, MI 1995
Residency and Year	GARDEN CITY HOSPITAL - GARDEN CITY, MI 1997
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	12022
License Date	8/6/2003
Name	<b>CARTIER, MARK P MD</b>
Address	1 BRICKYARD LN, UNIT EEYORK, ME, 03909
Specialty	FP
Board Certified	FP
School and Year of Graduation	GEORGETOWN UNIVERSITY, WASHINGTON DC US 1985
Internship and Year	MADIGAN ARMY MED CTR, TACOMA WA 1986
Residency and Year	MADIGAN ARMY MEDICAL CTR, TACOMA WA 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16340
License Date	10/2/2013
Name	<b>CARTIN-CEBA, RODRIGO MD</b>
Address	MAYO CLINIC, 200 1ST ST SWROCHESTER, MN, 55905
Specialty	CCM
Board Certified	CCM
School and Year of Graduation	UNIVERSITY OF DE COSTA RICA COSTA RICA 1997
Internship and Year	BAYLOR COLLEGE OF MEDICINE - HOUSTON,TX 2004
Residency and Year	BAYLOR COLLEGE OF MEDICINE - HOUSTON,TX 2006
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	9272
License Date	9/7/1994
Name	<b>CARTON, BARBARA C MD</b>
Address	MERCY HOSP, 271 CAREW STSPRINGFIELD, MA, 01102
Specialty	RO
Board Certified	RO
School and Year of Graduation	DALHOUSIE MEDICAL SCHOOL CANADA 1982
Internship and Year	ST JOSEPH HOSPITAL - LONDON ONTARIO CANADA 1983
Residency and Year	PRINCESS MARGARET HOSPITAL - TORONTO ONTARIO CANADA 1992
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	17208
License Date	8/5/2015
Name	<b>CARUANA, NICHOLAS B MD</b>
Address	4000 TUNLAW RD NW #318, WASHINGTON, DC, 20007
Specialty	DR
Board Certified	DR
School and Year of Graduation	GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 2009
Internship and Year	GEORGETOWN UNIVERSITY HOSPITAL/WASHINGTON HOSPITAL - WASHINGTON, DC 2010
Residency and Year	GEORGETOWN UNIVERSITY HOSPITAL - WASHINGTON, DC 2014
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10746
License Date	11/3/1999
Name	<b>CARUANA, VINCENT D MD</b>
Address	47 BRACKEN CIRCLE, BEDFORD, NH, 03110
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF MEDICINE & DENTISRY OF NJ USA 1986
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON NH 1987
Residency and Year	MORRISTOWN MEMORIAL HOSP - MORRISTOWN NJ 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13483
License Date	5/9/2007
Name	<b>CARUSO, CHRISTIAN D MD</b>
Address	FOUNDATION MED PARTNERS, 8 PROSPECT STNASHUA, NH, 03061
Specialty	IM
Board Certified	IM
School and Year of Graduation	TEMPLE UNIV USA 1998
Internship and Year	BOSTON UNIV-BOSTON, MA 1999
Residency and Year	BOSTON UNIV-BOSTON, MA 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8818
License Date	10/7/1992
Name	<b>CARUSO, DON MD</b>
Address	DARTMOUTH HITCHCOCK-KEENE, 590 COURT STKEENE, NH, 03431-1798
Specialty	FP
Board Certified	FP
School and Year of Graduation	NEW YORK MEDICAL COLLEGE USA 1984
Internship and Year	UNIVERSITY OF MASS MEDICAL CENTER WORCESTER - MASSACHUSETTS 1985
Residency and Year	UNIVERSITY OF MASS MEDICAL CENTER WORCESTER - MASSACHUSETTS 1987
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5035
License Date	7/12/1973
Name	<b>CARVALHO, RICHARD S MD</b>
Address	MONADNOCK RADIOLOGY, 24 LONGVIEW DRIVEPETERBOROUGH, NH, 03458
Specialty	R
Board Certified	R
School and Year of Graduation	GEORGE WASHINGTON UNIVERSITY-WASHINGTON DC USA 1964
Internship and Year	WALTER REED GENERAL HOSP-WASHINGTON DC 1965
Residency and Year	BROOKE GENERAL HOSP-SAN ANTONIO TX 1968
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	7832
License Date	5/4/1988
Name	<b>CARWELL, MARK A MD</b>
Address	CONCORD OTOLARYNGOLOGY, 194 PLEASANT ST STE 2CONCORD, NH, 03301
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	UNIV OF OKLAHOMA COLL MED - OKLAHOMA, OK USA 1983
Internship and Year	CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 1984
Residency and Year	CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6341
License Date	2/23/1981
Name	<b>CARY, PETER C MD</b>
Address	SALEM RADIOLOGY, 23 STILES RD STE 102SALEM, NH, 03079
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF MARYLAND SCH OF MED USA 1976
Internship and Year	WILFORD HALL USAF MED CTR-LACKLAND,TX 1977
Residency and Year	WILFORD HALL USAF MED CTR-LACKLAND,TX 1980
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16898
License Date	1/21/2015
Name	<b>CASALE, CHARLES V MD</b>
Address	113 HOLLAND AVE, ALBANY, NY, 12208-3410
Specialty	GE
Board Certified	GE
School and Year of Graduation	UNIVERSITY OF ANTWERPEN BELGIUM 1982
Internship and Year	HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 1987
Residency and Year	HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10778
License Date	12/1/1999
Name	<b>CASAS, ANA M MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	
Board Certified	IM
School and Year of Graduation	LOMA LINDA UNIV SCH OF MED - LOMA LINDA, CA USA 1996
Internship and Year	MOUNT SINAI MEDICAL CENTER - MIAMI BEACH, FL 1997
Residency and Year	MOUNT SINAI MEDICAL CENTER - MIAMI BEACH, FL 1999
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	14833
License Date	5/5/2010
Name	<b>CASCIANO, JONATHAN D MD</b>
Address	B G S MEDICAL EYE CENTER, 250 RIVER RDMANCHESTER, NH, 03104
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIVERSITY OF ARKANSAS USA 2005
Internship and Year	UNIVERSITY OF ARKANSAS SCHOOL OF MEDICAL - LITTLE ROCK, AR 2006
Residency and Year	UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES - LITTLE ROCK, AR 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11410
License Date	10/3/2001
Name	<b>CASELLA, SAMUEL J MD</b>
Address	DHMC-PEDIATRICS DEPT, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	PD
Board Certified	PD
School and Year of Graduation	STATE UNIV OF NEW YORK- SYRACUSE, NY USA 1981
Internship and Year	SUNY HEALTH SCI CENTER AT SYRACUSE - SYRACUSE, NY 1982
Residency and Year	SUNY HEALTH SCI CENTER AT SYRACUSE - SYRACUSE, NY 1984
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16063
License Date	4/3/2013
Name	<b>CASENAS, RITCHE L MD</b>
Address	275 MAMMOTH RD, STE 4, MANCHESTER, NH, 03102
Specialty	IM
Board Certified	IM
School and Year of Graduation	SOUTHWESTERN UNIV-MATIAS H AZNAR MED COLLEGE OF ME PHILIPPINES 2004
Internship and Year	DANBURY HOSPITAL - DANBURY, CT 2011
Residency and Year	DANBURY HOSPITAL - DANBURY, CT 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 4692  
 License Date 6/12/1972  
 Name **CASEY, BERNARD M MD**  
 Address 12 WILLEY CREEK, DURHAM, NH, 03824  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation UNIVERSITY OF VERMONT-BURLINGTON VT USA 1969  
 Internship and Year LETTERMAN GENERAL HOSP-SAN FRANCISCO CA 1970  
 Residency and Year LETTERMAN GENERAL HOSP-SAN FRANCISCO CA 1973  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11898  
 License Date 5/7/2003  
 Name **CASEY, JENNIFER M MD**  
 Address 2 WASHINGTON STREET, #321DOVER, NH, 03820  
 Specialty P  
 Board Certified P  
 School and Year of Graduation MAYO MEDICAL SCHOOL - ROCHESTER, NY USA 1997  
 Internship and Year KARL MENNINGER SCH OF PSYCHIATRY - TOPEKA, KS 1999  
 Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2000  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9314  
 License Date 11/2/1994  
 Name **CASEY, JOSEPH E MD**  
 Address PLYMOUTH GENERAL SURGERY, 2 HOSPITAL RDPLYMOUTH, NH, 03264-  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE USA 1988  
 Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON MA 1989  
 Residency and Year ST ELIZABETH'S HOSPITAL - BOSTON MA 1993  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11899  
 License Date 5/7/2003  
 Name **CASEY, PATRICK J MD**  
 Address CONCORD ORTHOPAEDICS PA, 264 PLEASANT STCONCORD, NH, 03301  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1997  
 Internship and Year EMORY UNIVERSITY - ATLANTA, GA 1998  
 Residency and Year EMORY UNIVERSITY - ATLANTA, GA 2000  
 License Expiration Date **6/30/2017**  
 Remarks



License Number	16403
License Date	12/4/2013
Name	<b>CASEY, PETRA M MD</b>
Address	MAYO CLINIC, 200 1ST ST SW ROCHESTER, MN, 55905
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF MICHIGAN MEDICAL SCHOOL USA 1991
Internship and Year	MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 1992
Residency and Year	MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11864
License Date	4/2/2003
Name	<b>CASEY, SEAN O MD</b>
Address	VRC, 11995 SINGLETREE LN STE 500 EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	ALBERT EINSTEIN COLL OF MED - BRONX, NY USA 1990
Internship and Year	NORTH SHORE UNIVERSITY HOSPITAL - MANHASSET, NY 1991
Residency and Year	LONG ISLAND JEWISH MEDICAL CENTER - NEW HYDE PARK, NY 1995
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	6106
License Date	9/6/1979
Name	<b>CASHERO, THOMAS E MD</b>
Address	, PO BOX 1720 CLINTON, OK, 73601-1318
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF MICHIGAN MEDICAL SCHOOL - ANN ARBOR, MI USA 1972
Internship and Year	HARLEM HOSPITAL - NEW YORK, NY 1973
Residency and Year	HARLEM HOSPITAL - NEW YORK, NY 1978
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12368
License Date	7/7/2004
Name	<b>CASHMAN, MAUREEN E MD</b>
Address	ROCHESTER HILL FAMILY PRACTICE, 245 ROCHESTER HILL RD ROCHESTER, NH, 03867
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF CT, FARMINGTON CT US 2001
Internship and Year	MIDDLESEX HOSPITAL, MIDDLETOWN CT 2002
Residency and Year	MIDDLESEX HOSPITAL, MIDDLETOWN CT 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12480
License Date	10/6/2004
Name	<b>CASIO, JACINTO P MD</b>
Address	DARTMOUTH HITCHCOCK CLINIC, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty	IM
Board Certified	IM
School and Year of Graduation	CEBU INSTITUTE OF MED, PHILIPPINES PHILIPPINES 1992
Internship and Year	METROPOLITAN HOSPITAL CTR, NEW YORK NY 1995
Residency and Year	METROPOLITAN HOSPITAL CTR, NEW YORK NY 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6916
License Date	7/5/1984
Name	<b>CASKEY, HERBERT T MD</b>
Address	401 CITY AVE STE 820, BALA CYNWYD, PA, 19004-
Specialty	IM
Board Certified	
School and Year of Graduation	JEFFERSON MEDICAL SCHOOL OF THOMAS JEFFERSON UNIV USA 1973
Internship and Year	WILMINGTON MEDICAL CENTER WILMINGTON, DE 1973
Residency and Year	HOSPITAL MEDICAL COLLEGE OF PA PHILADELPHIA, PA 1975
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7191
License Date	9/10/1985
Name	<b>CASS, PAUL R DO</b>
Address	COASTAL NEUROLOGY SERVICES, 158 E NH ROUTE 108DOVER, NH, 03820
Specialty	N
Board Certified	N
School and Year of Graduation	KANSAS CITY COLL OF OSTEO MEDICINE USA 1975
Internship and Year	GARDEN HOSP-MICHIGAN 1976
Residency and Year	UNIV OF CONNECTICUT-FARMINGTON.CT 1978
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9900
License Date	1/8/1997
Name	<b>CASSADY, JAMES R MD</b>
Address	41 MALL RD, C/O TRUMP BLDGBURLINGTON, MA, 01805
Specialty	RO
Board Certified	R
School and Year of Graduation	HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1963
Internship and Year	HARBORVIEW MEDICAL CENTER - WASHINGTON 1964
Residency and Year	PRESBYTERIAN HOSPITAL - NY 1967
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	16817
License Date	11/6/2014
Name	<b>CASSAR, SCOTT E MD</b>
Address	22907 GOLDENROD DR, ASHBURN, VA, 20148
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE USA 2005
Internship and Year	UNITY HEALTH SYSTEM - ROCHESTER, NY 2006
Residency and Year	UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NH 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7759
License Date	1/6/1988
Name	<b>CASELL JR, PATRICK F MD</b>
Address	CARDIAC ASSOC OF NH, 246 PLEASANT STCONCORD, NH, 03301-2593
Specialty	CD
Board Certified	CD
School and Year of Graduation	GEORG UNIV SCHO MED WASHINGTON DC USA 1978
Internship and Year	WALTERREED ARMY MED CTR WASH DC 1979
Residency and Year	WALTERREED ARMY MED CTR WASH DC 1981
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7605
License Date	6/3/1987
Name	<b>CASSETTARI, JOAN L DO</b>
Address	DARTMOUTH-HITCHCOCK CLINIC, 253 PLEASANT STCONCORD, NH, 03301-2593
Specialty	AI
Board Certified	AI
School and Year of Graduation	OHIO UNIV COLL OF OSTEO MED - ATHENS, OH USA 1980
Internship and Year	CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 1984
Residency and Year	CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16782
License Date	10/1/2014
Name	<b>CASTANEDO TARDAN, MARI P MD</b>
Address	DHMC-DERMATOLOGY, 1 MED CTR DRLEBANON, NH, 03756
Specialty	D
Board Certified	D
School and Year of Graduation	UNIV ANAHUAC ESCUELA DE MEDICINA MEXICO 2005
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14702
License Date	1/6/2010
Name	<b>CASTELBUONO, ANTHONY C MD</b>
Address	KRIEGER EYE INSTITUTE, 2411 W BELVEDERE AVEBALTIMORE, MD, 21215
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	JOHNS HOPKINS UNIVERSITY USA 1996
Internship and Year	SINAI HOSPITAL OF BALTIMORE - BALTIMORE, MD 1997
Residency and Year	JOHNS HOPKINS UNIVERSITY MEDICAL CENTER - BALTIMORE, MD 2000
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	10702
License Date	10/6/1999
Name	<b>CASTELLS, MARIA C MD</b>
Address	1 JIMMFUND WAY BWH, BOSTON, MA, 02115
Specialty	AI
Board Certified	
School and Year of Graduation	AUTONOMOUS UNIV OF BARCELONA SPAIN 1979
Internship and Year	UNIV OF KS MED CTR 1990
Residency and Year	UNIV OF KS MED CTR 1993
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	8705
License Date	5/6/1992
Name	<b>CASTOR, BELINDA L MD</b>
Address	QUEEN CITY MED ASSOC, 775 SOUTH MAIN STMANCHESTER, NH, 03102
Specialty	IM
Board Certified	IM
School and Year of Graduation	SUNY - SYRACUSE USA 1988
Internship and Year	SUNY HEALTH CENTER 1989
Residency and Year	SUNY HEALTH CENTER 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10415
License Date	10/7/1998
Name	<b>CASTORINA, JOSEPH S MD</b>
Address	CONCENTRA HEALTH SERVICES, 85 WESTERN AVES PORTLAND, ME, 04106
Specialty	FP
Board Certified	FP
School and Year of Graduation	CASE WESTERN RESERVE UNIV SCH - CLEVELAND, OH USA 1983
Internship and Year	MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKETT, RI 1984
Residency and Year	MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKETT, RI 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>lapsed 6/30/01 - reinstated 12/1/10</b>

License Number	16031
License Date	3/6/2013
Name	<b>CASTRO, CESAR M MD</b>
Address	MGH, 55 FRUIT ST YAWKEY 9EBOSTON, MA, 02114
Specialty	ON
Board Certified	ON
School and Year of Graduation	UNIVERSITY OF CA SAN FRANCISCO SCHOOL OF MED USA 2005
Internship and Year	UNIVERSITY OF CALIFORNIA- SAN FRANCISCO, SAN FRANCISCO, CA 2006
Residency and Year	UNIVERSITY OF CALIFORNIA- SAN FRANCISCO, SAN FRANCISCO, CA 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10200
License Date	1/7/1998
Name	<b>CASTRO, RAYMOND A MD</b>
Address	COHC, 21 GRAND STHARTFORD, CT, 06106
Specialty	EM
Board Certified	
School and Year of Graduation	UNIV DE BUENOS AIRES FAC DE MED AIRES ARGENTINA 1966
Internship and Year	RHODE ISLAND HOSPITAL - RI 1970
Residency and Year	DANBURY HOSPITAL - CT 1976
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6587
License Date	7/15/1982
Name	<b>CASTRO, ROBERT R MD</b>
Address	233 E 86TH ST APT 20-A, NEW YORK, NY, 10028
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITE DE PARIS VI-PARIS ENGLAND 1958
Internship and Year	UNIV HOSPITAL - MADISON, WI 1966
Residency and Year	UNIV HOSPITAL-MADISON,WI 1966
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	5157
License Date	4/16/1974
Name	<b>CASWELL JR, H TAYLOR MD</b>
Address	580 ST JOHNSBURY RD STE F, LITTLETON, NH, 03561
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	TEMPLE UNIVERSITY-PHILADELPHIA PA USA 1968
Internship and Year	GEISINGER MEDICAL CTR-DANVILLE PA 1969
Residency and Year	TEMPLE UNIVERSITY-PHILADELPHIA PA 1973
License Expiration Date	<b>10/3/2001</b>
Remarks	<b>DECEASED 10/3/2001</b>

License Number	8411
License Date	8/8/1990
Name	<b>CATALDO, JOSEPH R MD</b>
Address	DDS, 21 FRUIT ST STE 30CONCORD, NH, 03301
Specialty	FP
Board Certified	FP
School and Year of Graduation	BOSTON UNIV SCH OF MED - BOSTON, MA USA 1958
Internship and Year	MARTIN ARMY COMMUNITY HOSPITAL - FORT BENNING, GA 1959
Residency and Year	CALIFORNIA DEPT OF HEALTH SERVICE - SACRAMENTO, CA 1964
License Expiration Date	<b>6/30/2012</b>
Remarks	Deceased 2/17/2014

License Number	14408
License Date	5/6/2009
Name	<b>CATANIA, ROBERT A MD</b>
Address	THE SURGICAL CARE GROUP, 87 MCGREGOR ST STE 3100MANCHESTER, NH, 03102-3731
Specialty	GS
Board Certified	GS
School and Year of Graduation	TEMPLE UNIVERSITY USA 1994
Internship and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1995
Residency and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16748
License Date	9/3/2014
Name	<b>CATAPANO, CHRISTOPHER M DO</b>
Address	22 BUTLER DR, GOSHEN, NY, 10924
Specialty	EM
Board Certified	
School and Year of Graduation	NY COLLEGE OF OSTEOPATHIC MEDICINE USA 2008
Internship and Year	ST BARNABAS HOSPITAL - BRONX, NY 2009
Residency and Year	ST BARNABAS HOSPITAL - BRONX, NY 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9850
License Date	9/4/1996
Name	<b>CATARAU, ELENA M MD</b>
Address	28 CHURCH ST, WINCHESTER, MA, 01890
Specialty	APM
Board Certified	AN
School and Year of Graduation	UNIV OF TEXAS MEDICAL SCHOOL AT SAN ANTONIO USA 1991
Internship and Year	FAULKNER HOSPITAL - MA 1992
Residency and Year	MASS GENERAL HOSPITAL - MA 1996
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	8635
License Date	10/2/1991
Name	<b>CATCHER, CHARLES H MD</b>
Address	NH ONCOLOGY-HEMATOLOGY, 200 TECHNOLOGY DRHOOKSETT, NH, 03106-2505
Specialty	ON
Board Certified	ON
School and Year of Graduation	UNIV OF MN MED SCH - MINNEAPOLIS, MN USA 1985
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1986
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11617
License Date	6/5/2002
Name	<b>CATES, JUSTIN MERRILL M MD</b>
Address	DHMC - PATHOLOGY, ONE MEDICAL CTR DR PATHOLOGYLEBANON, NH, 03756
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	TUFTS UNIV - BOSTON, MA USA 1997
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON,MA 2000
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON,MA 2001
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	8118
License Date	6/7/1989
Name	<b>CATHERWOOD, EDWARD MD</b>
Address	DHMC-CARDIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	CD
Board Certified	CD
School and Year of Graduation	JEFFERSON MED COLL OF THOMAS JEFFERSON UNIV-PHIL,P USA 1975
Internship and Year	HAHNEMANN UNIV-PHIL,PA 1976
Residency and Year	HAHNEMANN UNIV -PHIL,PA 1980
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	R1936
License Date	6/26/2009
Name	<b>CATINO, ANNA B MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	UNIV OF VERMONT USA 2009
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/25/2012</b>
Remarks	

License Number 4624  
 License Date 10/16/1970  
 Name **CATINO, DONALD MD**  
 Address 62 HILLTOP PLACE, NEW LONDON, NH, 03257  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation CORNELL UNIV MEDICAL COLLEGE, NY USA 1964  
 Internship and Year BELLEVUE HOSPITAL - NY, NY 1965  
 Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1970  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9981  
 License Date 5/7/1997  
 Name **CATLIN, BRIAN MD**  
 Address GEISEL SCHOOL OF MEDICINE, HINMAN BOX 7100 HANOVER, NH, 03755  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation HARVARD MED SCH-BOSTON, MA USA 1966  
 Internship and Year BOSTON CITY HOSP-MA 1967  
 Residency and Year BOSOTN CITY HSOP-MA 1972  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9393  
 License Date 4/5/1995  
 Name **CAUBLE, STEVEN L MD**  
 Address NH HOSP, 36 CLINTON ST CONCORD, NH, 03301  
 Specialty CHP  
 Board Certified CHP  
 School and Year of Graduation UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE USA 1986  
 Internship and Year MEDICAL COLLEGE OF VIRGINIA HOSP - RICHMOND VA 1990  
 Residency and Year MEDICAL COLLEGE OF VIRGINIA HOSP - RICHMOND VA 1990  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 5912  
 License Date 6/12/1978  
 Name **CAUDILL-SLOSBERG, MARGARET A MD**  
 Address DHMC-PAIN CLINIC, ONE MEDICAL CENTER DR LEBANON, NH, 03756  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation CASE WESTERN RESERVE UNIV SCHOOL OF MEDICINE - OH USA 1975  
 Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1976  
 Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1978  
 License Expiration Date **6/30/2016**  
 Remarks



License Number 7475  
 License Date 12/4/1986  
 Name **CAULKINS, ROBERT M MD**  
 Address , , ,  
 Specialty ORS  
 Board Certified  
 School and Year of Graduation  
 Internship and Year  
 Residency and Year  
 License Expiration Date **5/18/1989**  
 Remarks

License Number 11771  
 License Date 11/6/2002  
 Name **CAVALIERE, GUY S MD**  
 Address PO BOX 785, CLARKSVILLE, GA, 30523  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation WRIGHT STATE UNIV - DAYTON, OH USA 1992  
 Internship and Year MEDICAL COLLEGE OF OHIO HOSPITAL - TOLEDO, OH 1993  
 Residency and Year MEDICAL COLLEGE OF OHIO HOSPITAL - TOLEDO, OH 1996  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 15120  
 License Date 2/2/2011  
 Name **CAVAZOS, CRISTINA M MD**  
 Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LANE STE 500 EDEN PRAIRIE, MN, 55377  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation DUKE UNIVERSITY USA 2001  
 Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2002  
 Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2006  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 8930  
 License Date 5/5/1993  
 Name **CAVENDER, JOHN C MD**  
 Address 546 SUGARTOP RD, PO BOX 1820 NORWICH, VT, 05055  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation MC GILL UNIVERSITY SCHOOL OF MEDICINE USA 1959  
 Internship and Year ST JOSEPH HOSPITAL - FLINT MI 1960  
 Residency and Year SCENIC GENERAL HOSPITAL - MODESTO CA 1963  
 License Expiration Date **6/30/2011**  
 Remarks

License Number	8954
License Date	6/2/1993
Name	<b>CAVERLY, WILLIAM H MD</b>
Address	44 WOODVUE RD, WINDHAM, NH, 03087-
Specialty	GYN
Board Certified	GYN
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1953
Internship and Year	DETROIT RECEIVING HOSPITAL - DETROIT MI 1954
Residency and Year	CRITTENTON HOSPITAL - DETROIT MI 1957
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	12194
License Date	1/7/2004
Name	<b>CAVIN, LILLIAN W MD</b>
Address	REAL RADIOLOGY, LLC, 450 REGENCY PL #2000MAHA, NE, 68114
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF SC, CHARLESTON SC US 1982
Internship and Year	UNIVERSITY OF ARKANSAS, LITTLE ROCK AR 1983
Residency and Year	UNIVERSITY OF ARKANSAS, LITTLE ROCK AR 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13336
License Date	12/6/2006
Name	<b>CAWLEY, JACQUELYN B DO</b>
Address	UNIVERSITY OF NEW ENGLAND, 11 HILLS BEACH RDBIDDEFORD, ME, 04005-9599
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF NEW ENGLAND USA 1989
Internship and Year	KENNEDY MEMORIAL HOSPITAL-STRATFORD, NJ 1990
Residency and Year	KENNEDY MEMORIAL HOSPITAL-STRATFORD, NJ 1991
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	9940
License Date	3/5/1997
Name	<b>CAWLEY, ROBERT R DO</b>
Address	MAINE MEDICAL CENTER, 22 BRAMHALL STPORTLAND, ME, 04102
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF NEW ENGLAND COLL OF STEO MED - ME USA 1988
Internship and Year	TEMPLE UNIV HOSP - PA 1990
Residency and Year	TEMPLE UNIV HOSP - PA 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10043
License Date	7/2/1997
Name	<b>CAYER, PATRICIA E MD</b>
Address	PEDIATRIC HEALTH ASSOC, 275 MAMMOTH RD MANCHESTER, NH, 03109
Specialty	
Board Certified	PD
School and Year of Graduation	UNIV OF VT COLL OF MED BURLINGTON, VT USA 1994
Internship and Year	UNIV OF VT COLL MED -BURLINGTON,VT 1997
Residency and Year	UNIV OF CALIFORINA IRVINE MEDICAL CENTER, CA 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6830
License Date	1/5/1984
Name	<b>CAYER, ROGER P MD</b>
Address	CHOCTAW NATION CARE CTR, 2012 CHOCTAW RIDGE RD TALIHINA, OK, 74571
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV DE MONTPELLIER-MONTPELLIER FRANCE 1973
Internship and Year	BAYSTATE MED CTR-SPRINGFIELD,MA 1977
Residency and Year	BAYSTATE MED CTR-SPRINGFIELD,MA 1977
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	13008
License Date	3/1/2006
Name	<b>CEAMITRU, DRAGOS MD</b>
Address	ORANGE REGIONAL MEDICAL CENTER, 707 E MAIN ST MIDDLETOWN, NY, 10924
Specialty	IM
Board Certified	
School and Year of Graduation	UNIVERSITATEA DE MEDICINA SI FARMACIE CAROL DAVILA ROMANIA 1997
Internship and Year	NORWALK HOSPITAL, NORWALK CT 2005
Residency and Year	NORWALK HOSPITAL, NORWALK CT 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11439
License Date	11/7/2001
Name	<b>CECERE, JOSEPH A MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty	CCA
Board Certified	
School and Year of Graduation	ST GEORGE'S UNIV SCH OF MED- BAYSHORE, NY USA 1996
Internship and Year	STAMFORD HOSPITAL/COLUMBIA UNIV COLL OF PHYSICIANS- STAMFORD, CT 1998
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2001
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	5862
License Date	3/2/1978
Name	<b>CEDENO, DOUGLAS A MD</b>
Address	ALICE PECK DAY MEM HOSP, 125 MASCOMA STLEBANON, NH, 03766-1130
Specialty	IM
Board Certified	IM
School and Year of Graduation	MOUNT SINAI SCHOOL OF MEDICINE NEW YORK, NY USA 1975
Internship and Year	NEW YORK MEDICAL COLLEGE HOSPITAL CENTER - NEW YORK, NY 1976
Residency and Year	NEW YORK MEDICAL COLLEGE HOSPITAL CENTER - NEW YORK, NY 1977
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15502
License Date	1/4/2012
Name	<b>CELIS, ROLANDO I MD</b>
Address	WENTWORTH HEALTH PARTNERS - CARDIOVASCULAR GROUP, 19 OLD ROLLINSFORD RD DOVER, N
Specialty	GS
Board Certified	
School and Year of Graduation	UNIVERSIDAD PEPERUANA CAYETANO HEREDIA PERU 2002
Internship and Year	UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE - SEATTLE, WA 2005
Residency and Year	UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE - SEATTLE, WA 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9299
License Date	10/5/1994
Name	<b>CENDRON, MARC MD</b>
Address	CHILDRENS HOSPITAL BOSTON, 300 LONGWOOD AVE BOSTON, MA, 02115
Specialty	U
Board Certified	U
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1984
Internship and Year	HOSPITAL UNIVERSITY OF PA - PHILADELPHIA PA 1985
Residency and Year	HOSPITAL UNIVERSITY OF PA - PHILADELPHIA PA 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6634
License Date	12/6/1982
Name	<b>CERIER, WILLIAM I MD</b>
Address	, , ,
Specialty	EM
Board Certified	EM
School and Year of Graduation	NY MEDICAL COLLEGE USA 1954
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1989</b>
Remarks	

License Number	11986
License Date	7/2/2003
Name	<b>CERUNDOLO, AIDA MD</b>
Address	16 BIRCH POINT ROAD, GREENLAND, NH, 03840
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF MASSACHUSETTS - WORCESTER, MA USA 1999
Internship and Year	UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2000
Residency and Year	UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6858
License Date	4/10/1984
Name	<b>CERVENKA, ROBERT P MD</b>
Address	YORK HOSP - OB/GYN, 16 HOSPITAL DR STE CYORK, ME, 04090
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF MARYLAND SCH OF MED-BALITMORE,MD USA 1980
Internship and Year	UNIV OF CHICAGO - CHICAGO IL 1981
Residency and Year	UNIV OF CHAICAGO - CHICAGO, IL 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10674
License Date	9/1/1999
Name	<b>CESAR, ROSE L MD</b>
Address	ONE BOSTON MEDICAL CTR PLACE, BOSTON, MA, 02118-2393
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF MASS MED SCH - WORCESTER, MA USA 1990
Internship and Year	ST ELIZABETHS MEDICAL CENTER - BOSTON,MA 1991
Residency and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1992
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	7295
License Date	4/3/1986
Name	<b>CETRULO, CURTIS L MD</b>
Address	210 WHITING PLACE STE 3, HINGHAM, MA, 02043
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UMDNJ-NEW JERSEY MED SCH - NEWARK, NJ USA 1969
Internship and Year	UNIV COLORADO HLTH SCI CTR - CO 1970
Residency and Year	UNIV COLORADO HLTH SCI CTR - CO 1972
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number 16032  
 License Date 3/6/2013  
 Name **CETTA, FRANK MD**  
 Address MAYO CLINIC, 200 1ST ST SW ROCHESTER, MN, 55905  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation LOYOLA UNIVERSITY OF CHICAGO USA 1987  
 Internship and Year LOYOLA UNIVERSITY MEDICAL CENTER - MAYWOOD, IL 1988  
 Residency and Year LOYOLA UNIVERSITY MEDICAL CENTER - MAYWOOD, IL 1991  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 6772  
 License Date 9/8/1983  
 Name **CHACE, RICHARD MD**  
 Address EYESIGHT, 155 BORTHWICK AVE STE 200 EASTPORTSMOUTH, NH, 03801  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation BROWN UNIV - PROVIDENCE, RI USA 1979  
 Internship and Year NEWTON WELLESLEY HOSP - NEWTON LWR FALLS, MA 1980  
 Residency and Year NEW ENGLAND MED CTR HOSP INC - BOSTON, MA 1983  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 4326  
 License Date 10/22/1983  
 Name **CHAFFEE, BARBARA J MD**  
 Address , PO BOX 90 WOLFEBORO, NH, 03894  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation COLUMBIA UNIV COLLEGE OF P&S - NEW YORK, NY USA 1963  
 Internship and Year MARY FLETCHER HOSPITAL - BURLINGTON, VT 1964  
 Residency and Year NEW ENGLAND DEACONESS HOSPITAL - BOSTON, MA 1965  
 License Expiration Date **6/30/2005**  
 Remarks **DECEASED 12-20-11**

License Number 4161  
 License Date 11/24/1967  
 Name **CHAFFEE, BRUCE A MD**  
 Address , PO BOX 90 WOLFEBORO, NH, 03894  
 Specialty N  
 Board Certified N  
 School and Year of Graduation UNIV OF VERMONT - BURLINGTON, VT USA 1960  
 Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1961  
 Residency and Year LAHEY CLINIC FOUNDATION - BURLINGTON, MA 1965  
 License Expiration Date **6/30/2003**  
 Remarks

License Number	8955
License Date	6/2/1993
Name	<b>CHAFFEE, SARA MD</b>
Address	DHMC/PEDIATRICS, 1 MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty	PHO
Board Certified	PD
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1980
Internship and Year	DUKE UNIVERSITY MEDICAL CENTER - DURHAM NC 1981
Residency and Year	DUKE UNIVERSITY MEDICAL CENTER - DURHAM NC 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6723
License Date	7/7/1983
Name	<b>CHAG, MARK A MD</b>
Address	155 GRIFFIN RD, PORTSMOUTH, NH, 03801-4101
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	MED COLL OF PENNSYLVANIA,PA USA 1979
Internship and Year	UNIV MA HOSP COORD PROG-WORCHESTER,MA 1980
Residency and Year	TUFTS UNIV AFFIL HOSP-BOSTON,MA 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	2474
License Date	8/1/1946
Name	<b>CHAGNON, MAURICE E MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1983</b>
Remarks	<b>DECEASED 10/23/2006</b>

License Number	9331
License Date	12/7/1994
Name	<b>CHAHREBAN, PIERRE H MD</b>
Address	NEW ENGLAND CARDIOLOGY, 25 MARSTON ST ATE 404LAWRENCE, MA, 01841
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIVERSITY OF ALEPPO SYRIA 1982
Internship and Year	OUR LADY OF MERCY MEDICAL CENTER - BRONX NY 1989
Residency and Year	NORTH SHORE UNIVERSITY HOSPITAL - MANHASSET NY 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 12645  
 License Date 4/6/2005  
 Name **CHAI, JESSIE L MD**  
 Address COMPASS MEDICAL, 312 BEDFORD STWHITMAN, MA, 02382  
 Specialty R  
 Board Certified R  
 School and Year of Graduation HARVARD MEDICAL, BOSTON MA US 1989  
 Internship and Year OVERLOOK HOSPITAL, SUMMIT NJ 1990  
 Residency and Year DUKE UNIVERSITY MEDICAL CENTER, DURHAM NC 1994  
 License Expiration Date **6/30/2007**  
 Remarks

License Number 14189  
 License Date 10/1/2008  
 Name **CH AidARUN, SUSHELA S MD**  
 Address DHMC-ENDOCRINE SECTION 5C, 1 MED CTR DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified END  
 School and Year of Graduation CHULALONGKORN UNIV THAILAND 1988  
 Internship and Year ST VINCENT HOSPITAL - WORCESTER, MA 1999  
 Residency and Year ST VINCENT HOSPITAL - WORCESTER, MA 2001  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10021  
 License Date 6/4/1997  
 Name **CHAIMBERG, KATHLEEN M MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation UNIVERSITY OF ILLINOIS-IL USA 1993  
 Internship and Year NORTHWESTERN UNIVERSITY MED SCHOOL-IL 1994  
 Residency and Year MASSACHUSETTS GENERAL HOSPITAL-MA 1997  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14409  
 License Date 5/6/2009  
 Name **CHAIYARAT, WALAILUK MD**  
 Address 2255 BRAESWOOD PARK DR #192, HOUSTON, TX, 77030  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation MAHIDOL UNIVERSITY THAILAND 2000  
 Internship and Year ST VINCENT'S MEDICAL CENTER - BRIDGEPORT, CT 2004  
 Residency and Year ST VINCENT'S MEDICAL CENTER - BRIDGEPORT, CT 2006  
 License Expiration Date **6/30/2011**  
 Remarks



License Number 14675  
 License Date 12/2/2009  
 Name **CHAKRABARTI, DEBANJANA MD**  
 Address 301 S SEVENTH AVE, DOCTORS' OFFICE BLDGW READING, PA, 19611  
 Specialty FP  
 Board Certified  
 School and Year of Graduation AGRA UNIVERSITY INDIA 1996  
 Internship and Year READING HOSPITAL & MEDICAL CENTER - READING, PA 2008  
 Residency and Year READING HOSPITAL & MEDICAL CENTER - READING, PA 2009  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 16966  
 License Date 3/4/2015  
 Name **CHALLAPALLI SRI, RAMA MOHANA RAO MD**  
 Address RENAL & TRANSPLANT ASSOC OF NE - FRANKLIN DIV, 115 WILDWOOD AVE GREENFIELD, MA, 0130  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation OSMANIA MEDICAL COLLEGE INDIA 2007  
 Internship and Year GUTHRIE/ROBERT PACKER HOSPITAL - SAYRE, PA 2010  
 Residency and Year GUTHRIE/ROBERT PACKER HOSPITAL - SAYRE, PA 2012  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14533  
 License Date 8/5/2009  
 Name **CHAMBERLAIN, JUDITH MD**  
 Address 10 SEA GRASS FARM RD, BRUNSWICK, ME, 04011  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1977  
 Internship and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1978  
 Residency and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1980  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 10550  
 License Date 5/5/1999  
 Name **CHAMBERLAIN, TIMOTHY L MD**  
 Address 250 PLEASANT ST, CONCORD, NH, 03301  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation INDIANA UNIV SCH OF MED - INDIANAPOLIS, IN USA 1991  
 Internship and Year TULANE UNIV - NEW ORLEANS, LA 1992  
 Residency and Year UNIV OF CINCINNATI MEDICAL CENTER - CINCINNATI, OH 1996  
 License Expiration Date **6/30/2002**  
 Remarks

License Number 5158  
 License Date 4/16/1974  
 Name **CHAMBERLIN, JERRY R MD**  
 Address 280 MAIN ST STE 140, NASHUA, NH, 03060-2939  
 Specialty OTO  
 Board Certified OTO  
 School and Year of Graduation UNIV OF CINCINNATI, OH USA 1967  
 Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1968  
 Residency and Year UNIV OF ROCHESTER - ROCHESTER, NY 1971  
 License Expiration Date **6/30/2002**  
 Remarks

License Number 12160  
 License Date 12/3/2003  
 Name **CHAMBERLIN, MARSHALL T MD**  
 Address PO BOX 807, NORTH BERWICK, ME, 03906  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation WAYNE STATE UNIVERSITY, DETROIT MI US 1971  
 Internship and Year GUTHRIE/ROBERT PACKER HOSPITAL, SAYRE PA 1972  
 Residency and Year UNIVERSITY OF IOWA, IOWA CITY IA 1976  
 License Expiration Date **6/30/2009**  
 Remarks **REQUESTED INACTIVE 06/04/2008**

License Number 12056  
 License Date 9/3/2003  
 Name **CHAMBERLIN, MARY D MD**  
 Address DARTMOUTH - HITCHCOCK NORRIS COTTON CANCER CENTER, ONE MEDICAL CENTER DRIVELEBANO  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF VT, BURLINGTON VT US 2000  
 Internship and Year UNIVERSITY OF VERMONT, BURLINGTON VT 2001  
 Residency and Year UNIVERSITY OF VERMONT, BURLINGTON VT 2003  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 7012  
 License Date 12/18/1984  
 Name **CHAMBERLIN, ROBERT W MD**  
 Address 1 GOODWIN RD, CANTERBURY, NH, 03224-  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation HARVARD MED SCH MED-BOSTON,MA USA 1956  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1957  
 Residency and Year MASS GEN HOSP-BOSTON,MA 1959  
 License Expiration Date **6/30/1999**  
 Remarks

License Number 11772  
 License Date 11/6/2002  
 Name **CHAMPION, MICHAEL K MD**  
 Address DEPT OF CORRECTIONS MED FORENS, PO BOX 2828CONCORD, NH, 03302-2828  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIV OF NORTH CAROLINA - CHAPEL HILL, NC USA 1996  
 Internship and Year HARVARD LONGWOOD PSYCHIATRY PROGRAM - BOSTON, MA 2000  
 Residency and Year YALE UNIV SCHOOL OF MEDICINE - NEW HAVEN, CT 2001  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 14789  
 License Date 4/7/2010  
 Name **CHAN, BENJAMIN P MD**  
 Address DHMC - INFETIOUS DISEASE, 1 MED CTR DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF VERMONT USA 2007  
 Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008  
 Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 6337  
 License Date 2/5/1981  
 Name **CHAN, DON P MD**  
 Address CARDIAC ASSOC OF NH, 246 PLEASANT ST STE 103CONCORD, NH, 03301  
 Specialty CD  
 Board Certified CD  
 School and Year of Graduation UNIV OF VT COLL OF MED-BURLINGTON,VT USA 1976  
 Internship and Year NEW ENGLAND DEACONESS HOSP-BOSTON,MA 1977  
 Residency and Year NEW ENGLAND DEACONESS HOSP-BOSTON, MA 1979  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15908  
 License Date 11/7/2012  
 Name **CHAN, MELINA D MD**  
 Address NHHC, ONE ELLIOT WAYMANCHESTER, NH, 03103  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIVERSITY OF ARKANSAS COLLEGE OF MEDICINE USA 2005  
 Internship and Year ARKANSAS CHILDRENS HOSPITAL - LITTLE ROCK, AR 2006  
 Residency and Year ARKANSAS CHILDRENS HOSPITAL - LITTLE ROCK, AR 2008  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	13196
License Date	8/2/2006
Name	<b>CHAN, ROGER S MD</b>
Address	DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	UNIV OF CALIF SAN DIEGO SCHOOL OF MEDICINE USA 2001
Internship and Year	RUSH-PRESBYTERIAN-ST LUKES MED CTR, CHICAGO, IL 2002
Residency and Year	RUSH-PRESBYTERIAN-ST LUKES MED CTR, CHICAGO, IL 2004
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	11165
License Date	2/7/2001
Name	<b>CHAN, SIMON C MD</b>
Address	126 E 12TH ST APT 6D, NEW YORK, NY, 10003
Specialty	IM
Board Certified	IM
School and Year of Graduation	NEW YORK UNIV SCH OF MED - NEW YORK, NY USA 1995
Internship and Year	YALE-NEW HAVEN HOSPITAL - NW HAVEN, CT 1996
Residency and Year	NEW YORK UNIV DOUWNTOWN HOSPITAL - NEW YORK, NY 1998
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	15503
License Date	1/4/2012
Name	<b>CHAN, VINCENT C MD</b>
Address	672 WALTHAM ST, LEXINGTON, MA, 02421
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF TORONTO FACULTY OF MEDICINE CANADA 1996
Internship and Year	CAMBRIDGE HOSPITAL - CAMBRIDGE, MA 1997
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14060
License Date	7/9/2008
Name	<b>CHAN, VINCENT T MD</b>
Address	FOUNDATION MEDICAL PARTNERS, 268 MAIN STNASHUA, NH, 03060
Specialty	OTO
Board Certified	
School and Year of Graduation	UNIV OF CALIFORNIA USA 202
Internship and Year	UNIV OF WASHINGTON SCHOOL OF MED - SEATTLE, WA 203
Residency and Year	UNIV OF WASHINGTON SCHOOL OF MED - SEATTLE, WA 2008
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	8776
License Date	8/5/1992
Name	<b>CHANATRY, BRIAN J MD</b>
Address	ST JOSEPHS HOSPITAL, 301 PROSPECT AVESYRACUSE, NY, 13203
Specialty	AN
Board Certified	AN
School and Year of Graduation	STATE UNIVERSITY OF NEW YORK AT SYRACUSE USA 1980
Internship and Year	MARY I BASSETT HOSPITAL COOPERSTOWN - NEW YORK 1981
Residency and Year	MARY I BASSETT HOSPITAL COOPERSTOWN - NEW YORK 1984
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	16064
License Date	4/3/2013
Name	<b>CHAND, SUDHAM MD</b>
Address	CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty	IM
Board Certified	
School and Year of Graduation	CHANDKA MEDICAL COLLEGE, UNIV OF SIND PAKISTAN 2006
Internship and Year	WOODHULL MEDICAL & MENTAL HEALTH CENTER - BROOKLYN, NY 2011
Residency and Year	WOODHULL MEDICAL & MENTAL HEALTH CENTER - BROOKLYN, NY 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13576
License Date	7/11/2007
Name	<b>CHANDA, JYOTIRMAY MD</b>
Address	NEW ENGLAND INPATIENT SPECIAL, 41 HIGHLAND AVEWINCHESTER, MA, 01890
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF RUSSIA RUSSIA 1986
Internship and Year	JAMAICA HOSPITAL MEDICAL CENTER - JAMAICA, NY 2003
Residency and Year	HAHNEMANN UNIV HOSPITAL/DREXEL UNIV - PHILADELPHIA, PA 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14247
License Date	12/3/2008
Name	<b>CHANDER, AMIT MD</b>
Address	ST JOSEPH HOSP, 172 KINSLEY STNASHUA, NH, 03061
Specialty	FP
Board Certified	
School and Year of Graduation	ROSS UNIV DOMINICA 2004
Internship and Year	NH DARTMOUTH FAMILY PRACTICE RESIDENCY-CONCORD HOSPITAL-CONCORD,NH 2006
Residency and Year	NH DARTMOUTH FAMILY PRACTICE RESIDENCY-CONCORD HOSPITAL-CONCORD,NH 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 6773  
 License Date 9/8/1983  
 Name **CHANDLER, JUDITH A MD**  
 Address 119B PORTLAND AVE, DOVER, NH, 03820  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIV OF CALIFORNIA-LOS ANGELES USA 1977  
 Internship and Year LA CO HARBOR/UCLA MED CTR 1978  
 Residency and Year LA CO HAROBR/UCLA MED CTR 1980  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15788  
 License Date 8/1/2012  
 Name **CHANDRAMOULI, SADHANASREE MD**  
 Address SPRINGFIELD HEALTH CENTER, 100 RIVER STREET SUITE 3B FMASPRINGFIELD, VT, 05156  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation MADRAS MEDICAL COLLEGE INDIA 2004  
 Internship and Year MCLAREN REGIONAL MEDICAL CENTER - FLINT, MI 2008  
 Residency and Year MCLAREN REGIONAL MEDICAL CENTER - FLINT, MI 2010  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16995  
 License Date 4/1/2015  
 Name **CHANDRASEKHAR, GEETHA D MD**  
 Address 1061 PLEASANT ST, NEW BEDFORD, MA, 02740  
 Specialty CHP  
 Board Certified CHP  
 School and Year of Graduation KEMPEGOWDA INSTITUTE OF OF MEDICAL SCIENCES INDIA 1994  
 Internship and Year SCOTT AND WHITE MEMORIAL HOSPITAL - TEMPLE, TX 2000  
 Residency and Year JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE- BALTIMORE, MD 2002  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13484  
 License Date 5/9/2007  
 Name **CHANG, ALBERT S MD**  
 Address ALLEGiant MD, 100 S ASHLEY DR STE 1500TAMPA, FL, 33602  
 Specialty R  
 Board Certified R  
 School and Year of Graduation CASE WESTERN RESERVE UNIV USA 2001  
 Internship and Year METROHEALTH MEDICAL CENTER - CLEVELAND, OH 44109 2002  
 Residency and Year CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 2006  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	17153
License Date	7/1/2015
Name	<b>CHANG, AMY B MD</b>
Address	177 ROUTE 103A, NEWBURY, NH, 03255
Specialty	PD
Board Certified	
School and Year of Graduation	UNIVERSITY OF TOLEDO USA 2012
Internship and Year	GRAND RAPIDS MEDICAL EDUCATION PARTNERS-GRAND RAPIDS, MI 2013
Residency and Year	GRAND RAPIDS MEDICAL EDUCATION PARTNERS-GRAND RAPIDS, MI 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11048
License Date	9/6/2000
Name	<b>CHANG, CHARLES S MD</b>
Address	220 SUTTON ST, N ANDOVER, MA, 01845
Specialty	NS
Board Certified	NS
School and Year of Graduation	JOHN HOPKINS UNIV SCH OF MED - BALTIMORE, MD USA 1972
Internship and Year	ST LOUIS CHILDREN'S HOSPITAL - ST LOUIS, MO 1973
Residency and Year	ST LOUIS CHILDREN'S HOSPITAL - ST LOUIS, MO 1974
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	13658
License Date	9/5/2007
Name	<b>CHANG, CHRISTOPHER L MD</b>
Address	NAPA, 68 S SERVICE RD SUITE 350MELVILLE, NY, 11747
Specialty	AN
Board Certified	AN
School and Year of Graduation	MEHARRY MEDICAL COLLEGE USA 2003
Internship and Year	CARILION HEALTH SYSTEM-ROANOKE MEMORIAL HOSPITAL - ROANOKE, VA 2004
Residency and Year	ST VINCENTS HOSPITAL & MEDICAL CENTER OF NEW YORK - NEW YORK, NY 2007
License Expiration Date	<b>6/30/2015</b>
Remarks	<b>Lapsed for non-renewal 6/30/09 - Reinstated 4/6/11</b>

License Number	12692
License Date	5/4/2005
Name	<b>CHANG, DAVID C MD</b>
Address	1001 BROADWAY, #215SEATTLE, WA, 98122
Specialty	IM
Board Certified	IM
School and Year of Graduation	INDIANA UNIVERSITY, INDIANAPOLIS IN US 1995
Internship and Year	PENNSYLVANIA HOSP, PHILADELPHIA PA 1996
Residency and Year	PENNSYLVANIA HOSP, PHILADELPHIA PA 1999
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	11411
License Date	10/3/2001
Name	<b>CHANG, JOHN V DO</b>
Address	LAWRENCE GENERAL HOSPITAL, 1 GENERAL STREETLAWRENCE, MA, 01842
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF NEW ENGLAND - BIDDEFORD, ME USA 1984
Internship and Year	CRANSTON GENERAL HOSPITAL - CRANSTON, RI 1986
Residency and Year	CRANSTON GENERAL HOSPITAL - CRANSTON, RI 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5737
License Date	6/13/1977
Name	<b>CHANG, LENNIG W MD</b>
Address	2000 WASHINGTON ST STE 442A, NEWTON, MA, 02462
Specialty	RHU
Board Certified	RHU
School and Year of Graduation	UNIVERSITY OF CALIFORNIA-SAN FRANCISCO CA USA 1964
Internship and Year	HARTFORD HOSPITAL-HARTFORD CT 1965
Residency and Year	HARTFORD HOSPITAL-HARTFORD CT 1966
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	9982
License Date	5/7/1997
Name	<b>CHANG, OPHELIA B MD</b>
Address	NASHUA RADIOLOGY PA, 172 KINSLEY STNASHUA, NH, 03060
Specialty	DR
Board Certified	R
School and Year of Graduation	BROWN UNIV PROGRAM IN MED-PROVIDENCE,RI USA 1990
Internship and Year	SHADYSIDE HOSP-PA 1992
Residency and Year	PRESBYTERIAN UNIV HOSPITAL-PA 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13281
License Date	10/4/2006
Name	<b>CHANG, ROBERT W MD</b>
Address	DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF SO CALIFORNIA, LOS ANGELES CA US 1999
Internship and Year	YALE UNIVERSITY, NEW HAVEN CT 2001
Residency and Year	YALE UNIVERSITY, NEW HAVEN CT 2005
License Expiration Date	<b>6/30/2010</b>
Remarks	



License Number	11827
License Date	2/5/2003
Name	<b>CHANG, WEIJEN MD</b>
Address	UC SAN DIEGO MED CTR, 200 W ARBOP DR OD E 8485SAN DIEGO, CA, 92103
Specialty	IM
Board Certified	IM
School and Year of Graduation	NEW YORK MEDICAL COLLEGE - VALHALLA, NY USA 1994
Internship and Year	DUKE UNIV MEDICAL CENTER - DURHAM, NC 1995
Residency and Year	DUKE UNIV MEDICAL CENTER - DURHAM, NC 1998
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	16440
License Date	1/8/2014
Name	<b>CHAPAGAIN, BIKASH MD</b>
Address	LAKES REGION GENERAL HOSPITAL, 80 HIGHLAND STLA CONIA, NH, 03246
Specialty	IM
Board Certified	
School and Year of Graduation	TRIBHUVAN UNIVERSITY NEPAL 2008
Internship and Year	QUEENS HOSPITAL CENTER - JAMAICA, NY 2012
Residency and Year	QUEENS HOSPITAL CENTER - JAMAICA, NY 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9983
License Date	5/7/1997
Name	<b>CHAPDELAINE, JEFFREY P MD</b>
Address	NASHUA RADIOLOGY, BOX 58 172 KINSLEY STNASHUA, NH, 03061
Specialty	DR
Board Certified	DR
School and Year of Graduation	BROWN UNIV PROGRAM IN MED-PROVIDENCE,RI USA 1990
Internship and Year	NEW ENGLAND DEACONESS HOSPITAL-MA 1992
Residency and Year	RHODE ISLAND HOSPITAL-MA 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10323
License Date	7/1/1998
Name	<b>CHAPIN, BARRETT L MD</b>
Address	LACONIA CLINIC, PO BOX 637LACONIA, NH, 03247
Specialty	END
Board Certified	END
School and Year of Graduation	BROWN UNIV SCHOOL MED - PROVIDENCE, RI USA 1989
Internship and Year	WILLIAM BEAUMONT ARMY MED CTR - EL PASO, TX 1992
Residency and Year	MADIGAN ARMY MED CTR - TACOMA, WA 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12369
License Date	7/7/2004
Name	<b>CHAPIN, CLIFFORD A MD</b>
Address	COMMUNITY MEMORIAL HOSPITAL, 512 SKYLINE BLVD CLOQUET, MN, 55720
Specialty	IM
Board Certified	
School and Year of Graduation	UNIVERSITY OF VERMONT, BURLINGTON VT US 1997
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 1998
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2000
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	11017
License Date	8/2/2000
Name	<b>CHAPMAN, CHRISTOPHER B MD</b>
Address	DHMC/DEPT OPHTHALMOLOGY, ONE MED CTR DR LEBANON, NH, 03756
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIV OF WASHINGTON - SEATTLE, WA USA 1986
Internship and Year	HARBOR-UCLA MEDICAL CENTER - TORRANCE, CA 1987
Residency and Year	KRESGE EYE INSTITUTE - DETROIT, MI 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14914
License Date	7/7/2010
Name	<b>CHAPMAN, DONALD R MD</b>
Address	6302 KARMICH ST, FAIRFAX STATION, VA, 22039
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF CALIFORNIA USA 1976
Internship and Year	ARROWHEAD REGIONAL MEDICAL CENTER - COLTON, CA 1977
Residency and Year	ARROWHEAD REGIONAL MEDICAL CENTER - COLTON, CA 1979
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	11166
License Date	2/7/2001
Name	<b>CHAPMAN, ERIC C MD</b>
Address	VA MEDICAL CENTER, 211 E 7TH AVE EUGENE, OR, 97401
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF WISCONSIN MED SCH - MADISON, WI USA 1996
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1997
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 10606  
 License Date 7/7/1999  
 Name **CHAPMAN, MICHAEL SHANE MD**  
 Address DHMC-DERMATOLOGY, ONE MEDICAL CENTER DR LEBANON, NH, 03756  
 Specialty D  
 Board Certified D  
 School and Year of Graduation UNIVERSITY OF TEXAS - HOUSTON TX USA 1995  
 Internship and Year UNIVERSITY OF TEXAS - HOUSTON TX 1996  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON NH 1999  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 4476  
 License Date 9/3/1969  
 Name **CHAPMAN, ROBERT J MD**  
 Address 80 LYME ROAD #1023, HANOVER, NH, 03755  
 Specialty P  
 Board Certified P  
 School and Year of Graduation OHIO STATE UNIV - USA 1963  
 Internship and Year MARY FLETCHER HOSPITAL - BURLINGTON, VT 1964  
 Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1969  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 13947  
 License Date 5/7/2008  
 Name **CHAPMAN, STEVEN H MD**  
 Address DHMC-DEPT OF PEDIATRICS, ONE MED CTR DR LEBANON, NH, 03756  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIV OF PENNSYLVANIA USA 1993  
 Internship and Year CHILDRENS HOSPITAL & REGIONAL MEDICAL CENTER - SEATTLE, WA 1994  
 Residency and Year CHILDRENS HOSPITAL & REGIONAL MEDICAL CENTER - SEATTLE, WA 1996  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11049  
 License Date 9/6/2000  
 Name **CHAPMAN, TIMOTHY D MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DR B8L4 LEBANON, NH, 03756  
 Specialty PTH  
 Board Certified  
 School and Year of Graduation LOMA LINDA UNIV SCH OF MED - LOMA LINDA, CA USA 1995  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1996  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000  
 License Expiration Date **6/30/2002**  
 Remarks

License Number	10265
License Date	5/6/1998
Name	<b>CHAPNICK, REBEKAH M MD</b>
Address	COMP HEALTH ATTEN CHRIS DALLOF, PO BOX 57915SALT LAKE CITY, UT, 84157
Specialty	IM
Board Certified	
School and Year of Graduation	CASE WESTERN UNIV SCHOOL OF MED-OH USA 1994
Internship and Year	CAMBRIDGE HOSPITAL-CAMBRIDGE,MA 1995
Residency and Year	THE MIRIAM HOSPITAL/BROWN UNIV-RI 1996
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	16469
License Date	2/5/2014
Name	<b>CHAPPELL, ELAINE M MD</b>
Address	COOS COUNTY FAMILY HEALTH SERVICES, 133 PLEASANT STBERLIN, NH, 03570
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL USA 2008
Internship and Year	UNION HOSPITAL - TERRE HAUTE, IN 2009
Residency and Year	UNION HOSPITAL - TERRE HAUTE, IN 2011
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9538
License Date	9/6/1995
Name	<b>CHAPUT, CHARLES D MD</b>
Address	140 LINCOLN AVE, HAVERHILL, MA, 01830
Specialty	FPG
Board Certified	
School and Year of Graduation	UNIV OF MARYLAND SCHOOL OF MEDICINE USA 1944
Internship and Year	UNIV OF MARYLAND MEDICAL SYSTEM BALTIMORE MD 1945
Residency and Year	HAVERHILL MUNICIPAL HOSPITAL HAVERHILL MA 1947
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	14863
License Date	6/2/2010
Name	<b>CHAREST, NANCY J MD</b>
Address	CHILDRENS HOSP AT DARTMOUTH, 5 WASHINGTON PLACEBEDFORD, NH, 03110
Specialty	PDE
Board Certified	PDE
School and Year of Graduation	UNIVERSITY OF CONNECTICUT USA 1979
Internship and Year	UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 1980
Residency and Year	UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 9984  
 License Date 5/7/1997  
 Name **CHARKOWICK, ROBERT S DO**  
 Address 1001 HADLEY RD, MOONSVILLE, IN, 46158  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF NEW ENGLAND COLL OF OSTEO MED USA 1993  
 Internship and Year LONG BEACH MEMORIAL HOSPITAL - NY 1996  
 Residency and Year LONG BEACH MEMORIAL HOSPITAL -NY 1996  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 10635  
 License Date 7/7/1999  
 Name **CHARLAT, OLGA MD**  
 Address 248 PLEASANT ST, STE G300CONCORD, NH, 03301  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation FIRST LENINGRAD MED INSTITUTE-ST PETERSBURG RUSSIA 1991  
 Internship and Year SUMMA HEALTH SYSTEM - AKRON, OH 1995  
 Residency and Year MERIDIA HURON HOSPITAL - CLEVELAND, OH 1996  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 7512  
 License Date 2/10/1987  
 Name **CHARLE, EDWIN L MD**  
 Address SALMON FALLS FAMILY HEALTHCARE, 7 WORKS WAYSOMERSWORTH, NH, 03878-1543  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation MEDICAL COLLEGE OF OHIO AT TOLEDO, OH USA 1979  
 Internship and Year THE BROOKDALE HOSPITAL MEDICAL CENTER - BROOKLYN, NY 1980  
 Residency and Year THE BROOKDALE HOSPITAL MEDICAL CENTER - BROOKLYN, NY 1981  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 7292  
 License Date 4/3/1986  
 Name **CHARLESWORTH, DAVID C MD**  
 Address 5 KITTANSET RD, BEDFORD, NH, 03110  
 Specialty CDS  
 Board Certified TS  
 School and Year of Graduation COLUMBIA UNIV COLL OF PHYSICIANS, NY, NY USA 1970  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1971  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1972  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 4102  
 License Date 7/13/1967  
 Name **CHARMAN, ROBERT C MD**  
 Address , PO BOX 101LEBANON, NH, 03766-  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation CORNELL MEDICAL SCHOOL USA 1960  
 Internship and Year GENESEE HOSPITAL - ROCHESTER, NY 1961  
 Residency and Year YALE-NEW HAVEN - NEW HAVEN, CT 1967  
 License Expiration Date **5/8/2007**  
 Remarks **DECEASED 05/08/07**

License Number 12333  
 License Date 6/2/2004  
 Name **CHARRON, STACEY L MD**  
 Address NORTHERN HUMAN SERVICES, 3 12TH STBERLIN, NH, 03570  
 Specialty P  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF VERMONT, BURLINGTON VT US 1998  
 Internship and Year FLETCHER ALLEN HEALTH CARE, BURLINGTON VT 1999  
 Residency and Year FLETCHER ALLEN HEALTH CARE, BURLINGTON VT 2002  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 8344  
 License Date 6/6/1990  
 Name **CHARTIER, CARLEEN C MD**  
 Address COLORADO PERMANENTE MED GROUP, 5257 S WADSWORTH BLVDLITTLETON, CO, 80123  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation SUNY-HLTH SCI CTR COLL OF MED-SYRACUSE,NY USA 1987  
 Internship and Year MIRIAM HOSP-PROVIDENCE,RI 1988  
 Residency and Year MIRIAM HOSP-PROVIDENCE,RI 1989  
 License Expiration Date **6/30/2000**  
 Remarks

License Number 14534  
 License Date 8/5/2009  
 Name **CHARTIER, MOLLY B MD**  
 Address NORTHEAST DERMATOLOGY ASSOC, 401 ANDOVER ST STE#101N ANDOVER, MA, 01945  
 Specialty D  
 Board Certified D  
 School and Year of Graduation UNIVERSITY OF CONNECTICUT USA 2003  
 Internship and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 2004  
 Residency and Year ROGER WILLIAMS MEDICAL CENTER - PROVIDENCE, RI 2008  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	4185
License Date	3/28/1968
Name	<b>CHASE, DAVID S MD</b>
Address	PO BOX 65117, BURLINGTON, VT, 05406
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIV OF VERMONT - BURLINGTON, VT USA 1962
Internship and Year	UPSTATE MEDICAL CENTER STATE UNIV OF NY - SYRACUSE, NY 1963
Residency and Year	INDIANA UNIV MEDICAL CENTER - INDIANAPOLIS, IN 1968
License Expiration Date	<b>1/12/2004</b>
Remarks	1/12/04 - Agreement to Relinquish Right to Practice Medicine 8/6/08 - Agreement to abstain from License Reapplication during Pendency of Appeal. 8/12/10 - Permanent Voluntary Surrender of License.

License Number	11618
License Date	6/5/2002
Name	<b>CHASE, ELIZABETH A MD</b>
Address	BRIARWOOD PRIMARY CARE, 445 CYPRESS ST STE 5MANCHESTER, NH, 03103
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF SOUTHERN CALIFORNIA-LOS ANGELES,CA USA 1996
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1997
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10858
License Date	4/5/2000
Name	<b>CHASE, ELIZABETH C MD</b>
Address	GARRISON WOMENS HEALTH CTR, 770 CENTRAL AVEDOVER, NH, 03820
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	TUFTS UNIVERSITY USA 1992
Internship and Year	BROWN UNIVERSITY-WOMEN & INFANTS HOSP - PROVIDENCE RI 1996
Residency and Year	BROWN UNIVERSITY-WOMEN & INFANTS HOSP - PROVIDENCE RI 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12618
License Date	3/2/2005
Name	<b>CHASE, TRUDI A MD</b>
Address	MAINE CTR FOR CANCER MED & BL, 121 MEDICAL CTR DR STE 300GBRUNSWICK, ME, 04011
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF VERMONT, BURLINGTON VT US 1985
Internship and Year	BAYSTATE MED CTR, SPRINGFIELD MA 1986
Residency and Year	BAYSTATE MED CTR, SPRINGFIELD MA 1988
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number 5173  
 License Date 5/2/1974  
 Name **CHASE, WILLIAM V MD**  
 Address 173 SPOFFORD ST, WESTMORELAND, NH, 03467  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation JEFFERSON MEDICAL COLLEGE-PHILADELPHIA PA USA 1966  
 Internship and Year THOMAS JEFFERSON UNIVERSITY HOSP-PHILADELPHIA PA 1967  
 Residency and Year THOMAS JEFFERSON UNIVERSITY HOSP-PHILADELPHIA PA 1971  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 8956  
 License Date 6/2/1993  
 Name **CHASSE, THOMAS A MD**  
 Address EAR NOSE & THROAT, 12 SHUMAN AVE AUGUSTA, ME, 04330  
 Specialty OTO  
 Board Certified OTO  
 School and Year of Graduation UNIVERSITY OF PA MEDICAL SCHOOL USA 1980  
 Internship and Year UCLA MEDICAL CENTER - TORRANCE CA 1981  
 Residency and Year UCLA MEDICAL CENTER - TORRANCE CA 1982  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 14864  
 License Date 6/2/2010  
 Name **CHATANI-HINZE, MAYUMI MD**  
 Address SJ FAMILY MEDICAL CENTER NASHUA, 460 AMHERST ST NASHUA, NH, 03063  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation YAMAGUCHI UNIVERSITY JAPAN 2001  
 Internship and Year LYNCHBURG FAMILY PRACTICE - LYNCHBURG, VA 2008  
 Residency and Year LYNCHBURG FAMILY PRACTICE - LYNCHBURG, VA 2010  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9472  
 License Date 7/5/1995  
 Name **CHATSON, GEORGE P MD**  
 Address NORTH II SPECIALTY SERVICES, 8 PROSPECT STREET NASHUA, NH, 03060  
 Specialty PS  
 Board Certified PS  
 School and Year of Graduation NEW YORK UNIVERSITY SCHOOL OF MEDICINE USA 1987  
 Internship and Year HARTFORD HOSPITAL - HARTFORD CT 1992  
 Residency and Year BRIGHAM & WOMENS HOSPITAL - BOSTON MA 1995  
 License Expiration Date **6/30/2017**  
 Remarks



License Number	14061
License Date	7/9/2008
Name	<b>CHATTERJEE, ABHISHEK MD</b>
Address	TUFTS MEDICAL CTR - DEPT OF SURGERY, PO BOX 250 - 800 WASHINGTON STBOSTON, MA, 02111
Specialty	PS
Board Certified	
School and Year of Graduation	UNIV OF CONNECTICUT USA 2006
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER-LEBANON, NH 2007
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER- LEBANON, NH 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13239
License Date	9/6/2006
Name	<b>CHATTERJEE, NOBITA MD</b>
Address	WENTWORTH INTERNAL MEDICINE, 17 ROLLINSFORD RD DOVER, NH, 03820
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF CALCUTTA INDIA 1992
Internship and Year	METROWEST MEDICAL CTR-FRAMINGHAM MA 1996
Residency and Year	METROWEST MEDICAL CTR-FRAMINGHAM MA 1998
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	8432
License Date	9/5/1990
Name	<b>CHATTERJEE, SUDARSHAN MD</b>
Address	160 MERRIMACK ST, MATHUEN, MA, 01844
Specialty	CD
Board Certified	CD
School and Year of Graduation	S N MEDICAL COLLEGE AGRA UNIV AGRA UP INDIA 1975
Internship and Year	COOPER HOSPITAL UNIV MEDICAL CENTER - CAMDEN, NJ 1987
Residency and Year	UMDNJ ROBERT WOOD JOHNSON MEDICAL SCHOOL - PISCATAWAY, NJ 1988
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	11496
License Date	2/6/2002
Name	<b>CHATURVEDULA, PRABHAKARA M MD</b>
Address	800 QUAIL CREEK DR 103, AMARILLO, TX, 79124
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF CALCUTTA - BANKURA, WEST BENGAL INDIA INDIA 1966
Internship and Year	SINAI GRACE HOSPITAL - DETROIT, MI 1974
Residency and Year	HIGHLAND PARK GENERAL HOSPITAL - HIGHLAND PARK DETROIT, MI 1975
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	11302
License Date	7/11/2001
Name	<b>CHAUDHARI, ASHISH C MD</b>
Address	248 PLEASANT ST, STE103CONCORD, NH, 03301-2548
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	BOWMAN GRAY SCHOOL OF MEDICINE USA 1997
Internship and Year	DARMOUTH HITCHCOCK MEDICAL CENTER LEBANON NH 2000
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER LEBANON NH 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>3/11/14 - Final Decision and Order</b>

License Number	12417
License Date	8/4/2004
Name	<b>CHAUDHARY, ARUN MD</b>
Address	YOUVILLE HOSPITAL, 1575 CAMBRIDGE STCAMBRIDGE, MA, 02138
Specialty	IM
Board Certified	IM
School and Year of Graduation	KING GEORGE MED UNIVERSITY, LUCKNOW INDIA INDIA 1993
Internship and Year	FLUSHING HOSP MED CTR, FLUSHING NY 1999
Residency and Year	FLUSHING HOSP MED CTR, FLUSHING NY 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10384
License Date	9/2/1998
Name	<b>CHAUDHRY, FARIHA MD</b>
Address	VA MEDICAL CENTER, 215 NORTH MAIN STWRJ, VT, 05009
Specialty	IM
Board Certified	
School and Year of Graduation	FATIMA JINNAH MED COLL- LAHORE, PAKISTAN PAKISTAN 1989
Internship and Year	BROOKLYN HOSPITAL CENTER - BROOKLYN, NY 1996
Residency and Year	BROOKLYN HOSPITAL CENTER - BROOKLYN, NY 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14865
License Date	6/2/2010
Name	<b>CHAUDHRY, GHULAM M MD</b>
Address	LAHEY CLINIC-CARDIOLOGY DEPT, 41 MAILL RDBURLINGTON, MA, 01805
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF PUNJAB PAKISTAN 1986
Internship and Year	UNIVERSITY OF NORTH DAKOTA MEDICAL CENTER - FARGO, ND 1991
Residency and Year	UNIVERSITY OF NORTH DAKOTA MEDICAL CENTER - FARGO, ND 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 10296  
 License Date 5/6/1998  
 Name **CHAUDHURI, PATRICIA M MD**  
 Address THE CAMBRIDGE HEALTH ALLIANCE, 1493 CAMBRIDGE ST CAMBRIDGE, MA, 02139  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE-MA USA 1987  
 Internship and Year NEW ENGLAND MEDICAL CET-TUFTS UNIV-MA 1988  
 Residency and Year NEW ENGLAND MEDICAL CTR-TUFTS UNIV-MA 1991  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16497  
 License Date 2/5/2014  
 Name **CHAVEZ, ANGELA K DO**  
 Address DARTMOUTH HITCHCOCK-MANCHESTER, 100 HITCHCOCK WAY MANCHESTER, NH, 03104  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation OHIO UNIV COLLEGE OF OSTEOPATHIC MEDICINE USA 2006  
 Internship and Year NORTHSIDE HOSPITAL & HEART INSTITUTE - ST PETERSBURG, FL 2007  
 Residency and Year ST LOUIS UNIV SCHOOL OF MEDICINE - BELLEVILLE, IL 2010  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15955  
 License Date 12/5/2012  
 Name **CHAVEZ, DAVID R MD**  
 Address DARTMOUTH HITCHCOCK MEDICAL CTR, ONE MEDICAL CTR DR LEBANON, NH, 03756  
 Specialty UP  
 Board Certified UP  
 School and Year of Graduation THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 1988  
 Internship and Year OREGON HEALTH SCIENCES UNIVERSITY - PORTLAND, OR 1989  
 Residency and Year STANFORD UNIVERSITY MEDICAL CENTER - STANFORD, CA 1991  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12232  
 License Date 3/3/2004  
 Name **CHAVEZ, HEINZ C MD**  
 Address 2906 W TAMPA BAY BLVD, TAMPA, FL, 33607-1233  
 Specialty PD  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF SAN CARLOS, GUATEMALA CIUDAD, GUATEMALA 1984  
 Internship and Year NEW JERSEY MEDICAL SCHOOL, NEWARK NJ 2002  
 Residency and Year NEW JERSEY MEDICAL SCHOOL, NEWARK NJ 2003  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 14122  
 License Date 8/6/2008  
 Name **CHAYCHI, LEILA MD**  
 Address DHMC, ONE MED CTR DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified  
 School and Year of Graduation ISLAMIC AZAD UNIV IRAN 2001  
 Internship and Year BRONX-LEBANON HOSPITAL CENTER-BRONX, NY 2005  
 Residency and Year GRIFFIN HOSPITAL - DERBY, CT 2006  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 17103  
 License Date 6/3/2015  
 Name **CHECHE, STEVE T DO**  
 Address 149 LANCASTER RD, N ANDOVER, MA, 01845  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation KANSAS CITY UNIVERSITY OF MEDICINE USA 1990  
 Internship and Year CHICAGO OSTEOPATHIC HOSPITAL - DOWNERS GROVE, IL 1991  
 Residency and Year CHICAGO OSTEOPATHIC HOSPITAL & MEDICAL CENTER - CHICAGO, IL 1994  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9796  
 License Date 8/7/1996  
 Name **CHECKETTS, SCOTT R MD**  
 Address DARTMOUTH-HITCHCOCK MEDICAL CT, ONE MEDICAL CTR DRLEBANON, NH, 03756-  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UMDNJ-ROBERT W JOHNSON MEDICAL SCHOOL-PISCATAWAY USA 1992  
 Internship and Year UNIV OF UTAH MEDICAL CENTER - SALT LAKE CITY, UT 1993  
 Residency and Year UNIV OF UTAH MEDICAL CENTER - SALT LAKE CITY, UT 1996  
 License Expiration Date **6/30/1999**  
 Remarks

License Number 12734  
 License Date 6/1/2005  
 Name **CHEDID, SILWAN MD**  
 Address LAWRENCE HOSPITAL-HEMATOLOGY, 1 GENERAL ST - LYLAWRENCE, MA, 01842  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF TEXAS, SAN ANTONIO TX US 1999  
 Internship and Year UMDNJ, NEWAQRK NJ 2000  
 Residency and Year UMDNJ, NEWARD NJ 2002  
 License Expiration Date **6/30/2007**  
 Remarks

License Number	14009
License Date	6/4/2008
Name	<b>CHEHADE, ANNE G MD</b>
Address	COMMUNITY MEDICAL ASSOCIATES, 60 COMMERCIAL ST STE 401CONCORD, NH, 03301
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF CONNECTICUT USA 2002
Internship and Year	BOSTON UNIV MEDICAL CENTER-BOSTON, MA 2003
Residency and Year	BOSTON UNIV MEDICAL CENTER-BOSTON, MA 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15177
License Date	4/6/2011
Name	<b>CHEHADE, ROBERT J MD</b>
Address	60 COMMERCIAL ST, SUITE 404CONCORD, NH, 03301
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS MED SCHOOL USA 2004
Internship and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2005
Residency and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13529
License Date	6/6/2007
Name	<b>CHEKAN, EDWARD G MD</b>
Address	424 OLIVER RD, CINCINNATI, OH, 45215
Specialty	GS
Board Certified	GS
School and Year of Graduation	DREXEL UNIV USA 1992
Internship and Year	ALLEGHENY GENERAL HOSPITAL - PITTSBURGH, PA 1993
Residency and Year	ALLEGHENY GENERAL HOSPITAL - PITTSBURGH, PA 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12735
License Date	6/1/2005
Name	<b>CHEN, AHCHEAN A MD</b>
Address	ELLIOT HOSPITAL PATHOLOGY, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	TONGJI MEDICAL UNIVERSITY, WUHAN CHINA CHINA 1984
Internship and Year	MASS GENERAL HOSPITAL, BOSTON MA 2001
Residency and Year	MASS GENERAL HOSPITAL, BOSTON MA 2004
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	12418
License Date	8/4/2004
Name	<b>CHEN, ANDREW L MD</b>
Address	THE ALPINE CLINIC, 1095 PROFILE RD FRANCONIA, NH, 03580
Specialty	ORS
Board Certified	
School and Year of Graduation	JOHN HOPKINS UNIVERSITY, BALTIMORE MD US 1997
Internship and Year	NEW YORK UNIVERSITY, NEW YORK NY 1998
Residency and Year	NEW YORK UNIVERSITY, NEW YORK NY 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15693
License Date	6/6/2012
Name	<b>CHEN, BENJAMIN Y MD</b>
Address	SUMMIT RADIOLOGY PC, 6119 W JEFFERSON BLVD FT WAYNE, IN, 46804
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF ILLINOIS USA 1998
Internship and Year	UNIVERSITY OF CALIFORNIA IRVINE - ORANGE, CA 1999
Residency and Year	LOMA LINDA UNIVERSITY MEDICAL CENTER - LOMA LINDA, CA 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3157
License Date	10/17/1956
Name	<b>CHEN, CHIEN M MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>4/18/1991</b>
Remarks	<b>DECEASED 4/18/91</b>

License Number	14217
License Date	11/5/2008
Name	<b>CHEN, EUNICE Y MD</b>
Address	DHMC - DEPT OF OTOLARYNGOLOGY, ONE MED CTR DR, CLINIC 4 FLEBANON, NH, 03756
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	STANFORD UNIV USA 2001
Internship and Year	STANFORD UNIV MEDICAL CENTER - STANFORD, CA 2002
Residency and Year	STANFORD UNIV MEDICAL CENTER - STANFORD, CA 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17209
License Date	8/5/2015
Name	<b>CHEN, JAMES C MD</b>
Address	VIRTUAL RADIOLOGY, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	DR
Board Certified	DR
School and Year of Graduation	THE WARREN ALPERT MEDICAL SCHOOL OF BROWN UNIVERSI USA 2000
Internship and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2001
Residency and Year	ST VINCENT HOSPITAL @ WORCESTER MEDICAL CENTER - WORCESTER, MA 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11555
License Date	4/3/2002
Name	<b>CHEN, JAMES Y MD</b>
Address	SO NH MEDICAL CTR, 8 PROSPECT STNASHUA, NH, 03061
Specialty	AN
Board Certified	AN
School and Year of Graduation	TUFTS UNIV SCH OF MED - BOSTON, MA USA 1992
Internship and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1993
Residency and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14490
License Date	7/1/2009
Name	<b>CHEN, JASPER J MD</b>
Address	DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty	P
Board Certified	
School and Year of Graduation	UNIVERSITY OF WASHINGTON USA 2007
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	15178
License Date	4/6/2011
Name	<b>CHEN, JULIA MD</b>
Address	DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	MICHIGAN STATE UNIVERSITY USA 2008
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number 14282  
 License Date 1/7/2009  
 Name **CHEN, VICKI M MD**  
 Address NEW ENGLAND EYE CENTER, 800 WASHINGTON ST BOX 450 BOSTON, MA, 02111  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation BOSTON UNIV USA 2002  
 Internship and Year CABRINI MEDICAL CENTER - EULESS, TX 2003  
 Residency and Year MT SINAI SCHOOL OF MEDICINE- NY, NY 2006  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16156  
 License Date 6/5/2013  
 Name **CHEN, WENDY Y MD**  
 Address DANA-FARBER CANCER INSTITUTE, 450 BROOKLINE AVE BOSTON, MA, 02215  
 Specialty ON  
 Board Certified ON  
 School and Year of Graduation UNIVERSITY OF PENNSYLVANIA SCHOOL OF MED USA 1993  
 Internship and Year BRIGHAM & WOMENS HOSPITAL-BOSTON, MA 1994  
 Residency and Year BRIGHAM & WOMENS HOSPITAL-BOSTON, MA 1996  
 License Expiration Date **12/8/2014**  
 Remarks **REQUESTED INACTIVE 12/8/14**

License Number 10529  
 License Date 4/7/1999  
 Name **CHENEY, DAVID M MD**  
 Address 196 CYPRESS DR, BAXLEY, GA, 31513  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation WEST VIRGINIA UNIV - MORGANTOWN, WV USA 1982  
 Internship and Year YORK HOSPITAL - YORK PA 1987  
 Residency and Year FITZSIMONS ARMY MEDICAL CENTER - SAN ANTONIO, TX 1992  
 License Expiration Date **6/30/2002**  
 Remarks **1/15/04 Settlement Agreement**  
**8/17/05 - Order Lifting Restrictions on Laparoscopic Surgery.**

License Number 11167  
 License Date 2/7/2001  
 Name **CHENG, CHIOCHEN MD**  
 Address 133 BAILEY RD, ANDOVER, MA, 01810  
 Specialty IM  
 Board Certified IMG  
 School and Year of Graduation TAIPEI MEDICAL COLLEGE - TAIPEI, TAIWAN TAIWAN 1981  
 Internship and Year SOUND SHORE MEDICAL CENTER OF WESTCHESTER- NEW ROCHELLE, NY 1999  
 Residency and Year SOUND SHORE MEDICAL CENTER OF WESTCHESTER - NEW ROCHELLE, NY 2000  
 License Expiration Date **6/30/2017**  
 Remarks



License Number	11556
License Date	4/3/2002
Name	<b>CHENG, JIE MD</b>
Address	166 KINSLEY ST STE 203, NASHUA, NH, 03060
Specialty	PM
Board Certified	PM
School and Year of Graduation	SHANGHAI MEDICAL UNIV - PEOPLES REPUBLIC OF CHINA CHINA 1988
Internship and Year	SUNY-STONY BROOK - STONY BROOK, NY 1999
Residency and Year	SPAULDING REHAB HOSP - BOSTON, MA 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16341
License Date	10/2/2013
Name	<b>CHENG, PETER F MD</b>
Address	111 SOMERVILLE RD, RIDGEWOOD, NJ, 07450
Specialty	EM
Board Certified	EM
School and Year of Graduation	CHUNG-SHAN MEDICAL & DENTAL COLLEGE TAIWAN 1966
Internship and Year	CATHOLIC MEDICAL CENTER OF BROOKLYN & QUEENS - JAMAICA, NY 1972
Residency and Year	SUNY HEALTH SCIENCE CENTER - BROOKLYN, NY 1973
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14915
License Date	7/7/2010
Name	<b>CHENG, SAM S MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	DR
Board Certified	DR
School and Year of Graduation	MT SINAI SCHOOL OF MEDICINE USA 1993
Internship and Year	ST JOSEPH HOSPITAL HEALTH CENTER - SYRACUSE, NY 1994
Residency and Year	ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1998
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	15179
License Date	4/6/2011
Name	<b>CHENG, VICKY O MD</b>
Address	900 WARREN AVE SUITE 300, EST PROVIDENCE, RI, 02914
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF SANTO TOMAS PHILIPPINES 2003
Internship and Year	WESTERN RESERVE CARE SYSTEM FORUM HEALTH - YOUNGSTOWN, OH 2007
Residency and Year	BRIDGEPORT HOSPITAL - BRIDGEPORT, CT 2009
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	12018
License Date	7/2/2003
Name	<b>CHENNAPRAGADA, KAUSALYA N MD</b>
Address	DARTMOUTH HITCHCOCK, 590 COURT STKEENE, NH, 03431
Specialty	IM
Board Certified	IM
School and Year of Graduation	OSMANIA UNIV - ANDHRA PRADESH INDIA INDIA 1997
Internship and Year	CONEY ISLAND HOSPITAL - BROOKLYN, NY 2001
Residency and Year	CONEY ISLAND HOSPITAL - BROOKLYN, NY 2002
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	17104
License Date	6/3/2015
Name	<b>CHERAYIL, JOSEPH M MD</b>
Address	407 TURNER RD, MEDIA, PA, 19063
Specialty	IM
Board Certified	IM
School and Year of Graduation	ST JOHN'S MED COLLEGE & HOSPITAL, BANGALORE UNIV INDIA 1981
Internship and Year	MERCY CATHOLIC MEDICAL CENTER - DARBY,PA 1998
Residency and Year	MERCY CATHOLIC MEDICAL CENTER - DARBY,PA 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17257
License Date	9/2/2015
Name	<b>CHERAYIL, MARINA J MD</b>
Address	130 S BRYN MAWR AVE, BRYN MAWR, PA, 19010
Specialty	IM
Board Certified	IM
School and Year of Graduation	BANGALORE MEDICAL COLLEGE -BANGALORE UNIV INDIA 1988
Internship and Year	MERCY CATHOLIC MEDICAL CTR- DARBY, PA 2004
Residency and Year	MERCY CATHOLIC MEDICAL CTR- DARBY, PA 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11364
License Date	9/5/2001
Name	<b>CHEREN, STANLEY MD</b>
Address	ACCESS CLINICAL TRIALS, 209 HARVARD STREET STE 405BROOKLINE, MA, 02446
Specialty	P
Board Certified	P
School and Year of Graduation	TUFTS UNIV SCH OF MED- BOSTON, MA USA 1965
Internship and Year	SAN FRANCISCO GENERAL HOSPITAL - SAN FRANCISCO, CA 1966
Residency and Year	BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1969
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number 12988  
 License Date 2/1/2006  
 Name **CHERN, DARWYN B MD**  
 Address COMMUNITY COUNCIL OF NASHUA, 7 PROSPECT ST NASHUA, NH, 03060-3990  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIVERSITY OF THE PHILIPPINES, MANILA PHILIPPINES PHILIPPINES 1995  
 Internship and Year MONTEFIORE MED CTR, BRONX NY 1998  
 Residency and Year ST LUKES-ROOSEVELT HOSP CTR, NEW YORK NY 2001  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 9078  
 License Date 11/3/1993  
 Name **CHERN, STEVEN A MD**  
 Address BOW MILLS FAMILY HEALTH, 514 SOUTH ST BOW, NH, 03304-3411  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation MC GILL UNIVERSITY FACILITY OF MEDICINE CANADA 1989  
 Internship and Year MERCY MEDICAL CENTER - DENVER CO 1989  
 Residency and Year WASHINGTON HOSPITAL - WASHINGTON PA 1993  
 License Expiration Date **10/28/2011**  
 Remarks **10/28/11 - Preliminary Agreement for Practice Restrictions. Dr. Chern passed away on April 2, 2012.**

License Number 8488  
 License Date 2/6/1991  
 Name **CHERTOFF, JOCELYN D MD**  
 Address DHMC-RADIOLOGY, 1 MEDICAL CENTER DR LEBANON, NH, 03756  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIV OF VERMONT COLL OF MED - BURLINGTON, VT USA 1981  
 Internship and Year HARTFORD HOSPITAL - HARTFORD, CT 1982  
 Residency and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1991  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11865  
 License Date 4/2/2003  
 Name **CHETAN, SHASHI MD**  
 Address NEW LONDON HOSPITAL, 270 COUNTY RD NEW LONDON, NH, 03257  
 Specialty IM  
 Board Certified  
 School and Year of Graduation ST JOHNS MEDICAL COLLEGE - BANGALORE, KARNATAKA INDIA 1989  
 Internship and Year LONG ISLAND COLLEGE HOSPITAL - BROOKLYN, NY 2001  
 Residency and Year LONG ISLAND COLLEGE HOSPITAL - BROOKLYN, NY 2003  
 License Expiration Date **6/30/2005**  
 Remarks

License Number	7867
License Date	6/8/1988
Name	<b>CHEUNG, PETER T MD</b>
Address	NEPHROLOGY ASSOCIATES PA, 1750 ELM ST, SUITE 201CMANCHESTER, NH, 03104
Specialty	NEP
Board Certified	NEP
School and Year of Graduation	ST LOUIS UNIV SCH OF MED - ST LOUIS, MO USA 1982
Internship and Year	INDIANA UNIV MEDICAL CENTER HOSPITAL - INDIANAPOLIS, IN 1983
Residency and Year	INDIANA UNIV MEDICAL CENTER HOSPITAL - INDIANAPOLIS, IN 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11239
License Date	5/2/2001
Name	<b>CHEUNG, YVONNE Y MD</b>
Address	DHMC DEPT OF RADIOLOGY, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	R
Board Certified	R
School and Year of Graduation	NORTHWESTERN UNIVERSITY-CHICAGO IL USA 1980
Internship and Year	LOS ANGELES COUNTY-HARBOR-UCLA MEDICAL CENTER - TORRANCE CA 1981
Residency and Year	LOS ANGELES COUNTY-HARBOR-UCLA MEDICAL CENTER - TORRANCE CA 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11349
License Date	8/1/2001
Name	<b>CHEVERIE, JAMES A MD</b>
Address	MASSTEX IMAGING, 100 CUMMINGS CTR STE 106BBEVERLY, MA, 01915
Specialty	FP
Board Certified	
School and Year of Graduation	UNIV OF MASS MED SCH - WORCESTER, MA USA 1996
Internship and Year	ASYLUM HILL FAMILY PRACTICE CENTER - HARTFORD, CT 1997
Residency and Year	SLYLUM HILL FAMILY PRACTICE CENTER - HARTFORD, CT 1999
License Expiration Date	<b>6/30/2011</b>
Remarks	<b>lapsed for non-renewal 6/30/07...</b> <b>Reinstated 11/4/09</b>

License Number	16262
License Date	8/7/2013
Name	<b>CHEVY, DANIEL M MD</b>
Address	42 DAHL RD, MERRIMACK, NH, 03054
Specialty	IM
Board Certified	
School and Year of Graduation	FLORIDA STATE UNIVERSITY COLLEGE OF MEDICINE USA 2010
Internship and Year	GREENWICH HOSPITAL ASSOC - GREENWICH, CT 2011
Residency and Year	GREENWICH HOSPITAL ASSOC - GREENWICH, CT 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11440
License Date	11/7/2001
Name	<b>CHHABRA, KUSHAL MD</b>
Address	200 PORTER DR, SAN RAMON, CA, 94583
Specialty	IM
Board Certified	IM
School and Year of Graduation	OSMANIA MEDICAL COLL - HYDERABAD, INDIA INDIA 1998
Internship and Year	CATHOLIC MEDICAL CENTER - JAMAICA, NY 1999
Residency and Year	CATHOLIC MEDICAL CENTER - JAMAICA, NY 2001
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	13738
License Date	11/7/2007
Name	<b>CHI, AMY MD</b>
Address	BOSTON MEDICAL CENTER, 715 ALBANY ST BOSTON, MA, 02118
Specialty	IM
Board Certified	IM
School and Year of Graduation	JOHN HOPKINS UNIV USA 2001
Internship and Year	RHODE ISLAND HOSPITAL-PROVIDENCE, RI 2002
Residency and Year	RHODE ISLAND HOSPITAL-PROVIDENCE, RI 2004
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	16157
License Date	6/5/2013
Name	<b>CHIANG, HERBERT C MD</b>
Address	185 QUEEN CITY AVENUE, MANCHESTER, NH, 03101
Specialty	D
Board Certified	D
School and Year of Graduation	WASHINGTON UNIVERSITY SCHOOL OF MED USA 2009
Internship and Year	ST JOHNS MERCY MEDICAL CENTER - ST LOUIS, MO 2010
Residency and Year	WASHINGTON UNIVERSITY SCHOOL OF MED - ST LOUIS, MO 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17154
License Date	7/1/2015
Name	<b>CHIANG, LAURA M MD</b>
Address	DHMC/ANESTHESIOLOGY DEPT, 1 MED CTR DR LEBANON, NH, 03756
Specialty	AN
Board Certified	AN
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 2010
Internship and Year	LSU HEALTH-BATON ROUGE, LA 2011
Residency and Year	UNIVERSITY OF ALABAMA HOSPITAL - BIRMINGHAM, AL 2014
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 10230  
 License Date 2/4/1998  
 Name **CHIAPPINI, ROCCO A MD**  
 Address 87 MCGREGOR ST, SUITE 3200MANCHESTER, NH, 03102  
 Specialty PM  
 Board Certified PM  
 School and Year of Graduation VA COMMONWEALTH UNIV MED COLL OF VA USA 1992  
 Internship and Year NY MEDICAL COLLEGE - NY 1993  
 Residency and Year SINAI HOSPITAL OF BALTIMORE - MD 1996  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 6724  
 License Date 7/7/1983  
 Name **CHIBARO, EDWARD A MD**  
 Address LAHEY CLINIC INSTITUTE OF UROLOGY AT PARKLAND MED, 44 BIRCH ST #300DERRY, NH, 03038  
 Specialty U  
 Board Certified U  
 School and Year of Graduation GEORGETOWN UNIV SCH MED-WASHINGTON,DC USA 1978  
 Internship and Year ST ELIZABETHS HOSP-BOSTON,MA 1979  
 Residency and Year ST ELIZABETHS HOSP-BOSTON,MA 1980  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 3235  
 License Date 3/12/1958  
 Name **CHILD, EDWIN L MD**  
 Address 100 HITCHCOCK WAY, MANCHESTER, NH, 03104  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation YALE UNIVERSITY USA 1956  
 Internship and Year US PUBLIC HEALTH SERVICE HOSPITAL- STATEN ISLAND - NEW YORK 1957  
 Residency and Year US PUBLIC HEALTH SERVICE HOSPITAL - STATEN ISLAND, NY 1957  
 License Expiration Date **6/30/2008**  
 Remarks **DECEASED 2/14/09**

License Number 4672  
 License Date 3/31/1972  
 Name **CHILDS, DALE R MD**  
 Address 71 MEADOWCREST DR, PO BOX 248FRANCONIA, NH, 03580  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIVERSITY OF VERMONT-BURLINGTON VT USA 1966  
 Internship and Year MEDICAL CENTER HOSP-BURLINGTON VT 1967  
 Residency and Year MEDICAL CENTER HOSP-BURLINGTON VT 1972  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	12780
License Date	7/6/2005
Name	<b>CHILDS, MARION C MD</b>
Address	MID-STATE HEALTH CENTER, 101 BOULDER POINT DRPLYMOUTH, NH, 03264
Specialty	IM
Board Certified	IM
School and Year of Graduation	MEDICAL COLLEGE OF PENNSYLVANIA, PHILADELPHIA PA USA 1977
Internship and Year	GOOD SAMARITAN REGIONAL MEDICAL CENTER, PHOENIX AZ 1979
Residency and Year	GOOD SAMARITAN REGIONAL MEDICAL CENTER, PHOENIX AZ 1980
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14314
License Date	2/4/2009
Name	<b>CHIN, SANDY M MD</b>
Address	MANCHESTER UROLOGY ASSOC, 10 MEMBERS WAYDOVER, NH, 03820
Specialty	U
Board Certified	U
School and Year of Graduation	CORNELL UNIV USA 1999
Internship and Year	BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2000
Residency and Year	BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16002
License Date	2/6/2013
Name	<b>CHIN, STEVEN S MD</b>
Address	THERAPATH NEUROPATHOLOGY, 545 WEST 45TH ST 7TH FLNEW YORK, NY, 10036
Specialty	NP
Board Certified	NP
School and Year of Graduation	NEW YORK UNIVERSITY SCHOOL OF MEDIICNE USA 1991
Internship and Year	NEW YORK & PRESBYTERIAN HOSPITAL - NY, NY 1992
Residency and Year	NEW YORK & PRESBYTERIAN HOSPITAL - NY, NY 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13703
License Date	10/3/2007
Name	<b>CHIN, WARREN W DO</b>
Address	MEMORIAL HOSPITAL, 3073 WHITE MTN HWYN CONWAY, NH, 03860
Specialty	FP
Board Certified	FP
School and Year of Graduation	NEW YORK COLLEGE OF OSTEOPATHIC MED USA 1984
Internship and Year	BAPTIST MEDICAL CENTER-BROOKLYN, NY 1985
Residency and Year	SUNY @ STONY BROOK-STONY BROOK, NY 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 13948  
 License Date 5/7/2008  
 Name **CHINN, CHRISTOPHER D MD**  
 Address DARTMOUTH HITCHCOCK MEDICAL CTR, ONE MEDICAL CTR DR LEBANON, NH, 03226  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation TUFTS UNIV USA 2004  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10703  
 License Date 10/6/1999  
 Name **CHINYOY, SAMEER K MD**  
 Address HARVARD VANGUARD MEDICAL ASSOC, 165 DARTMOUTH ST BOSTON, MA, 02116  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation GRANT MEDICAL COLLEGE UNIV OF MUMBAI INDIA 1982  
 Internship and Year MAIMONIDES MED CTR 1995  
 Residency and Year LUTHERAN MED CTR 1999  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 11654  
 License Date 7/3/2002  
 Name **CHIO, RONALD L MD**  
 Address HIGHLAND MEDICAL CENTER INC, RTE 220 SOUTH MONTEREY, VA, 24465  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation CEBU INSTITUTE OF MED- CEBU CITY, PHILIPPINES PHILIPPINES 1992  
 Internship and Year WESTERN RESERVE CARE SYSTEM-FORUM HLTH- YOUNGSTOWN, OH 1996  
 Residency and Year WESTERN RESERVE CARE SYSTEM-FORUM HLTH- YOUNGSTOWN, OH 1998  
 License Expiration Date **6/30/2003**  
 Remarks

License Number 13146  
 License Date 7/5/2006  
 Name **CHISMARK, ANTHONY D MD**  
 Address 47 NEW SCOTLAND AVE, MC193 ALBANY, NY, 12208  
 Specialty CRS  
 Board Certified CRS  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2000  
 Internship and Year ALBANY MEDICAL CTR - ALBANY NY 2004  
 Residency and Year ALBANY MEDICAL CTR-ALBANY NY 2005  
 License Expiration Date **6/30/2016**  
 Remarks



License Number	9473
License Date	7/5/1995
Name	<b>CHIU, TING C MD</b>
Address	248 PLEASANT ST, METHUEN, MA, 01844
Specialty	IM
Board Certified	IM
School and Year of Graduation	TAKAU MEDICAL COLLEGE TAIWAN 1986
Internship and Year	LEMUEL SHATTUCK HOSPITAL - BOSTON MA 1992
Residency and Year	METROWEST MEDICAL CENTER - FRAMINGHAM MA 1995
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	13617
License Date	8/1/2007
Name	<b>CHIULLI, ROBERT D MD</b>
Address	495 GEORGE HIL RD, LANCASTER, MA, 01523
Specialty	R
Board Certified	
School and Year of Graduation	UNIV OF MASSACHUSETTS USA 1976
Internship and Year	MOUNT AUBURN HOSPITAL-CAMBRIDGE, MA 1977
Residency and Year	MOUNT AUBURN HOSPITAL-CAMBRIDGE, MA 1979
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10607
License Date	7/7/1999
Name	<b>CHOBANIAN, MARGARETHE M MD</b>
Address	LITTLE RIVER HLTH CARE BRADFORD, 437 S MAIN STBRADFORD, VT, 05033
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF PITTSBURGH SCH OF MED -PITTSBURGH,PA USA 1980
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1981
Residency and Year	UNIV OF VIRGINIA HOSPITAL - CHARLOTTESVILLE, VA 1982
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10076
License Date	8/6/1997
Name	<b>CHOBANIAN, MICHAEL C MD</b>
Address	DHMC/SURGERY, ONE MEDICAL CENTER DRLEBANON, NH, 03756-0001
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF PITTSBURGH SCH OF MED - PA USA 1979
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - NH 1980
Residency and Year	UNIV OF VIRGINIA MEDICAL CENTER - VA 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14866
License Date	6/2/2010
Name	<b>CHODOSH, ADAM MD</b>
Address	CONCORD HOSP CARDIAC ASSOC, 246 PLEASANT ST STE 103CONCORD, NH, 03301
Specialty	IM
Board Certified	IM
School and Year of Graduation	ALBERT EINSTEIN COLLEGE USA 2002
Internship and Year	FLETCHER ALLEN HEALTH CARE UNIVERSITY OF VERMONT, BURLINGTON, VT 2003
Residency and Year	FLETCHER ALLEN HEALTH CARE UNIVERSITY OF VERMONT, BURLINGTON, VT 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17210
License Date	8/5/2015
Name	<b>CHOI, CATHERINE S MD</b>
Address	100 ARLINGTON ST, UNIT 10LBOSTON, MA, 02116
Specialty	OPH
Board Certified	
School and Year of Graduation	UNIVERSITY OF FLORIDA USA 2010
Internship and Year	PRESENCE SAINT FRANCIS HOSPITAL - EVANSTON, IL 2011
Residency and Year	UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE - GAINESVILLE, FL 2014
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10231
License Date	2/4/1998
Name	<b>CHOI, IN SUP MD</b>
Address	LAHEY HOSPITAL AND MEDICAL CENTER, 41 MALL RDBURLINGTON, MA, 01805
Specialty	DR
Board Certified	R
School and Year of Graduation	SEOUL NATL UNIV COLL OF MED CHONGNO-KU SO KOREA 1972
Internship and Year	ST CLARE'S HOSPITAL - NY 1976
Residency and Year	VA MEDICAL CENTER - NY 1979
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11240
License Date	5/2/2001
Name	<b>CHOI, RICHARD MD</b>
Address	ORTHOPAICS NORTHEAST PC, 575 TURNPIKE ST STE 11NO ANDOVER, MA, 01845
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	U OF MED & DENTISTRY NJ ROBERT WOOD JOHNSON MED USA 1995
Internship and Year	ST LUKES-ROOSEVELT HOSPITAL CENTER - NEW YORK NY 1996
Residency and Year	HOSPITAL FOR JOINT DISEASES - NEW YORK NY 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 16662  
 License Date 7/2/2014  
 Name **CHOI, SUNG H DO**  
 Address DHMC, 1 MED CTR DRLEBANON, NH, 03756  
 Specialty P  
 Board Certified  
 School and Year of Graduation UNIV OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MED USA 2012  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12096  
 License Date 10/1/2003  
 Name **CHONG, YAP-YEE MD**  
 Address CENTRAL REGIONAL PATHOLOGY LAB, 1875 WOODWINDS DR STE 220WOODBURY, MN, 55125  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation UNIVERSITY OF SINGAPORE, SINGAPORE SINGAPORE SINGAPORE 1984  
 Internship and Year CLEVELAND CLINIC FOUNDATION, CLEVELAND OH 1991  
 Residency and Year CLEVELAND CLINIC FOUNDATION, CLEVELAND OH 1994  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 15527  
 License Date 2/1/2012  
 Name **CHOPRA, ALPANA MD**  
 Address ELLIOT FAMILY MEDICINE AT MANCHESTER, 4 ELLIOT WAY SUITE 105MANCHESTER, NH, 03103  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation MANIPAL UNIVERSITY INDIA 1996  
 Internship and Year CONCORD HOSPITAL - CONCORD, NH 2010  
 Residency and Year CONCORD HOSPITAL - CONCORD, NH 2012  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 5673  
 License Date 2/3/1977  
 Name **CHOPRA, ISHWAR C MD**  
 Address VA MEDICAL CENTER, 7305 N MILITARY TRWEST PALM BEACH, FL, 33412  
 Specialty U  
 Board Certified U  
 School and Year of Graduation VICTORIA UNIV OF MANCHESTER ENGLAND ENGLAND 1960  
 Internship and Year KINGSTON GENERAL HOSPITAL CANADA 1968  
 Residency and Year MCGILL UNIV TEACHING HOSP CANADA 1972  
 License Expiration Date **6/30/2013**  
 Remarks

License Number	12646
License Date	4/6/2005
Name	<b>CHOPRA, MANISH MD</b>
Address	SENIOR HEALTH PRIMARY CARE, 138 WEBSTER STMANCHESTER, NH, 03104
Specialty	IM
Board Certified	GER
School and Year of Graduation	AGRA UNIVERSITY INDIA 1995
Internship and Year	METROPOLITAN HOSPITAL CENTER, NEW YORK NY 2002
Residency and Year	METROPOLITAN HOSPITAL CENTER, NEW YORK NY 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16574
License Date	5/7/2014
Name	<b>CHORENS, ALBERT L MD</b>
Address	ACUTE CARE SURGERY, 330 BORTHWICK AVE #200PORTSMOUTH, NH, 03801
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF TX-HOUSTON MEDICAL SCHOOL USA 1991
Internship and Year	WILLIAM BEAUMONT ARMY MEDICAL CENTER - EL PASO, TX 1992
Residency and Year	WILLIAM BEAUMONT ARMY MEDICAL CENTER - EL PASO, TX 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3091
License Date	9/14/1955
Name	<b>CHORNESKY, GEORGE MD</b>
Address	3100 BIRCH ST NW, WASHINGTON, DC, 20015-2216
Specialty	P
Board Certified	
School and Year of Graduation	UNIVERSITY OF GENEVA SWITZERLAND 1951
Internship and Year	LYNN HOSPITAL - LYNN, MA 1952
Residency and Year	WORCESTER STATE HOSPITAL 1953
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	15909
License Date	11/7/2012
Name	<b>CHOU, JOSEPH H MD</b>
Address	MASS GEN HOSP, 55 FRUIT ST FOUNDERS 526EBOSTON, MA, 02114
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF CALIFORNIA SAN FRANCISCO SCHOOL OF M USA 2000
Internship and Year	CHILDRENS HOSPITAL-BOSTON MEDICAL CENTER - BOSTON, MA 2001
Residency and Year	CHILDRENS HOSPITAL-BOSTON MEDICAL CENTER - BOSTON, MA 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14703
License Date	1/6/2010
Name	<b>CHOU, RICHARD C MD</b>
Address	DHMC - RHEUMATOLOGY DIV, 1 MED CTR DRLEBANON, NH, 03756
Specialty	RHU
Board Certified	RHU
School and Year of Graduation	STATE UNIVERSITY OF NEW YORK USA 2001
Internship and Year	OHIO STATE UNIVERSITY MEDICAL CENTER - COLUMBUS, OH 2002
Residency and Year	OHIO STATE UNIVERSITY MEDICAL CENTER - COLUMBUS, OH 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14248
License Date	12/3/2008
Name	<b>CHOU, SHERRY H MD</b>
Address	PARTNERS TELESTROKE PROGRAM, 15 PARKMAN ST WAC729JBOSTON, MA, 02114
Specialty	N
Board Certified	N
School and Year of Graduation	MCGILL UNIV CANADA 2001
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2002
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13852
License Date	3/5/2008
Name	<b>CHOUDHRI, AJAY MD</b>
Address	FRANKLIN & SEIDELMANN, 23625 COMMERCE PARK STE 204BEACHWOOD, OH, 44122
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF NEW JERSEY USA 1995
Internship and Year	JERSEY SHORE MEDICAL CENTER - NEPTUNE, NJ 1996
Residency and Year	MONTEFIORE MEDICAL CENTER - BRONX, NY 2000
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	16575
License Date	5/7/2014
Name	<b>CHOW, JESSICA C DO</b>
Address	ASSOCIATES IN MEDICINE, 241 ELM STCLAREMONT, NH, 03743
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF MEDICINE AND DENTISTRY OF NJ OSTEOP USA 2007
Internship and Year	UMDNJ/CENTRASTATE MEDICAL CENTER - FREEHOLD, NJ 2009
Residency and Year	UMDNJ/CENTRASTATE MEDICAL CENTER - FREEHOLD, NJ 2011
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16631
License Date	6/4/2014
Name	<b>CHOWDHURY, NAZRUL I MD</b>
Address	1332 METROPOLITAN AVE, APT 20, BRONX, NY, 10462
Specialty	IM
Board Certified	
School and Year of Graduation	SIR SALIMULLAH MEDICAL COLLEGE BANGLADESH 1999
Internship and Year	TEXAS TECH UNIV HEALTH SCIENCES CENTER - AMARILLA, TX 2011
Residency and Year	TEXAS TECH UNIV HEALTH SCIENCES CENTER - AMARILLA, TX 2013
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10897
License Date	5/3/2000
Name	<b>CHRETIEN, JOHN A MD</b>
Address	SO NH MEDICAL CENTER, 8 PROSPECT ST BOX 2014 NASHUA, NH, 03061
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF TEXAS MED SCH - GALVESTON, TX USA 1997
Internship and Year	SUNY AT STONY BROOK - STONY BROOK, NY 1998
Residency and Year	SUNY AT STONY BROOK - STONY BROOK, NY 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11303
License Date	7/11/2001
Name	<b>CHRISTAKOS, PETER G MD</b>
Address	PATHOLOGY SPECIALISTS OF N.E., 1 ELLIOT WAY MANCHESTER, NH, 03103
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSITY OF VERMONT USA 1996
Internship and Year	UNIVERSITY OF PITTSBURGH 1997
Residency and Year	UNIVERSITY OF VIRGINIA 2001
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	17211
License Date	8/5/2015
Name	<b>CHRISTENSEN, BRYAN L MD</b>
Address	MACH, 4500 STUART ST FT JACKSON, SC, 29207
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIFORMED SERVICES UNIV OF THE HEALTH SCIENCES USA 1996
Internship and Year	WILLIAM BEAUMONT ARMY MEDICAL CENTER - EL PASO, TX 1997
Residency and Year	WILLIAM BEAUMONT ARMY MEDICAL CENTER - EL PASO, TX 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 17049  
 License Date 5/6/2015  
 Name **CHRISTENSEN, STEVEN D DO**  
 Address ELLIOT HOSPITAL, ONE ELLIOT WAYMANCHESTER, NH, 03103  
 Specialty EM  
 Board Certified  
 School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE USA 2012  
 Internship and Year PENN STATE MILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 2013  
 Residency and Year PENN STATE MILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 2015  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10988  
 License Date 7/5/2000  
 Name **CHRISTENSEN, TODD W MD**  
 Address ST ROSE, 55 SO VALLE VERDE #235-116HENDERSON, NV, 89012  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation MED UNIV OF SC COLL OF MED - CHARLESTON, SC USA 1990  
 Internship and Year AKRON GENERAL MEDICAL CENTER - AKRON, OH 1991  
 Residency and Year BETH ISRAEL MEDICAL CENTER - NEW YORK, NY 1994  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15053  
 License Date 11/3/2010  
 Name **CHRISTIANSEN, JENNIFER MD**  
 Address 284 GREAT RD #C5, ACTON, MA, 01720  
 Specialty IM  
 Board Certified  
 School and Year of Graduation AMERICAN UNIVERSITY OF THE CARIBBEAN NETHERLANDS 2006  
 Internship and Year ST AGNES HOSPITAL - BALTIMORE, MD 2007  
 Residency and Year ST AGNES HOSPITAL - BALTIMORE, MD 2008  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11792  
 License Date 12/4/2002  
 Name **CHRISTIANSON, ERIC E MD**  
 Address UNITED HEALTHCARE OF WISCONSIN, PO BOX 26649MILWAUKEE, WI, 53226-0649  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation MEDICAL COLLEGE OF WISCONSIN, MILWAUKEE, WI USA 1983  
 Internship and Year EAU CLAIRE FAMILY MEDICINE CLINIC - EAU CLAIRE, WI 1984  
 Residency and Year EAU CLAIRE FAMILY MEDICINE CLINIC - EAU CLAIRE, WI 1986  
 License Expiration Date **6/30/2004**  
 Remarks

License Number	3427
License Date	4/4/1961
Name	<b>CHRISTIE, ROBERT W MD</b>
Address	LAHEY-HITCHCOCK CLINIC, 173 A MIDDLE STLANCASTER, NH, 03584-9701
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	LONG ISLAND COLLEGE OF MEDICINE USA 1951
Internship and Year	MARY HITCHCOCK MEMORIAL HOSPITAL 1952
Residency and Year	MARY HITCHCOCK MEMORIAL HOSPITAL 1953
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	9616
License Date	1/3/1996
Name	<b>CHRISTLE, TERENCE J MD</b>
Address	23 STILES RD 215, SALEM, NH, 03079-
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF DUBLIN TRINITY COLLEGE SCHOOL OF PHYSIC IRELAND 1983
Internship and Year	WALTHAM WESTON HOSPITAL - WALTHAM, MA 1989
Residency and Year	BAYLOR UNIV MEDICAL CENTER - DALLAS, TX 1995
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	10232
License Date	2/4/1998
Name	<b>CHRISTMAN, ROBERT A MD</b>
Address	MAINE MEDICAL CTR, 22 BRAMHALL STPORTLAND, ME, 04102
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	TEMPLE UNIV SCH OF MED -PHILADELPHIA, PA USA 1991
Internship and Year	TEMPLE UNIV HOSPITAL - PA 1997
Residency and Year	TEMPLE UNIV HOSPITAL - PA 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8626
License Date	9/4/1991
Name	<b>CHRISTO, STEPHEN T DO</b>
Address	PORTSMOUTH FAMILY PRACTICE, 25 NEW HAMPSHIRE AVE SUITE 100PORTSMOUTH, NH, 03801
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF NEW ENGLAND COLL -BIDDEFORD, ME USA 1983
Internship and Year	SAGINAW OSTEOPATHIC HOSPITAL, SAGINAW, MI 1984
Residency and Year	CREIGHTON UNIVERSITY, OMAHA NE 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number	12836
License Date	8/3/2005
Name	<b>CHROBAK, CYNTHIA G DO</b>
Address	ATLANTIC ANESTHESIA, PA, 7 MARSH BROOK RD SUITE 10SOMERSWORTH, NH, 03878
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME US 2001
Internship and Year	MAINE MEDICAL CTR, PORTLAND ME 2002
Residency and Year	MAINE MEDICAL CTR, PORTLAND ME 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12597
License Date	2/2/2005
Name	<b>CHRONISTER, RODNEY J MD</b>
Address	101 WESTCHESTER WAY, MANCHESTER, NH, 03104
Specialty	PM
Board Certified	PM
School and Year of Graduation	TEMPLE UNIVERSITY, PHILADELPHIA PA US 1971
Internship and Year	YORK HOSPITAL, YORK PA 1972
Residency and Year	TEMPLE UNIVERSITY, PHILADELPHIA PA 1975
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	LT824
License Date	8/1/1994
Name	<b>CHU, BOBBY MD</b>
Address	FRANKLIN REGIONAL HOSPITAL, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/23/1995</b>
Remarks	

License Number	16663
License Date	7/2/2014
Name	<b>CHU, MICHELLE Y MD</b>
Address	TUFTS MED CTR/OBG DEPT, 800 WASHING STBOSTON, MA, 02111
Specialty	OBG
Board Certified	
School and Year of Graduation	THE GEISEL SCHOOL OF MEDICINE USA 2010
Internship and Year	TUFTS MEDICAL CENTER - BOSTON, MA 2011
Residency and Year	TUFTS MEDICAL CENTER - BOSTON, MA 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15403
License Date	10/5/2011
Name	<b>CHU, PAUL MD</b>
Address	DERMPATH DIAGNOSTICS, 100 MEDLAND AVEPORT CHESTER, NY, 10573
Specialty	D
Board Certified	D
School and Year of Graduation	NY UNIVERSITY SCHOOL OF MEDICINE USA 1987
Internship and Year	NY UNIVERSITY SCHOOL OF MEDICINE - NY, NY 1988
Residency and Year	UNIVERSITY OF CALIFORNIA - SAN FRANCISCO, CA 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15121
License Date	2/2/2011
Name	<b>CHU, PAUL P MD</b>
Address	10 GOVE STREET, EAST BOSTON, MA, 02128
Specialty	IM
Board Certified	IM
School and Year of Graduation	PEKING UNION MEDICAL UNIVERSITY CHINA 2007
Internship and Year	PENNSYLVANIA HOSPITAL - PHILADELPHIA, PA 2009
Residency and Year	PENNSYLVANIA HOSPITAL - PHILADELPHIA, PA 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12693
License Date	5/4/2005
Name	<b>CHUANG, ELLIE I MD</b>
Address	SO. NH DIABETES & ENDOCRINOLOGY, 29 NORTHWEST BOULEVARDNASHUA, NH, 03063-4068
Specialty	IM
Board Certified	END
School and Year of Graduation	UNIVERSITY OF CALIFORNIA, LA JOLLA CA US 2000
Internship and Year	CLEVELAND CLINIC FOUNDATION, CLEVELAND OH 2001
Residency and Year	CLEVELAND CLINIC FOUNDATION, CLEVELAND OH 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13577
License Date	7/11/2007
Name	<b>CHUDGAR, SIREN R MD</b>
Address	BC/BS FL, 4800 DEERWOOD CAMPUS PKWYJACKSONVILLE, FL, 32246
Specialty	FP
Board Certified	FP
School and Year of Graduation	STATE UNIV OF NEW YORK USA 2000
Internship and Year	UPMC ST MARGARET HOSPITAL - PITTSBURGH, PA 2001
Residency and Year	UPMC ST MARGARET HOSPITAL - PITTSBURGH, PA 2003
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	9901
License Date	1/8/1997
Name	<b>CHUDOLIJ, GEORGE MD</b>
Address	MELROSE-WAKEFIELD HOSPITAL, LEBANON STMELROSE, MA, 02556
Specialty	AN
Board Certified	AN
School and Year of Graduation	BROWN UNIV PROGRAM IN MED - PROVIDENCE,RI USA 1976
Internship and Year	ST FRANCIS HOSPITAL MEDICAL CENTER - CT 1977
Residency and Year	HARTFORD HOSPITAL - CT 1980
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	14582
License Date	9/2/2009
Name	<b>CHUGHTAI-HARVEY, ISABELLE C MD</b>
Address	DENVER HARBOR CLINIC, 424 HAHLO STHOUSTON, TX, 77020
Specialty	FP
Board Certified	FP
School and Year of Graduation	STATE UNIV OF NEW YORK, BUFFALO, NY USA 2004
Internship and Year	SUNY AT BUFFALO- BUFFALO, NY 2006
Residency and Year	SUNY AT BUFFALO- BUFFALO, NY 2008
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	15744
License Date	7/11/2012
Name	<b>CHUN, BYUNGYOL MD</b>
Address	WOMEN'S HEALTHCARE OF WOBURN, 444 WASHINGTON STWOBURN, MA, 01801
Specialty	
Board Certified	OBG
School and Year of Graduation	OHIO STATE UNIVERSITY USA 1990
Internship and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 1991
Residency and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6859
License Date	4/10/1984
Name	<b>CHUN, JOHNG H MD</b>
Address	HOLY FAMILY HOSP MED CTR - DEPT OF RAD/NUC MED, 70 EAST STMETHUEN, MA, 01844
Specialty	NM
Board Certified	NM
School and Year of Graduation	COLL OF MED CATHOLIC UNVI -SEOUL KOREA 1970
Internship and Year	JOHNSTON-WILLIS HOSPITAL-RICHMOND,VA 1973
Residency and Year	ST MARYS MED CTR-GARY,IN 1979
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15242
License Date	6/1/2011
Name	<b>CHUN, MONICA J MD</b>
Address	CONCORD OB.GYN ASSOC, 189 NORTH MAIN STCONCORD, NH, 03301
Specialty	OBG
Board Certified	
School and Year of Graduation	TEMPLE UNIVERSITY USA 2007
Internship and Year	UNIVERSITY @ BUFFALO - BUFFALO, NY 2008
Residency and Year	UNIVERSITY @ BUFFALO - BUFFALO, NY 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7431
License Date	9/4/1986
Name	<b>CHUN, PIL H MD</b>
Address	20 HOOKS LN, EDGEWATER, NJ, 07020
Specialty	GS
Board Certified	
School and Year of Graduation	COLL OF MED SEOUL NAT UNIV SEOUL KOREA KOREA 1955
Internship and Year	SEOUL NATIONAL UNIV HOSPITAL - CHONGRO-KOO, SEOUL 1960
Residency and Year	SEOUL NATIONAL UNIV HOSPITAL - CHONGRO-KOO, SEOUL 1960
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	16899
License Date	1/21/2015
Name	<b>CHUNG, DANIEL C MD</b>
Address	GRJ 704 MGH, 50 BLOSSOM STBOSTON, MA, 02114
Specialty	GE
Board Certified	GE
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 1988
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1989
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12837
License Date	8/3/2005
Name	<b>CHUNG, SOOKOK C MD</b>
Address	ST JOSEPH INTERNAL MEDICINE, 17 RIVERSIDE ST STE 202NASHUA, NH, 03062
Specialty	IM
Board Certified	IM
School and Year of Graduation	MEMORIAL UNIVERSITY, CANADA CANADA 2002
Internship and Year	TRINITAS HOSPITAL, ELIZABETH NJ 2004
Residency and Year	TRINITAS HOSPITAL, ELIZABETH NJ 2005
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	11866
License Date	4/2/2003
Name	<b>CIAK, CARL S MD</b>
Address	INTERNAL MEDICINE, 248 PLEASANT STE 2800CONCORD, NH, 03301
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF MASSACHUSETTS MED SCH - WORCESTER, MA USA 1979
Internship and Year	UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1980
Residency and Year	UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13147
License Date	7/5/2006
Name	<b>CIAMPA, ARMANDO MD</b>
Address	111 COLCHESTER AVE, BURLINGTON, VT, 05401
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV DI MEDICINA E CHIRURGIA DELL AQUILA ITALY 1995
Internship and Year	UNIV OF MASSACHUSETTS MED SCHOOL-WORCHESTER MA 2004
Residency and Year	FLETCHER ALLEN HEALTHCARE/UNIV OF VT - BURLINGTON VT 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13009
License Date	3/1/2006
Name	<b>CIAMPI, MICHAEL A MD</b>
Address	380 LINCOLN ST, SO PORTLAND, ME, 04106
Specialty	FP
Board Certified	FP
School and Year of Graduation	TUFTS UNIVERSITY, BOSTON MA US 1992
Internship and Year	NAVAL HOSPITAL, PENSACOLA FL 1993
Residency and Year	NAVAL HOSPITAL, PENSACOLA FL 1995
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	16783
License Date	10/1/2014
Name	<b>CIARLO, MICHELLE L MD</b>
Address	110 ORVILLE WRIGHT DR, KEESLER AFBBILOXI, MS, 39531
Specialty	OBG
Board Certified	
School and Year of Graduation	ROSS UNIVERSITY DOMINICA 2010
Internship and Year	SAINT PETERS UNIVERSITY HOSPITAL - NEW BRUNSWICK, NJ 2011
Residency and Year	SAINT PETERS UNIVERSITY HOSPITAL - NEW BRUNSWICK, NJ 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 13949  
 License Date 5/7/2008  
 Name **CIASCHINI, MICHAEL W MD**  
 Address SEACOAST RADIOLOGY, 2 WASHINGTON ST., STE 329DOVER, NH, 03820  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIV OF PENNSYLVANIA USA 2000  
 Internship and Year UNIVERSITY HOSPITALS OF CLEVELAND CASE WESTERN RESERVE UNIV-CLEVELAND, OH 2002  
 Residency and Year CLEVELAND CLINIC-CLEVELAND, OH 2007  
 License Expiration Date **6/30/2016**  
 Remarks

License Number D0006  
 License Date  
 Name **CICCONI, JOHN J MD**  
 Address 173 OAK ST UNIT 106 WEST, NEWTON, MA, 02164  
 Specialty P  
 Board Certified  
 School and Year of Graduation ST LOUIS UNIVERSITY - ST LOUIS, MO USA 1965  
 Internship and Year INSTITUTE OF LIVING - HARTFORD, CT 1967  
 Residency and Year ST LOUIS UNIVERSITY - ST LOUIS, MO 1969  
 License Expiration Date **9/17/1996**  
 Remarks **9/17/96 - Order of Conditional Denial of License. DECEASE 08/09/2008**

License Number 9651  
 License Date 3/6/1996  
 Name **CICUTO, KENNETH P DO**  
 Address SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200SOUTH PORTLAND, ME, 04106  
 Specialty R  
 Board Certified R  
 School and Year of Graduation PHILA COLLEGE OF OSTEO MEDICINE - PA USA 1976  
 Internship and Year OSTEOPATHIC HOSPITAL OF MAINE - PORTLAND, ME 1977  
 Residency and Year OSTEOPATHIC HOSPITAL OF MAINE - PORTLAND, ME 1980  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 15373  
 License Date 9/7/2011  
 Name **CIMIKOSKI JR, WILLIAM J MD**  
 Address HUGGINS HOSPITAL, 240 S MAIN STWOLFEBORO, NH, 03894  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation SPARTAN HEALTH SCIENCES UNIVERSITY USA 1991  
 Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1995  
 Residency and Year MEDICAL COLLEGE OF GEORGIA - AUGUSTA, GA 1999  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9902  
 License Date 1/8/1997  
 Name **CIMIS JR, ROBERT J MD**  
 Address 2604 MARTIN LUTHER KING JR BLVD, NEW BERN, NC, 28562  
 Specialty GE  
 Board Certified GE  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1994  
 Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - NH 1995  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - NH 1996  
 License Expiration Date **6/30/2017**  
 Remarks **LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/15/15.**

License Number 4693  
 License Date 6/12/1972  
 Name **CIMIS, ROBERT J MD**  
 Address DHMC-GASTROENTEROLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty GE  
 Board Certified GE  
 School and Year of Graduation NEW JERSEY COLLEGE-NEWARK NJ USA 1965  
 Internship and Year DEPT OF HEALTH & HOSPITALS-BOSTON MA 1966  
 Residency and Year DEPT OF HEALTH & HOSPITALS-BOSTON MA 1967  
 License Expiration Date **6/12/2013**  
 Remarks **Deceased 6/12/2013**

License Number 16818  
 License Date 11/6/2014  
 Name **CINELLI, CHRISTINA M F**  
 Address BRIGHAM & WOMEN'S HOSP, 75 FRANCIS STBOSTON, MA, 02115  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation THE WARREN ALPERT MEDICAL SCHOOL OF BROWN UNIV USA 2008  
 Internship and Year MERCY MEDICAL CENTER - BALTIMORE, MD 2009  
 Residency and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 2013  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15745  
 License Date 7/11/2012  
 Name **CIOLINO, ALLISON L MD**  
 Address FAHC - PATHOLOGY, 111 COLCHESTER AVE 2ND FLR E PAVBURLINGTON, VT, 05401  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation UNIVERSITY OF VT COLLEGE OF MEDICINE USA 2004  
 Internship and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2006  
 Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2009  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	11125
License Date	12/6/2000
Name	<b>CIPRO, ROBERT P MD</b>
Address	42 WILDROSE DR, N ANDOVER, MA, 01845
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	TUFTS UNIV SCH OF MED - BOSTON, MA USA 1965
Internship and Year	HARTFORD HOSPITAL- HARTFORD, CT 1966
Residency and Year	HARTFORD HOSPITAL - HARTFORD, CT 1967
License Expiration Date	<b>1/16/2004</b>
Remarks	<b>1/16/04 - Voluntary Surrender of License</b>

License Number	8008
License Date	12/7/1988
Name	<b>CITRIN, MYRA A MD</b>
Address	PHILLIPS EXETER ACADEMY, LAMONT HEALTH CTR 20 MAIN ST EXETER, NH, 03833-2460
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV CINCINNATI COLL OF MED - CINCINNATI, OH USA 1981
Internship and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1982
Residency and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15016
License Date	10/6/2010
Name	<b>CITRON, SHANE T MD</b>
Address	ELLIOT OMS CENTER, 1 ELLIOT WAY 2ND FL MANCHESTER, NH, 03103
Specialty	OS
Board Certified	OS
School and Year of Graduation	WAYNE STATE UNIVERSITY USA 2001
Internship and Year	HENRY FORD HOSPITAL - DETROIT, MI 1999
Residency and Year	HENRY FORD HOSPITAL - DETROIT, MI 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11087
License Date	10/4/2000
Name	<b>CIVIDINO, VICTORIA MD</b>
Address	4480 POST RD, WARWICK, RI, 02818
Specialty	R
Board Certified	R
School and Year of Graduation	FAC OF MED UNIV OF BUENOS AIRES - ARGENTINA USA 1969
Internship and Year	BRIDGEPORT HOSPITAL - BRIDGEPORT, CT 1973
Residency and Year	ST BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 1974
License Expiration Date	<b>6/30/2008</b>
Remarks	



License Number	12585
License Date	1/5/2005
Name	<b>CIVIELLO, BARBARA S MD</b>
Address	SEACOAST CANCER CENTER, 789 CENTRAL AVEDOVER, NH, 03820
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF VERMONT, BURLINGTON VT US 1995
Internship and Year	UNIVERSITY OF FLORIDA, GAINESVILLE FL 1996
Residency and Year	UNIVERSITY OF FLORIDA, GAINESVILLE FL 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12233
License Date	3/3/2004
Name	<b>CIVITELLA, JENNIFER M MD</b>
Address	454 OLD STREET RD STE 207, PETERBOROUGH, NH, 03458
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF SO CAROLINA, COLUMBIA SC US 1995
Internship and Year	PALMETTO RICHLAND MEM HOSP, COLUMBIA SC 1996
Residency and Year	PALMETTO RICHLAND MEM HOSP, COLUMBIA SC 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9273
License Date	9/7/1994
Name	<b>CLAESSENS, MICHAEL T MD</b>
Address	PALLIATIVE CARE PROGRAM, MARSHFIELD CLIN 1000 N OAK AVEMARSHFIELD, WI, 54449
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF MN SCHOOL OF MEDICINE USA 1992
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1995
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1995
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	9371
License Date	3/1/1995
Name	<b>CLAFFEY, THOMAS F MD</b>
Address	26057 FAWNWOOD CT, BONITA SPRINGS, FL, 34134
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF VT COLLEGE OF MEDICINE USA 1970
Internship and Year	HARTFORD HOSPITAL - HARTFORD CT 1971
Residency and Year	UNIVERSITY IOWA HOSPITAL & CLINICS - IOWA CITY IA 1974
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	6279
License Date	9/4/1980
Name	<b>CLAIRMONT JR, THOMAS P MD</b>
Address	PORTSMOUTH INTERNAL MEDICINE ASSOC, 330 BORTHWICK AVE -STE 205PORTSMOUTH, NH, 038
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF VERMONT COLL MED - BURLINGTON, VT USA 1974
Internship and Year	GENESEE HOSPITAL - ROCHESTER, NY 1975
Residency and Year	GENESEE HOSPITAL - ROCHESTER, NY 1977
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6774
License Date	9/8/1983
Name	<b>CLANCY, PATRICIA E MD</b>
Address	PLEASANT ST FAMILY MEDICINE, 280 PLEASANT STCONCORD, NH, 03301
Specialty	FP
Board Certified	FP
School and Year of Graduation	JEFFERSON MED COLL OF THOMAS JEFFERSON UNIV-PA USA 1980
Internship and Year	SACRED HEART HOSPITAL-ALLENTOWN,PA 1981
Residency and Year	SACRED HEART HOSPITAL-ALLENTOWN,PA 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9186
License Date	6/1/1994
Name	<b>CLARDY, ELIZABETH A MD</b>
Address	CONCORD FAMILY MEDICINE, 18 FOUNDRY ST STE 201CONCORD, NH, 03301-
Specialty	FP
Board Certified	FP
School and Year of Graduation	DUKE UNIVERSITY SCHOOL OF MEDICINE USA 1981
Internship and Year	DUKE UNIVERSITY MEDICAL CENTER - DURHAM NC 1983
Residency and Year	DUKE UNIVERSITY MEDICAL CENTER - DURHAM NC 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6429
License Date	7/9/1981
Name	<b>CLARK JR, GORDON H MD</b>
Address	, , ,
Specialty	P
Board Certified	
School and Year of Graduation	GEORGE WASHINGTON UNIV USA 1977
Internship and Year	
Residency and Year	
License Expiration Date	<b>7/11/1995</b>
Remarks	

License Number	5130
License Date	1/2/1974
Name	<b>CLARK JR, PRESTON R MD</b>
Address	, , ,
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>12/5/1992</b>
Remarks	<b>DECEASED 12/5/92</b>

License Number	11018
License Date	8/2/2000
Name	<b>CLARK, ALISON M MD</b>
Address	WENTWORTH DOUGLASS HOSP, 789 CENTRAL AVEDOVER, NH, 03820
Specialty	IM
Board Certified	IM
School and Year of Graduation	TUFTS UNIV SCH - BOSTON, MA USA 1997
Internship and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1998
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12598
License Date	2/2/2005
Name	<b>CLARK, CANTWELL MD</b>
Address	DHMC DEPT OF ANESTHESIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	AN
Board Certified	AN
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL, LEBANON NH US 1980
Internship and Year	YALE UNIVERSITY, NEW HAVEN CT 1982
Residency and Year	MASS GENERAL HOSP, BOSTON MA 1984
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4694
License Date	6/12/1972
Name	<b>CLARK, DAVIS W MD</b>
Address	194 PLEASANT ST, STE 4CONCORD, NH, 03301
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIV OF ROCHESTER, NY USA 1967
Internship and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1968
Residency and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1972
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 3362  
 License Date 4/27/1960  
 Name **CLARK, DONALD W MD**  
 Address 91 KING HILL RD, PO BOX 488NEW LONDON, NH, 03257  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1954  
 Internship and Year MARY HITCHCOCK MEMORIAL HOSPITAL 1955  
 Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL 1955  
 License Expiration Date **6/30/2003**  
 Remarks **SETTLEMENT AGREEMENT ISSUED 11/2/94**

License Number 8987  
 License Date 7/7/1993  
 Name **CLARK, ELIZABETH C MD**  
 Address INFEC DISEASE ASSOC/TRAVEL MED, 399 DANIEL WEBSTER HWYMERRIMACK, NH, 03054  
 Specialty ID  
 Board Certified ID  
 School and Year of Graduation SUNY HEALTH SCIENCE CENTER AT SYRACUSE USA 1987  
 Internship and Year UNIVERSITY HOSPITAL - SYRACUSE NY 1992  
 Residency and Year UNIVERSITY HOSPITAL - SYRACUSE NY 1990  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 5033  
 License Date 7/12/1973  
 Name **CLARK, GEOFFREY E MD**  
 Address 240 ISLINGTON ST, PORTSMOUTH, NH, 03801-0000  
 Specialty GE  
 Board Certified GE  
 School and Year of Graduation SUNY AT BUFFALO-BUFFALO NY USA 1968  
 Internship and Year CAMBRIDGE HOSP-CAMBRIDGE MA 1969  
 Residency and Year BOSTON CITY HOSP-BOSTON MA 1973  
 License Expiration Date **12/23/2014**  
 Remarks **REQUESTED INACTIVE 12/23/14**

License Number 12254  
 License Date 4/7/2004  
 Name **CLARK, JEFFREY A MD**  
 Address DEPT OF ANESTHESIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation OHIO STATE UNIVERSITY, COLUMBUS OH US 1999  
 Internship and Year MT CARMEL HEALTH MED EDUCATION, COLUMBUS OH 2000  
 Residency and Year OHIO STATE UNIVERSITY, COLUMBUS OH 2001  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	9213
License Date	7/6/1994
Name	<b>CLARK, KELLY J MD</b>
Address	, PO BOX 86GLENVIEW, KY, 40025
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF WISCONSIN MEDICAL SCHOOL USA 1989
Internship and Year	SINAI SMARITAN MEDICAL CENTER - MILWAUKEE WI 1992
Residency and Year	MEDICAL COLLEGE WISCONSIN AFFILIATION HOSPITALS - MILWAUKEE, WI 1994
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	13033
License Date	4/5/2006
Name	<b>CLARK, MEGAN C DO</b>
Address	ELLIOT HOSPITAL, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty	IM
Board Certified	
School and Year of Graduation	UNIV OF NEW ENGLAND, BIDDEFORD ME USA 2002
Internship and Year	GEISINGER MEDICAL CTR, DANVILLE PA 2005
Residency and Year	GEISINGER MEDICAL CTR, DANVILLE PA 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11304
License Date	7/11/2001
Name	<b>CLARK, PAUL R MD</b>
Address	INTERNAL MEDICINE, 248 PLEASANT STREET STE 2800CONCORD, NH, 03301
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF MASS SCHOOL OF MEDICINE USA 1979
Internship and Year	UMASS MEMORIAL HEALTH CARE WORCESTER MA 1980
Residency and Year	UMASS MEMORIAL HEALTH CARE WORCESTER MA 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16664
License Date	7/2/2014
Name	<b>CLARK, RACHEL M MD</b>
Address	MGH, 55 FRUIT STBOSTON, MA, 02114
Specialty	OBG
Board Certified	
School and Year of Graduation	EMORY UNIV SCHOOL OF MEDICINE USA 2007
Internship and Year	BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 2008
Residency and Year	BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 2011
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13088
License Date	6/7/2006
Name	<b>CLARK, REBECCA A MD</b>
Address	HOP CLINIC, 136 S ROMAN STNEW ORLEANS, LA, 70112
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF WASHINGTON, SEATTLE WA US 1984
Internship and Year	TULANE UNIVERSITY, NEW ORLEANS LA 1985
Residency and Year	TULANE UNIVERSITY, NEW ORLEANS LA 1987
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	4983
License Date	5/22/1973
Name	<b>CLARK, STEPHEN E MD</b>
Address	445 CYPRESS ST UNIT 7, MANCHESTER, NH, 03103-3600
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV OF VERMONT USA 1968
Internship and Year	UNIF OF COLORADO MEDICAL CENTER - DENVER, CO 1969
Residency and Year	UNIF OF COLORADO MEDICAL CENTER - DENVER, CO 1971
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	12781
License Date	7/6/2005
Name	<b>CLARK, SUSANNAH T MD</b>
Address	DHMC, ONE MEDICAL CENTER DRIVELEBANON, NH, 03766
Specialty	IM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL, LEBANON, NH USA 2001
Internship and Year	UNIVERSITY OF NEW MEXICO, ALBUQUERQUE NM 2002
Residency and Year	UNIVERSITY OF NEW MEXICO, ALBUQUERQUE NM 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12900
License Date	10/5/2005
Name	<b>CLARK, THOMAS S MD</b>
Address	74 NEW MONTGOMERY, STE 600SAN FRANCISCO, CA, 94105
Specialty	PD
Board Certified	
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL, LEBANON NH US 2001
Internship and Year	UNIVERSITY OF NEW MEXICO, ALBUQUERQUE NM 2002
Residency and Year	UNIVERSITY OF NEW MEXICO, ALBUQUERQUE NM 2004
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	15339
License Date	8/3/2011
Name	<b>CLARKE, CHRISTOPHER J MD</b>
Address	DARTMOUTH-HITCHCOCK CLINIC, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty	PD
Board Certified	PD
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 2004
Internship and Year	CHILDRENS NATIONAL MEDICAL CENTER - WASHINGTON, DC 2005
Residency and Year	CHILDRENS NATIONAL MEDICAL CENTER - WASHINGTON, DC 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5213
License Date	7/15/1974
Name	<b>CLARKE, DANIEL B MD</b>
Address	12 SPRUCE ST, AUGUSTA, ME, 04330-5204
Specialty	D
Board Certified	D
School and Year of Graduation	UNIV OF VERMONT USA 1969
Internship and Year	MADIGAN GENERAL HOSPITAL - TACOMA, WA 1970
Residency and Year	BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 1974
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	12451
License Date	9/1/2004
Name	<b>CLARKE, DELPHIA M MD</b>
Address	VIRTUAL RADIOLOGIC PROF, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF TEXAS, SAN ANTONIO TX US 1983
Internship and Year	UNIVERSITY OF TEXAS, SAN ANTONIO TX 1984
Residency and Year	UNIVERSITY OF TEXAS, SAN ANTONIO TX 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12867
License Date	9/7/2005
Name	<b>CLARKE, PETER D MD</b>
Address	BRIGHAM & WOMEN'S HOSP, 75 FRANCIS STBOSTON, MA, 02115
Specialty	R
Board Certified	R
School and Year of Graduation	HOWARD UNIVERSITY, WASHINGTON DC US 1981
Internship and Year	WASHINGTON HOSPITAL CTR, WASHINGTON DC 1982
Residency and Year	BRIGHAM & WOMEN'S HOSPITAL, BOSTON MA 1985
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number 7489  
 License Date 1/8/1987  
 Name **CLARY, PATRICK L MD**  
 Address NH PALLIATIVE CARE SERVICE, 276 COUNTY FARM ROADDOVER, NH, 03876  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation GEORGETOWN UNIV SCH MED WASHINGTON, DC USA 1979  
 Internship and Year THE BROOKDALE HOSPITAL MEDICAL CENTER - BROOKLYN, NY 1980  
 Residency and Year THE BROOKDALE HOSPITAL MEDICAL CENTER - BROOKLYN, NY 1981  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 7500  
 License Date 2/5/1987  
 Name **CLATTENBURG, RICHARD N MD**  
 Address , 1067 CADY HILL RDPERKINSVILLE, VT, 05151  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1976  
 Internship and Year UNIV HOSPITAL - SEATTLE, WA 1977  
 Residency and Year UNIV HOSPITAL - SEATTLE, WA 1978  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10608  
 License Date 7/7/1999  
 Name **CLAUSSEN, BRIAN E MD**  
 Address FAMILY PHYSICIANS - MANCHESTER, 57 WEBSTER ST STE 110MANCHESTER, NH, 03104  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF CT SCH OF MED - FARMINGTON, CT USA 1996  
 Internship and Year HARRISBURG HOSPITAL - HARRISBURG, PA 1997  
 Residency and Year HARRISBURG HOSPITAL - HARRISBURG, PA 1998  
 License Expiration Date **6/30/2017**  
 Remarks **2/6/15 - Settlement Agreement**

License Number 10609  
 License Date 7/7/1999  
 Name **CLAUSSEN, CAROLYN G MD**  
 Address WILLOWBEND FAMILY PRACTICE, 5 WASHINGTON PLACE STE 1ABEDFORD, NH, 03110  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF CT SCH OF MED - FARMINGTON, CT USA 1996  
 Internship and Year HARRISBURG HOSPITAL - HARRISBURG, PA 1997  
 Residency and Year HARRISBURG HOSPITAL - HARRISBURG, PA 1998  
 License Expiration Date **6/30/2017**  
 Remarks



License Number 6238  
 License Date 7/3/1980  
 Name **CLAYBURGH, JAMES B MD**  
 Address 12 HOSPITAL DR STE 9, YORK, ME, 03909  
 Specialty CD  
 Board Certified CD  
 School and Year of Graduation NORTHWESTERN UNIV MED SCH - CHICAGO, IL USA 1977  
 Internship and Year MAYO GRAD SCHOOL OF MEDICINE - ROCHESTER, MN 1978  
 Residency and Year MAYO GRAD SCHOOL OF MEDICINE - ROCHESTER, MN 1980  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10358  
 License Date 8/5/1998  
 Name **CLAYDON, CHARLES T MD**  
 Address 22 HUNTERS RUN, RYE, NH, 03870  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation JOHN HOPKINS UNIV SCH OF MED - BALTIMORE,MD USA 1960  
 Internship and Year JOHN HOPKINS HOSPITAL - BALTIMORE, MD 1961  
 Residency and Year HARTFORD HOSPITAL - HARTFORD, CT 1962  
 License Expiration Date **6/30/2002**  
 Remarks

License Number 16632  
 License Date 6/4/2014  
 Name **CLAYMAN, JEFFREY O MD**  
 Address ONE ESSEX CTR DR, PEABODY, MA, 01960  
 Specialty CD  
 Board Certified CD  
 School and Year of Graduation UNIVERSITY OF MASSACHUSETTS MED SCHOOL USA 1999  
 Internship and Year MOUNT AUBURN HOSPITAL - CAMBRIDGE, MA 2000  
 Residency and Year MOUNT AUBURN HOSPITAL - CAMBRIDGE, MA 2002  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15285  
 License Date 7/6/2011  
 Name **CLAYTOR, RICHARD B MD**  
 Address NOONEPLASTIC SUREGEY INSTITUTE, 888 GLENBROOK AVE BRYN MAWR, PA, 19010  
 Specialty PS  
 Board Certified PS  
 School and Year of Graduation THOMAS JEFFERSON UNIVERSITY USA 1996  
 Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1997  
 Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2002  
 License Expiration Date **6/30/2017**  
 Remarks **Lapsed for non-renewal 6/30/2015. Renewed 8/20/15**

License Number 2975  
 License Date 6/10/1953  
 Name **CLEASBY, DAVID M MD**  
 Address 208 PLEASANT ST, LACONIA, NH, 03246-3033  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation TUFTS UNIVERSITY USA 1952  
 Internship and Year CAMBRIDGE CITY HOSPITAL - CAMBRIDGE, MA 1953  
 Residency and Year CAMBRIDGE CITY HOSPITAL - CAMBRIDGE, MA 1953  
 License Expiration Date **6/30/2000**  
 Remarks

License Number 10044  
 License Date 7/2/1997  
 Name **CLEMANS, CECILIA L MD**  
 Address DH-MANCHESTER OB/GYN, 5 WASHINGTON PLACE BEDFORD, NH, 03110  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1994  
 Internship and Year MARY-HITCHCOCK MEMORIAL HOSP - NH 1995  
 Residency and Year MARY-HITCHCOCK MEMORIAL HOSP - NH 1997  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12526  
 License Date 11/3/2004  
 Name **CLEMENT II, EARL J MD**  
 Address 8011 GLEN FOREST, HOUSTON, TX, 77061  
 Specialty FP  
 Board Certified  
 School and Year of Graduation MEHARRY MEDICAL COLLEGE, NASHVILLE TN US 1998  
 Internship and Year BRACKENRIDGE HOSPITAL, AUSTIN TX 2000  
 Residency and Year BRACKENRIDGE HOSPITAL, AUSTIN TX 2001  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 8071  
 License Date 5/10/1989  
 Name **CLEMMER, WILLIAM C MD**  
 Address 41 FOREST AVE, ORONO, ME, 04473  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation HOWARD UNIVERSITY COLLEGE OF MEDICINE USA 1986  
 Internship and Year EASTERN MAINE MEDICAL CENTER - BANGOR ME 1987  
 Residency and Year EASTERN MAINE MEDICAL CENTER - BANGOR ME 1989  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	12647
License Date	4/6/2005
Name	<b>CLEMONS, JEANNETTE M MD</b>
Address	3 BALSAM CT, BEDFORD, NH, 03110
Specialty	P
Board Certified	P
School and Year of Graduation	UNIFORM SERVICES UNIVERSITY,BETHESDA MD US 1990
Internship and Year	NAVEL HOSPITAL, NORTH CHARLESTON SC 1991
Residency and Year	NATIONAL NAVEL MEDICAL CENTER, BETHESDA MD 1996
License Expiration Date	<b>9/30/2014</b>
Remarks	9/30/14 - Requested inactive.

License Number	12838
License Date	8/3/2005
Name	<b>CLEMONS, PETER M MD</b>
Address	CHAD, BEDFORD MED PARK - 5 WASHINGTON PLBEDFORD, NH, 03110
Specialty	PD
Board Certified	PD
School and Year of Graduation	STATE UNIVERSITY OF NEW YORK, BUFFALO NY US 1976
Internship and Year	CHILDRENS HOSPITAL, BUFFALO NY 1977
Residency and Year	CHILDRENS HOSPITAL, BUFFALO NY 1979
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14158
License Date	9/3/2008
Name	<b>CLERK, AVNISH N MD</b>
Address	CORE ORTHOPEDIC, 3 ALUMNI DRIVE STE 301EXETER, NH, 03833
Specialty	ORS
Board Certified	OSM
School and Year of Graduation	UNIV OF CHICAGO USA 2002
Internship and Year	UNIV OF CHICAGO HOSPITALS - CHICAGO, IL 2003
Residency and Year	UNIV OF CHICAGO MEDICAL CENTER - CHICAGO, IL 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13530
License Date	6/6/2007
Name	<b>CLICK, MICHAEL E MD</b>
Address	DHMC-RADIOLOGY DEPT, ONE MED CTR DRLEBANON, NH, 03756
Specialty	R
Board Certified	R
School and Year of Graduation	COLUMBIA UNIV USA 1996
Internship and Year	WOMACK ARMY MEDICAL CENTER - FORT BRAGG, NC 1997
Residency and Year	TRIPLER ARMY MEDICAL CENTER - HONOLULU, HI 2001
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	7501
License Date	2/5/1987
Name	<b>CLIFFORD, JAMES H MD</b>
Address	HILLSIDE FAMILY MEDICINE, 14 MAPLE STGILFORD, NH, 03249
Specialty	FP
Board Certified	FP
School and Year of Graduation	CORNELL UNIV MED COLL NEW YORK, NY USA 1972
Internship and Year	JACKSON MEMORIAL HOSPITAL - MIAMI, FL 1973
Residency and Year	SOUTHSIDE HOSPITAL - BAY SHORE, NY 1976
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8405
License Date	7/11/1990
Name	<b>CLIFT, JOHN V MD</b>
Address	, , ,
Specialty	EM
Board Certified	
School and Year of Graduation	UNIVERSITY OF MARYLAND USA 1953
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1997</b>
Remarks	

License Number	12619
License Date	3/2/2005
Name	<b>CLINEFELTER, SEAN R MD</b>
Address	PAIN SOURCE SOLUTIONS, 1900 SWIFT STE 203N KANSAS CITY, MO, 64116
Specialty	APM
Board Certified	
School and Year of Graduation	UNIVERSITY OF IOWA, IOWA CITY IA US 2000
Internship and Year	MAINE MEDICAL CTR, PORTLAND ME 2001
Residency and Year	MAINE MEDICAL CTR, PORTLAND ME 2004
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	8510
License Date	4/3/1991
Name	<b>CLINGMAN, JEFFREY A MD</b>
Address	ORTHOPEDIC PROF ASSOC, 14 MAPLE ST STE 100GILFORD, NH, 03249
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	INDIANA UNIV SCH OF MED - INDIANAPOLIS, IN' USA 1985
Internship and Year	INDIANA UNIV MEDICAL CENTER - INDIANAPOLIS, IN 1986
Residency and Year	INDIANA UNIV MEDICAL CENTER - INDIANAPOLIS, IN 1990
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 13044  
 License Date 4/5/2006  
 Name **CLIONSKY, EMILYMARIE C MD**  
 Address MEMORY WELLNESS, LLC, 155 MAPLE ST STE 203SPRINGFIELD, MA, 01105  
 Specialty P  
 Board Certified  
 School and Year of Graduation JEFFERSON MEDICAL COLLEGE-PHILADELPHIA PA USA 1997  
 Internship and Year ST FRANCIS MEDICAL CTR-PITTSBURGH PA 1999  
 Residency and Year MERCY HOSPITAL-PITTSBURGH PA(1)DARTMOUTH-HITCHCOCK MED CTR-LEBANON NH(2) 2006  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 9647  
 License Date 2/7/1996  
 Name **CLIVE, PETER J MD**  
 Address 2815 BARDAMAR DR, PORT GRATIOT, MI, 48059  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIV OF OTTAWA FAC OF MED OTTAWA ONTARIO CANADA 1982  
 Internship and Year DALHOUSIE UNIV HALIFAX - NOVA SCOTIA 1983  
 Residency and Year UNIV OF OTTAWA HALHOUSIE - HALIFAX, NOVA SCOTIA 1991  
 License Expiration Date **6/30/1998**  
 Remarks

License Number 16633  
 License Date 6/4/2014  
 Name **CLOUSE, WILLIAM D MD**  
 Address FOUNDATION VASCULAR SURGERY/MEDICAL PARTNERS,SNHMC, 8 PROSPECT ST, NORTH II SPEC.  
 Specialty VS  
 Board Certified VS  
 School and Year of Graduation MAYO MEDICAL SCHOOL USA 1994  
 Internship and Year WILFORD HALL MEDICAL CENTER-LACKLAND AFB, TXC 1996  
 Residency and Year WILFORD HALL MEDICAL CENTER-LACKLAND AFB, TXC 2000  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13485  
 License Date 5/9/2007  
 Name **CLOUSER, RYAN D DO**  
 Address ELLIOT HOSPITAL-HOPITALIST, ONE ELLIOT WAYMANCHESTER, NH, 03103  
 Specialty CCM  
 Board Certified CCM  
 School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEOPATHIC MED USA USA  
 Internship and Year GEISINGER MEDICAL CENTER-DANVILLE, PA 2003  
 Residency and Year GEISINGER MEDICAL CENTER-DANVILLE, PA 2006  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 6411  
 License Date 6/18/1981  
 Name **CLUTTERBUCK, WILLIAM B MD**  
 Address 87 MCGREGOR ST, STE 3100MANCHESTER, NH, 03102  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation OHIO STATE UNIV,COLUMBUS OH USA 1975  
 Internship and Year RIVERSIDE METHODIST HOSP,COLUMBUS,OH 1976  
 Residency and Year RIVERSIDE METHODIST HOSP, COLUMBUS,OH 1980  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9372  
 License Date 3/1/1995  
 Name **COBLE, SUZANNE MD**  
 Address 93 ROXBURY ST, KEENE, NH, 03431  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF CALIFORNIA SCHOOL OF MEDICINE USA 1987  
 Internship and Year LANCASTER GENERAL HOSPITAL - LANCASTER PA 1990  
 Residency and Year LANCASTER GENERAL HOSPITAL - LANCASTER PA 1990  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9474  
 License Date 7/5/1995  
 Name **COBLENTZ, HOLLIS S DO**  
 Address ONE CHESTNUT PLACE, 10 CHESTNUT STWORCESTER, MA, 01608  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation NEW ENGLAND COLLEGE OF OSTEOPATHIC MEDICINE USA 1987  
 Internship and Year METROPOLITAN GENERAL HOSPITAL - PINELLAS PARK FL 1988  
 Residency and Year METROPOLITAN GENERAL HOSPITAL - PINELLAS PARK FL 1990  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14954  
 License Date 8/4/2010  
 Name **COCHRAN, ALEXIS A MD**  
 Address CHESHIRE MEDICAL CTR, 580 COURT STKEENE, NH, 03431  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIVERSITY OF ROCHESTER USA 2007  
 Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2009  
 Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2010  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	6917
License Date	7/5/1984
Name	<b>COCHRAN, ROBERT B MD</b>
Address	DARTMOUTH HITCHCOCK-WALPOLE, WESTMINSTER ST 758WALPOLE, NH, 03608
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF VT COLL MED-BURLINGTON,VT USA 1981
Internship and Year	THE ALTOONA HOSP-ALTOONA,PA 1982
Residency and Year	THE ALTOONA HOSP-ALTOONA,PA 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10644
License Date	8/4/1999
Name	<b>COCHRAN, TERRY L MD</b>
Address	GREENWICH ANESTHESIOLOGY ASSOC, P BOX 772GREENWICH, CT, 06836
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV OF SOUTH FLORIDA - TAMPA, FL USA 1986
Internship and Year	ST BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 1987
Residency and Year	ALBERT EINSTEIN COLL OF MED - BRONX, NY 1988
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	14955
License Date	8/4/2010
Name	<b>COCHRAN, THOMAS S MD</b>
Address	CHESHIRE MEDICAL CTR, 580 COURT STKEENE, NH, 03431
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF ROCHESTER USA 2007
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2008
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11210
License Date	4/4/2001
Name	<b>COCHRANE, CHRISTINE DO</b>
Address	WEBSTER STREET INTERNAL MEDICINE, 57 WEBSTER STMANCHESTER, NH, 03104
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF NEW ENGLAND - BIDDEFORD, ME USA 1996
Internship and Year	ST VINCENT HOSPITAL - WORCESTER, MA 1997
Residency and Year	ST VINCENT HOSPITAL - WORCESTER, MA 1999
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number 4926  
 License Date 12/4/1972  
 Name **COCHRANE, PAUL E MD**  
 Address 29 HILLSIDE RD, FITCHBURG, MA, 01420  
 Specialty FP  
 Board Certified  
 School and Year of Graduation TUFTS MEDICAL SCHOOL, MA USA 1956  
 Internship and Year WALTHAM HOSPITAL - WALTHAM, MA 1957  
 Residency and Year WORCESTER CITY HOSPITAL - WORCESTER, MA 1958  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 16103  
 License Date 5/1/2013  
 Name **COCKLIN, CARRIE L MD**  
 Address DARTMOUTH HITCHCOCK HOSPITAL - KEENE, 580 COURT ST KEENE, NH, 03431  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation INDIANA UNIVERSITY SCHOOL OF MEDICINE USA 2006  
 Internship and Year INDIANA UNIVERSITY MEDICAL CENTER - INDIANAPOLIS, IN 2007  
 Residency and Year INDIANA UNIVERSITY MEDICAL CENTER - INDIANAPOLIS, IN 2010  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9108  
 License Date 2/2/1994  
 Name **CODY, THOMAS P MD**  
 Address NEW ENGLAND NEUROLOGICAL ASSOC, 354 MERRIMACK ST LAWRENCE, MA, 01843  
 Specialty PM  
 Board Certified PM  
 School and Year of Graduation UNIVERSITY OF CT SCHOOL OF MEDICINE USA 1990  
 Internship and Year HARTFORD HOSPITAL - HARTFORD CT 1991  
 Residency and Year SINAI HOSPITAL OF BALTIMORE - BALTIMORE MD 1994  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14986  
 License Date 9/1/2010  
 Name **COE, MARCUS P MD**  
 Address DHMC - ORTHO SURGERY, 1 MED CTR DR LEBANON, NH, 03756  
 Specialty ORS  
 Board Certified  
 School and Year of Graduation YALE UNIVERSITY USA 2006  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010  
 License Expiration Date **6/30/2016**  
 Remarks



License Number 9109  
 License Date 2/2/1994  
 Name **COEBY, LYNN M MD**  
 Address 310 PETERSBURG RD, LITITZ, PA, 17543  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation ROBERT JOHNSON MEDICAL SCHOOL USA 1982  
 Internship and Year MEDICAL COLLEGE OF OHIO HOSPITAL - TOLEDO OH 1984  
 Residency and Year MEDICAL COLLEGE OF OHIO HOSPITAL - TOLEDO OH 1987  
 License Expiration Date **6/30/1998**  
 Remarks

License Number 13618  
 License Date 8/1/2007  
 Name **COEN, JOHN J MD**  
 Address 21st CENTURY ONCOLOGY, 50 MAUDE ST PROVIDENCE, RI, 02908  
 Specialty RO  
 Board Certified RO  
 School and Year of Graduation UNIV OF MASSACHUSETTS USA 1998  
 Internship and Year VIRGINIA MASON MEDICAL CENTER - SEATTLE, MA 1999  
 Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2003  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 7562  
 License Date 5/6/1987  
 Name **COFFEY, DAVID J MD**  
 Address DARTMOUTH-HITCHCOCK CLINIC, ONE MEDICAL CTR DR LEBANON, NH, 03756  
 Specialty N  
 Board Certified N  
 School and Year of Graduation GEORGETOWN UNIVERSITY USA 1983  
 Internship and Year MT AUBURN HOSPITAL 1984  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR 1987  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15180  
 License Date 4/6/2011  
 Name **COFFIELD, TERRELL L MD**  
 Address RADIOLOGY ASSOC, 100 HOSPITAL DR BENNINGTON, VT, 05201  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation WEST VIRGINIA UNIVERSITY SCHOOL OF MEDICINE USA 1975  
 Internship and Year AKRON GENERAL MEDICAL CENTER - AKRON, OH 1976  
 Residency and Year UNIVERSITY OF VERMONT COLLEGE OF MEDICINE - BURLINGTON, VT 1979  
 License Expiration Date **6/30/2013**  
 Remarks

License Number	13089
License Date	6/7/2006
Name	<b>COFFMAN, STEPHAN W MD</b>
Address	MONADNOCK SURGICAL ASSOCIATES, 454 OLD STREET RD STE 201PETERBOROUGH, NH, 03458
Specialty	GS
Board Certified	GS
School and Year of Graduation	MEDICAL COLLEGE OF PA, PHILADELPHIA PA US 1996
Internship and Year	GUTHRIE ROBERT PACKER HOSP, SAYRE PA 1997
Residency and Year	GUTHRIE ROBERT PACKER HOSP, SAYRE PA 2001
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	13950
License Date	5/7/2008
Name	<b>COGBILL, ELIZABETH A MD</b>
Address	DHMC, 1 MEDICAL CENTER DRLEBANON, NH, 03766
Specialty	IM
Board Certified	
School and Year of Graduation	MEDICAL COLLEGE OF WISCONSIN USA 2005
Internship and Year	MEDICAL COLLEGE OF WISCONSIN - MILWAUKEE, WI 2006
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	9214
License Date	7/6/1994
Name	<b>COGGINS, DAVID A MD</b>
Address	LACONIA CLINIC, PO BOX 637LACONIA, NH, 03247-
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF NORTH CAROLINA HILL SCHOOL OF MED USA 1987
Internship and Year	CAROLINAS MEDICAL CENTER - CHARLOTTE NC 1990
Residency and Year	CAROLINAS MEDICAL CENTER - CHARLOTTE NC 1990
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	16211
License Date	7/3/2013
Name	<b>COGLEY, JONATHAN R MD</b>
Address	VA WESTERN NY HEALTHCARE SYSTEM, 3495 BAILEY AVEBUFFALO, NY, 14215
Specialty	DR
Board Certified	DR
School and Year of Graduation	TEMPLE UNIVERSITY SCHOOL OF MEDICINE USA 2007
Internship and Year	WESTERN PENNSYLVANIA HOSPITAL - PITTSBURGH, PA 2008
Residency and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2012
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	2551
License Date	2/11/1947
Name	<b>COGSWELL, THOMAS G MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1989</b>
Remarks	

License Number	10704
License Date	10/6/1999
Name	<b>COHEN, ANDREW M MD</b>
Address	NEW ENGLAND HEART INSTITUTE, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty	IM
Board Certified	CD
School and Year of Graduation	UNIV OF MEDICINE & DENTISTRY USA 1992
Internship and Year	DARTMOUTH HITCHCOCK MED CTR 1993
Residency and Year	UNIV OF MASSACHUSETTS MED CTR 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8524
License Date	5/8/1991
Name	<b>COHEN, ANNE H MD</b>
Address	MIDCOAST MENTAL HLTH CTR, 5 MIDCOAST DRBELFAST, ME, 04915
Specialty	CHP
Board Certified	CHP
School and Year of Graduation	CASE WESTERN RESERVE SCHOOL OF MEDICINE USA 1975
Internship and Year	METROHEALTH MEDICAL CENTER, CLEVELAND OHIO 1976
Residency and Year	UNIVERSITY OF MASS 1980
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	3416
License Date	3/8/1961
Name	<b>COHEN, ARTHUR E MD</b>
Address	44 HANOVER ST, KEENE, NH, 03431-2858
Specialty	U
Board Certified	U
School and Year of Graduation	TUFTS UNIVERSITY MEDICAL SCHOOL USA 1955
Internship and Year	U.S. PUBLIC HEALTH SERVICE 1956
Residency and Year	VETERANS ADMINISTRATION HOSPITAL 1961
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	13853
License Date	3/5/2008
Name	<b>COHEN, DAVID J MD</b>
Address	TELERADIOLOGY SPECIALISTS, 7702 E DOUBLETREE RANCH RD STE 300SCOTTSDALE, AZ, 85258
Specialty	DR
Board Certified	DR
School and Year of Graduation	THOMAS JEFFERSON UNIV USA 1992
Internship and Year	JACKSON MEMORIAL HOSPITAL - MIAMI, FL 1993
Residency and Year	JACKSON MEMORIAL HOSPITAL - MIAMI, FL 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>lapsed 6/30/10 - reinstated 4/2/14</b>

License Number	8198
License Date	8/9/1989
Name	<b>COHEN, DEVRA H MD</b>
Address	6 CONCORD ST, NASHUA, NH, 03064
Specialty	CHP
Board Certified	CHP
School and Year of Graduation	UNIV OF COLORADO HLTH SCI - DENVER, CO USA 1984
Internship and Year	YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1985
Residency and Year	YALE UNIV - NEW HAVEN, CT 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13854
License Date	3/5/2008
Name	<b>COHEN, EMILY S MD</b>
Address	215 NORTH MAIN ST, WHITE RIVER JNT, VT, 05009
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV VAN AMSTERDAM NETHERLANDS 2002
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12292
License Date	5/5/2004
Name	<b>COHEN, HAROLD L MD</b>
Address	811 WEST SECOND ST, BLOOMINGTON, IN, 47403
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	JOHN HOPKINS UNIVERSITY, BALTIMORE MD US 1993
Internship and Year	FRANKLIN SQUARE HOSP CTR, BALTIMORE MD 1994
Residency and Year	UNIVERSITY OF IOWA, IOWA CITY IA 1998
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	15565
License Date	3/7/2012
Name	<b>COHEN, JASON A MD</b>
Address	DERMPATH DIAGNOSTICS/AMERIPATH, 7111 FAIRWAY DR 400PALM BEACH GARDENS, FL, 33418
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	SACKLER SCHOOL OF MEDICINE ISRAEL 2002
Internship and Year	NEW YORK & PRESBYTERIAN HOSPITAL - NY, NY 2003
Residency and Year	NEW YORK & PRESBYTERIAN HOSPITAL - NY, NY 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11126
License Date	12/6/2000
Name	<b>COHEN, JEFFREY A MD</b>
Address	DHMC-NEUROLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756-001
Specialty	N
Board Certified	N
School and Year of Graduation	UNIV OF OKLAHOMA HLTH SCI - OKLAHOMA CITY, OK USA 1977
Internship and Year	MT SINAI HOSPITAL - NEW YORK, NY 1978
Residency and Year	MT SINAI HOSPITAL - NEW YORK, NY 1981
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6229
License Date	6/18/1980
Name	<b>COHEN, KENNETH H MD</b>
Address	20 LADD ST, 4TH FLPORTSMOUTH, NH, 03801
Specialty	P
Board Certified	P
School and Year of Graduation	CORNELL UNIV. MED COLL.NY USA 1975
Internship and Year	WADSWORTH VA HOSP-MED CTR,CA 1976
Residency and Year	WADSWORTH VA HOSPITAL MEDICAL CENTER - CA 1976
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13765
License Date	12/5/2007
Name	<b>COHEN, LAURENCE D MD</b>
Address	BERKSHIRE ORTHOPAEDIC ASSOC, 27 LEWIS AVEGREAT BARRINGTON, MA, 01230
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	STATE UNIV OF NEW YORK USA 1967
Internship and Year	NY MEDICAL COLLEGE @ WESTCHESTER MEDICAL CENTER - VALHALLA, NY 1968
Residency and Year	MONTEFIORE MEDICAL CENTER - BRONX, NY 1969
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number 12782  
 License Date 7/6/2005  
 Name **COHEN, LISA M MD**  
 Address STRATA PATHOLOGY SERVICES, ONE CRANBERRY HILL SUITE 303LEXINGTON, MA, 02421  
 Specialty D  
 Board Certified D  
 School and Year of Graduation UNIVERSITY OF VERMONT, BURLINGTON VT USA 1989  
 Internship and Year BOSTON UNIVERSITY MEDICAL CENTER, BOSTON MA 1990  
 Residency and Year UNIVERSITY OF LOUISVILLE HEALTH SCIENCE CENTER, LOUISVILLE KY 1993  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12568  
 License Date 1/5/2005  
 Name **COHEN, LOREN E MD**  
 Address 5310 BUCK HILL AVE, BUENA PARK, CA, 90621  
 Specialty RNR  
 Board Certified R  
 School and Year of Graduation CREIGHTON UNIVERSITY, OMAHA NE US 1972  
 Internship and Year CREIGHTON UNIVERSITY, OMAHA NE 1973  
 Residency and Year MARICOPA INTEGRATED HEALTH SYSTEM, PHOENIX AZ 1974  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 9119  
 License Date 3/2/1994  
 Name **COHEN, MAURICE B MD**  
 Address NORTHEAST GASTROENTEROLOGY ASSOC, 52 STILES ROAD SUITE 110SALEM, NH, 03079  
 Specialty GE  
 Board Certified IM  
 School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1987  
 Internship and Year ST ELIZABETHS HOSPITAL - BOSTON MA 1990  
 Residency and Year UNIVERSITY MA MEDICAL CENTER - WORCESTER MA 1992  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12989  
 License Date 2/1/2006  
 Name **COHEN, MICHAEL K MD**  
 Address PATHOLOGY RESOURCE CONSULTANTS, 106 SOUTH HARRIS ST SUITE 102ROUND ROCK, TX, 78664  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation TEXAS A & M UNIVERSITY, COLLEGE STATION TX US 1990  
 Internship and Year UNIVERSITY OF TEXAS, DALLAS TX 1991  
 Residency and Year TEXAS A & M-SCOTT AND WHITE MEMORIAL HOSP, TEMPLE TX 1995  
 License Expiration Date **6/30/2016**  
 Remarks **LAPSED FOR NONRENEWAL 6/30/14**  
**RENEWED 8/4/14**

License Number	16470
License Date	2/5/2014
Name	<b>COHEN, MICHAEL L MD</b>
Address	127 RASPBERRY CT, MELVILLE, NY, 11747
Specialty	P
Board Certified	P
School and Year of Graduation	STATE UNIVERSITY OF NY HEALTH SCIENCE CTR USA 1991
Internship and Year	NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1992
Residency and Year	DWIGHT DAVID EISENHOWER ARMY MEDICAL CENTER - FORT GORDON, GA 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9274
License Date	9/7/1994
Name	<b>COHEN, MITCHELL G MD</b>
Address	ST JOSEPH INTERNAL MEDICINE, 17 RIVERSIDE ST STE 202NASHUA, NH, 03062
Specialty	IM
Board Certified	IM
School and Year of Graduation	HAHNEMANN UNIVERSITY SCHOOL OF MEDICINE USA 1990
Internship and Year	UNIVERSITY HEALTH CENTER OF PITTSBURGH - PITTSBURGH PA 1993
Residency and Year	UNIVERSITY HEALTH CENTER OF PITTSFIELD - PITTSBURGH PA 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10416
License Date	10/7/1998
Name	<b>COHEN, MYLAN C MD</b>
Address	ME MED PART ME HLTH CARDIO, 96 CAMPUS DR, STE 1SCARBOROUGH, ME, 04074
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIV OF VERMONT COLL OF MED - BURLINGTON, VT USA 1987
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1988
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1989
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8686
License Date	3/4/1992
Name	<b>COHN, KENNETH H MD</b>
Address	192 MARKET ST, AMESBURY, MA, 01913
Specialty	GS
Board Certified	GS
School and Year of Graduation	COLUMBIA UNIVERSITY USA 1976
Internship and Year	NEW ENGLAND DEACONESS HOSPITAL BOSTON - MASSACHUSETTS 1977
Residency and Year	NEW ENGLAND DEACONESS HOSPITAL BOSTON - MASSACHUSETTS 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15211
License Date	5/4/2011
Name	<b>COKER, SHODEINDE A MD</b>
Address	DHMC - DEPT OF CLINICAL PHARMACOLOGY, ONE MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	UNIVERSITY OF IBADAN NIGERIA 2004
Internship and Year	HOWARD UNIVERSITY HOSPITAL - WASHINGTON, DC 2009
Residency and Year	HOWARD UNIVERSITY HOSPITAL - WASHINGTON, DC 2011
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	11050
License Date	9/6/2000
Name	<b>COLACCHIO, DONALD A MD</b>
Address	6 TSIENNETO RD, STE 203DERRY, NH, 03048
Specialty	GS
Board Certified	GS
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL-LEBANON, NH USA 1984
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1985
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1986
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	6811
License Date	6/30/1981
Name	<b>COLACCHIO, THOMAS A MD</b>
Address	DHMC/SURG DEPT, 1 MEDICAL CENTER DRLEBANON, NH, 03756-0001
Specialty	GS
Board Certified	GS
School and Year of Graduation	TUFTS UNIV SCHOOL MEDICINE, BOSTON MA USA 1976
Internship and Year	PRESBYTERIAN HOSPITAL NEW YORK, NY 1976
Residency and Year	PRESBYTERIAN HOSPITAL NEW YORK, NY 1981
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11846
License Date	3/5/2003
Name	<b>COLANGELO IV, AUGUSTUS B MD</b>
Address	VISTA STAFFING, 675 EAST 2100 SOUTH STE 390SALT LAKE CITY, UT, 84106
Specialty	EM
Board Certified	
School and Year of Graduation	PENNSYLVANIA STATE UNIV - UNIVERSITY PARK, PA' USA 1999
Internship and Year	UNIV HEALTH CENTER OF PITTSBURGH- PITTSBURGH, PA 2000
Residency and Year	UNIV HEALTH CENTER OF PITTSBURGH- PITTSBURGH, PA 2003
License Expiration Date	<b>6/30/2007</b>
Remarks	



License Number 12334  
 License Date 6/2/2004  
 Name **COLARUSSO, FRANK J DO**  
 Address ERIE COUNTY MEDICAL CTR, 462 GRIDER ST RM G242BUFFALO, NY, 14215  
 Specialty PM  
 Board Certified  
 School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEO PHILADELPHIA PA US 1996  
 Internship and Year UNION HOSP, UNION NJ 1997  
 Residency and Year BOSTON MEDICAL CTR, BOSTON MA 2000  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 16749  
 License Date 9/3/2014  
 Name **COLBERN, MELISSA H MD**  
 Address 121 SPEAR ST STE 420, SAN FRANCISCO, CA, 94105  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF KANSAS SCHOOL OF MEDICINE USA 1996  
 Internship and Year VIA CHRISTI REGIONAL MEDICAL CENTER - WICHITA, KS 1998  
 Residency and Year VIA CHRISTI REGIONAL MEDICAL CENTER - WICHITA, KS 2000  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11688  
 License Date 8/7/2002  
 Name **COLDEN, DARYL G MD**  
 Address EAR NOSE & THROAT, 1WALLACE BASHAW JR WY STE 3002NEWBURPORT, MA, 01950  
 Specialty OTO  
 Board Certified OTO  
 School and Year of Graduation STATE UNIV OF NEW YORK - STONY BROOK, NY USA 1995  
 Internship and Year BETH ISRAEL DEACONESS MEDICAL CTR - BOSTON, MA 1996  
 Residency and Year MASSACHUSETTS EYE AND EAR INFIRMARY- BOSTON,MA 2000  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11726  
 License Date 9/4/2002  
 Name **COLDWELL, CRAIG M MD**  
 Address VA HOSPITAL, 200 SPRING RD (116A)BEDFORD, MA, 01730  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIVERSITY OF MASSACHUSETTS - WORCESTER, MA USA 1998  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 1999  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2002  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	16534
License Date	4/2/2014
Name	<b>COLE, ANDREW J MD</b>
Address	MGH, FRUIT ST/WANG ACC 739 LBOSTON, MA, 02114
Specialty	N
Board Certified	N
School and Year of Graduation	THE GEISEL SCHOOL OF MED @ DARTMOUTH USA 1982
Internship and Year	UNIVERSITY HOSPITALS CASE MEDICAL CENTER - CLEVELAND, OH 1983
Residency and Year	MONTREAL NEUROLOGICAL INSTITUTE - MCGILL UNIV - MONTREAL, CANADA 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9985
License Date	5/7/1997
Name	<b>COLE, BERTRAND P DO</b>
Address	SALMON FALLS FAMILY HEALTHCARE, 7 WORKS WAYSOMERSWORTH, NH, 03878
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF NEW ENGLAND COLL OF OSTEO MED-ME USA 1990
Internship and Year	ALBANY MED CTR HOSP-NEW YORK 1993
Residency and Year	ALBANY MED CTR HOSP- NEW YORK 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>6/11/03 SETTLEMENT AGREEMENT</b>

License Number	16003
License Date	2/6/2013
Name	<b>COLE, JOSHUA P MD</b>
Address	SEACOAST MENTAL HEALTH CENTER, 1145 SAGAMORE AVEPORTSMOUTH, NH, 03801
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY MASSACHUSETTS MEDICAL SCHOOL USA 1991
Internship and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1992
Residency and Year	ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10551
License Date	5/5/1999
Name	<b>COLE, STEPHEN A MD</b>
Address	HCRS, 51 FAIRVIEW STBRATTLEBORO, VT, 05301
Specialty	P
Board Certified	P
School and Year of Graduation	COLUMBIA UNIV COLL OF PHYSICIANS- NY, NY USA 1970
Internship and Year	ST LUKES-ROOSEVELT HOSPITAL CENTER - NEW YORK, NY 1971
Residency and Year	JACOBI MEDICAL CENTER - BRONX, NY 1974
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	15746
License Date	7/11/2012
Name	<b>COLEMAN, ADAM T MD</b>
Address	DHMC, 1 MED CTR DDRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 2009
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7407
License Date	8/14/1986
Name	<b>COLEMAN, DANIEL E MD</b>
Address	565 TURNPIKE ST, N ANDOVER, MA, 01845-
Specialty	PUD
Board Certified	PUD
School and Year of Graduation	GEORGETOWN UNIV SCH MED WASHINGTON DC USA 1977
Internship and Year	ST ELIZABETHS HOSP BOSTON MA 1979
Residency and Year	GEORGETOWN UNIV HOSP WASHINGTON DC 1982
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	14159
License Date	9/3/2008
Name	<b>COLEMAN, DAVID B MD</b>
Address	LR VASC & ENDOVASC - MED OFFICE, 85 SPRING ST 4TH FLRLACONIA, NH, 03246-3113
Specialty	VS
Board Certified	GS
School and Year of Graduation	STATE UNIV OF NY USA 1999
Internship and Year	UMDNJ-NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 2002
Residency and Year	INOVA FAIRFAX HOSPITAL-FALLS CHURCH, VA 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10022
License Date	6/4/1997
Name	<b>COLEMAN, RUSSELL T MD</b>
Address	13 HICKAM LN, HANSCOM AFB, MA, 01731
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF ROCHESTER-NY USA 1992
Internship and Year	WRIGHT STATE UNIV - OH 1995
Residency and Year	WRIGHT STATE UNIVERSITY-OH 1995
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	6775
License Date	9/8/1983
Name	<b>COLEN, LAWRENCE B MD</b>
Address	6161 KEMPSVILLE CIR, STE 300NORFOLK, VA, 23502
Specialty	PS
Board Certified	PS
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1976
Internship and Year	MOFFITT UNIVERSITY OF CALIFORNIA HOSPITALS - SAN FRANCISCO CA 1976
Residency and Year	MOFFETT UNIVERSITY OF CALIFORNIA HOSPITALS - SAN FRANCISCO CA 1978
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	11497
License Date	2/6/2002
Name	<b>COLIZZO III, FRANCIS P MD</b>
Address	MASS GENERAL HOSPITAL DIV OF GASTROENTEROLOGY, 165 CAMBRIDGE ST 9TH FLOORBOSTON,
Specialty	GE
Board Certified	GE
School and Year of Graduation	THOMAS JEFFERSON UNIV - PHILADELPHIA, PA USA 1991
Internship and Year	THOMAS JEFFERSON UNIV HOSPITAL - PHILADELPHIA, PA 1992
Residency and Year	THOMAS JEFFERSON UNIV HOSPITAL - PHILADELPHIA, PA 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10359
License Date	8/5/1998
Name	<b>COLLIGAN, R LACEY MD</b>
Address	PRINCE ALBERT RD, LONDON, UK, NW1 7ST
Specialty	PD
Board Certified	PD
School and Year of Graduation	COLUMBIA UNIV COLL OF PHYSICIANS - NY, NY USA 1991
Internship and Year	BABIES & CHILDRENS HOSPITAL OF NEW YORK, NEW YORK, NY 1993
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1993
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	5876
License Date	4/6/1978
Name	<b>COLLINS JR, EDWARD J MD</b>
Address	CT SPORTS MEDICINE- ORTHO CTR, 150 MANSFIELD AVEWILLIMANTIC, CT, 06226-2026
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIVERSITY OF VERMONT COLLOGE OF MED BURLINGTON USA 1973
Internship and Year	YALE UNIV SCHOOL OF MEDICINE 1974
Residency and Year	YALE UNIV SCHOOL OF MEDICINE 1977
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	9412
License Date	5/3/1995
Name	<b>COLLINS VIDAL, DALE MD</b>
Address	DHMC-PLASTIC SURGERY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PS
Board Certified	PS
School and Year of Graduation	EMORY MEDICAL SCHOOL USA 1989
Internship and Year	BARNES HOSPITAL 1992
Residency and Year	WASHINGTON UNIVERSITY SCHOOL OF MEDICINE 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5343
License Date	6/12/1975
Name	<b>COLLINS, ANNE F MD</b>
Address	, , ,
Specialty	GP
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1996</b>
Remarks	

License Number	16033
License Date	3/6/2013
Name	<b>COLLINS, BRIAN C DO</b>
Address	EXETER HOSPITAL - EMERGENCY DEPT, 5 ALUMNI DREXETER, NH, 03833
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND USA 1985
Internship and Year	GARDEN CITY HOSPITAL - GARDEN CITY, MI 1986
Residency and Year	GARDEN CITY HOSPITAL - GARDEN CITY, MI 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7981
License Date	10/5/1988
Name	<b>COLLINS, GERALD MD</b>
Address	UNH HEALTH SERVICES, 4 PETTEE BROOK LANEDURHAM, NH, 03824-2308
Specialty	FP
Board Certified	FP
School and Year of Graduation	AMERICAN UNIV OF THE CARIBBEAN-MONTSEERRAT WEST INDIES 1983
Internship and Year	MED COLL WI AFFIL HOSP-MILWAUKEE ,WI 1986
Residency and Year	MED COLL WI AFFIL HOSP-MILWAUKEE,WI 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15910
License Date	11/7/2012
Name	<b>COLLINS, JEFFREY P MD</b>
Address	MGH CHELSEA URGENT CARE CTR, 151 EVERETT AVE CHELSEA, MA, 02150
Specialty	IM
Board Certified	IM
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1994
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1995
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16634
License Date	6/4/2014
Name	<b>COLLINS, JEREMY G MD</b>
Address	20 SHIP AVE #41, MEDFORD, MD, 02155
Specialty	PM
Board Certified	PM
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS MED SCHOOL USA 2007
Internship and Year	ST VINCENT HOSPITAL - WORCESTER, MA 2008
Residency and Year	TEMPLE UNIVERSITY HOSPITAL - PHILADELPHIA, PA 2011
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14491
License Date	7/1/2009
Name	<b>COLLINS, MATTHEW A MD</b>
Address	271 BRIGHAM HILL ROAD, NORWICH, VT, 05055
Specialty	EM
Board Certified	EM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1999
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2001
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2003
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	4353
License Date	1/20/1969
Name	<b>COLLINS, PAUL J MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/29/1995</b>
Remarks	

License Number	6860
License Date	4/10/1984
Name	<b>COLLINS, PAUL S MD</b>
Address	PAUL S COLLINS MD, FAMILY MED, 4 ELLIOT WAY STE 100MANCHESTER, NH, 03103
Specialty	FP
Board Certified	FP
School and Year of Graduation	MED COLL OF PENN-PHIL,PA USA 1981
Internship and Year	UNIV MA HOSP-MED CTR-WORCHESTER.MA 1982
Residency and Year	UNIV MA HOSP-MED CTR-WORCHESTER,MA 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10496
License Date	1/6/1999
Name	<b>COLLINS, PHILLIP B MD</b>
Address	ALICE PECK DAY HOSP, 125 MASCOMA STLEBANON, NH, 03766
Specialty	OM
Board Certified	OM
School and Year of Graduation	MOUNT SINAI SCH OF MED - NEW YORK, NY USA 1981
Internship and Year	ST MARY'S HOSPITAL MEDICAL CENTER - SAN FRANCISCO, CA 1982
Residency and Year	ST MARY'S HOSPITAL MEDICAL CENTER - SAN FRANCISCO, CA 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11350
License Date	8/1/2001
Name	<b>COLLINS, ROBERT P MD</b>
Address	EMERSON HOSPITAL, 133 ORNACCONCORD, MA, 01742
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF FLORIDA COLL OF MED - GAINESVILLE, FL USA 1995
Internship and Year	BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1996
Residency and Year	BOSTON MEDICAL CENTER - BOSTON, MA 1999
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	15566
License Date	3/7/2012
Name	<b>COLLINS, TIMOTHY P MD</b>
Address	SPECTRUM MEDICAL GROUP PA, 324 GANNETT DR STE 200S PORTLAND, ME, 04106
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	GEORGETOWN UNIVERSITY SCHOOL OF MEDICI NE USA 1987
Internship and Year	EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1988
Residency and Year	EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1990
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	8614
License Date	8/7/1991
Name	<b>COLLISON, DANIEL W MD</b>
Address	RIVERRUN MEDICAL OFFICES, 63 S MAIN ST LOWER LEVELHANOVER, NH, 03755
Specialty	D
Board Certified	D
School and Year of Graduation	UNIV OF IOWA COLL OF MED - IOWA CITY, IA USA 1986
Internship and Year	GUNDERSEN FOUNDATION - LA CROSSE, WI 1987
Residency and Year	HENRY FORD HOSPITAL - DETROIT, MI 1990
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12694
License Date	5/4/2005
Name	<b>COLMAN, AARON B MD</b>
Address	INTEGRATED ORTHOPEDICS, 3 ALUMNI DR STE 301EXETER, NH, 03833
Specialty	ORS
Board Certified	
School and Year of Graduation	TEMPLE UNIVERSITY, PHILADELPHIA PA US 1999
Internship and Year	ALBANY MED COLLEGE, ALBANY NY 2003
Residency and Year	ALBANY MED COLLEGE, ALBANY NY 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8692
License Date	4/1/1992
Name	<b>COLNES, JEFFREY P MD</b>
Address	NH CARDIOVASCULAR CARE, 2064 WOODBURY AVE STE 103NEWINGTON, NH, 03801
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIVERSITY OF VERMONT USA 1984
Internship and Year	RESIDENT - WORCESTER MEMORIAL HOSPITAL      WORCESTER - MASSACHUSETTS 1988
Residency and Year	HOSPITAL OF ST RAPHAEL      NEW HAVEN - CONNECTICUT 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10201
License Date	1/7/1998
Name	<b>COLONNA, ELIZABETH A MD</b>
Address	258 GODWIN AVE, WYCKOFF, NJ, 07481
Specialty	OBG
Board Certified	
School and Year of Graduation	FINCH U OF HS CICAGO MED SCH N CHICAGO, IL USA 1989
Internship and Year	LENOX HILL HOSPITAL - NY 1993
Residency and Year	LENOX HILL HOSPITAL - NY 1993
License Expiration Date	<b>6/30/1998</b>
Remarks	



License Number	17155
License Date	7/1/2015
Name	<b>COLUMBO, JESSE A MD</b>
Address	PO BOX 998, WILDER, VT, 05088
Specialty	VS
Board Certified	
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL USA 2013
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14752
License Date	3/3/2010
Name	<b>COLUMBUS, DONALD G MD</b>
Address	111 JADE, HORSESHOE BAY, TX, 78657
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF WESTERN ONTARIO CANADA 1973
Internship and Year	UNIVERSITY OF WESTERN ONTARIO - ONTARIO, CANADA 1975
Residency and Year	UNIVERSITY OF WESTERN ONTARIO - ONTARIO, CANADA 1977
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>lapsed 6/30/12 - reinstated 9/3/14</b>

License Number	11441
License Date	11/7/2001
Name	<b>COLVILLE, DAVID S MD</b>
Address	MAYO CLINIC, 200 1ST ST S W PH10 ROCHESTER, MN, 55905
Specialty	IM
Board Certified	IM
School and Year of Graduation	JEFFERSON MED COLL - PHILADELPHIA, PA USA 1966
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1967
Residency and Year	MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1972
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>Lapsed for non-renewal 6/30/15 Renewed 7/29/15</b>

License Number	15974
License Date	1/8/2013
Name	<b>COLWELL, ANNE STACIE C MD</b>
Address	TUFTS FLOATING HOSPITAL FOR CHILDREN, 800 WASHINGTON ST #334 BOSTON, MA, 02111
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE USA 1998
Internship and Year	CHILDREN'S HOSPITAL @ DARTMOUTH - LEBANON, NH 2001
Residency and Year	CHILDREN'S HOSPITAL @ DARTMOUTH - LEBANON, NH 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9986
License Date	5/7/1997
Name	<b>COMBS, PATRICIA A MD</b>
Address	LOS ALAMOS WOMENS HLTH SER, 3917 WEST RD STE 250LOS ALAMOS, NM, 87544
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF NM SCH OF MED-ALBUQUERQUE,NM USA 1988
Internship and Year	UNIV OF NM SCH OF MED - NM 1992
Residency and Year	UNIV OF NM SCH OF MED-NM 1992
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	13148
License Date	7/5/2006
Name	<b>COMER, JOHN W MD</b>
Address	HEALTHQUEST INC, 9000 WESSEX PLACE STE 150LOUISVILLE, KY, 40222
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF LOUISVILLE USA 1974
Internship and Year	UNIV OF LOUISVILLE-LOUISVILLE KY 1975
Residency and Year	UNIV OF LOUISVILLE-LOUISVILLE KY 1977
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	10931
License Date	6/7/2000
Name	<b>COMESS, KEITH A MD</b>
Address	CENTRAL MAINE HEART & VASCULAR, 300 AMIN STLEWISTON, ME, 04240
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF ARIZONA - TUCSON, AZ USA 1979
Internship and Year	UNIV OF ARIZONA HEALTH SCI CTR - TUCSON, AZ 1980
Residency and Year	UNIV OF ARIZONA HEALTH SCI CTR - TUCSON, AZ 1982
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	7774
License Date	2/3/1988
Name	<b>COMI, RICHARD J MD</b>
Address	DHMC - DEPT OF ENDOCRINOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	END
Board Certified	END
School and Year of Graduation	HARVARD MEDICAL SCHOOL BOSTON MA USA 1980
Internship and Year	MASS GEN HOSP BOSTON MA 1981
Residency and Year	MASS GEN HOSPITAL BOSTON MA 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 14616  
 License Date 10/7/2009  
 Name **COMISKEY, DANIEL W MD**  
 Address CHIEF FORENSIC EXAMINER, 105 PLEASANT STCONCORD, NH, 03301  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIVERSITY OF CONNECTICUT USA 1996  
 Internship and Year BROWN UNIVERSITY BUTLER HOSPITAL - PROVIDENCE, RI 1998  
 Residency and Year BROWN UNIVERSITY BUTLER HOSPITAL - PROVIDENCE, RI 2000  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 13578  
 License Date 7/11/2007  
 Name **COMIZIO, RENEE C MD**  
 Address MEDICAL AND SURIGICAL SPECIALITY GROUP, 89 SPARTA AVE STE 207SPARTA, NJ, 07871  
 Specialty PS  
 Board Certified PS  
 School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 2000  
 Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2001  
 Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2004  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 16702  
 License Date 8/6/2014  
 Name **COMMERET, KARIN A MD**  
 Address OB/GYN ASSOC OF SOUTHERN NH, 30 DW HWY., STE 12MERRIMACK, NH, 03054  
 Specialty OBG  
 Board Certified  
 School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2009  
 Internship and Year GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER - WASHINGTON, DC 2010  
 Residency and Year GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER - WASHINGTON, DC 2011  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10417  
 License Date 10/7/1998  
 Name **CONCEPCION-MEDINA, ANA REYA A MD**  
 Address FRANKLIN REGIONAL HOSP, 15 AIKEN AVEFRANKLIN, NH, 03235-1299  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIV OF CALIFORNIA DAVIS SCH OF MED - DAVIS,CA USA 1994  
 Internship and Year CHILDREN'S HOSPITAL OF ORANGE COUNTY - ORANCE COUNTY, CA 1995  
 Residency and Year CHILDREN'S HOSPITAL OF ORANGE COUNTY - ORANGE COUNTY, CA 1977  
 License Expiration Date **6/30/2001**  
 Remarks

License Number 10747  
 License Date 11/3/1999  
 Name **CONFER, GARY B MD**  
 Address SOUTHERN NEW HAMPSHIRE RAD, 703 RIVERWAY PLACE BEDFORD, NH, 03110-6745  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIVERSITY OF CALIFORNIA-IRVINE, CA USA 1985  
 Internship and Year HENRY FORD HOSPITAL-DETROIT, MI 1985  
 Residency and Year HENRY FORD HOSPITAL -DETROIT, MI 1989  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 5967  
 License Date 8/10/1978  
 Name **CONFORTI, VICTOR A MD**  
 Address 817 MERRIMACK ST, LOWELL, MA, 01854-  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation TULANE UNIV SCHOOL OF MEDICINE NEW ORLEANS USA 1968  
 Internship and Year HARTFORD HOSPITAL - HARTFORD, CT 1969  
 Residency and Year NAVAL REGIONAL MEDICAL CENTER - PORTSMOUTH NH 1972  
 License Expiration Date **6/30/2000**  
 Remarks

License Number 6466  
 License Date 11/5/1981  
 Name **CONGER, BEACH MD**  
 Address MT ASCUTNEY MEDICAL GROUP, 289 COUNTY RD WINDSOR, VT, 05089-  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1967  
 Internship and Year BOSTON CITY HOSPITAL - BOSTON MA 1968  
 Residency and Year MOFFITT UNIVERSITY OF CALIFORNIA HOSPITALS - SAN FRANCISCO CA 1972  
 License Expiration Date **6/30/2001**  
 Remarks

License Number 13414  
 License Date 2/7/2007  
 Name **CONKLING, HILLARY M MD**  
 Address 85 SPRING ST, STE 503 LACONIA, NH, 03246  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF PENNSYLVANIA USA 2002  
 Internship and Year BETH ISRAEL DEACONESS MEDICAL CTR - BOSTON, MA 2003  
 Residency and Year BETH ISRAEL DEACONESS MEDICAL CTR - BOSTON, MA 2004  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	16535
License Date	4/2/2014
Name	<b>CONLEY, LIZA E DO</b>
Address	703 W FERRY ST #D20, BUFFALO, NY, 14222
Specialty	EM
Board Certified	
School and Year of Graduation	NY COLLEGE OF OSTEOPATHIC MEDICINE USA 2011
Internship and Year	BUFFALO GENERAL MEDICAL CENTER - BUFFALO, NY 2012
Residency and Year	BUFFALO GENERAL MEDICAL CENTER - BUFFALO, NY 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8867
License Date	12/2/1992
Name	<b>CONLEY, MICHAEL M MD</b>
Address	, , ,
Specialty	AN
Board Certified	
School and Year of Graduation	UNIVERSITY OF UTAH USA 1990
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1994</b>
Remarks	

License Number	11442
License Date	11/7/2001
Name	<b>CONLON, JOHN F DO</b>
Address	MEMORIAL HOSPITAL, NORTH CONWAY, NH, 03860
Specialty	EM
Board Certified	EM
School and Year of Graduation	PHILADELPHIA COLL OF OSTEO- PHILADELPHIA,PA USA 1989
Internship and Year	PENINSULA HOSPITAL CENTER - FAR ROCKAWAY, NY 1990
Residency and Year	PENINSULA HOSPITAL CENTER - FAR ROCKAWAY, NY 1991
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	14651
License Date	11/4/2009
Name	<b>CONNELLY, DANIELA MD</b>
Address	25 MARSTON ST, STE 202, LAWRENCE, MA, 01841
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV DE CUENCA ECUADOR 1999
Internship and Year	CONCORD HOSPITAL - CONCORD, NH 2007
Residency and Year	CONCORD HOSPITAL - CONCORD, NH 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 12648  
 License Date 4/6/2005  
 Name **CONNELLY, MICHAEL C MD**  
 Address NEW ENGLAND NEUROLOGICAL, 354 MERRIMACK ST BLDG1LAWRENCE, MA, 01843  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation UNIVERSITY OF MASSACHUSETTS,WORCESTER MA US 1986  
 Internship and Year FAULKNER HOSPITAL, BOSTON MA 1987  
 Residency and Year BETH ISRAEL DEACONESS, BOSTON MA 1990  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 8672  
 License Date 1/8/1992  
 Name **CONNOLLY, KEVIN J MD**  
 Address BRADFORD HEALTH SERVICE - LITTLE RIVERS HEALTHCARE, PO BOX 318BRADFORD, VT, 05033-  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation BROWN UNIVERSITY UNITED STATES 1983  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER HANOVER - NEW HAMPSHIRE 1984  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER HANOVER - NEW HAMPSHIRE 1986  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 8671  
 License Date 1/8/1992  
 Name **CONNOLLY, PRISCILLA S MD**  
 Address PO BOX 110, NEWBURY, VT, 05051  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation RUTGERS MEDICAL SCHOOL UNITED STATES 1985  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER HANOVER - NEW HAMPSHIRE 1986  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER HANOVER - NEW HAMPSHIRE 1988  
 License Expiration Date **6/30/2016**  
 Remarks **LAPSED FOR NONRENEWAL 6/30/14 RENEWED 9/29/14**

License Number 7709  
 License Date 9/2/1987  
 Name **CONNOR, CHRISTOPHER S MD**  
 Address 80 S MAIN ST, HANOVER, NH, 03755  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation UNIV OF CINCINNATI COLL MED - CINCINNATI, OH USA 1983  
 Internship and Year GOOD SAMARITAN MEDICAL CENTER - PHOENIX, AZ 1984  
 Residency and Year OHIO STATE UNIV HOSPITAL - COLUMBUS, OH 1987  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 4241  
 License Date 4/16/1968  
 Name **CONNOR, DAVID G MD**  
 Address 800 S GULFVIEW BLVD #808, CLEARWATER, FL, 33767  
 Specialty GE  
 Board Certified GE  
 School and Year of Graduation JOHNS HOPKINS - BALTIMORE, MD USA 1962  
 Internship and Year NEW ENGLAND CENTER - BOSTON, MA 1963  
 Residency and Year VA HOSPITAL - BOSTON, MA 1966  
 License Expiration Date **6/30/2008**  
 Remarks **Deceased 1/14/2011**

License Number 3417  
 License Date 3/8/1961  
 Name **CONNOR, DAVID J MD**  
 Address ST JOSEPH HOSPITAL, 172 KINSLEY STNASHUA, NH, 03060-3648  
 Specialty EM  
 Board Certified  
 School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 1959  
 Internship and Year ST. VINCENT'S HOSPITAL- BRIDGEPORT CT 1960  
 Residency and Year ST. VINCENT'S HOSPITAL 1961  
 License Expiration Date **11/15/1999**  
 Remarks **DECEASED: 11/15/99**

License Number 7833  
 License Date 5/4/1988  
 Name **CONNOR, DOUGLAS M MD**  
 Address CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301-  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIV OF WASHINGTON SCH MED -SEATTLE, WA USA 1985  
 Internship and Year MICHIGAN STATE UNIV HOSPITAL - EAST LANDING, MI 1986  
 Residency and Year MICHIGAN STATE UNIV HOSPITAL - EAST LANDING, MI 1987  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 5301  
 License Date 2/24/1975  
 Name **CONNORS, DAVID W MD**  
 Address 9 GREGORY RD, PRINCETON, MA, 01604  
 Specialty PS  
 Board Certified PS  
 School and Year of Graduation UNIV OF ROCHESTER, NY USA 1966  
 Internship and Year YALE NEW HAVEN - NEW HAVEN, CT 1967  
 Residency and Year NEW YORK UNIV MEDICAL CENTER - NY 1975  
 License Expiration Date **6/30/2013**  
 Remarks

License Number	15956
License Date	12/5/2012
Name	<b>CONRAD, MARK F MD</b>
Address	MASS GEN HOSP, 15 PARKMAN ST WAC 440BOSTON, MA, 02114
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF MICHIGAN MEDICAL SCHOOL USA 1997
Internship and Year	HENRY FORD HOSPITAL - DETROIT, MI 1998
Residency and Year	HENRY FORD HOSPITAL - DETROIT, MI 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14617
License Date	10/7/2009
Name	<b>CONRAD, MICHAEL J MD</b>
Address	LITTLETON REGIONAL HOSP, 600 ST JOHNSBURY RDLITTLETON, NH, 03561
Specialty	U
Board Certified	U
School and Year of Graduation	UNIVERSITY OF ILLINOIS USA 1981
Internship and Year	MICHAEL REESE HOSPITAL & MEDICAL CENTER - EULESS, TX 1982
Residency and Year	MICHAEL REESE HOSPITAL & MEDICAL CENTER - EULESS, TX 1986
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	5030
License Date	6/29/1973
Name	<b>CONRAD, WILLIAM G MD</b>
Address	, , ,
Specialty	AN
Board Certified	AN
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>1/18/1989</b>
Remarks	1/5/90 - Consent Order

License Number	15694
License Date	6/6/2012
Name	<b>CONSIDINE JR, JOHN M MD</b>
Address	COASTAL IMAGING, 503 EISENHOWER DRSAVANNAH, GA, 31406
Specialty	DR
Board Certified	DR
School and Year of Graduation	GEORGIA HEALTH SCIENCES UNIVERSITY USA 1992
Internship and Year	SPARTANBURG REGIONAL HEALTHCARE SYSTEM - SPARTANBURG, SC 1993
Residency and Year	MEMORIAL HEALTH UNIVERSITY MEDICAL CENTER, SAVANNAH, GA 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	5913
License Date	6/12/1978
Name	<b>CONSTANTIAN, MARK B MD</b>
Address	19 TYLER ST STE 302, NASHUA, NH, 03060-2951
Specialty	PS
Board Certified	PS
School and Year of Graduation	UNIV OF VIRGINIA SCHOOL OF MED CHARLOTTESVILLE,VA USA 1972
Internship and Year	UNIV HOSPITAL - BOSTON, MA 1976
Residency and Year	MEDICAL COLLEGE OF VIRGINIA HOSPITALS - RICHMOND, VA 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6144
License Date	12/10/1979
Name	<b>CONSTANTINE, JOHN B MD</b>
Address	9 CENTRAL ST, LOWELL, MA, 01852
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	STATE UNIV OF NEW YORK,BUFFALO USA 1967
Internship and Year	GEORGETOWN UNIV. WASH.DC 1969
Residency and Year	GEORGETOWN UNIV. WASH.DC 1971
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	15054
License Date	11/3/2010
Name	<b>CONTI, ANTHONY R DO</b>
Address	SOCTOR'S EXPRESS, 371 BROADWAYS AUGUS, MA, 01906
Specialty	FP
Board Certified	
School and Year of Graduation	KANSAS CITY UNIVERSITY USA 1987
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1988
Residency and Year	ELKINS PARK HOSPITAL - ELKINS PARK, PA 1989
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4984
License Date	5/22/1973
Name	<b>CONWAY JR, JAMES F MD</b>
Address	MANCHESTER UROLOGY ASSN, 4 ELLIOT WAY STE 200MANCHESTER, NH, 03102-
Specialty	U
Board Certified	U
School and Year of Graduation	TUFTS UNIV MEDICAL SCHOOL, MA USA 1966
Internship and Year	ST ELIZABETH HOSPITAL - BOSTON, MA 1967
Residency and Year	ST ELIZABETH HOSPITAL - BOSTON, MA 1968
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11192
License Date	3/7/2001
Name	<b>CONWAY, DAVID C MD</b>
Address	CAPITAL REGION FAMILY HEALTH, 250 PLEASANT ST YEAPLE BLDGCONCORD, NH, 03301
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	ALBANY MEDICAL COLLEGE - ALBANY, NY USA 1986
Internship and Year	HARTFORD HOSPITAL - FARMINGTON, CT 1987
Residency and Year	HARTFORD HOSPITAL - FARMINGTON, CT 1990
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10135
License Date	10/1/1997
Name	<b>CONWAY, EMILY R MD</b>
Address	1049 RIVER RD RR 4, KEMPTVILLE OTTAWAONTARIO CANADA, , KOG 1J0
Specialty	FP
Board Certified	
School and Year of Graduation	MC MASTER UNIV SCH OF MED HAMILTON ONTARIO CANADA 1989
Internship and Year	MCMaster UNIV - HAMILTON, ONTARIO CANADA 1991
Residency and Year	
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	8988
License Date	7/7/1993
Name	<b>CONWAY, MARK A MD</b>
Address	OB/GYN ASSOC OF SO NH, 30 D W HWY STE 11MERRIMACK, NH, 03054
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	NEW YORK MEDICAL COLLEGE USA 1989
Internship and Year	UNIVERSITY OF IL COLLEGE OF MEDICINE - CHICAGO IL 1993
Residency and Year	UNIVERSITY OF IL COLLEGE OF MEDICINE - CHICAGO IL 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15824
License Date	9/5/2012
Name	<b>CONWAY, NAZLI R MD</b>
Address	DARTMOUTH-HITCHCOCK CLINIC, 87 MC MCGREGOR ST STE 1300MANCHESTER, NH, 03102
Specialty	RHU
Board Certified	RHU
School and Year of Graduation	UNIVERSITY OF SOUTH FLORIDA COLLEGE OF MED USA 2005
Internship and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2006
Residency and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4194
License Date	4/16/1968
Name	<b>CONZE, PIERRE F MD</b>
Address	VA HOSPITAL ANESTHESIA DP, 13000 BRUCE B DOWNS BLVD TAMPA, FL, 33612-4798
Specialty	AN
Board Certified	
School and Year of Graduation	PORT-AU-PRINCE, HAITI HAITI 1958
Internship and Year	REGINA GREY NUNS HOSPITAL - REGINA, SASKATCHEWAN 1962
Residency and Year	UNIV HOSPITAL - BOSTON, MA 1968
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	7608
License Date	6/3/1987
Name	<b>COOK, BRUCE R MD</b>
Address	NEW ENGLAND NEUROLOGICAL, 354 MERRIMACK ST BLDG 1 LAWRENCE, MA, 01843
Specialty	NS
Board Certified	NS
School and Year of Graduation	GEORGE WASHINGTON UNIV SCH MED HLTH - DC USA 1981
Internship and Year	HOSPITAL UNIV HLTH CTR PITTSBURGH, PA 1982
Residency and Year	HOSPITAL UNIV HLTH CTR PITTSBURGH, PA 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11987
License Date	7/2/2003
Name	<b>COOK, CHRISTOPHER K DO</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	MICHIGAN STATE UNIV - EAST LANSING, MI USA 2000
Internship and Year	ST BARNABAS HOSPITAL - BRONX, NY 2001
Residency and Year	ST BARNABAS HOSPITAL - BRONX, NY 2002
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	16665
License Date	7/2/2014
Name	<b>COOK, DAVID C MD</b>
Address	ALIGNMENT BEHAVIORAL CONSULTING, PO BOX 2900/2 S MAINT STE 23 WEAVERVILLE, NC, 28787
Specialty	P
Board Certified	
School and Year of Graduation	UNIVERSITY OF TENNESSEE USA 1972
Internship and Year	UNIVERSITY OF TENNESSEE HEALTH SCIENCE CTR - MEMPHIS, TN 1973
Residency and Year	UNIVERSITY OF TENNESSEE HEALTH SCIENCE CTR - MEMPHIS, TN 1976
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	L3371
License Date	2/7/2014
Name	<b>COOK, DAVID C MD</b>
Address	LAKEVIEW NEUROREHABILITATION CENTER, 244 HIGHWATCH ROAD EFFINGHAM, NH, 03882
Specialty	P
Board Certified	
School and Year of Graduation	UNIVERSITY OF TENNESSE UNITED STATES 1972
Internship and Year	UNIVERSITY OF TENNESSE 1972
Residency and Year	UNIVERSITY OF TENNESSE 1977
License Expiration Date	<b>5/17/2014</b>
Remarks	

License Number	16656
License Date	7/2/2014
Name	<b>COOK, JAN L MD</b>
Address	MINUTEMAN HEALTH, 179 LINCOLN ST BOSTON, MA, 02111
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF CHICAGO PRITZKER SCHOOL OF MEDICINE USA 1984
Internship and Year	WASHINGTON UNIVERSITY B-JH/SLCH - ST LOUIS, MO 1986
Residency and Year	WASHINGTON UNIVERSITY B-JH/SLCH - ST LOUIS, MO 1987
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14123
License Date	8/6/2008
Name	<b>COOK, PETER C MD</b>
Address	SKYHAVEN INTERNAL MEDICINE, 6 HEALTHCARE DR STE 2 ROCHESTER, NH, 03867
Specialty	IM
Board Certified	IM
School and Year of Graduation	NEW JERSEY MEDICAL SCHOOL USA 1991
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1992
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14190
License Date	10/1/2008
Name	<b>COOK, PETER C MD</b>
Address	DHMC PEDIATRIC ORTHOPEDICS, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty	OP
Board Certified	
School and Year of Graduation	MEMORIAL UNIV CANADA 1986
Internship and Year	MEMORIAL UNIV OF NEWFOUNDLAND FACULTY OF MEDICINE-ST JOHNS, NEWFOUNDLAND CANA
Residency and Year	UNIV OF ALBERTA-EDMONTON, ALBERTA CANADA 1991
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	L2933
License Date	4/5/2010
Name	<b>COOK, RICHARD T MD</b>
Address	DARTMOUTH HITCHCOCK MED CENTER, ONE MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty	EM
Board Certified	EM
School and Year of Graduation	JEFFERSON MEDICAL COLLEGE USA 1984
Internship and Year	
Residency and Year	
License Expiration Date	<b>7/28/2010</b>
Remarks	6/8/12 - Final Decision and Order

License Number	6506
License Date	3/4/1982
Name	<b>COOK, WILLIAM A MD</b>
Address	198 MASSACHUSETTS AVE, ANNEXN ANDOVER, MA, 01845-4143
Specialty	TS
Board Certified	TS
School and Year of Graduation	UNIV OF WISCONSIN MED SCH-MADISON,WI USA 1957
Internship and Year	CLEV MET GEN/HIGHLAND VIEW HOSP-CLEVELAND.OH 1958
Residency and Year	MED UNIV HOSP-CHARLESTON,SC 1964
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16576
License Date	5/7/2014
Name	<b>COOK, WILLIAM R MD</b>
Address	3660 LAKEVIEW DR, SEBRING, FL, 33870
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE USA 1981
Internship and Year	UNIVERSITY OF PITTSBURGH MEDICAL CENTER - PITTSBURGH, PA 1982
Residency and Year	UNIVERSITY OF PITTSBURGH MEDICAL CENTER - PITTSBURGH, PA 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15286
License Date	7/6/2011
Name	<b>COOKE, ELISABETH S MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	EASTERN VIRGINIA MEDICAL SCHOOL USA 2006
Internship and Year	UNIVERSITY OF TENNESSEE MEDICAL CENTER - KNOXVILLE, TN 2007
Residency and Year	EASTERN VIRGINIA MEDICAL SCHOOL - NORFOLK, VA 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16404
License Date	12/4/2013
Name	<b>COOKE, PAUL H MD</b>
Address	, 12 FLORENCE RD., APT BEASTHAMPTON, MA, 01027
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE USA 1984
Internship and Year	UMDNJ/ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK, NJ 1985
Residency and Year	UMDNJ/ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK, NJ 1986
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	9446
License Date	6/7/1995
Name	<b>COOLEY, ELIZABETH E MD</b>
Address	MONADNOCK COMMUNITY HOSPITAL, 452 OLD STPETERBOROUGH, NH, 03458
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF VERMONT USA 1992
Internship and Year	UNIV OF MINNESOTA,MINNEAPOLIS,MN 1995
Residency and Year	UNIVERSITY OF MINNESOTA, MINNEAPOLIS MN 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5526
License Date	6/14/1976
Name	<b>COOLEY, WILLIAM C MD</b>
Address	CROTCHED MOUNTAIN REHAB CTR, 1 VERNEY DRGREENFIELD, NH, 03047
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV. OF PENNSYLVANIA SCHOOL OF MED.PHILADELPHIA USA 1976
Internship and Year	UNIV. HOSPITAL ANN ARBOR 1976
Residency and Year	UNIV HOSPITAL ANN ARBOR 1976
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6416
License Date	7/2/1981
Name	<b>COOLIDGE, J DUNCAN MD</b>
Address	FRANKLIN REGIONAL HOSP, 15 AIKEN AVEFRANKLIN, NH, 03235
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF HAWAII SCH MED- HONOLULU,HI USA 1976
Internship and Year	MED CTR HOSP-BURLINGTON,VT 1977
Residency and Year	MED CTR HOSP-BURLINGTON,VT 1979
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	5506
License Date	4/19/1976
Name	<b>COOMBS, DENNIS W MD</b>
Address	HH McGUIRE VA MED CTR-ANESTHES, 1201 BROAD ROCK BLVD RICHMOND, VA, 23249
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV. OF IOWA COLLEGE OF MED. IOWA CITY USA 1972
Internship and Year	UNIV. HOSPITAL-CLINICS IOWA CITY 1973
Residency and Year	GENERAL HOSPITAL VENTURA CO 1975
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12234
License Date	3/3/2004
Name	<b>COONEY, MICHAEL J MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500 EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	NEW YORK UNIVERSITY, NEW YORK NY US 1990
Internship and Year	UCLA MEDICAL CTR, LOS ANGELES CA 1991
Residency and Year	BRIGHAM AND WOMENS HOSP, BOSTON MA 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6941
License Date	8/2/1984
Name	<b>COOPER, CYNTHIA S MD</b>
Address	WELL SENSE HEALTH PLAN - MEDICAL DIRECTOR, 1155 ELM ST, STE 600 MANCHESTER, NH, 03101
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE USA 1980
Internship and Year	CEDARS-SINAI MEDICAL CENTER - LOS ANGELES CA 1981
Residency and Year	CEDARS-SINAI MEDICAL CENTER - LOS ANGELES CA 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6985
License Date	10/4/1984
Name	<b>COOPER, DAVID A MD</b>
Address	LEE URGENT CARE, 65 CALEF HWY LEE, NH, 03861
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF CA LOS ANGELES SCH MED-LOS ANGELES USA 1980
Internship and Year	SANTA MONICA HOSP MED CTR-SANTA MONICA 1981
Residency and Year	SANTA MONICA HOSP MED CTR-SANTA MONICA 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14062
License Date	7/9/2008
Name	<b>COOPER, LAUREN E MD</b>
Address	CENTRAL NH ER ASSOCIATES, 80 HIGHLAND STLACONIA, NH, 03246
Specialty	EM
Board Certified	EM
School and Year of Graduation	VIRGINIA COMMONWEALTH UNIV USA 2003
Internship and Year	ALBANY MEDICAL COLLEGE - ALBANY, NY 2004
Residency and Year	ALBANY MEDICAL COLLEGE - ALBANY, NY 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9830
License Date	8/7/1996
Name	<b>COOPER, LISA T MD</b>
Address	7134 BUENA VISTA CT, W BLOOMFIELD, MI, 48322
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF MICHIGAN MEDICAL SCHOOL, ANN ARBOR USA 1991
Internship and Year	LOYOLA UNIVERSITY MEDICAL CENTER - MAYWOOD, IL 1992
Residency and Year	LOYOLA UNIVERSITY MEDICAL CENTER - MAYWOOD, IL 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>LAPSED FOR NON-RENEWAL 6/30/1997, REINSTATED 9/2/2015.</b>

License Number	10300
License Date	6/3/1998
Name	<b>COOPER, RICHARD P MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	R
Board Certified	
School and Year of Graduation	UNIV OF COLORADO SCH OF MED - DENVER, CO USA 1995
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR- LEBANON, NH 1996
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON ,NH 1998
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	9883
License Date	12/4/1996
Name	<b>COOPER, ROBERT J MD</b>
Address	1081 SANDSTONE PASS, FLINT, MI, 48532
Specialty	FP
Board Certified	
School and Year of Graduation	DALHOUSIE MEDICAL SCHOOL HALIFAX NS NOVA SCOTIA 1978
Internship and Year	DALHOUSIE UNIV - NOVA SCOTIA 1979
Residency and Year	COLLEGE OF FAMILY PHYSICIANS OF CANADA 1984
License Expiration Date	<b>6/30/2000</b>
Remarks	



License Number	11689
License Date	8/7/2002
Name	<b>COOPER, SHELBY S MD</b>
Address	THORACIC & VASCULAR ASSOC, 267 RTE 108 UNIT ASOMERSWORTH, NH, 03878
Specialty	GS
Board Certified	GS
School and Year of Graduation	INDIANA UNIV SCH OF MED - INDIANAPOLIS, IN USA 1991
Internship and Year	GREENVILLE HOSPITAL SYSTEM - GREENVILLE, SC 1992
Residency and Year	GREENVILLE HOSPITAL SYSTEM - GREENVILLE, SC 1996
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	10176
License Date	12/3/1997
Name	<b>COOPES, BARBARA J MD</b>
Address	FLOATING HOSP FOR CHILDREN, BOX 093-750 WASHINGTON ST BOSTON, MA, 02111
Specialty	CCP
Board Certified	CCP
School and Year of Graduation	WAYNE STATE UNIV SCH OF MED-DETROIT, MI USA 1982
Internship and Year	WAYNE UNIV AFFIL HOSP-MI 1983
Residency and Year	WAYNE UNIV AFFIL HOSP-MI 1984
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	15528
License Date	2/1/2012
Name	<b>COOPEY, SUZANNE N MD</b>
Address	FOUNDATION SURGERY, 8 PROSPECT ST NORTH IINASHUA, NH, 03060
Specialty	GS
Board Certified	GS
School and Year of Graduation	OHIO STATE UNIVERSITY USA 2005
Internship and Year	CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 2006
Residency and Year	CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16703
License Date	8/6/2014
Name	<b>COOROS, JAMES C MD</b>
Address	1 GUTHRIE SQ, SAYRE, PA, 18840
Specialty	GS
Board Certified	GS
School and Year of Graduation	STATE UNIVERSITY OF NY UPSTATE MEDICAL UNIVERSITY USA 2004
Internship and Year	GUTHRIE/ROBERT PACKER HOSPITAL - SAYRE, PA 2005
Residency and Year	GUTHRIE/ROBERT PACKER HOSPITAL - SAYRE, PA 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 9722  
 License Date 6/5/1996  
 Name **COPANS, STUART A MD**  
 Address NCYF, 203 EAST STEAST HAMPTON, MA, 01027  
 Specialty CHP  
 Board Certified CHP  
 School and Year of Graduation STANFORD MEDICAL SCHOOL-PALO ALTO CA USA 1969  
 Internship and Year UNIVERSITY OF VERMONT-BURLINGTON VT 1970  
 Residency and Year UNIVERSITY OF VERMONT-BURLINGTON VT 1971  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16158  
 License Date 6/5/2013  
 Name **COPENHAVER, JIM K MD**  
 Address HUGGINS HOSPITAL, 240 SOUTH MAIN STWOLFEBORO, NH, 03894  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF WASHINGTON SCHOOL OF MED USA 1989  
 Internship and Year ARIZONA HEALTH SCIENCE CENER - TUCSON, AZ 1990  
 Residency and Year CARITAS CARNEY HOSPITAL - BOSTON, MA 1992  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10324  
 License Date 7/1/1998  
 Name **COPPOLA, DAVID J MD**  
 Address SEACOAST GENERAL SURGERY PC, 750 CENTRAL AVE STE NDOVER, NH, 03820  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation UNIV OF VERMONT COL OF MED - BURLINGTON, VT USA 1993  
 Internship and Year UNIV OF IOWA - IOWA CITY, IA 1994  
 Residency and Year UNIV OF IOWA - IOWA CITY, IA 1995  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14753  
 License Date 3/3/2010  
 Name **COPPOLA, JOSEPH P DO**  
 Address COPPOLA MEDICAL CLINIC, PO BOX 705WOLFEBORO, NH, 03894  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation NY COLLEGE OF OSTEOPATHIC MEDICINE USA 1993  
 Internship and Year MILLCREEK COMMUNITY HOSPITAL - ERIE, PA 1994  
 Residency and Year MILLCREEK COMMUNITY HOSPITAL - ERIE, PA 1996  
 License Expiration Date **6/30/2014**  
 Remarks

License Number	15979
License Date	1/9/2013
Name	<b>COPPOLA, MICHAEL P MD</b>
Address	801 CROMWELL PARK DR STE 108, GLEN BURNIE, MD, 21061
Specialty	CCM
Board Certified	CCM
School and Year of Graduation	GEORGETOWN UNIVERSITY SCHOOL OF MED USA 1978
Internship and Year	SUNY UPSTATE MEDICAL UNIVERSITY - SYRACUSE, NY 1979
Residency and Year	GEORGETOWN UNIVERSITY HOSPITAL - WASHINGTON, DC 1981
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8957
License Date	6/2/1993
Name	<b>COPPOLA, THERESA C MD</b>
Address	MEMPHIS VA MED CTR, 1030 JEFFERSON AVEMEMPHIS, TN, 38104
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF VIRGINIA SCHOOL OF MEDICINE USA 1990
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1993
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1993
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	9938
License Date	2/5/1997
Name	<b>CORBETT, HELEN M MD</b>
Address	7303 SW 152ND AVE, BEAVERTON, OR, 97007
Specialty	GS
Board Certified	GS
School and Year of Graduation	TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1989
Internship and Year	KAISER PERMANENTE MED- CA 1994
Residency and Year	KAISER PERMANENTE MEDICAL GROUP - CA 1994
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14619
License Date	10/7/2009
Name	<b>CORBETT, JEFFREY P DO</b>
Address	DARTMOUTH HITCHCOCK, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty	FP
Board Certified	FP
School and Year of Graduation	PHILADELPHIA COLLEGE USA 2004
Internship and Year	MERCY SUBURBAN HOSPITAL - NORRISTOWN, PA 2005
Residency and Year	UNIVERSITY OF NEW ENGLAND - BIDDEFORD, ME 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15122
License Date	2/2/2011
Name	<b>CORBETT, JEREMY J MD</b>
Address	303 GOLF CLUB DR, NICHOLASVILLE, KY, 40356
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF SOUTH FLORIDA USA 2005
Internship and Year	UNIVERSITY OF KENTUCKY MEDICAL CENTER - LEXINGTON, KY 2006
Residency and Year	UNIVERSITY OF KENTUCKY MEDICAL CENTER - LEXINGTON, KY 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12097
License Date	10/1/2003
Name	<b>CORBIN, DAVID A MD</b>
Address	NEW LONDON HOSPITAL, 273 COUNTY RDNEW LONDON, NH, 03257
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF DEBRECEN, HUNGARY HUNGARY 2001
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2002
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4695
License Date	6/12/1972
Name	<b>CORBIT, DAVID E MD</b>
Address	NH EYE ASSOCIATES, 1415 ELM STMANCHESTER, NH, 03101-1325
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIVERSITY OF ROCHESTER-ROCHESTER NY USA 1967
Internship and Year	MEDICAL COLLEGE OF VIRGINIA HOSP-RICHMOND VA 1968
Residency and Year	INDIANA UNIVERSITY MED CTR-INDIANAPOLIS IN 1972
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6691
License Date	6/1/1983
Name	<b>CORCORAN, CHRISTOPHER P MD</b>
Address	VA CLINIC, 200 RTE 108SOMERSWORTH, NH, 03878
Specialty	IM
Board Certified	IM
School and Year of Graduation	BAYLOR COLLMED -HOUSTON,TX USA 1978
Internship and Year	WASHINGTON HOSP CTR-WASHINGTON,DC 1979
Residency and Year	WASHINGTON HOSP CTR-WASHINGTON,DC 1981
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>2/13/01 - SETTLEMENT AGREEMENT</b>

License Number	6692
License Date	6/1/1983
Name	<b>CORCORAN, KATHLEEN M MD</b>
Address	27 JUNIPER TRAIL WAY, PO BOX 535STRAFFORD, NH, 03884
Specialty	PD
Board Certified	PD
School and Year of Graduation	BAYLOR COLL MED -HOUSTON,TX USA 1978
Internship and Year	ANTL NAVAL NED CTR-BETHESDA,MD 1979
Residency and Year	NATL NAVAL MED CTR - BETHESDA,MD 1981
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6147
License Date	12/12/1979
Name	<b>CORCORAN, PAUL J MD</b>
Address	ST JOSEPH HOSPITAL, 172 KINSLEY STNASHUA, NH, 03060
Specialty	PM
Board Certified	PM
School and Year of Graduation	GEORGETOWN UNIV SCH MED - WASHINGTON, DC USA 1959
Internship and Year	UNIV OREGON HEALTH SCIENCE CENTER - PORTLAND, OR 1960
Residency and Year	NY UNIV MED COLL BELLEVUE HOSPITAL CENTER - NY, NY 1964
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	13312
License Date	11/1/2006
Name	<b>CORDISCHI, KEITH M DO</b>
Address	ORTHOPAEDICS NE PC, 575 TURNPIKE ST STE11N ANDOVER, MA, 01845
Specialty	ORS
Board Certified	
School and Year of Graduation	UNIV OF NEW ENGLAND USA 2000
Internship and Year	ST VINCENT HOSPITAL - WORCESTER, MA 2001
Residency and Year	MEMORIAL HOSPITAL - YORK, PA 2005
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	16750
License Date	9/3/2014
Name	<b>CORDTS, ALAN E MD</b>
Address	78 MAIN ST, FALMOUTH, MA, 02540
Specialty	GS
Board Certified	GS
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1974
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1975
Residency and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1980
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12098
License Date	10/1/2003
Name	<b>CORMACK, JAMES G MD</b>
Address	ANESTHESIA CARE GROUP, 88 MCGREGOR ST SUITE 303MANCHESTER, NH, 03102
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF ALBERTA, EDMONTON, ALBERTA CANADA CANADA 1987
Internship and Year	TORONTO EAST GENERAL HOSPITAL, TORONTO, ONTARIO CANADA 1988
Residency and Year	UNIVERSITY OF OTTAWA, OTTAWA, ONTARIO CANADA 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9941
License Date	3/5/1997
Name	<b>CORN, MARVIN MD</b>
Address	10 RUNAWIT RD, EXETER, NH, 03833
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	TUFTS UNIV SCH OF MED BOSTON, MA USA 1960
Internship and Year	UNIV OF NORTH CAROLINA HOSPITAL - NC 1961
Residency and Year	BRONX MUNICIPAL HOSPITAL CENTER - NY 1966
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	5400
License Date	8/8/1975
Name	<b>CORNELL JR, CORNELIUS J MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	HEM
Board Certified	
School and Year of Graduation	NY MEDICAL COLLEGE USA 1966
Internship and Year	HENRY FORD HOSPITAL - DETROIT, MI 1967
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - HANOVER, NH 1972
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	15287
License Date	7/6/2011
Name	<b>CORNELL, ALEXANDRA G MD</b>
Address	DARTMOUTH-HITCHCOCK MANCHESTER - PED PULMONARY, 100 HITCHCOCK WAYMANCHESTER,
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 2005
Internship and Year	CHILDREN'S HOSPITAL @ DARTMOUTH - LEBANON, NH 2006
Residency and Year	CHILDREN'S HOSPITAL @ DARTMOUTH - LEBANON, NH 2008
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number 4435  
 License Date 6/6/1969  
 Name **CORNWELL III, GIBBONS G MD**  
 Address 1 ORFORDVILLE RD, LYME, NH, 03768  
 Specialty HEM  
 Board Certified HEM  
 School and Year of Graduation UNIV OF PENNSYLVANIA - PHILA, PA USA 1963  
 Internship and Year UNIV OF PENN - PHILA, PA 1964  
 Residency and Year UNIV OF PENN - PHILA, PA 1968  
 License Expiration Date **6/30/2007**  
 Remarks

License Number 13659  
 License Date 9/5/2007  
 Name **CORRALL II, CARMEN J MD**  
 Address 1951 MIRACLE MILE DR EAST, PORT ORCHARD, WA, 98366  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation WEST VIRGINIA UNIV USA 1976  
 Internship and Year WEST VIRGINIA UNIV SCHOOL OF MEDICINE - MORGANTOWN, WV 1977  
 Residency and Year JOHNS HOPKINS UNIV SCHOOL OF MEDICINE - BALTIMORE, MD 1979  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 15099  
 License Date 1/5/2011  
 Name **CORRENTE, LISA A MD**  
 Address PARK PLACE MED IMAGING PC, 316 EAST 30TH ST NEW YORK CITY, NY, 10016  
 Specialty R  
 Board Certified R  
 School and Year of Graduation ST GEORGE'S UNIVERSITY GRENADA 1997  
 Internship and Year SOUND SCHORE MEDICAL CENTER OF WESTCHESTER - NEW ROCHELLE, NY 1998  
 Residency and Year ST VINCENTS HOSPITAL & MEDICAL CENTER - NEW YORK, NY 2003  
 License Expiration Date **6/30/2017**  
 Remarks **License lapsed for non-renewal 6/30/2015, renewed on 7/20/15.**

License Number 14338  
 License Date 3/4/2009  
 Name **CORRENTI, ANTHONY J MD**  
 Address NH EYE ASSOC PA, 1415 ELM ST MANCHESTER, NH, 03101  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation TUFTS UNIV USA 2003  
 Internship and Year ROGER WILLIAMS GENERAL HOSPITAL-PROVIDENCE, RI 2004  
 Residency and Year NASSAU COUNTY MEDICAL CENTER-EAST MEADOW, NY 2007  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	12649
License Date	4/6/2005
Name	<b>CORRIGAN, KATHLEEN M MD</b>
Address	AMONOOSUC COMMUNITY HEALTH, 25 MT EUSTES ROADLITTLETON, NH, 03561
Specialty	FP
Board Certified	FP
School and Year of Graduation	BROWN UNIVERSITY, PROVIDENCE RI US 1993
Internship and Year	TUFTS UNIVERSITY, MALDEN MA 1994
Residency and Year	LAWRENCE FAMILY PRACTICE, LAWRENCE MA 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15100
License Date	1/5/2011
Name	<b>CORRIGAN, KELLY J MD</b>
Address	BARRINGTON WALK IN CARE, 426 CALEF HWY (RTE 125)BARRINGTON, NH, 03825
Specialty	EM
Board Certified	EM
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 2001
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2002
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7076
License Date	5/2/1985
Name	<b>CORRIGAN, PETER E MD</b>
Address	185 QUEEN CITY AVE, MANCHESTER, NH, 03103
Specialty	PUD
Board Certified	PUD
School and Year of Graduation	GEORGETOWN UNIVERSITY-WASHINGTON, DC USA 1979
Internship and Year	ST ELIZABETHS HOSPITAL-BOSTON, MA 1980
Residency and Year	ST ELIZABETHS HOSPITAL-BOSTON, MA 1982
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12370
License Date	7/7/2004
Name	<b>CORTEZ, ALLEN W MD</b>
Address	3536 MENDOCINO AVE, STE 250SANTA ROSA, CA, 95403
Specialty	GS
Board Certified	
School and Year of Graduation	UNIVERSITY OF MICHIGAN, ANN ARBOR MI US 1991
Internship and Year	UNIVERSITY OF CALIFORNIA, SACRAMENTO CA 1992
Residency and Year	UNIVERSITY OF CALIFORNIA, SACRAMENTO CA 1997
License Expiration Date	<b>6/30/2006</b>
Remarks	



License Number	7596
License Date	5/6/1987
Name	<b>CORWIN, HOWARD L MD</b>
Address	UNIVERSITY ARKANSAS, 4301 WEST MARKHAM LITTLE ROCK, AR, 72205
Specialty	IM
Board Certified	IM
School and Year of Graduation	MOUNT SINAI SCH MED OF CITY UNIV OF NY, NY USA 1977
Internship and Year	RUSH-PRESBY ST LUKES CENTER - CHICAGO, IL 1978
Residency and Year	RUSH-PRESBY ST LUKES CENTER - CHICAGO, IL 1980
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12569
License Date	1/5/2005
Name	<b>CORY, ROBERT P MD</b>
Address	25575 DEL PONIENTE, LAGUNA NIGUEL, CA, 92677
Specialty	R
Board Certified	R
School and Year of Graduation	WAYNE STATE UNIVERSITY, DETROIT MI US 1976
Internship and Year	KING/DREW MEDICAL CTR, LOS ANGELES CA 1978
Residency and Year	KINGDREW MEDICAL CTR, LOS ANGELES CA 1980
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8511
License Date	4/3/1991
Name	<b>CORZILIUS, SUSAN P MD</b>
Address	, , ,
Specialty	FP
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1996</b>
Remarks	

License Number	14124
License Date	8/6/2008
Name	<b>COSGROVE, MICHAEL A MD</b>
Address	, 607 RANDOLPH AVE HUNTSVILLE, AL, 35801
Specialty	AN
Board Certified	
School and Year of Graduation	THOMAS JEFFERSON UNIV USA 1999
Internship and Year	NAVAL MEDICAL CENTER-SAN DIEGO, CA 2000
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2007
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number 11988  
 License Date 7/2/2003  
 Name **COSTA, SALVATORE P MD**  
 Address DHMC-CARDIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty CD  
 Board Certified CD  
 School and Year of Graduation UNIV OF NEW YORK - STONY BROOK, NY USA 1997  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON,NH 1998  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON,NH 2000  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 3432  
 License Date 3/11/1961  
 Name **COSTEA, NICOLAS V MD**  
 Address VA MEDICAL CENTER, 3651 TERRACE VIEW DRENCINO, CA, 91436  
 Specialty HEM  
 Board Certified  
 School and Year of Graduation THE UNIVERSITY OF PARIS FRANCE 1956  
 Internship and Year ST FRANCIS- NY 1957  
 Residency and Year NEW ENGLAND CENTER- BOSTON MA 1961  
 License Expiration Date **6/30/1998**  
 Remarks **Deceased 9/13/2000**

License Number 11620  
 License Date 6/5/2002  
 Name **COSTELLO, BETTINA M MD**  
 Address HUGGINS HOSP, PO BOX 912WOLFEBORO, NH, 03894-0912  
 Specialty OBG  
 Board Certified  
 School and Year of Graduation DALHOUSIE UNIV - HALIFAX, NOVA SCOTIA CANADA CANADA 1994  
 Internship and Year DALHOUSIE UNIVERSITY FACULTY OF MEDICINE - HALIFAX, NOVA SCOTIA CANADA 1995  
 Residency and Year DALHOUSIE UNIVERSITY FACULTY OF MEDICINE - HALIFAX, NOVA SCOTIA CANADA 1999  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16342  
 License Date 10/2/2013  
 Name **COSTELLO, BRIAN A MD**  
 Address MAYO CLINIC, 200 1ST ST SWROCHESTER, MN, 55905  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation MEDICAL COLLEGE OF WISCONSIN USA 1995  
 Internship and Year UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE - ALBUQUERQUE, NM 1996  
 Residency and Year UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE - ALBUQUERQUE, NM 1998  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13107  
 License Date 6/7/2006  
 Name **COSTELLO, DOMINICA C DO**  
 Address NORTHEAST ENDOCRINOLOGY & DIABETES CTR, 255 LOW STREET STE 102NEWBURYPORT, MA, 01  
 Specialty END  
 Board Certified IM  
 School and Year of Graduation KANSAS CITY UNIV USA 2000  
 Internship and Year BERKSHIRE MEDICAL CTR-PITTSFIELD, MA 2001  
 Residency and Year BERKSHIRE MEDICAL CTR-PITTSFIELD, MA 2004  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 7517  
 License Date 3/4/1987  
 Name **COSTELLO, GEORGE W MD**  
 Address HUGGINS HOSPITAL - ORTHO SURG, PO BOX 912 240 S MAIN STWOLFEBORO, NH, 03894-1298  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation UNIV OF CT SCH OF MED-FRAMINGTON,CT USA 1982  
 Internship and Year MAINE MED CTR-PORTLAND,ME 1983  
 Residency and Year UNIV MA HOSPITAL-WORCHSTER,MA 1987  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16441  
 License Date 1/8/2014  
 Name **COTE, CHRISTINA J DO**  
 Address 2929 5TH ST STE 240, RAPID CITY, SD, 57701  
 Specialty PM  
 Board Certified PM  
 School and Year of Graduation KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE USA 2001  
 Internship and Year OUCOM-DOCTORS HOSPITAL - COLUMBUS, OH 2002  
 Residency and Year BAYLOR COLLEGE OF MEDICINE - HOUSTON,TX 2005  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14790  
 License Date 4/7/2010  
 Name **COTE, LISE A MD**  
 Address VIM, 2300 NEFF RDBEND, OR, 97701  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIFORMED SERVICES UNIVERSITY USA 1987  
 Internship and Year MARTIN ARMY COMMUNITY HOSPITAL - FORT BENNING, GA 1988  
 Residency and Year MARTIN ARMY COMMUNITY HOSPITAL - FORT BENNING, GA 1990  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	3676
License Date	3/11/1964
Name	<b>COTE, NORMAND R MD</b>
Address	193 KINSLEY STREET, NASHUA, NH, 03060
Specialty	OBG
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1996</b>
Remarks	Deceased 11/30/95

License Number	6261
License Date	8/8/1980
Name	<b>COTE, PAUL L MD</b>
Address	, , ,
Specialty	FP
Board Certified	
School and Year of Graduation	PROVINCIAL COLLEGE OF PHYSICIANS IN CANADA CANADA 1977
Internship and Year	
Residency and Year	
License Expiration Date	<b>8/22/1988</b>
Remarks	

License Number	4423
License Date	4/22/1969
Name	<b>COTE, ROBERT P MD</b>
Address	25A JUNE ST, SANFORD, ME, 04073-
Specialty	IM
Board Certified	IM
School and Year of Graduation	BOSTON UNIV - BOSTON, MA USA 1967
Internship and Year	ST ELIZABETH'S HOSPITAL - BRIGHTON, MA 1968
Residency and Year	ST ELIZABETH HOSPITAL - BRIGHTON, MA 1968
License Expiration Date	<b>6/29/2006</b>
Remarks	DECEASED 6/29/06

License Number	9002
License Date	7/7/1993
Name	<b>COTHRON, ANNA W MD</b>
Address	520 VINCENT ST, STEVENS POINT, WI, 54481
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF TX MEDICAL BRANCH GALVESTON USA 1991
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1995
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1995
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number 15911  
 License Date 11/7/2012  
 Name **COTOI, DANIEL MD**  
 Address DHMC - DEPT OF ANESTHESIOLOGY, 1 MED CTR DRLEBANON, NH, 03756  
 Specialty AN  
 Board Certified  
 School and Year of Graduation GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 2010  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14704  
 License Date 1/6/2010  
 Name **COTONI, DAVID A DO**  
 Address DHMC, 1 MED CTR DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified  
 School and Year of Graduation EDWARD VIA VIRGINIA COLLEGE USA 2007  
 Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008  
 Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 12195  
 License Date 1/7/2004  
 Name **COTTER, JOHN G MD**  
 Address 118 GRENDLE ISLE AVE, SW, APT 3214 ROCHESTER, MN, 55902  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation MEMORIAL UNIVERSITY OF NEWFOUNDLAND IN CANADA CANADA 2000  
 Internship and Year UNIVERSITY OF MASS, WORCESTER MA 2001  
 Residency and Year UNIVERSITY OF MASS, WORCESTER MA 2003  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 10779  
 License Date 12/1/1999  
 Name **COUDREAU, MICHAEL F MD**  
 Address NEW HAMPSHIRE HOSP, 36 CLINTON ST CONCORD, NH, 03301  
 Specialty P  
 Board Certified P  
 School and Year of Graduation COLUMBIA UNIV COLL OF PHYSICIANS - NY, NY USA 1990  
 Internship and Year UCLA NEUROPSYCHIATRIC INSTITUTE - LOS ANGELES, CA 1991  
 Residency and Year UCLA NEUROPSYCHIATRIC INSTITUTE - LOS ANGELES, CA 1994  
 License Expiration Date **6/30/2001**  
 Remarks

License Number	6208
License Date	6/9/1980
Name	<b>COUGHLIN, CHRISTOPHER T MD</b>
Address	DUKE UNIV MED CTR, PO BOX 3085 DEPT OF R/ONCOLOGYDURHAM, NC, 27710
Specialty	RO
Board Certified	RO
School and Year of Graduation	HARVARD MED SCH-BOSTON,MA USA 1973
Internship and Year	GOOD SAMARITAN HOSP-PORTLAND,OR 1974
Residency and Year	GOOD SAMARITAN HOSP-PORTLAND,OR 1976
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	13855
License Date	3/5/2008
Name	<b>COUNCIL, LORA L MD</b>
Address	DHMC - NASHUA, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF MASSACHUSETTS USA 2004
Internship and Year	CONCORD HOSPITAL - CONCORD, NH 2005
Residency and Year	CONCORD HOSPITAL - CONCORD, NH 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7193
License Date	9/10/1985
Name	<b>COURSIN, DAVID R MD</b>
Address	32 WEST ST, NORTHWOOD, NH, 03261
Specialty	P
Board Certified	P
School and Year of Graduation	ALBANY MED COLL UNION UNIV-ALBANY,NY USA 1973
Internship and Year	ALBANY MED CTR HOSP-ALBANY,NY 1974
Residency and Year	HOSP UNIV OF PA-PHIL,PA 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>RETIRED</b>

License Number	10354
License Date	7/1/1998
Name	<b>COURTEMANCHE, DOLLY R MD</b>
Address	CONCORD PEDIATRICS PA, 248 PLEASANT ST PILLSBURY BLDGCONCORD, NH, 03301
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF VERMONT COLL OF MED - BURLINGTON,VT USA 1991
Internship and Year	MEDICAL CENTER AND HOSPITAL OF VERMONT - BURLINGTON, VT 1992
Residency and Year	MEDICAL CENTER AND HOSPITAL OF VERMONT - BURLINGTON, VT 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9036
License Date	9/1/1993
Name	<b>COURTNEY, ANTHONY W MD</b>
Address	COOPER CLINIC, 7301 ROGERS AVEFORT SMITH, AR, 72903
Specialty	ON
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF MICHIGAN MEDICAL SCHOOL USA 1970
Internship and Year	UNIVERSITY OF KANSAS MEDICAL CENTER - KANSAS CITY KS 1971
Residency and Year	UNIVERSITY OF KANSAS MEDICAL CENTER - KANSAS CITY KS 1972
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	12196
License Date	1/7/2004
Name	<b>COURTNEY, KEITH DO</b>
Address	LONG CREEK YOUTH DEVELOP CTR, 675 WESTBROOK STS PORTLAND, ME, 04106
Specialty	P
Board Certified	P
School and Year of Graduation	MIDWESTERN UNIVERSITY, DOWNERS GROVE IL US 1990
Internship and Year	LOUISIANA STATE UNIVERSITY, NEW ORLEANS LA 1991
Residency and Year	LOUISIANA STATE UNIVERSITY, NEW ORLEANS LA 1993
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	14754
License Date	3/3/2010
Name	<b>COURTS, DONALD E MD</b>
Address	411 WALNUT ST #9385, GREEN COVE SPRINGS, FL, 32043
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF MARYLAND USA 1959
Internship and Year	LOS ANGELES COUNTY-UNIV OF SOUTHERN CALIFORNIA - LOS ANGELES, CA 1960
Residency and Year	
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14618
License Date	10/7/2009
Name	<b>COURVILLE, XAN FRANCOISE MD</b>
Address	16 HEMLOCK RIDGE RD UNIT 204, WRJ, VT, 05001
Specialty	ORS
Board Certified	
School and Year of Graduation	UNIVERSITY OF ROCHESTER USA 2004
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	7077
License Date	5/2/1985
Name	<b>COUSINEAU, LEO E MD</b>
Address	34 HEALTH INFORMATION SYSTEMS, 5205 LEESBURE PIKEFALL CHURCH, VA, 22041
Specialty	HEM
Board Certified	HEM
School and Year of Graduation	UNIV OF MONTREAL FAC OF MED-MONTREAL CANADA 1958
Internship and Year	HARPER-GRACE HOSPITAL-DETROIT,MI 1961
Residency and Year	HARPER-GRACE HOSPITAL -DETROIT, MI 1961
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	14676
License Date	12/2/2009
Name	<b>COUSINS, JOSEPH R MD</b>
Address	COMMUNITY BAY PHY IMAGE CARE, 711 TRIY-SCHANECTY RD STE 201LATHON, NY, 02110-2454
Specialty	R
Board Certified	R
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 2001
Internship and Year	UNIVERSITY OF ILLINOIS HOSPITAL & CLINICS - CHICAGO, IL 2002
Residency and Year	UNIVERSITY OF ILLINOIS HOSPITAL - CHICAGO, IL 2006
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	16900
License Date	1/21/2015
Name	<b>COUTINHO-SLEDGE, YAMARA S MD</b>
Address	3658 ROUTE 44, BROWNSVILLE, VT, 05037
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF VERMONT USA 2009
Internship and Year	RUSH UNIVERSITY MEDICAL CENTER - CHICAGO, IL 2010
Residency and Year	RUSH UNIVERSITY MEDICAL CENTER - CHICAGO, IL 2012
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13660
License Date	9/5/2007
Name	<b>COUTRAS, STEVEN W MD</b>
Address	102 HIGHLAND AVE, ROANOKE, VA, 24022
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	GEORGETOWN UNIV USA 1981
Internship and Year	NAVAL MEDICAL CENTER - PORTSMOUTH, VA 1982
Residency and Year	NAVAL MEDICAL CENTER - PORTSMOUTH, VA 1987
License Expiration Date	<b>6/30/2009</b>
Remarks	



License Number	10780
License Date	12/1/1999
Name	<b>COUTURE, BONNIE H MD</b>
Address	40 HEMLOCK CT, NEWFIELDS, NH, 03856
Specialty	IM
Board Certified	
School and Year of Graduation	DARTMOUTH MEDICAL SCH - HANOVER, NH USA 1996
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1997
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13034
License Date	4/5/2006
Name	<b>COUTURE, CHRISTOPHER J MD</b>
Address	VICTORY SPORTS MED/MERRIMACK MED CTR, 696 DANIEL WEBSTER HIGHWAYMERRIMACK, NH, 0
Specialty	FP
Board Certified	FSM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL, LEBANON NH USA 1997
Internship and Year	CONCORD HOSPITAL, CONCORD NH 1998
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3357
License Date	3/9/1960
Name	<b>COUTURE, NORMAND R MD</b>
Address	CEDER POND DR, PO BOX 129MILAN, NH, 03588-
Specialty	FP
Board Certified	FP
School and Year of Graduation	LAVAL UNIVERSITY- QUEBEC CANADA 1959
Internship and Year	HOTEL-DIEO SANIT VALLIER- CHICOUTIMI QUEBEC 1959
Residency and Year	VASSAR BROTHERS HOSPITAL- NY 1960
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	7312
License Date	5/8/1986
Name	<b>COVEY, MARK E MD</b>
Address	CORE PEDIATRICS EXETER, 9 BUZELL AVE STE3EXETER, NH, 03833-2520
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF VERMONT COLL MED - BURLINGTON, VT USA 1983
Internship and Year	UNIV OF VIRGINIA HOSPITAL - CHARLOTTESVILLE, VA 1984
Residency and Year	UNIV OF VIRGINIA HOSPITAL - CHARLOTTESVILLE, VA 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17258
License Date	9/2/2015
Name	<b>COVINGTON, NANCY M MD</b>
Address	11390 OLD ROSWELL RD - STE 100, ALPHARETTA, GA, 30009-2058
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF MISSISSIPI SCHOOL OF MEDICINE-JACKSON, MS USA 1981
Internship and Year	CHARITY HOSPITAL OF LOUISIANA - LSU DIVISION- NEW ORLEANS, LA 1982
Residency and Year	TULANE UNIVERSITY SCHOOL OF MEDICINE - NEW ORLEANS, LA 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9120
License Date	3/2/1994
Name	<b>COVINGTON, RICHARD S DO</b>
Address	MT MOOSE LAUKEE HLTH CTR, RR 1 BOX 227WARREN, NH, 03279-
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND COLL OF OSTEOPATHIC MED USA 1988
Internship and Year	WARREN HOSPITAL - PHILLIPSBURG NJ 1992
Residency and Year	WARREN HOSPITAL - PHILLIPSBURG NJ 1992
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	7710
License Date	9/2/1987
Name	<b>COWAN, THOMAS MD</b>
Address	69 MAIN ST, PETERBOROUGH, NH, 03458-
Specialty	GP
Board Certified	
School and Year of Graduation	MICHIGAN STATE UNIV COLL OF HUMAN MED USA 1984
Internship and Year	UNITED HEALTH SERVICES-JOHNSON CITY 1985
Residency and Year	UNITED HEALTH SERVICES - JOHNSON CITY 1985
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	16742
License Date	9/3/2014
Name	<b>COWETT, RICHARD M MD</b>
Address	157 PINE HILL RD, BOXBOROUGH, MA, 01779
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE USA 1968
Internship and Year	METROHEALTH MEDICAL CENTER - CLEVELAND, OH 1969
Residency and Year	METROHEALTH MEDICAL CENTER - CLEVELAND, OH 1970
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11773
License Date	11/6/2002
Name	<b>COX JR, RALPH F MD</b>
Address	7200 N STATE HWY 161, IRVING, TX, 75039
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF TEXAS-HOUSTON MED SCH - HOUSTON, TX USA 1982
Internship and Year	LONG BEACH MEMORIAL MEDICAL CENTER - LONG BEACH, CA 1983
Residency and Year	LONG BEACH MEMORIAL MEDICAL CENTER - LONG BEACH, CA 1985
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	6640
License Date	1/6/1983
Name	<b>COX III, EDWARD V MD</b>
Address	220 SUTTON ST, N ANDOVER, MA, 01845-1640
Specialty	NS
Board Certified	NS
School and Year of Graduation	COLUMBIA UNIV COLL OF PHYSICIANS-NY USA 1969
Internship and Year	MT SINAI HOSP-NY 1970
Residency and Year	JACKSON MEM HOSP-MIAMI,FL 1977
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	13197
License Date	8/2/2006
Name	<b>COX, CYDNEY J MD</b>
Address	SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200SOUTH PORTLAND, ME, 04106
Specialty	DR
Board Certified	R
School and Year of Graduation	UNIV OF VERMONT USA 2001
Internship and Year	MAINE MEDICAL CTR-PORTLAND, ME 2002
Residency and Year	MAINE MEDICAL CTR-PORTLAND, ME 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16704
License Date	8/6/2014
Name	<b>COX, DEVEN D DO</b>
Address	302 LEXINGTON CT, YORKTOWN, VA, 23693
Specialty	DR
Board Certified	DR
School and Year of Graduation	MIDWESTERN UNIVERSITY ARIZONA CAMPUS USA 2008
Internship and Year	TRIPLER ARMY MEDICAL CENTER - TRIPLER AMC, HI 2009
Residency and Year	TRIPLER ARMY MEDICAL CENTER - TRIPLER AMC, HI 2013
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9769
License Date	7/3/1996
Name	<b>COX, WILLIAM H MD</b>
Address	4009 WASSON RD, BIG SPRING, TX, 79720
Specialty	IM
Board Certified	
School and Year of Graduation	HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1957
Internship and Year	UNIV HOSPITAL - CLEVELAND, OH 1958
Residency and Year	UNIV HOSPITAL - CLEVELAND, OH 1960
License Expiration Date	<b>6/30/1998</b>
Remarks	<b>DECEASED 8-16-2011</b>

License Number	11727
License Date	9/4/2002
Name	<b>COYLE, JOSEPH G MD</b>
Address	15 AIKEN AVE, FRANKLIN, NH, 03235
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF NEWFOUNDLAND - ST JOHNS, NEWFOUNDLAND CANADA 1977
Internship and Year	MCMASTER UNIV - HAMILTON, ONTARIO CANADA 1979
Residency and Year	MCMASTER UNIV - HAMILTON, ONTARIO CANADA 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16635
License Date	6/4/2014
Name	<b>COYLEWRIGHT, MEGAN MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	CD
Board Certified	CD
School and Year of Graduation	JOHNS HOPKINS UNIV SCHOOL OF MEDICINE USA 2005
Internship and Year	JOHNS HOPINS HOSPITAL - BALTIMORE, MD 2006
Residency and Year	JOHNS HOPINS HOSPITAL - BALTIMORE, MD 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12023
License Date	8/6/2003
Name	<b>COYNER, CORINNE F MD</b>
Address	1650 COCHRAN CIRCLE, PEDIATRICS CLINICCOLORADO SPRINGS, CO, 80913
Specialty	PD
Board Certified	PD
School and Year of Graduation	EASTERN VIRGINIA MED SCHOOL, NORFOLD VA US 1995
Internship and Year	WALTER REED ARMY MED CTR, WASHINGTON DC 1996
Residency and Year	WALTER REED ARMY MED CTR, WASHINGTON DC 1998
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	14677
License Date	12/2/2009
Name	<b>COZZI, MICHAEL K MD</b>
Address	DARTMOUTH HITCHCOCK, 25 SOUTH RIVER RDBEDFORD, NH, 03101
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF KANSAS USA 1996
Internship and Year	KANSAS MEDICAL EDUCATION FOUNDATION PROGRAM - TOPEKA, KS 1997
Residency and Year	KANSAS MEDICAL EDUCATION FOUNDATION PROGRAM 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9864
License Date	11/6/1996
Name	<b>COZZOLINO, DAVID J MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	U
Board Certified	
School and Year of Graduation	UNIV OF HLTH SCI CHICAGO MED SCHOOL USA 1993
Internship and Year	MARY-HITCHCOCK MED CTR - NH 1995
Residency and Year	MARY- HITCHCOCK MED CTR 1999
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	4112
License Date	7/28/1967
Name	<b>CRAIG, ALASTAIR M MD</b>
Address	NEW HAMPSHIRE HOSP, 36 CLINTON STCONCORD, NH, 03301
Specialty	OBS
Board Certified	
School and Year of Graduation	EDINBURGH UNIV SCOTLAND 1962
Internship and Year	ENDINBURGH SCOTLAND 1963
Residency and Year	MEDICAL OFFICER IN ROYAL AIR FORCE SCOTLAND 1967
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	3213
License Date	9/11/1957
Name	<b>CRAIG, EDYTHE L DO</b>
Address	90 CRAIG RD, BRADFORD, NH, 03221
Specialty	GP
Board Certified	GP
School and Year of Graduation	MASSACHUSETTS COLLEGE OF OSTEOPATHY USA 1943
Internship and Year	OSTEOPATHIC HOSPITAL PORTLAND - MAINE 1944
Residency and Year	OSTEOPATHIC HOSPITAL - PORTLAND, ME 1945
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	4723
License Date	7/7/1972
Name	<b>CRAMER JR, HARRY R MD</b>
Address	COAST VASCULAR& INTERVENTIONAL, 5147 NORTH 9TH AVE STE 318PENSACOLA, FL, 32504
Specialty	DR
Board Certified	DR
School and Year of Graduation	JEFFERSON MEDICAL COLLEGE, PA USA 1971
Internship and Year	MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1972
Residency and Year	MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1972
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14834
License Date	5/5/2010
Name	<b>CRAMER, ELIZABETH R MD</b>
Address	CONCORD PEDIATRICS, 248 PLEASANT ST STE 1700CONCORD, NH, 03301
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF ROCHESTER USA 2006
Internship and Year	STRONG MEMORIAL HOSP-GOLISANO CHILDRENS HOSP @ STRONG - ROCHESTER,NY 2007
Residency and Year	STRONG MEMORIAL HOSP-GOLISANO CHILDRENS HOSP @ STRONG - ROCHESTER,NY 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13896
License Date	4/2/2008
Name	<b>CRAMTON, RACHEL E MD</b>
Address	RHODE ISLAND HOSPITAL, 593 EDDY STPROVIDENCE, RI, 02905
Specialty	PD
Board Certified	PD
School and Year of Graduation	TEMPLE UNIV USA 2004
Internship and Year	RHODE ISLAND HOSPITAL-PROVIDENCE, RI 2006
Residency and Year	RHODE ISLAND HOSPITAL-PROVIDENCE, RI 2007
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	8073
License Date	5/10/1989
Name	<b>CRANDALL, ROBERT SCOTT MD</b>
Address	DHMC - BEDFORD MEDICAL PARK, 5 WASHINGTON PLACEBEDFORD, NH, 03110
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	STATE UNIV OF NY @ BUFFALO BUFFALO NY USA 1982
Internship and Year	SUNY BUFFALO AFIL HOSP/OBG BUFFALO NY 1983
Residency and Year	SUNY BUFFALO AFFIL HOSP/OBG BUFFALO NY 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15123
License Date	2/2/2011
Name	<b>CRANE JR, WILLIAM G DO</b>
Address	318 S EAST AVE, DRESSER, WI, 54009
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	DES MOINES UNIVERSITY USA 1991
Internship and Year	WILSON MEMORIAL REGIONAL MEDICAL CENTER UNITED HEALTH SERVICES - JOHNSON CITY, NY 1
Residency and Year	UNIVERSITY OF MISSOURI @ KANSAN CITY SCHOOL OF MEDICINE-KANSAS CITY, MO 1997
License Expiration Date	<b>6/30/2013</b>

Remarks

License Number	9315
License Date	11/2/1994
Name	<b>CRANE, ANGELA R MD</b>
Address	DARTMOUTH-HITCHCOCK CLINIC, 25 SOUTH RIVER RDBEDFORD, NH, 03110
Specialty	IM
Board Certified	IM
School and Year of Graduation	YALE UNIV SCHOOL OF MEDICINE USA 1985
Internship and Year	BOSTON CITY HOSPITAL - BOSTON MA 1986
Residency and Year	BOSTON CITY HOSPITAL - BOSTON MA 1988
License Expiration Date	<b>6/30/2012</b>

Remarks

License Number	13035
License Date	4/5/2006
Name	<b>CRANE, CURTIS N MD</b>
Address	DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	U
Board Certified	
School and Year of Graduation	UNIV OF IOWA, IOWA CITY IA USA 2002
Internship and Year	DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2004
Residency and Year	DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2006
License Expiration Date	<b>6/30/2008</b>

Remarks

License Number	16705
License Date	8/6/2014
Name	<b>CRANLEY, ROBERT MD</b>
Address	829 RIVERVIEW DR, BRIELLE, NJ, 08730
Specialty	DR
Board Certified	DR
School and Year of Graduation	BOSTON UNIVERSITY USA 1995
Internship and Year	OVERLOOK HOSPITAL - SUMMIT, NJ 1996
Residency and Year	DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 2000
License Expiration Date	<b>6/30/2016</b>

Remarks

License Number 6844  
 License Date 2/2/1984  
 Name **CRATHERN, BRIAN C MD**  
 Address 176 DEWITT DR, ALTON, NH, 03809  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation UNIV OF TEXAS SOUTHWESTERN MED SCHOOL DALLAS USA 1976  
 Internship and Year WORCESTER CITY HOSPITAL MASS 1977  
 Residency and Year WORCESTER CITY HOSPITAL MASS. 1978  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9723  
 License Date 6/5/1996  
 Name **CRAVERO, JOSEPH P MD**  
 Address DHMC-ANES, ONE MEDICAL CENTER DRLEBANON, NH, 03756-  
 Specialty AN  
 Board Certified PD  
 School and Year of Graduation UNIVERSITY OF VIRGINIA-CHARLOTTESVILLE VA USA 1986  
 Internship and Year FITZSIMONS ARMY MEDICAL CENTER-AURORA CO 1987  
 Residency and Year FITZSIMONS ARMY MEDICAL CENTER-AURORA CO 1989  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11267  
 License Date 6/6/2001  
 Name **CRAWFORD, ANDREA B MD**  
 Address GLOUCESTER ORTHOPEDICS, PO BOX 646GLOUCESTER, VA, 23061  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation VIRGINIA UNIV SCH OF MED - RICHMOND, VA USA 1977  
 Internship and Year MEDICAL COLLEGE OF VIRGINIA- RICHMOND, VA 1978  
 Residency and Year MEDICAL COLLEGE OF VIRGINIA - RICHMOND, VA 1982  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 14791  
 License Date 4/7/2010  
 Name **CRAWFORD, GLEN D MD**  
 Address SPORTS MED ATLANTIC ORTHO, 150 HIGHWAY 1 BYPASSPORTSMOUTH, NH, 03801  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation STANFORD UNIVERSITY USA 1985  
 Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1987  
 Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1991  
 License Expiration Date **6/30/2016**  
 Remarks



License Number	11619
License Date	6/5/2002
Name	<b>CRAWFORD, LINDA M MD</b>
Address	7 ARTISAN LANE, PLYMOUTH, NH, 03264
Specialty	IM
Board Certified	
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1999
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 2000
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11107
License Date	11/1/2000
Name	<b>CRAWFORD, WILLIAM L MD</b>
Address	CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty	FP
Board Certified	FP
School and Year of Graduation	NEW YORK MED COLL - VALHALLA, NY USA 1995
Internship and Year	LAHEY CLINIC MEDICAL CENTER - BURLINGTON, MA 1996
Residency and Year	LAHEY CLINIC MEDICAL CENTER - BURLINGTON, MA 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12419
License Date	8/4/2004
Name	<b>CREAGER, DICK N MD</b>
Address	CVS CAREMARK, 2211 SANDERS RDNORTHBROOK, IL, 60062
Specialty	EM
Board Certified	
School and Year of Graduation	UNIVERSITY OF UTAH, SALT LAKE CITY UT US 1982
Internship and Year	UNIVERSITY OF ROCHESTER, ROCHESTER NY 1983
Residency and Year	UNIVERSITY OF UTAH, SALT LAKE CITY UT 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17259
License Date	9/2/2015
Name	<b>CREAGER, MARK A MD</b>
Address	75 FRANCIS ST, BOSTON, MA, 02115
Specialty	CD
Board Certified	CD
School and Year of Graduation	TEMPLE UNIV SCHOOL OFMEDICINE, PHILA, PA USA 1974
Internship and Year	BOSTON UNIVERSITY HOSPITAL- BOSTON, MA 1975
Residency and Year	BOSTON UNIVIVERSITY HOSPITAL- BOSTON, MA 1977
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7213
License Date	10/3/1985
Name	<b>CREIGHTON, THOMAS W MD</b>
Address	UPPER VALLEY PEDIATRICS, RTE 5 UPPER PLAINSBRADFORD, VT, 05033
Specialty	PD
Board Certified	PD
School and Year of Graduation	DARTMOUTH-MED SCH USA 1982
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1983
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR- HANOVER,NH 1985
License Expiration Date	<b>5/14/2002</b>
Remarks	Settlement Agreement 5/14/02      INACTIVE LICENSE EFFECTIVE 5/14/02!!!! DECEASED 5/19/09

License Number	17050
License Date	5/6/2015
Name	<b>CREPEAU, AMY Z MD</b>
Address	MAYO, 5777 E MAYO BLVD PHOENIX, AZ, 85054
Specialty	N
Board Certified	N
School and Year of Graduation	ST LOUIS UNIVERSITY SCHOOL OF MEDICINE USA 2007
Internship and Year	ST LOUIS UNIVERSITY SCHOOL OF MEDICINE 2008
Residency and Year	ST JOSEPHS HOSPITAL & MEDICINE - PHOENIX, AZ 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8948
License Date	5/5/1993
Name	<b>CRESPI, DENRICK L DO</b>
Address	167 S RIVER RD, BEDFORD, NH, 03110
Specialty	OS
Board Certified	
School and Year of Graduation	KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE USA 1966
Internship and Year	FLINT OSTEOPATHIC HOSPITAL - FLINT MI 1966
Residency and Year	FLINT OSTEOPATHIC HOSPITAL-FLINT,MI 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8345
License Date	6/6/1990
Name	<b>CRESPO, JORGE L MD</b>
Address	745A RTE 63, PO BOX 339 CHESTERFIELD, NH, 03443
Specialty	D
Board Certified	D
School and Year of Graduation	UNIV OF MICHIGAN SCH - ANN ARBOR, MI USA 1986
Internship and Year	MARSHFIELD CLINIC / ST JOSEPH HOSPITAL - WI 1987
Residency and Year	UNIV TEXAS MEDICAL SCH - HOUSTON, TX 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 13036  
 License Date 4/5/2006  
 Name **CREWALK, JULIE-ANN M MD**  
 Address 4827 HUTCHINS PLACE, WASHINGTON, DC, 20007  
 Specialty PD  
 Board Certified  
 School and Year of Graduation THOMAS JEFFERSON UNIV, PHILADELPHIA PA USA 2002  
 Internship and Year MEMORIAL HOSPITAL OF RHODE ISLAND, PAWTUCKET RI 2003  
 Residency and Year ALFRED I DUPONT HOSPITAL OF CHILDREN-THOMAS JEFFERSON UNIV, WILMINGTON DE 2005  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 6007  
 License Date 1/5/1979  
 Name **CRICCO, ROBERT P MD**  
 Address VALLEY UROLOGISTS, 5 DUNNING STCLAREMONT, NH, 03743-2016  
 Specialty U  
 Board Certified U  
 School and Year of Graduation GEORGE WASHINGTON UNIV SCHOOL OF MEDICINE -DC USA 1973  
 Internship and Year DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1974  
 Residency and Year WEST VIRGINIA UNIV MEDICAL CENTER - MORGANTOWN, WV 1978  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 4696  
 License Date 6/12/1972  
 Name **CRICHLLOW, ROBERT W MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation UNIVERSITY OF PENNSYLVANIA-PHILADELPHIA PA USA 1957  
 Internship and Year HOSPITAL OF THE UNIVERSITY OF PA-PHILADELPHIA PA 1958  
 Residency and Year HOSPITAL OF THE UNIVERSITY OF PA-PHILADELPHIA PA 1963  
 License Expiration Date **6/30/1999**  
 Remarks **Deceased 11/13/12**

License Number 11989  
 License Date 7/2/2003  
 Name **CRIDER, ANJA B MD**  
 Address 3616 NORTH STEVENS ST, TACOMA, WA, 98407  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE-BOSTON, MA USA 1992  
 Internship and Year MADIGAN ARMY MEDICAL CENTER - TACOMA, WA 1993  
 Residency and Year MADIGAN ARMY MEDICAL CENTER - TACOMA, WA 1996  
 License Expiration Date **6/30/2005**  
 Remarks **8/7/09 - Settlement Agreement**

License Number	3401
License Date	10/19/1960
Name	<b>CRISP JR, NORMAN W MD</b>
Address	29 BERKELEY ST, NASHUA, NH, 03064
Specialty	TS
Board Certified	GS
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 1953
Internship and Year	UNIVERSITY OF MINNESOTA 1954
Residency and Year	UNIVERSITY OF MINNESOTA 1960
License Expiration Date	<b>6/30/2006</b>
Remarks	<b>Final Order - 1/7/2002-----Deceased August 2005</b>

License Number	3524
License Date	7/6/1962
Name	<b>CRISP, JOHN E MD</b>
Address	CRISP MED PROFESSIONAL ASSOC, 168 KINSLEY STNASHUA, NH, 03060-3634
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF VERMONT USA 1957
Internship and Year	ROOSEVELT HOSPITAL - NEW YORK, NY 1958
Residency and Year	ROOSEVELT HOSPITAL - NEW YORK, NY 1962
License Expiration Date	<b>12/2/2011</b>
Remarks	<b>DECEASED 12/2/11</b>

License Number	14792
License Date	4/7/2010
Name	<b>CRISTESCU, DAN A MD</b>
Address	DANBURY HOSPITAL, 24 HOSPITAL AVEDANBURY, CT, 06810
Specialty	IM
Board Certified	
School and Year of Graduation	UNIV DE MED SI FARMACIE IULIU HATIEGANU ROMANIA
Internship and Year	DANBURY HOSPITAL - DANBURY, CT 2008
Residency and Year	DANBURY HOSPITAL - DANBURY, CT 2009
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	13897
License Date	4/2/2008
Name	<b>CRISTO JR, WILLIAM MD</b>
Address	SALEM RADIOLOGY, 23 STILES RD STE 102SALEM, NH, 03079
Specialty	R
Board Certified	R
School and Year of Graduation	NY MEDICAL COLLEGE USA 1971
Internship and Year	LENOX HILL HOSPITAL - NY, NY 1972
Residency and Year	METROPOLITAN HOSPITAL CENTER-NY, NY 1975
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number 9884  
 License Date 12/4/1996  
 Name **CRITES, DANA L MD**  
 Address RIVERBEND COMMUNITY MENTAL, PO BOX 2032 CONCORD, NH, 03301  
 Specialty CHP  
 Board Certified CHP  
 School and Year of Graduation UNIV OF MARYLAND SCHOOL OF MEDICINE - BALTIMORE, MD USA 1985  
 Internship and Year FRANKLIN SQUARE HOSPITAL CENTER - MD 1986  
 Residency and Year PENN STATE UNIV HOSP - HERSHEY PA 1989  
 License Expiration Date **6/30/1999**  
 Remarks

License Number 13090  
 License Date 6/7/2006  
 Name **CRITES, DAVID J MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DR LEBANON, NH, 03756  
 Specialty IM  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF ILLINOIS, CHICAGO IL US 2003  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2005  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2006  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 14451  
 License Date 6/3/2009  
 Name **CRITTENDEN, STANLEY D MD**  
 Address BOSTON UNIVERSITY MEDICAL CENTER, 650 ALBANY STREET EBRC 504 BOSTON, MA, 02118  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation TULANE UNIVERSITY USA 2005  
 Internship and Year UNIVERSITY OF CHICAGO MEDICAL CENTER - CHICAGO, IL 2006  
 Residency and Year UNIVERSITY OF CHICAGO MEDICAL CENTER - CHICAGO, IL 2008  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15055  
 License Date 11/3/2010  
 Name **CROCE, KEVIN J MD**  
 Address BRIGHAM & WOMEN'S HOSPITAL, 75 FRANCIS ST BOSTON, MA, 02115  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation TUFTS UNIVERSITY USA 2001  
 Internship and Year BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 2002  
 Residency and Year BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 2003  
 License Expiration Date **6/30/2016**  
 Remarks **LAPSED FOR NONRENEWAL 6/30/14**  
**RENEWED 8/11/14**

License Number	11305
License Date	7/11/2001
Name	<b>CROCENZI, TODD S MD</b>
Address	DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	JEFFERSON MEDICAL COLLEGE USA 1994
Internship and Year	UNIVERSITY OF MARYLAND HOSPITAL BALTIMORE MD 1995
Residency and Year	UNIVERSITY OF MARYLAND HOSPITAL BALTIMORE MD 1996
License Expiration Date	<b>1/30/2006</b>
Remarks	REQUESTED INACTIVE 1/30/06

License Number	5267
License Date	12/2/1974
Name	<b>CROCKER, AUGUSTUS T MD</b>
Address	, , ,
Specialty	IM
Board Certified	IM
School and Year of Graduation	TUFTS UNIVERSITY USA 1944
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1986</b>
Remarks	DECEASED 10/16/01

License Number	12650
License Date	4/6/2005
Name	<b>CROCKER, BENJAMIN MD</b>
Address	216 VAUGHAN STREET, PORTLAND, ME, 04102
Specialty	P
Board Certified	P
School and Year of Graduation	OHIO STATE UNIVERSITY, COLUMBUS OH US 1979
Internship and Year	UNIVERSITY OF MICHAGAN, ANN ARBOR MI 1980
Residency and Year	USC MEDICAL CENTER, LOS ANGELES CA 1984
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11127
License Date	12/6/2000
Name	<b>CROCKER, ROBERT L MD</b>
Address	4500 I-55 N SUITE 250, JACKSON, MS, 39211
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF MISSISSIPPI SCH - JACKSON, MS USA 1979
Internship and Year	UNIV OF TENNESSEE COLL OF MED - CHATTANOOGA, TN 1980
Residency and Year	UNIV OV TENNESSEE COLL OF MED - CHATTANOOGA, TN 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15212
License Date	5/4/2011
Name	<b>CROCKETT, ANDREW O MD</b>
Address	DHMC, ONE MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF UTAH USA 2005
Internship and Year	OHIO STATE UNIVERSITY - COLUMBUS, OH 2006
Residency and Year	OHIO STATE UNIVERSITY - COLUMBUS, OH 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15374
License Date	9/7/2011
Name	<b>CROCKETT, SARAH C MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF UTAH SCHOOL OF MEDICINE USA 2005
Internship and Year	OHIO STATE UNIVERSITY MEDICAL CENTER - COLUMBUS, OH 2006
Residency and Year	OHIO STATE UNIVERSITY MEDICAL CENTER - COLUMBUS, OH 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12543
License Date	12/1/2004
Name	<b>CROITORU, DANIEL P MD</b>
Address	DHMC-CHILDREN'S HOSP-GS, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF PITTSBURGH, PITTSBURGH PA US 1983
Internship and Year	NEW ENGLAND MED CTR, BOSTON MA 1984
Residency and Year	NEW ENGLAND MED CTR, BOSTON MA 1089
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13531
License Date	6/6/2007
Name	<b>CROMER, DORIS D MD</b>
Address	YORK HOSPITAL FAMILY MEDICINE IN WELLS, 114 SANFORD RDWELLS, ME, 04090
Specialty	FP
Board Certified	FP
School and Year of Graduation	STATE UNIV OF NEW YORK USA 1996
Internship and Year	SUNY @ STONY BROOK - STONY BROOK, NY 1997
Residency and Year	SUNY @ STONY BROOK - STONY BROOK, NY 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7214
License Date	10/3/1985
Name	<b>CROMWELL, LAURENCE D MD</b>
Address	DHMC - RADIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	R
Board Certified	R
School and Year of Graduation	STANFORD UNIV SCH MED - STANFORD, CA USA 1971
Internship and Year	THE OREGON HEALTH SCIENCE CENTER UNIV HOSPITAL - PORTLAND, OR 1972
Residency and Year	THE OREGON HEALTH SCIENCE CENTER UNIV HOSPITAL - PORTLAND, OR 1976
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6972
License Date	9/6/1984
Name	<b>CRONENWETT, JACK L MD</b>
Address	DHMC-VASCULAR SURGERY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	VS
Board Certified	VS
School and Year of Graduation	STANFORD UNIV SCH MED-PALO ATLO,CA USA 1973
Internship and Year	UNIV HOSPITAL-ANN ARBOR,MI 1974
Residency and Year	UNIV HOSPITAL-ANN ARBOR,MI 1979
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15912
License Date	11/7/2012
Name	<b>CRONIN, JONATHAN H MD</b>
Address	MASS GEN HOSP, 55 FRUIT ST FOUNDERS 530BOSTON, MA, 02114
Specialty	NPM
Board Certified	NPM
School and Year of Graduation	UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE USA 1980
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1981
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6009
License Date	1/4/1979
Name	<b>CRONIN, STEPHEN G MD</b>
Address	12 Amherst Street, Suite 1Nashua, NH, 03060
Specialty	P
Board Certified	
School and Year of Graduation	GEORGETOWN UNIVERSTIY USA 1963
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1995</b>
Remarks	Deceased 7/03/96



License Number	9885
License Date	12/4/1996
Name	<b>CROSBY, CAROLYN S MD</b>
Address	BELKNAP FAMILY HLTH CENTER, 238 DANIEL WEBSTER HGWYMEREDITH, NH, 03253
Specialty	FP
Board Certified	FP
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1989
Internship and Year	NAVAL MEDICAL CTR SAN DIEGO, CA 1990
Residency and Year	NAVAL HOSPITAL - CA 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3988
License Date	1/16/1967
Name	<b>CROSS, JUSTIN A MD</b>
Address	920 LASSINO COURT, PONTA GORDA, FL, 33950
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	MCGILL UNIF FACULTY OF MEDICINE - MONTREAL QUE CANADA 1960
Internship and Year	GENESYS REGIONAL MEDICAN CENTER ST JOSEPH - FLINT, MI 1961
Residency and Year	UNIV HOSPITAL SUNY HEALTH SCIENCE CENTER - SYRACUSE, NY 1967
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	7269
License Date	2/6/1986
Name	<b>CROSS, ROBERT S MD</b>
Address	VAMC CENTRAL WESTERN MA, 421 N MAIN STLEEDS, MA, 01653
Specialty	OM
Board Certified	IM
School and Year of Graduation	UNIV OF CALLIFORNIA SCH MED - SAN FRANCISCO USA 1973
Internship and Year	GRADY MEMORIAL HOSPITAL - ATLANTA, GA 1974
Residency and Year	GRADY MEMORIAL HOSPITAL - ATLANTA, GA 1976
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11952
License Date	6/4/2003
Name	<b>CROTEAU, RACHEL E DO</b>
Address	DARTMOUTH-HITCHCOCK KEENE, 580/590 COURT STKEENE, NH, 03431
Specialty	FP
Board Certified	FP
School and Year of Graduation	PHILADELPHIA COLL OF OSTEOPATHIC-PHILADELPHIA PA USA 2000
Internship and Year	ST LUKES HOSPITAL - BETHLEHEM PA 2001
Residency and Year	ST LUKES HOSPITAL - BETHLEHEM PA 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10077
License Date	8/6/1997
Name	<b>CROUCH, EDWARD P MD</b>
Address	LIBERTY MUTUAL INSURANCE, 100 LIBERTY WAYDOVER, NH, 03821
Specialty	IM
Board Certified	IM
School and Year of Graduation	SUNY-HLTH SCI CTR AT BROOKLYN COLL - NY USA 1980
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1981
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17156
License Date	7/1/2015
Name	<b>CROUSE, DENNIS T MD</b>
Address	1825 LOGAN AVE, WATERLOO, IA, 50703
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF TX @ GALVESTON USA 1982
Internship and Year	UNIVERSITY OF TX MEDICAL BRANCH HOSPITALS - GALVESTON ,TX 1983
Residency and Year	UNIVERSITY OF TX MEDICAL BRANCH HOSPITALS - GALVESTON ,TX 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4830
License Date	9/7/1971
Name	<b>CROW, HARTE C MD</b>
Address	24 PARTRIDGE RD, PO BOX 285ETNA, NH, 03750
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF PENNSYLVANIA USA 1960
Internship and Year	UNIV HOSPITAL OF CLEVELAND - CLEVELAND, OH 1961
Residency and Year	UNIV OF PENNSYLVANIA HOSPITAL - PHILA, PA 1968
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	10859
License Date	4/5/2000
Name	<b>CROW, PETER H MD</b>
Address	NH ONCOLOGY PA, 200 TECHNOLOGY DRHOOKSETT, NH, 03106-2505
Specialty	HEM
Board Certified	HEM
School and Year of Graduation	COLUMBIA UNIVERSITY USA 1994
Internship and Year	UNIVERSITY OF VIRGINIA - CHARLOTTESVILLE VA 1995
Residency and Year	UNIVERSITY OF VIRGINIA - CHARLOTTESVILLE VA 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9692
License Date	5/1/1996
Name	<b>CROWE, DANIEL J MD</b>
Address	SOUTHBORO MEDICAL GROUP, 24 NEWTON STSOUTHBORO, MA, 01772
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF WISCONSIN USA 1982
Internship and Year	INTERNAL MEDICINE - SPOKANE, WA 1983
Residency and Year	INTERNAL MEDICINE - SPOKANE, WA 1986
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	9275
License Date	9/29/1994
Name	<b>CROWELL, KAREN L MD</b>
Address	23 ERINGLEN WAY, CANAAN, NH, 03741
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1988
Internship and Year	HARTFORD HOSPITAL - HARTFORD CT 1993
Residency and Year	HARTFORD HOSPITAL - HARTFORD CT 1993
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	15288
License Date	7/6/2011
Name	<b>CROWLEY, DAVID I MD</b>
Address	DH CLINIC - MANCHESTER, 100 HITCHCOCK WAYMANCHESTER, NH, 03103
Specialty	PDC
Board Certified	PDC
School and Year of Graduation	UNIVERSITY OF UTAH USA 2004
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2005
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11901
License Date	5/7/2003
Name	<b>CROWLEY, HEATHER L MD</b>
Address	PATHOLOGY SPEC OF NE, PA, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF MEDICINE & DENTISTRY OF NEW JERSEY-NEWARK, USA 1997
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - EAST CAMPUS- BOSTON, MA 2002
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - EAST CAMPUS- BOSTON, MA 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13704
License Date	10/3/2007
Name	<b>CROWLEY, STEPHEN F MD</b>
Address	PO BOX 455, 36 LIGHTHOUSE RDOWLS HEAD, ME, 04854
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF VIRGINIA USA 1963
Internship and Year	GEORGE WASHINGTON UNIV-WASHINGTON,DC 1964
Residency and Year	VIRGINIA MASON MEDICAL CENTER 1967
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	5914
License Date	6/12/1978
Name	<b>CROWLEY, TIMOTHY J MD</b>
Address	, , ,
Specialty	IM
Board Certified	
School and Year of Graduation	TUFTS UNIVERSITY USA 1975
Internship and Year	
Residency and Year	
License Expiration Date	<b>5/18/1995</b>
Remarks	

License Number	7991
License Date	11/9/1988
Name	<b>CROZIER, ROBERT E MD</b>
Address	, , ,
Specialty	IM
Board Certified	
School and Year of Graduation	GEORGETOWN UNIVERSITY USA 1951
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1997</b>
Remarks	

License Number	15825
License Date	9/5/2012
Name	<b>CRUM, BRIAN A MD</b>
Address	MAYO CLINIC, 200 1ST ST SWROCHESTER, MN, 55905
Specialty	N
Board Certified	Y
School and Year of Graduation	OREGON HEALTH & SCIENCE UNIV SCHOOL OF MED USA 1995
Internship and Year	PROVIDENCE PORTLAND MEDICAL CENTER - PORTLAND, OR 1996
Residency and Year	MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10446
License Date	11/4/1998
Name	<b>CRUSBERG, HEIDI MD</b>
Address	LAMPREY HEALTH CARE, 207 S MAIN STNEWMARKET, NH, 03857-1821
Specialty	FP
Board Certified	FP
School and Year of Graduation	JOHNS HOPKINS UNIV SCH OF MED - BALTIMORE,MD USA 1995
Internship and Year	UNIV OF COLORADO HEALTH SCI CTR - DENVER, CO 1996
Residency and Year	UNIV OF COLORADO HEALTH SCI CTR - DENVER, CO 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16536
License Date	4/2/2014
Name	<b>CRUZ, EDWARD M MD</b>
Address	64 RAYDON RD EXT, YORK, ME, 03909
Specialty	DR
Board Certified	DR
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1984
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1985
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1989
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13951
License Date	5/7/2008
Name	<b>CRUZ, HEIDI M MD</b>
Address	MT ASCUTNEY HOSPITAL, 289 COUNTY RDWINDSOR, VT, 05089
Specialty	PM
Board Certified	PM
School and Year of Graduation	UNIV OF CALIFORNIA USA 2003
Internship and Year	MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 2004
Residency and Year	MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14218
License Date	11/5/2008
Name	<b>CRUZ, MAIRENI R MD</b>
Address	LACONIA CLINIC, 724 MAIN STLACONIA, NH, 03246
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV NACIONAL PEDR HENRIQUEZ URENA DOMINICAN REPUBLIC 2000
Internship and Year	GOOD SAMARITAN HOSPITAL - CINCINNATI, OH 2007
Residency and Year	GOOD SAMARITAN HOSPITAL - CINCINNATI, OH 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 5214  
 License Date 7/15/1974  
 Name **CSERR, ROBERT MD**  
 Address 707 GREEN ACRES, N DIGHTON, MA, 02764  
 Specialty P  
 Board Certified P  
 School and Year of Graduation HARVARD MEDICAL SCHOOL - MA USA 1962  
 Internship and Year UNIV OF VIRGINIA HOSPITAL - CHARLOTTESVILLE, VA 1963  
 Residency and Year MASS GENERAL HOSPITAL - BOSTON, MA 1966  
 License Expiration Date **6/30/2004**  
 Remarks

License Number 15289  
 License Date 7/6/2011  
 Name **CUBUKCU-DIMOPULO, OLCAY MD**  
 Address NYGI AMERIPATH, 1 GREENWICH PLACESHELTON, CT, 06484  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation ISTANBUL UNIVERSITY TURKEY 1983  
 Internship and Year UMDNJ/ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK, NJ 1999  
 Residency and Year UMDNJ/ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK, NJ 2000  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14535  
 License Date 8/5/2009  
 Name **CUCIO, CYRILLE P MD**  
 Address ST. JOSEPH HOSPITAL - HOSPITALIST OFFICE, 172 KINSLEY RD NASHUA, NH, 03063  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF THE EAST PHILIPPINES 1992  
 Internship and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 1996  
 Residency and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 1998  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15653  
 License Date 5/2/2012  
 Name **CUDDIHY, MARIA TERESA M P MD**  
 Address DR MARIA TERESA CUDDIHY, 505 BOICES LN OPTUM HEALTH KINGSTON, NY, 12401  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1989  
 Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1990  
 Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1992  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	14010
License Date	6/4/2008
Name	<b>CUGALJ, ADAM P DO</b>
Address	NH NEUROSPINE INSTITUTE, 4 HAWTHORNE DRBEDFORD, NH, 03110
Specialty	PM
Board Certified	PM
School and Year of Graduation	LAKE ERIE COLLEGE USA 2003
Internship and Year	INGHAM REGIONAL MEDICAL CENTER - LANSING, MI 2004
Residency and Year	INGHAM REGIONAL MEDICAL CENTER - LANSING, MI 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13313
License Date	11/1/2006
Name	<b>CULCEA, CRISTINA M MD</b>
Address	WESTERN MASS PEDIATRICS, 18 HOSPITAL DRIVEHOLYOKE, MA, 01040
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF MEDICINE & PHARMACY, CAROL DAVILA ROMANIA 1989
Internship and Year	UNIV OF NEBRASKA - OMAHA, NE 2002
Residency and Year	UNIV OF NEBRASKA - OMAHA, NE 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12371
License Date	7/7/2004
Name	<b>CULLAMAR, ERWIN K T MD</b>
Address	WENTWORTH DOUGLAS HOSP, 789 CENTRAL AVEDOVER, NH, 03820
Specialty	IM
Board Certified	
School and Year of Graduation	UNIVERSITY OF THE PHILIPPINES, MANILA, PHILIPPINES PHILIPPINES 1996
Internship and Year	STATE UNIVERSITY OF NY, BROOKLYN NY 1999
Residency and Year	STATE UNIVERSITY OF NY, BROOKLYN NY 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15913
License Date	11/7/2012
Name	<b>CULLEN, ELIZABETH A MD</b>
Address	UPPER VALLEY PATHOLOGY, 243 ELM STCLAREMONT, NH, 03743
Specialty	PTH
Board Certified	
School and Year of Graduation	MCP HAHNEMANN SCHOOL OF MEDICINE USA 2001
Internship and Year	WALTER REED NATIONAL MILITARY MEDICAL CENTER - BETHESDA, MD 2002
Residency and Year	WALTER REED NATIONAL MILITARY MEDICAL CENTER - BETHESDA, MD 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 14956  
 License Date 8/4/2010  
 Name **CULLEN, MARY M DO**  
 Address MANCHESTER COMM HLTH CTR, 145 HOLLIS STMANCHESTER, NH, 03101  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2007  
 Internship and Year CONCORD HOSPITAL - CONCORD, NH 2008  
 Residency and Year CONCORD HOSPITAL - CONCORD, NH 2010  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 4646  
 License Date 1/4/1971  
 Name **CULLEN, THOMAS F MD**  
 Address , PO BOX 312CENTRE SANDWICH, NH, 03227  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation NATIONAL UNIV OF IRELAND IRELAND 1961  
 Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1967  
 Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1968  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 11306  
 License Date 7/11/2001  
 Name **CULLETON, JAMES F MD**  
 Address 87 CHASE POINT RD, MIRROR LAKE, NH, 03853  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIVERSITY OF PITTSBURGH USA 1943  
 Internship and Year UNIVERSITY OF PITTSBURGH MEDICAL CENTER 1943  
 Residency and Year ELIZABETH MAGEE HOSPITAL PITTSBURG PA 1944  
 License Expiration Date **1/23/2015**  
 Remarks **RETIRED**  
**Deceased 1/23/15**

License Number 15654  
 License Date 5/2/2012  
 Name **CULLINAN, AMELIA M MD**  
 Address DHMC, 1 MED CTR DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation THOMAS JEFFERSON UNIVERSITY USA 2003  
 Internship and Year NY MEDICAL COLLEGE @ ST VINCENTS HOSPITAL MEDICAL CTR - NEW YORK, NY 2004  
 Residency and Year NY MEDICAL COLLEGE @ ST VINCENTS HOSPITAL MEDICAL CTR - NEW YORK, NY 2007  
 License Expiration Date **6/30/2016**  
 Remarks



License Number 12960  
 License Date 12/7/2005  
 Name **CULPEPPER, KELIEGH S MD**  
 Address 7485 E TANQUE VERDE RD, TUCSON, AZ, 85715  
 Specialty D  
 Board Certified D  
 School and Year of Graduation JOHNS HOPKINS UNIVERSITY, BALTIMORE MD US 1998  
 Internship and Year JOHN HOPKINS HOSPITAL, BALTIMORE MD 1999  
 Residency and Year JOHNS HOPKINS HOSPITAL, BALTIMORE MD 2002  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 6105  
 License Date 8/17/1979  
 Name **CULVER, CHARLES M MD**  
 Address , , ,  
 Specialty P  
 Board Certified P  
 School and Year of Graduation DUKE UNIVERSITY USA 1968  
 Internship and Year  
 Residency and Year  
 License Expiration Date **12/23/1991**  
 Remarks **12/23/91 - Consent Order**

License Number 12024  
 License Date 8/6/2003  
 Name **CUMMINGS, ROBERT S MD**  
 Address QUALITY ORTHOPAEDIC CARE PC, 246 PLEASANT ST STE 106CONCORD, NH, 03301  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation TUFTS UNIVERSITY, BOSTON MA US 1990  
 Internship and Year BAYSTATE MED CTR, SPRINGFIELD MA 1991  
 Residency and Year MCP HAHNEMANN UNIVERSITY, PHILADELPHIA PA (ALLEGHANY UNIVERSITY HOSP) 1993  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12481  
 License Date 10/6/2004  
 Name **CUMMINS, JUSTIN S MD**  
 Address DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty ORS  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF WASHINGTON, SEATTLE WA US 2002  
 Internship and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2003  
 Residency and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2005  
 License Expiration Date **6/30/2008**  
 Remarks

License Number	7146
License Date	7/10/1985
Name	<b>CUNIS, DAVID J MD</b>
Address	DARTMOUTH-HITCHCOCK CLINIC, 71 HIGHLAND STPLYMOUTH, NH, 03264-1130
Specialty	PD
Board Certified	PD
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL-HANOVER, NH USA 1979
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER-HANOVER, NH 1980
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER-HANOVER, NH 1982
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8074
License Date	5/10/1989
Name	<b>CUNNIFF, JOSEPH P MD</b>
Address	ELLIOT INTERNAL MEDICINE, ELLIOT MED CTR/ 40 BUTTRICK RDLONDONDERRY, NH, 03053
Specialty	IM
Board Certified	IM
School and Year of Graduation	TUFTS UNIV SCHL OF MED- BOSTON, MA USA 1983
Internship and Year	FAULKNER HOSP BOSTON MA 1984
Residency and Year	FAULKNER HOSP BOSTON MA 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	3894
License Date	12/13/1966
Name	<b>CUNNINGHAM, COLETTE L MD</b>
Address	11 MURPHY CIR, PO BOX 4143MIDDLETOWN, RI, 02842
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY COLLEGE IRELAND 1955
Internship and Year	NEW ROCHELLE HOSPITAL - NEW ROCHELLE NY 1957
Residency and Year	HARLEM VALLEY STATE HOSPITAL - WINGDALE NY 1966
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	10325
License Date	7/1/1998
Name	<b>CUNNINGHAM, DAVID G MD</b>
Address	12 HOSPITAL DR, STE 9YORK, ME, 03909
Specialty	CD
Board Certified	CD
School and Year of Graduation	STANFORD UNIV SCHOOL OF MED -STANFORD, CA USA 1991
Internship and Year	BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1992
Residency and Year	BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14063
License Date	7/9/2008
Name	<b>CUNNINGHAM, MICHAEL J MD</b>
Address	TRINITAS HOSPITAL, 655 E JERSEY STELAZABETH, NJ, 07206
Specialty	IM
Board Certified	IM
School and Year of Graduation	ST GEORGE'S UNIV GRENADA 2003
Internship and Year	SETON HALL UNIV SCHOOL OF GRADUATE MEDICAL EDUCATION-SOUTH ORANGE, NJ 2004
Residency and Year	SETON HALL UNIV SCHOOL OF GRADUATE MEDICAL EDUCATION-SOUTH ORANGE, NJ 2006
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	15504
License Date	1/4/2012
Name	<b>CUNNINGHAM, RUTHANN M MD</b>
Address	ANALYTE HEALTH, 328 S JEFFERSON STE 770CHICAGO, IL, 60661
Specialty	EM
Board Certified	EM
School and Year of Graduation	WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE USA 1993
Internship and Year	RUSH UNIVERSITY MEDICAL CENTER - CHICAGO, IL 1994
Residency and Year	RUSH UNIVERSITY MEDICAL CENTER - CHICAGO, IL 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15243
License Date	6/1/2011
Name	<b>CUNTO-AMESTY, GINA T MD</b>
Address	QUEST DIAGNOSTICS, 415 MASSACHUSETTS AVECAMBRIDGE, MA, 02139
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSIDAD DEL ZULIA VENEZUELA 1983
Internship and Year	ST BARNABAS MIDICAL CENTER - LIVINGSTON, NJ 2005
Residency and Year	ST BARNABAS MIDICAL CENTER - LIVINGSTON, NJ 2008
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	15789
License Date	8/1/2012
Name	<b>CURATOLO, PETER W MD</b>
Address	27 HICKORY HILL RD, MANCHESTER, MA, 01944
Specialty	DR
Board Certified	DR
School and Year of Graduation	VANDERBILT UNIVERSITY SCHOOL OF MEDICINE USA 1983
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1984
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13091
License Date	6/7/2006
Name	<b>CURCIO, GARY J MD</b>
Address	ELLIOT GEN SURGICAL SPECIALIST, 185 QUEEN CITY AVE MANCHESTER, NH, 03101-7100
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF ANTIGUA, BARBUDA BARBUDA 2003
Internship and Year	CONCORD HOSPITAL, CONCORD NH 2005
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3108
License Date	3/14/1956
Name	<b>CURELOP, SIDNEY MD</b>
Address	266 A MAIN ST, NASHUA, NH, 03060-
Specialty	IM
Board Certified	IM
School and Year of Graduation	TUFTS UNIVERSITY MEDICAL SCHOOL USA 1949
Internship and Year	BOSTON CITY HOSPITAL BOSTON - MASSACHUSETTS 1951
Residency and Year	NEW ENGLAND CENTER BOSTON - MASSACHUSETTS 1954
License Expiration Date	<b>3/18/2007</b>
Remarks	Deceased 03/18/2007

License Number	16507
License Date	3/5/2014
Name	<b>CURIALE, GIOACCHINO G MD</b>
Address	NE NEUROLOGICAL ASSOC, 354 MERRIMACK ST LAWRENCE, MA, 01843
Specialty	N
Board Certified	
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL USA 2009
Internship and Year	YALE-NEW HAVEN MEDICAL CENTER-NEW HAVEN, CT 2010
Residency and Year	YALE UNIVERSITY SCHOOL OF MEDICINE - NEW HAVEN, CT 2013
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13198
License Date	8/2/2006
Name	<b>CURLEY, MATTHEW J MD</b>
Address	SOUTHERN NH MEDICAL CTR, 10 PROSPECT ST NASHUA, NH, 03060
Specialty	PUD
Board Certified	PUD
School and Year of Graduation	GEORGETOWN UNIV USA 1998
Internship and Year	NEW ENGLAND MEDICAL CENTER-BOSTON MA 1999
Residency and Year	NEW ENGLAND MEDICAL CENTER-BOSTON MA 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 17260  
 License Date 9/2/2015  
 Name **CURLIK, SHARON M DO**  
 Address 7 N COLUMBUS BLVD APT 103, PHILADELPHIA, PA, 19106-1441  
 Specialty P  
 Board Certified  
 School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE-PA USA 1979  
 Internship and Year PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE - PHILADELPHIA, PA 1980  
 Residency and Year MCPHU MEDICAL COLLEGE OF PENNSYLVANIA HOSPITAL - PHILADELPHIA, PA 1986  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 5622  
 License Date 10/7/1976  
 Name **CURRAN, DESMOND P MD**  
 Address 2 MARION DR, HOLLIS, NH, 03049  
 Specialty EM  
 Board Certified  
 School and Year of Graduation MIDDLESEX HOSPITAL MEDICAL SCHOOL LONDON ENGLAND LONDON 1963  
 Internship and Year ROYAL COLLEGE OF PHYSICIANS- ENGLAND 1966  
 Residency and Year ROYAL COLLEGE OF GENERAL PRACTITIONERS- ENGLAND 1973  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 9316  
 License Date 11/2/1994  
 Name **CURRIE, JOHN L MD**  
 Address JOHN B AMOS CANCER CTR, 1831 5TH AVE COLUMBUS, GA, 31904  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIV OF NC AT CHAPEL HILL SCH OF MEDICINE USA 1967  
 Internship and Year HOSP UNIV OF PENNSYLVANIA - PHILADELPHIA PA 1968  
 Residency and Year HOSP UNIV OF PENNSYLVANIA - PHILADELPHIA PA 1972  
 License Expiration Date **6/30/2012**  
 Remarks **DECEASED 4/22/2015**

License Number 15340  
 License Date 8/3/2011  
 Name **CURRIER, MICHELLE P DO**  
 Address FAMILY TREE OF CONCORD, 81 HALL ST CONCORD, NH, 03301  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE USA 2007  
 Internship and Year CONCORD HOSPITAL - CONCORD, NH 2009  
 Residency and Year CONCORD HOSPITAL - CONCORD, NH 2011  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	15080
License Date	12/1/2010
Name	<b>CURTIS JR, JOHN A MD</b>
Address	CHESHIRE MED CTR/DH - KEENE, 580 COURT STKEENE, NH, 03431
Specialty	EM
Board Certified	EM
School and Year of Graduation	COLUMBIA UNIVERSITY USA 2001
Internship and Year	HAHNEMANN UNIVERSITY HOSPITAL - PHILADELPHIA, PA 2002
Residency and Year	HAHNEMANN UNIVERSITY HOSPITAL - PHILADELPHIA, PA 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11847
License Date	3/5/2003
Name	<b>CURTIS, GREGORY Q MD</b>
Address	276 NEWPORT RD, SUITE 215NEW LONDON, NH, 03257
Specialty	IM
Board Certified	IM
School and Year of Graduation	ROSS UNIVERSITY - ROSEAU, DOMINICA DOMINICA 1998
Internship and Year	MEDICAL COLLEGE OF PENNSYLVANIA HOSPITAL - PHILADELPHIA, PA 2001
Residency and Year	MEDICAL COLLEGE OF PENNSYLVANIA HOSPITAL - PHILADELPHIA, PA 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6918
License Date	7/5/1984
Name	<b>CURTIS, H MANNING MD</b>
Address	565 TURNPIKE ST STE 375, N ANDOVER, MA, 01845-5923
Specialty	CD
Board Certified	CD
School and Year of Graduation	TULANE UNIV SCH MED NEW ORLEANS,LA USA 1979
Internship and Year	NEW ENGLAND DEACONESS HOSP-BOSOTN,MA 1980
Residency and Year	NEW ENGLAND DEACONESS HOSP-BOSTON,MA 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12570
License Date	1/5/2005
Name	<b>CURTIS, JULIE S MD</b>
Address	NMSI, 629-A E HILLSBORO BLVDDEERFIELD BEACH, FL, 33441
Specialty	R
Board Certified	R
School and Year of Graduation	GEORGETOWN UNIVERSITY, WASHINGTON DC US 1985
Internship and Year	UNIVERSITY OF MASSACHUSETTS, WORCESTER MA 1986
Residency and Year	BETH ISRAEL DEACONESS MED CTR, BOSTON MA 1990
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	11690
License Date	8/7/2002
Name	<b>CURTIS, KEVIN M MD</b>
Address	DHMC-EMERG MEDICINE, ONE MEDICAL CTR DRLEBANON, NH, 03756-0002
Specialty	EM
Board Certified	EM
School and Year of Graduation	GEORGETOWN UNIV SCH OF MED- WASHINGTON, DC USA 1991
Internship and Year	US NAVAL MEDICAL CENTER - SAN DIEGO, CA 1992
Residency and Year	GEORGE WASHINGTON UNIV - WASHINGTON, DC 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7735
License Date	11/4/1987
Name	<b>CURTIS, LYNN A MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	BOSTON UNIVERSITY USA 1974
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1996</b>
Remarks	

License Number	8746
License Date	6/3/1992
Name	<b>CURTIS, MICHAEL R MD</b>
Address	MIDCOAST MEDICAL GROUP, 81M EDICAL CENTER DRBRUNSWICK, ME, 04011
Specialty	U
Board Certified	U
School and Year of Graduation	CASE WSTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE USA 1990
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1992
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9359
License Date	2/1/1995
Name	<b>CURTIS, SHARON R MD</b>
Address	101 DESTER LANE, NO SCITUATE, RI, 02857
Specialty	FP
Board Certified	FP
School and Year of Graduation	BROWN UNIVERSITY PROGRAM IN MEDICINE USA 1987
Internship and Year	CENTRAL MAINE MEDICAL CENTER - LEWISTON ME 1990
Residency and Year	CENTRAL MAINE MEDICAL CENTER - LEWISTON ME 1990
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	3766
License Date	2/2/1965
Name	<b>CUSACK JR, WILLIAM E MD</b>
Address	, PO BOX 933DURHAM, NH, 03824
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	STATE UNIV OF NEW YORK - SYRACUSE, NY USA 1955
Internship and Year	BUFFALO GENERAL HOSPITAL - BUFFALO, NY 1956
Residency and Year	U.S. NAVAL HOSPITAL - PHILA, PA 1962
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	8958
License Date	6/2/1993
Name	<b>CUSACK, CAITLIN M MD</b>
Address	INSIGHT INFORMATICS, PO BOX 3726MANCHESTER, NH, 03105
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	SUNY HEALTH SCIENCE CENTER AT SYRACUSE USA 1989
Internship and Year	UNIVERSITY HOSPITALS - CLEVELAND OH 1993
Residency and Year	UNIVERSITY HOSPITALS - CLEVELAND OH 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16941
License Date	2/4/2015
Name	<b>CUSHING, GARY W MD</b>
Address	4 ROAEN DR, N CHELMSFORD, MA, 01863
Specialty	END
Board Certified	END
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL USA 1980
Internship and Year	ST VINCENT HOSPITAL - WORCESTER, MA 1981
Residency and Year	ST VINCENT HOSPITAL - WORCESTER, MA 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5609
License Date	9/7/1976
Name	<b>CUSHING, TYRONE S MD</b>
Address	575 CHESTNUT ST, WABAN, MA, 02468
Specialty	PD
Board Certified	PD
School and Year of Graduation	GEORGETOWN UNIVERSITY USA 1971
Internship and Year	UNIVERSITY OF MARYLAND MED SYS, MARYLAND 1972
Residency and Year	GRADY MEMORIAL HOSPITAL, GEORGIA 1973
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number 8384  
 License Date 7/11/1990  
 Name **CUSI, PRISCILLA M MD**  
 Address SO NEVADA V A ADMIN HEALTHCARE, 6900 NORTH PECOS RD LAS VEGAS, NV, 89086  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIV OF THE WAST RAMON MEM MED CTR-QUEZON PHILIPPINES 1977  
 Internship and Year VET ADMIN MED CTR -BROCKTON,MA 1988  
 Residency and Year VET ADMIN MED CTR-BROCKTON,MA 1988  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 3647  
 License Date 9/11/1963  
 Name **CUSSON, DONALD L MD**  
 Address 146 HIGHVIEW TERRACE, MANCHESTER, NH, 03104  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1958  
 Internship and Year NEW BRITIAN HOSPITAL - NEW BRITAIN, CT 1959  
 Residency and Year ROBERT PARKAR HOSPITAL - SAYRE, PA 1963  
 License Expiration Date **6/30/2000**  
 Remarks **DECEASE 8/15/2008**

License Number 9360  
 License Date 2/1/1995  
 Name **CUTLER, JOEL E MD**  
 Address MMP MAINEHEALTH CARDIOLOGY, 96 CAMPUS DR, STE 1 SCARBOROUGH, ME, 04074  
 Specialty CD  
 Board Certified CD  
 School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1980  
 Internship and Year OREGON HEALTH SCIENCE UNIV HOSPITAL - PORTLAND OR 1981  
 Residency and Year OREGON HEALTH SCIENCE UNIV HOSPITAL - PORTLAND OR 1983  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11655  
 License Date 7/3/2002  
 Name **CVITKOVICH, DONALD G MD**  
 Address PULMONARY ASSOC OF YORK HOSP, 12 HOSPITAL DR STE CYORK, ME, 03909  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation NORTHWESTERN UNIV MED SCH - CHICAGO, IL USA 1974  
 Internship and Year HENRY FORD HOSPITAL - DETROIT, MI 1975  
 Residency and Year HENRY FORD HOSPITAL - DETROIT, MI 1977  
 License Expiration Date **6/30/2014**  
 Remarks

License Number	11443
License Date	11/7/2001
Name	<b>CYRUS, MURIEL P MD</b>
Address	NEW LONDON HOSPITAL, 560 COUNTY RDNEW LONDON, NH, 03257
Specialty	IM
Board Certified	IM
School and Year of Graduation	YALE UNIV SCH OF MED - NEW HAVEN, CT USA 1982
Internship and Year	UNIV OF IOWA HOSPITAL - IOWA CITY, IA 1983
Residency and Year	UNIV OF IOWA HOSPITAL - IOWA CITY, IA 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/6/15</b>

License Number	3029
License Date	6/11/1954
Name	<b>CZACHOR, PETER S MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>5/18/1988</b>
Remarks	<b>DECEASED 1/8/2010</b>

License Number	12372
License Date	7/7/2004
Name	<b>CZARNECKI, FABRICE MD</b>
Address	ODEPA, 809 GLENEAGLE COURTTOWSON, MD, 21286
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF PARIS, PARIS FRANCE FRANCE 1999
Internship and Year	FRANKLIN SQUARE HOSPITAL CTR, BALTIMORE MD 2002
Residency and Year	FRANKLIN SQUARE HOSP CTR, BALTIMORE MD 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10301
License Date	6/3/1998
Name	<b>CZARNECKI, JOHN P MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	NORTHWESTERN UNIV MED SCHOOL-CHICAGO,IL USA 1995
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1996
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1998
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	11588
License Date	5/1/2002
Name	<b>CZERWINSKI, PAUL MD</b>
Address	LACONIA REGIONAL GENERAL HOSPI, 80 HIGHLAND ST LACONIA, NH, 03246
Specialty	AN
Board Certified	AN
School and Year of Graduation	CASE WESTERN RESERVE UNIV SCH - CLEVELAND, OH USA 1992
Internship and Year	WRIGHT-PATTERSON MEDICAL CENTER - WRIGHT-PATTERSON AFB, OH 1993
Residency and Year	WILFORD HALL MEDICAL CENTER - LACKLAND AFB, TX 1997
License Expiration Date	<b>7/3/2012</b>
Remarks	<b>DECEASED 7/3/2012</b>

License Number	13199
License Date	8/2/2006
Name	<b>CZUM, JULIANNA M MD</b>
Address	DHMC - RADIOLOGY, 1 MEDICAL CENTER DR LEBANON, NH, 03756-1000
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF NEW JERSEY USA 1993
Internship and Year	BASSETT HEALTHCARE-COOPERSTOWN, NY 1994
Residency and Year	ST BARNABAS MEDICAL CTR-LIVINGSTON, NJ 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8729
License Date	5/6/1992
Name	<b>DABUZHISKY, LEONID MD</b>
Address	114 WHITWELL ST, FLOOR A4 QUINCY, MA, 02169
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	SECOND MOSCOW MEDICAL SCHOOL URRS 1975
Internship and Year	UNIVERSITY OF MASS MEDICAL SCHOOL ]980
Residency and Year	BOSTON UNIVERSITY MEDICAL CENTER 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8307
License Date	5/9/1990
Name	<b>DACEY, LAWRENCE J MD</b>
Address	DHMC-CARDIOTHORACIC SURGERY, ONE MEDICAL CENTER DR LEBANON, NH, 03756-
Specialty	CDS
Board Certified	CDS
School and Year of Graduation	UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE USA 1984
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1985
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 7563  
 License Date 5/6/1987  
 Name **DACEY, LINDA B MD**  
 Address DARTMOUTH-HITCHCOCK KENDAL, 80 LYME RDHANOVER, NH, 03755  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE USA 1984  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1985  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1987  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13337  
 License Date 12/6/2006  
 Name **DACUYCUY, MARY ABIGAIL C MD**  
 Address FRANKLIN REGIONAL HOSPITAL, 15 AIKEN AVEFRANKLIN, NH, 03235  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF THE PHILIPPINES PHILIPPINES 1998  
 Internship and Year SUNY UPSTATE MEDICAL UNIV @ SYRACUSE-SYRACUSE, NY 2003  
 Residency and Year SUNY UPSTATE MEDICAL UNIV @ SYRACUSE- SYRACUSE, NY 2005  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16065  
 License Date 4/3/2013  
 Name **DADEKIAN, GREGORY A MD**  
 Address DHMC / CARDIOLOGY DEPT, 1 MEDICAL CTR DRLEBANON, NH, 03766  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation THE WARREN ALPERT MEDICAL SCHOOL USA 2006  
 Internship and Year YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2007  
 Residency and Year YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2009  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 6192  
 License Date 5/8/1980  
 Name **DAGIANIS, JOHN J MD**  
 Address NASHUA EYE ASSOCIATES, 5 COLISEUM AVENASHUA, NH, 03063-3292  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation UNIV OF CINCINNATI COLL MED -CINCINNATI, OH USA 1976  
 Internship and Year ALBANY MEDICAL CENTER - ALBANY, NY 1977  
 Residency and Year THOMAS JEFFERSON UNIV HOSPITAL - PHILA, PA 1980  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 8479  
 License Date 1/9/1991  
 Name **DAGINCOURT, PAUL G MD**  
 Address COASTAL COUNCILING, 24 FRONT STEXETER, NH, 03833-  
 Specialty P  
 Board Certified P  
 School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1988  
 Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1992  
 Residency and Year NEW ENGLAND MEDICAL CENTER-BOSTON,MA 1992  
 License Expiration Date **6/30/2000**  
 Remarks

License Number 13792  
 License Date 1/11/2008  
 Name **D'AGOSTINO, ROBERT MD**  
 Address FAHC-PATRIC K ONE, 111 COLCHESTER AVEBURLINGTON, VT, 05401  
 Specialty R  
 Board Certified R  
 School and Year of Graduation MT SINAI SCHOOL OF MEDICINE USA 1987  
 Internship and Year MT SINAI SCHOOL OF MEDICINE - NY, NY 1988  
 Residency and Year MT SINAI SCHOOL OF MEDICINE - NY, NY 1992  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 7944  
 License Date 8/10/1988  
 Name **D'AGOSTINO, ROBERT M MD**  
 Address PRIMARY CARE OF MILFORD, 10 JONES RDMILFORD, NH, 03055  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV DE PARIS VIL UER DE MED-PARIS FRANCE 1983  
 Internship and Year JF KENNEDY MED CTR-EDISON,NJ 1987  
 Residency and Year JF KENNEDY MED CTR - EDISON, NJ 1987  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15695  
 License Date 6/6/2012  
 Name **DAHAL, KHAGENDRA B MD**  
 Address LAKES REG GEN HOSP, 80 HIGHLAND STLACONIA, NH, 03246  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation TRIHUVAN UNIVERSITY NEPAL 2009  
 Internship and Year ST ELIZABETH'S MEDICAL CENTER - BOSTON, MA 2010  
 Residency and Year ST ELIZABETH'S MEDICAL CENTER - BOSTON, MA 2012  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	13338
License Date	12/6/2006
Name	<b>DAHDUL, ADNAN M MD</b>
Address	IPC HOSPITALISTS OF NE, PC, 819 WORCESTER ST STE 3SPRINGFIELD, MA, 01151
Specialty	IM
Board Certified	
School and Year of Graduation	UNIV CENTRAL DEL ESTE(UCE) DOMINICAN REPUBLIC 1981
Internship and Year	LEMUEL SHATTUCK HOSPITAL-JAMAICA PLAIN, MA 1983
Residency and Year	BAYSTATE MEDICAL CENTER-SPRINGFIELD, MA 1985
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	15826
License Date	9/5/2012
Name	<b>DAHLE, DANIELLE N MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	P
Board Certified	
School and Year of Graduation	UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE USA 2010
Internship and Year	UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2011
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10023
License Date	6/4/1997
Name	<b>DAHMS, ERIC B MD</b>
Address	4134 FOURTH AVE APT 213, SAN DIEGO, CA, 92103
Specialty	IM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL-NH USA 1992
Internship and Year	MERCY HOSPITAL MEDICAL CENTER - CA 1996
Residency and Year	MERCY HOSPITAL MEDICAL CENTER-CA 1997
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	6861
License Date	4/10/1984
Name	<b>DAI, CHENG-TA R MD</b>
Address	168 KINSLEY ST, STE 20NASHUA, NH, 03060-3648
Specialty	GE
Board Certified	GE
School and Year of Graduation	CHICAGO MED SCH-CHICAGO,IL USA 1978
Internship and Year	NASSAU CO MED CTR-EAST MEADOW,NY 1979
Residency and Year	UNIV HOSP-STONY BROOK-STONY BROOK,NY 1980
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 11656  
 License Date 7/3/2002  
 Name **DAIGLE, CHRISTOPHER C MD**  
 Address 10 PROSPECT ST STE 401, NASHUA, NH, 03060  
 Specialty PUD  
 Board Certified PUD  
 School and Year of Graduation UNIV OF NEW YORK- BROOKLYN, NY USA 1996  
 Internship and Year ROCHESTER GENERAL HOSPITAL - ROCHESTER, NY 1997  
 Residency and Year ROCHESTER GENERAL HOSPITAL - ROCHESTER, NY 1999  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11268  
 License Date 6/6/2001  
 Name **DAIGLE, MARC MD**  
 Address MEMORIAL HOSPITAL, 3073 WHITE MOUNTAIN HIGHWAYNORTH CONWAY, NH, 03860  
 Specialty FP  
 Board Certified FM  
 School and Year of Graduation UNIV OF MED AND DENTISTRY NEW JERSEY MED SCH-PISCA USA 1996  
 Internship and Year CHESTNUT HILL HOSPITAL - PHILADELPHIA, PA 1997  
 Residency and Year ABINGTON MEMORIAL HOSPITAL - ABINGTON, PA 1998  
 License Expiration Date **6/30/2017**  
 Remarks **LAPSED FOR NON-RENEWAL 6/30/05-----REINSTATED 7/5/06**

License Number 10360  
 License Date 8/5/1998  
 Name **DAILY, ARTHUR D MD**  
 Address 300 HANOVER ST, FALL RIVER, MA, 02740  
 Specialty D  
 Board Certified D  
 School and Year of Graduation UNIV OF CA SAN FRANCISCO SCH OF MED - CA USA 1964  
 Internship and Year ORANGE COUNTY MED CTR- CA 1965  
 Residency and Year UNIV OF WISCONSIN HOSPITAL - WI 1968  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16967  
 License Date 3/4/2015  
 Name **DAILY, MATTHEW J MD**  
 Address 8 EAST PEARL ST, NASHUA, NH, 03060  
 Specialty DR  
 Board Certified  
 School and Year of Graduation STATE UNIVERSITY OF NY UPSTATE MEDICAL UNIVERSITY USA 2009  
 Internship and Year ST JOSEPH HOSPITAL HEALTH CENTER - SYRACUSE, NY 2010  
 Residency and Year FLETCHER ALLEN HEALTH CARE - UNIVERSITY OF VT- BURLINGTON, VT 2014  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	8525
License Date	5/8/1991
Name	<b>DAINESI, STEPHEN J MD</b>
Address	AMOSKEAG ANESTHESIA PLLC, ONE ELLIOT WAYMANCHESTER, NH, 03103-0350
Specialty	AN
Board Certified	AN
School and Year of Graduation	MT SINAI SCH OF MED UNIV OF NY, NY USA 1987
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1988
Residency and Year	DUKE UNIV MEDICAL CENTER - DURHAM, NC 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13037
License Date	4/5/2006
Name	<b>DAINIAK, CHRISTOPHER N MD</b>
Address	NH GASTROENTEROLOGY, 9 WASHINGTON PLACE SUITE 204BEDFORD, NH, 03110
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF CONNECTICUT, FARMINGTON CT USA 1993
Internship and Year	MAINE MEDICAL CTR, PORTLAND ME(1) YALE-NEW HAVEN HOSPITAL, NEW HAVEN, CT (2) 20
Residency and Year	YALE-NEW HAVEN HOSPITAL, NEW HAVEN CT 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9584
License Date	11/1/1995
Name	<b>DALCO, JOHN C MD</b>
Address	MERRIMAC RIVER MED SERVICES, 323 DERRY RDHUDSON, NH, 03051
Specialty	IM
Board Certified	IM
School and Year of Graduation	TUFTS UNIV SCHOOL OF MEDICINE USA 1958
Internship and Year	BOSTON CITY HOSPITAL BOSTON, MA 1959
Residency and Year	BOSTON CITY HOSPITAL BOSTON, MA 1963
License Expiration Date	<b>2/8/2006</b>
Remarks	<b>DECEASED 2/8/06</b>

License Number	9060
License Date	10/6/1993
Name	<b>DALEY, JOHN P MD</b>
Address	DERRY MEDICAL CENTER, 6 TSIENNETO RD STE 100DERRY, NH, 03038
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF WISCONSIN MEDICAL SCHOOL USA 1990
Internship and Year	MEMORIAL HOSPITAL - PAWTUCKET RI 1993
Residency and Year	MEMORIAL HOSPITAL - PAWTUCKET RI 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number	15124
License Date	2/2/2011
Name	<b>DALIPI, TISHE V DO</b>
Address	130 POST AVE APT#310, WESTBURY, NY, 11590
Specialty	IM
Board Certified	IM
School and Year of Graduation	NY COLLEGE OF OSTEOPATHIC MEDICINE USA 1993
Internship and Year	WINTHROP UNIVERSITY HOSPITAL - MINEOLA, NY 1994
Residency and Year	WINTHROP UNIVERSITY HOSPITAL - MINEOLA, NY 1996
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	8838
License Date	11/4/1992
Name	<b>DALLAS, ROBERT V MD</b>
Address	67 TIMBER LN, FRANCONIA, NH, 03580
Specialty	DR
Board Certified	R
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 1969
Internship and Year	ALBANY MEDICAL CENTER HOSPITAL      ALBANY - NEW YORK 1970
Residency and Year	ALBANY MEDICAL CENTER HOSPITAL      ALBANY - NEW YORK 1973
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3732
License Date	9/5/1964
Name	<b>DALRYMPLE JR, JAMES M MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1996</b>
Remarks	

License Number	5738
License Date	6/13/1977
Name	<b>DALTON, EDWARD P MD</b>
Address	ELLIOT BREAST HEALTH CENTER, 185 QUEEN CITY AVEMANCHESTER, NH, 03101-7100
Specialty	GS
Board Certified	GS
School and Year of Graduation	ST LOUIS UNIVERSITY-ST LOUIS MO USA 1970
Internship and Year	UNIVERSITY HOSPITAL-ANN ARBOR MI 1971
Residency and Year	UNIVERSITY HOSPITAL-ANN ARBOR MI 1972
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>1/10/06 - Settlement Agreement</b>

License Number	13619
License Date	8/1/2007
Name	<b>DALY JR, EDWARD A MD</b>
Address	VA HOSPITAL, 718 SMYTH RDMANCHESTER, NH, 03104
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF VERMONT USA 2001
Internship and Year	CONEMAUGH VALLEY MEMORIAL MEDICAL CENTER - JOHNSTOWN, PA 2002
Residency and Year	GEORGE WASHINGTON UNIV - WASHINGTON, DC 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7943
License Date	8/10/1988
Name	<b>DALY, JOHN S F MD</b>
Address	GRACE UROLOGICAL INC, 191 CLARK AVE STE 1BRATTLEBORO, VT, 05301
Specialty	U
Board Certified	U
School and Year of Graduation	BOSTON UNIV SCH OF MED-BOSTON,MA USA 1970
Internship and Year	MT AUBURN HOSP-CAMBRIDGE MA 1971
Residency and Year	BOSTON CITY HOSP-BOSTON,MA 1973
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	2227
License Date	7/22/1940
Name	<b>DALY, KENNETH J MD</b>
Address	2124 ELM ST, MANCHESTER, NH, 03104-2315
Specialty	U
Board Certified	U
School and Year of Graduation	GEORGETOWN UNIVERSITY USA 1935
Internship and Year	KINGS COUNTY HOSPITAL- BROOKLY, NY 1938
Residency and Year	KINGS COUNTY HOSPITAL - BROOKLYN,NY 1940
License Expiration Date	<b>2/17/2000</b>
Remarks	<b>DECEASED 2/17/00</b>

License Number	14064
License Date	7/9/2008
Name	<b>DALY, MARY E DO</b>
Address	DHMC, 296MANCHESTER, NH, 03104
Specialty	FP
Board Certified	FP
School and Year of Graduation	MIDWESTERN UNIV USA 2002
Internship and Year	MAYO GRADUATE SCHOOL OF MEDICINE EDUCATION-ROCHESTER, MN 2003
Residency and Year	MAYO GRADUATE SCHOOL OF MEDICINE EDUCATION-ROCHESTER, MN 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12373
License Date	7/7/2004
Name	<b>DALY-DUKOWICZ, JENNIFER D MD</b>
Address	D H M C GENERAL MEDICINE, ONE MEDICAL CENTER DRLEBANON, NH, 03766
Specialty	IM
Board Certified	IM
School and Year of Graduation	TUFTS UNIVERSITY, BOSTON MA US 2001
Internship and Year	BETH ISRAEL DEACONESS MED CTR, BOSTON MA 2002
Residency and Year	BETH ESRAEL DEACONESS MED CTR, BOSTON MA 2003
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	15620
License Date	4/4/2012
Name	<b>DAM, MARIE MD</b>
Address	NATURAE LLC, 100 SHATTUCK WAYPORTSMOUTH, NH, 03801
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF SOUTH FLORIDA COLLEGE OF MEDICINE USA 1985
Internship and Year	MARY IMOGENE BASSETT HOSPITAL - COOPERSTOWN, NY 1986
Residency and Year	MARY IMOGENE BASSETT HOSPITAL - COOPERSTOWN, NY 1988
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	15404
License Date	10/5/2011
Name	<b>DAMASCO, REMELINE C MD</b>
Address	DH-KEENE FAM MED CTR, 590 COURT STKEENE, NH, 03431
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF CALIFORNIA USA 1996
Internship and Year	WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 1997
Residency and Year	WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7538
License Date	4/1/1987
Name	<b>DAMAST, MELVYN MD</b>
Address	185 CANAL STREET #4003, SHELTON, CT, 06484
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	ALBERT EINSTEIN COLL OF MED - STATEN ISLAND, NY USA 1967
Internship and Year	US PUBLIC HEALTH SERVICES HOSPITAL - STATEN ISLAND, NY 1968
Residency and Year	US PUBLIC HEALTH SERVICES HOSPITAL - STATEN ISLAND, NY 1971
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8615
License Date	8/7/1991
Name	<b>DAMIANOS, ARISTOTLE MD</b>
Address	ATLANTA DIGESTIVE SPECIALISTS, 330 BORTHWICK AVE STE 311PORTSMOUTH, NH, 03801
Specialty	GE
Board Certified	GE
School and Year of Graduation	DARTMOUTH -HITCHCOCK MED - HANOVER USA 1988
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1991
Residency and Year	PENN SATE UNIV - HERSHEY, PA 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13200
License Date	8/2/2006
Name	<b>DANA, JAMES F MD</b>
Address	ANESTHESIA CARE GROUP, 88 MCGREGOR ST STE 303MANCHESTER, NH, 03102
Specialty	AN
Board Certified	AN
School and Year of Graduation	TECHNION ISRAEL INSTITUTE OF TECHNOLOGY ISRAEL 2001
Internship and Year	DHMC - LEBANON, NH 2002
Residency and Year	SUNY @ STONY BROOK-UNIV HOSP - STONY BROOK, NY 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	2452
License Date	3/14/1946
Name	<b>DANAIS, JOSEPH EDOUARD M MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>12/18/1989</b>
Remarks	<b>DECEASED 12/18/89</b>

License Number	9724
License Date	6/5/1996
Name	<b>DANBY, F WILLIAM MD</b>
Address	721 CHESTNUT ST, MANCHESTER, NH, 03104-3002
Specialty	D
Board Certified	D
School and Year of Graduation	QUEENS UNIVERSITY-KINGSTON ONTARIO CANADA 1967
Internship and Year	VANCOUVER GENERAL HOSPITAL-VANCOUVER, CANADA 1968
Residency and Year	ST FRANCIS HOSPITAL-HONOLULU, HAWAII 1969
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11241
License Date	5/2/2001
Name	<b>DANCA, MARY A MD</b>
Address	NH DARTMOUTH FAMILY PRACTICE, 250 PLEASANT STCONCORD, NH, 03301
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1984
Internship and Year	HUTZEL HOSPITAL - DETROIT MI 1985
Residency and Year	MILTON S HERSHEY MEDICAL CENTER - HERSHEY PA 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13579
License Date	7/11/2007
Name	<b>DANDAMUDI, UDAY B MD</b>
Address	FLORIDA CANCER AFFILIATES, 5500 LITTLE RDNEW PORT RICHEY, FL, 34655
Specialty	HO
Board Certified	
School and Year of Graduation	GANDHI MEDICAL COLLEGE INDIA 1995
Internship and Year	EDGEWATER MEDICAL CENTER - OLYMPIA FIELDS, IL 1998
Residency and Year	METROPOLITAN HOSPITAL CENTER - NEW YORK , NY 2000
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	7224
License Date	11/7/1985
Name	<b>DANDEKAR, RANJAN N MD</b>
Address	SOUTHERN NH PEDIATRICS, 280 MAIN ST STE 320NASHUA, NH, 03060
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF BOMBAY BOMBAY 1976
Internship and Year	0000
Residency and Year	UNIV CALIFORNIA IRVINE MEDICAL CENTER - ORANGE, CA 1980
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11168
License Date	2/7/2001
Name	<b>DANEHY, EDWARD J MD</b>
Address	3680 BROADWAY, FT MYERS, FL, 33901
Specialty	R
Board Certified	R
School and Year of Graduation	TUFTS UNIV SCH OF MED - BOSTON, MA USA 1988
Internship and Year	MIRIAM HOSPITAL - PROVIDENCE, RI 1989
Residency and Year	NEW YORK UNIV MEDICAL CENTER - NEW YORK, NY 1993
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	16212
License Date	7/3/2013
Name	<b>DANES, STRATTON G MD</b>
Address	CMC - THE SURGICAL CARE GROUP, 87 MCGREGOR ST., STE 3100MANCHESTER, NH, 03102
Specialty	GS
Board Certified	GS
School and Year of Graduation	STATE UNIVERSITY OF NY USA 1998
Internship and Year	NEW YORK UNIVERSITY MEDICAL CENTER - NEW YORK, NY 2000
Residency and Year	NEW YORK UNIVERSITY MEDICAL CENTER - NEW YORK, NY 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12736
License Date	6/1/2005
Name	<b>DANESCHVAR, HOMAYOUN L MD</b>
Address	PRIMARY CARE OF DOVER, 10 MEMBERS WAY STE 300DOVER, NH, 03820
Specialty	IM
Board Certified	IM
School and Year of Graduation	MEDIZINISCHE UNIVERSITY, WIEN, AUSTRIA AUSTRIA 1993
Internship and Year	FAIRVIEW HOSPITAL, CLEVELAND OH 2004
Residency and Year	FAIRVIEW HOSPITAL, CLEVELAND OH 2005
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	7643
License Date	7/8/1987
Name	<b>DANFORD, WILLIAM S MD</b>
Address	WENTWORTH-DOUGLASS PHYS CORP, 19 OLD ROLLINSFORD RD DOVER, NH, 03820
Specialty	CD
Board Certified	CD
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1980
Internship and Year	NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON MA 1981
Residency and Year	NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON MA 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4542
License Date	4/14/1970
Name	<b>D'ANGELO, ERNEST P MD</b>
Address	330 BORTHWICK AVE STE 211, PORTSMOUTH, NH, 03801-4102
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	UNIV OF OTTAWA CANADA 1961
Internship and Year	CARNEY HOSPITAL - BOSTON, MA 1962
Residency and Year	MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1970
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	11728
License Date	9/4/2002
Name	<b>DANIELE, ANTHONY G MD</b>
Address	703 RIVERWAY PLACE, BEDFORD, NH, 03110
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF CONNECTICUT-FARMINGTON, CT USA 1996
Internship and Year	UNIVERSITY OF CONNECTICUT HEALTH CTR, FARMINGTON, CT 1997
Residency and Year	LAHEY CLINIC MEDICAL CTR, BURLINGTON, MA 2001
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	10154
License Date	11/5/1997
Name	<b>DANIELE, KATHLEEN B MD</b>
Address	AMHERST MEDICAL ASSOCIATES, PO BOX 1220AMHERST, NH, 03031-1220
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF CT SCH OF MED - FARMINGTON, CT USA 1994
Internship and Year	UNIV OF CONNECTICUT SCHOOL OF MEDICINE - CT 1997
Residency and Year	UNIV OF CONNECTICUT SCHOOL OF MEDICINE - CT 1997
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	7297
License Date	4/3/1986
Name	<b>DANIELL, CHRISTOPHER H MD</b>
Address	CONCORD OTOLARYNGOLOGY, 194 PLEASANT ST STE 2CONCORD, NH, 03301-2915
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	UNIV OF VIRGINIA SCH MED - CHARLOTTESVILLE,VA USA 1981
Internship and Year	UNIV HOSPITAL INC - BOSTON, MA 1982
Residency and Year	STANFORD UNIV HOSPITAL - STANFORD, CA 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16066
License Date	4/3/2013
Name	<b>DANIELS, CRAIG E MD</b>
Address	MAYO CLINIC, 200 1ST ST SWROCHESTER, MN, 55905
Specialty	CCM
Board Certified	CCM
School and Year of Graduation	UNIVERSITY OF SOUTH DAKOTA SCHOOL OF MEDICINE USA 1998
Internship and Year	MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 1999
Residency and Year	MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17212
License Date	8/5/2015
Name	<b>DANIELS, DENNIS MD</b>
Address	1906A GREENWOOD DR, POPLAR BLUFF, MO, 63901
Specialty	CCM
Board Certified	CCM
School and Year of Graduation	ROSS UNIVERSITY DOMINICA 1997
Internship and Year	DREXEL UNIVERSITY COM-HAHNEMANN UNIVERSITY HOSPITAL - PHILADELPHIA, PA 1998
Residency and Year	DREXEL UNIVERSITY COM-HAHNEMANN UNIVERSITY HOSPITAL - PHILADELPHIA, PA 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12025
License Date	8/6/2003
Name	<b>DANIELSKI, MICHAEL C MD</b>
Address	SEACOAST KIDNEY&HYPERTENSION, 875 GREENLAND RD C-10PORTSMOUTH, NH, 03801
Specialty	NEP
Board Certified	NEP
School and Year of Graduation	U OF VERMONT, BURLINGTON VT US 1998
Internship and Year	MAINE MEDICAL CTR, PORTLAND ME 1999
Residency and Year	MAINE MEDICAL CTR, PORTLAND ME 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9317
License Date	11/2/1994
Name	<b>DANIELSON, CHARLES E MD</b>
Address	WATERVILLE PEDIATRICS, 159 SILVER STWATERVILLE, ME, 04901
Specialty	ID
Board Certified	PD
School and Year of Graduation	UNIV OF CT SCHOOL OF MEDICINE USA 1974
Internship and Year	MARY I BASSETT HOSPITAL - COOPERSTOWN NY 1975
Residency and Year	MARY I BASSETT HOSPITAL - COOPERSTOWN NY 1976
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	9987
License Date	5/7/1997
Name	<b>DANIELSON, CHRISTOPHER S DO</b>
Address	DANIELSON SURGICAL ASSOC, 1290 HOSPITAL DR STE 3ST JOHNSBURY, VT, 05819
Specialty	GS
Board Certified	GS
School and Year of Graduation	PHILADELPHIA COLL OF OSTEO MED-PA USA 1992
Internship and Year	GRANDVIEW HOSPITAL-OSTEO OHIO 1997
Residency and Year	GRANDVIEW HOSPITAL-OSTEO-OHIO 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number 13952  
 License Date 5/7/2008  
 Name **DANIELSON, GREGORY P MD**  
 Address COMP OTORLARYNGOLOGY/AUDIOLOGY, 3 ALUMNI DR STE 302 EXETER, NH, 03833  
 Specialty OTO  
 Board Certified OTO  
 School and Year of Graduation UNIV OF VERMONT USA 2001  
 Internship and Year UNIV OF VT MEDICAL CENTER/FAHC - BURLINGTON, VT 2003  
 Residency and Year FLETCHER ALLEN HEALTH CARE 2007  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 5957  
 License Date 8/3/1978  
 Name **DANIELSON, KENNETH S MD**  
 Address 1290 HOSPITAL DR STE 1, ST JONHSBURY, VT, 05819  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation HARVARD MEDICAL SCHOOL BOSTON, MA USA 1965  
 Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1966  
 Residency and Year CHILDREN'S HOSPITAL - WASHINGTON, DC 1975  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11990  
 License Date 7/2/2003  
 Name **DANIELSON, VALERIE J MD**  
 Address ELLIOT FAMILY MED@BEDFORD VIL, 15 CONSTITUTION DR BEDFORD, NH, 03110  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation BROWN UNIV SCH OF MED - PROVIDENCE, RI USA 2000  
 Internship and Year TACOMA FAMILY MEDICINE - TACOMA, WA 2001  
 Residency and Year TACOMA FAMILY MEDICINE - TACOMA, WA 2002  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14755  
 License Date 3/3/2010  
 Name **DANILOV, ALEXEY V MD**  
 Address DHMC, ONE MED CTR DR LEBANON, NH, 03756  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation YAROSLAVL STATE MEDICAL ACADEMY RUSSIA 1997  
 Internship and Year MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 2005  
 Residency and Year MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 2007  
 License Expiration Date **8/4/2015**  
 Remarks **Requested Inactive 8-4-2015.**

License Number	16159
License Date	6/5/2013
Name	<b>DANILOVA, OLGA V MD</b>
Address	PORTLAND, OR VA MEDICAL CTR - DEPT PTH & LAB MED, 3710 SW US VETRN HOSP RDPORTLAND,
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	YAROSLAVL STATE MEDICAL ACADEMY RUSSIA 2000
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12901
License Date	10/5/2005
Name	<b>DANN, ELIZABETH W MD</b>
Address	DHMC--DEPT RADIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03755
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF MIAMI, MIAMI FL US 2002
Internship and Year	UNIVERSITY OF MIAMI, MIAMI FL 2003
Residency and Year	DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14957
License Date	8/4/2010
Name	<b>DANN, PHOEBE H MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	NEW YORK UNIVERSITY 2002
Internship and Year	CALIFORNIA PACIFIC MEDICAL CENTER - SAN FRANCISCO, CA 2003
Residency and Year	BELLEVUE HOSPITAL - NY, NY 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8154
License Date	7/12/1989
Name	<b>DANNEMANN, ANDREW F MD</b>
Address	SOUTHERN EYE SPECIALISTS PC, 1909 HONEYSUCKLE RD STE 2DOTHAN, AL, 36305
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	SUNY-HLTH SCI CTR COLL OF MED-SYRACUSE USA 1984
Internship and Year	ST JOSEPH HOSP-SYRACUSE,NY 1985
Residency and Year	ALBANY MED CTR-ALBANY,NY 1988
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	14793
License Date	4/7/2010
Name	<b>DANOSI, STEVE F MD</b>
Address	SPEARE MEM HOSP, 16 HOSPITAL RDPLYMOUTH, NH, 03264
Specialty	EM
Board Certified	EM
School and Year of Graduation	WAYNE STATE UNIVERSITY USA 1979
Internship and Year	SINAI-GRACE HOSPITAL - DETROIT, MI 1980
Residency and Year	WAYNE STATE UNIVERSITY DETROIT MEDICAL CENTER - DETROIT, MI 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10514
License Date	3/3/1999
Name	<b>DANS, NESTOR F MD</b>
Address	COASTAL CARDIOTHORIC ASSOC, 333 BORTHWICK AVE STE 402PORTSMOUTH, NH, 03801
Specialty	GS
Board Certified	GS
School and Year of Graduation	TULANE UNIV SCH OF MED - NEW ORLEANS, LA USA 1985
Internship and Year	TULANE UNIV SCH OF MED - NEW ORLEANS, LA 1986
Residency and Year	TULANE UNIV SCH OF MED - NEW ORLEANS, LA 1987
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	12482
License Date	10/6/2004
Name	<b>DANYS, IRENA R MD</b>
Address	CONCORD HOSPITAL /SLEEP CENTER, 18 FOUNDRY ST STE 103CONCORD, NH, 03301
Specialty	N
Board Certified	N
School and Year of Graduation	MCMASTER UNIVERSITY, HAMILTON, ONTARIO, CANADA CANADA 1980
Internship and Year	UNIVERSITY OF WASHINGTON, SEATTLE WA 1981
Residency and Year	UNIVERSITY OF WASHINGTON, SEATTLE WA 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10645
License Date	8/4/1999
Name	<b>DAOUD, MOHAMMAD O MD</b>
Address	26235 WESTWOOD RD, WESTLAKE, OH, 44145
Specialty	IM
Board Certified	IM
School and Year of Graduation	FAC OF MED UNIV OF JORDAN - AMMAN, JORDAN JORDAN 1991
Internship and Year	SETON HALL UNIV - SOUTH ORANGE, NJ 1994
Residency and Year	SETON HALL UNIV - SOUTH ORANGE, NJ 1996
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number 17051  
 License Date 5/6/2015  
 Name **DAOUD, VLADIMIR P MD**  
 Address 22 PHILLIPS ST #3, BOSTON, MA, 02114  
 Specialty GS  
 Board Certified  
 School and Year of Graduation VA COMMONWEALTH UNIVERSITY USA 2010  
 Internship and Year TUFTS MEDICAL CENTER - BOSTON, MA 2011  
 Residency and Year TUFTS MEDICAL CENTER - BOSTON, MA 2015  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13739  
 License Date 11/7/2007  
 Name **DAOUK, GHALEB H MD**  
 Address CHILDREN'S HOSP OF BOSTON, 300 LONGWOOD AVE HUNN 319BOSTON, MA, 02115  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation AMERICAN UNIV OF BEIRUT USA 1984  
 Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1988  
 Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1990  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11351  
 License Date 8/1/2001  
 Name **D'APRIX JR, THOMAS F MD**  
 Address ELLIOT HOSPITAL EMERGENCY DEPT, ONE ELLIOT WAYMANCHESTER, NH, 03103  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation STATE UNIV OF NEW YORK -SYRACUSE, NY USA 1996  
 Internship and Year SUNY AT BUFFALO GRADUATE MEDICAL - BUFFALO, NY 1999  
 Residency and Year SUNY AT BUFFALO GRADUATE MEDICAL - BUFFALO,NY 2000  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13898  
 License Date 4/2/2008  
 Name **DARCEY, CHRISTOPHER J MD**  
 Address ST TAMMANY PARISH HOSP, 1202 S TYLER STCOVINGTON, LA, 70433  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation LOUISIANA UNIV USA 2005  
 Internship and Year LOUISIANA STATE UNIV MED CENTER - NEW ORLEANS, LA & DARTMOUTH HITCHCOCK MED CENTE  
 Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 15914  
 License Date 11/7/2012  
 Name **DARD, SHABIR H MD**  
 Address 8402 TIMBERLAND CIRCLE, ELLICOTT CITY, MD, 21043  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation SPARTAN HEALTH SCIENCES UNIVERSITY ST LUCIA 2004  
 Internship and Year ATLANTA MEDICAL CENTER - MORROW, GA 2010  
 Residency and Year ATLANTA MEDICAL CENTER - MORROW, GA 2012  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16442  
 License Date 1/8/2014  
 Name **DARGIN, JAMES M MD**  
 Address 5 TANGLEWOOD DR, NASHUA, NH, 03062  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation BOSTON UNIVERSITY USA 2004  
 Internship and Year LAHEY CLINIC - BURLINGTON, MA 2005  
 Residency and Year BOSTON MEDICAL CENTER - BOSTON MA 2008  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9959  
 License Date 4/2/1997  
 Name **DARGIS, BRIGITTE F MD**  
 Address CORNER MED CTR - 195 INDUSTRIAL PARKWAY, PO BOX 83LYNDONVILLE, VT, 05851  
 Specialty FP  
 Board Certified  
 School and Year of Graduation UNIV OF MONTREAL -PROVIDENCE QUEBEC CANADA 1990  
 Internship and Year NOTRE-DAME HOSPITAL MONTREAL QUEBEC CANADA 1991  
 Residency and Year NOTRE-DAME HOSPITAL MONTREAL QUEBEC CANADA 1992  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15017  
 License Date 10/6/2010  
 Name **DARGON, DOREEN M MD**  
 Address 4251 MONUMENT RD UNIT#402, JACKSONVILLE, FL, 32225  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1979  
 Internship and Year HARTFORD HOSPITAL - HARTFORD, CT 1980  
 Residency and Year MADIGAN ARMY MEDICAL CENTER - TACOMA, WA 1982  
 License Expiration Date **6/30/2014**  
 Remarks

License Number	13392
License Date	2/7/2007
Name	<b>DARLINGTON, ALBERT C MD</b>
Address	PREMISE HEALTH, 1176 STRATFORD RDSCHENECTADY, NY, 12308
Specialty	GPM
Board Certified	GPM
School and Year of Graduation	MICHIGAN STATE UNIV USA 1977
Internship and Year	TROVER CLINIC FOUNDATION-MADISONVILLE, KY 1978
Residency and Year	TROVER CLINIC FOUNDATION-MADISONVILLE, KY 1980
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8346
License Date	6/6/1990
Name	<b>DARNALL JR, ROBERT A MD</b>
Address	DHMC PEDIATRICS, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	NPM
Board Certified	NPM
School and Year of Graduation	UNIV OF CALIFORNIA USA 1972
Internship and Year	UNIV HOSP-CLEVELAND,OH 1973
Residency and Year	STANFORD UNIV HOSP-STANFORD,CA 1976
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9562
License Date	10/4/1995
Name	<b>DARNELL, GARY P MD</b>
Address	32 LIVERMORE ST 1, PORTSMOUTH, NH, 03801
Specialty	P
Board Certified	
School and Year of Graduation	UNIV OF CA IRVINE CA COLLEDGE OF MEDICINE USA 1968
Internship and Year	KAPIOLANTI CHILDREN HOSPITAL HONOLULU, HI 1969
Residency and Year	ORANGE COUNTY MEDICAL CENTER ORANGE, CA 1973
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	13953
License Date	5/7/2008
Name	<b>DARULOVA, MARTINA MD</b>
Address	CATHOLIC MEDICAL CTR, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty	IM
Board Certified	IM
School and Year of Graduation	KARLOVY UNIV CZECH REPUBLIC 1996
Internship and Year	UNIV OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 1998
Residency and Year	UNIV OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11149
License Date	1/3/2001
Name	<b>DAS, ANINDITA MD</b>
Address	FOUNDATION PEDIATRICS, 280 MAIN ST SUITE 111NASHUA, NH, 03060
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF CALCUTTA INDIA 1994
Internship and Year	METROPOLITAN HOSPITAL CENTER - NEW YORK NY 1998
Residency and Year	METROPOLITAN HOSPITAL CENTER - NEW YORK NY 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8498
License Date	3/6/1991
Name	<b>DAS, ANITA K MD</b>
Address	HENDERSONVILLE OB/GYN, 630 FIFTH AVE WESTHENDERSONVILLE, NC, 28739
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	INDIANA UNIV SCH OF MED - INDIANAPOLIS, IN USA 1985
Internship and Year	INDIANA UNIV MEDICAL CENTER - INDIANAPOLIS, IN 1986
Residency and Year	METHODIST HOSPITAL - INDIANAPOLIS, IN 1991
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	10989
License Date	7/5/2000
Name	<b>DAS, DEEPAK K MD</b>
Address	DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	ANUGRAH NARAIN MAGADH MED COLL-GAYA,BIHAR INDIA 1993
Internship and Year	MORRISTOWN MEMORIAL HOSPITAL - MORRISTOWN, NJ 1998
Residency and Year	MORRISTOWN MEMORIAL HOSPITAL - MORRISTOWN, NJ 1999
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	13620
License Date	8/1/2007
Name	<b>DAS, ROHIT R MD</b>
Address	DEPT OF NEUROLOGY EEG LAB, 75 FRANCIS STBOSTON, MA, 02115
Specialty	N
Board Certified	N
School and Year of Graduation	BANGALORE UNIV INDIA 2000
Internship and Year	UNIV OF MISSOURI SCHOOL OF MEDICINE - KANSAS CITY, MO 2003
Residency and Year	UPMC MCKEESPORT HOSPITAL - MCKEESPORT, PA 2004
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	11867
License Date	4/2/2003
Name	<b>DAS, SHILPI MD</b>
Address	2035 TIMOTHY RD, APT F107ATHENS, GA, 30606
Specialty	PD
Board Certified	IM
School and Year of Graduation	UNIV OF MUMBAI, MAHARASHTRA, INDIA INDIA 1996
Internship and Year	MORRISTOWN MEMORIAL HOSPITAL - MORRISTOWN, NJ 2000
Residency and Year	MORRISTOWN MEMORIAL HOSPITAL - MORRISTOWN, NJ 2003
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	6862
License Date	4/10/1984
Name	<b>DASARI, GHANTESWAR MD</b>
Address	BROCKTON/WESTROXBURY, VA MEDICAL CENTERBROCKTON, MA, 02401-
Specialty	DR
Board Certified	
School and Year of Graduation	KAKATIYA MED COLL OSMANIA UNIV-WARANGAL INDIA 1967
Internship and Year	U CT SCH OF MED INTEG PROG-FARMINGTON,CT 1980
Residency and Year	U CT SCH MED INTEG PROG-FARMINGTON,CT 1980
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	11902
License Date	5/7/2003
Name	<b>DASARI, SANDHYA R MD</b>
Address	280 MAIN ST, NASHUA, NH, 03060
Specialty	IM
Board Certified	IM
School and Year of Graduation	KURNOOL MEDICAL COLL - ANDHRA PRADESH INDIA INDIA 1996
Internship and Year	FAIRVIEW HOSPITAL - CLEVELAND, OH 2001
Residency and Year	FAIRVIEW HOSPITAL - CLEVELAND, OH 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16784
License Date	10/1/2014
Name	<b>DASILVA, SEAN L MD</b>
Address	126 BENNINGTON HILLS CT, W HENRIETTA, NY, 14586
Specialty	AN
Board Certified	
School and Year of Graduation	ST GEORGES UNIVERSITY GRENADA 2004
Internship and Year	UNIVERSITY OF ARKANSAS OF MEDICAL SCIENCES - LITTLE ROCK, AR 2006
Residency and Year	UNIVERSITY OF ARKANSAS OF MEDICAL SCIENCES - LITTLE ROCK, AR 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	16302
License Date	9/4/2013
Name	<b>DASSEL, JEFFREY W MD</b>
Address	1302 RICHARDS ALLEY, WILMINGTON, DE, 19806
Specialty	FP
Board Certified	FP
School and Year of Graduation	THOMAS JEFFERSON UNIVERSITY USA 2002
Internship and Year	THOMAS JEFFERSON UNIVERSITY HOSPITAL - PHILADELPHIA, PA 2003
Residency and Year	THOMAS JEFFERSON UNIVERSITY HOSPITAL - PHILADELPHIA, PA 2005
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	16508
License Date	3/5/2014
Name	<b>DASTI, UMER R MD</b>
Address	HUGGINS HOSPITAL, 240 S MAIN STWOLFEBORO, NH, 03894
Specialty	ORS
Board Certified	
School and Year of Graduation	UNIVERSITY OF MEDICINE & DENTISTRY OF NJ USA 2008
Internship and Year	SETON HALL UNIVERSITY SCHOOL OF HEALTH AND MEDICAL- PATERSON, NJ 2009
Residency and Year	SETON HALL UNIVERSITY SCHOOL OF HEALTH AND MEDICAL- PATERSON, NJ 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13580
License Date	7/11/2007
Name	<b>DAUGHERTY, TODD D MD</b>
Address	DARTMOUTH-HITCHCOCK/RHEU DEPT, 590 COURT STKEENE, NH, 03431
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF CINCINNATI USA 2001
Internship and Year	WRIGHT STATE UNIV - DAYTON, OH 2002
Residency and Year	CHRIST HOSPITAL - CINCINNATI, OH 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10233
License Date	2/4/1998
Name	<b>D'AURIA, JOHN J MD</b>
Address	ADVANCED PAIN CARE INC, 1921 W DR MARTIN LUTHER KING JR BLVDTAMPA, FL, 33607
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV OF PA SCH OF MED - PHILADELPHIA, PA USA 1980
Internship and Year	BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1983
Residency and Year	UNIV OF MASS MEDICAL CENTER - MA 1987
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>LAPSED FOR NON-RENEWAL ON 6/30/06 REINSTATED ON 3/5/08</b>

License Number	12868
License Date	9/7/2005
Name	<b>DAVATOL-HAG, HAMID R MD</b>
Address	ELLIOT HOSP-HOSPITALIST PROGRA, ONE ELLIOT WAYMANCHESTER, NH, 03103-3599
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF OHIO, TOLEDO OH US 1997
Internship and Year	ST MARYS MERCY MED CTR, GRAND RAPIDS MI 1998
Residency and Year	GRANT MEDICAL CTR, COLUMBUS OH 2000
License Expiration Date	<b>10/29/2011</b>
Remarks	<b>DECEASED 10/29/11</b>

License Number	12651
License Date	4/6/2005
Name	<b>DAVE, HETAL R MD</b>
Address	ELLIOT HOSPITAL, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty	IM
Board Certified	IM
School and Year of Graduation	PRAMUKHSWAMI MEDICAL COLLEGE, INDIA 1995
Internship and Year	ST JOSEPH MERCY, PONTIAC MI 2002
Residency and Year	ST JOSEPH MERCY, PONTIAC MI 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9563
License Date	10/4/1995
Name	<b>DAVE, RAJESH M MD</b>
Address	HOLY SPIRIT CARDIOLOGY, 875 POPLAR CHURCH RD STE 400CAMP HILL, PA, 17011
Specialty	CD
Board Certified	IM
School and Year of Graduation	M P SHAH MED COLL SAURASHTRA UNIV,JAMNAGAR GUJARAT INDIA 1988
Internship and Year	READING HOSPITAL MEDICAL CENTER READING, MA 1994
Residency and Year	MARY HITCHCOCK MEMORIAL HOSPITAL HANOVER, NH 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5813
License Date	9/1/1977
Name	<b>DAVE, RAMESH P MD</b>
Address	1057 PROFILE RD, PO BOX 723FRANCONIA, NH, 03580-0723
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	BJ MEDICAL COLLEGE GUJARAT UNIV INDIA 1969
Internship and Year	MANCHESTER MEMORIAL HOSPITAL MANCHESTER 1972
Residency and Year	N C BAPTIST HOSPITAL WINSTON SALEM 1975
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number 13740  
 License Date 11/7/2007  
 Name **DAVE, SACHIN B MD**  
 Address MONADNOCK NEUROLOGY CTR, 454 OLD STREET RD, STE 107PETERBOROUGH, NH, 03458  
 Specialty N  
 Board Certified N  
 School and Year of Graduation GUJARAT UNIV INDIA 2000  
 Internship and Year WESTLAKE HOSPITAL-MELROSE PARK, IL 2004  
 Residency and Year UNIV OF TEXAS SOUTHWESTERN MEDICAL CTR 2007  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10266  
 License Date 5/6/1998  
 Name **DAVEY SHIPMAN, SUZANNE MD**  
 Address WOMEN'S CARE CENTER, 141 MASCOMA STLEBANON, NH, 03766  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIVERSITY OF NEBRASKA USA 1995  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1998  
 Residency and Year DARTMOUTH HTICHCOCK MED CTR-HANOVER,NH 1998  
 License Expiration Date **6/30/2016**  
 Remarks **LAPSED FOR NON RENEWAL 6/30/02--REINSTATED 11/2/05**

License Number 12212  
 License Date 2/4/2004  
 Name **DAVID, HENRY E DO**  
 Address DAVID ORTHOPAEDIC ASSOC PA, PO BOX 897VOORHEES, NJ, 08043  
 Specialty ORS  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF KANSAS CITY, KANSAS CITY MO US 1968  
 Internship and Year KENNEDY MEMORIAL HOSP, CHERRY HILL NJ 1969  
 Residency and Year MERCY CATHOLIC MEDICAL CTR, DARBY PA 1973  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 10267  
 License Date 5/6/1998  
 Name **DAVID, SEAN P MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty FP  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF WASHINGTON USA 1995  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR, HANOVER NH 1996  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR, HANOVER NH 1998  
 License Expiration Date **6/30/1999**  
 Remarks

License Number	13486
License Date	5/9/2007
Name	<b>DAVIDOFF, ALAN B MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	STATE UNIV OF NEW YORK USA 1980
Internship and Year	BROOKDALE UNIV HOSPITAL & MEDICAL CTR - BROOKLYN, NY 1981
Residency and Year	SINAI HOSPITAL OF BALTIMORE - BALTIMORE, MD 1984
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10781
License Date	12/1/1999
Name	<b>DAVIDSON, KAREN M MD</b>
Address	75 FRANCIS ST, OB/GYN DEPTBOSTON, MA, 02115
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	TUFTS UNIV SCH OF MED - BOSTON, MA USA 1991
Internship and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1992
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13393
License Date	2/7/2007
Name	<b>DAVIDSON, MICHAEL B DO</b>
Address	ENDOCRINOLOGY & DIABETES CONS, 10 MEMBER WAY STE 400DOVER, NH, 03820
Specialty	IM
Board Certified	END
School and Year of Graduation	UNIV OF NE COLLEGE OF OSTEOPATHIC MED USA 2002
Internship and Year	CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 2003
Residency and Year	CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7343
License Date	6/12/1986
Name	<b>DAVIDSON, PETER K MD</b>
Address	, , ,
Specialty	IM
Board Certified	
School and Year of Graduation	COLUMBIA UNIVERSITY 1983
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1996</b>
Remarks	

License Number 9564  
 License Date 10/4/1995  
 Name **DAVIDSON, THOMAS E MD**  
 Address ANDOVER OB/GYN, 323 LOWELL ST STE 302ANDOVER, MA, 01810  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation WAYNE STATE UNIV SCHOOL OF MEDICINE DETROIT, MI USA 1991  
 Internship and Year UNIV OF ILLINOIS CHICAGO, IL 1995  
 Residency and Year UNIV OF ILLINOIS CHICAGO, IL 1995  
 License Expiration Date **6/30/2017**  
 Remarks **LAPSED FOR NON-RENEWAL 6/30/03 REINSTATED 7/7/04**

License Number 16537  
 License Date 4/2/2014  
 Name **DAVIE, EMILY S MD**  
 Address DOVER PEDIATRICS, 17 OLD ROLLINSFORD RD #5DOVER, NH, 03850  
 Specialty PD  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL USA 2011  
 Internship and Year UNIVERSITY OF VT COLLEGE OF MEDICINE - BURLINGTON, VT 2012  
 Residency and Year UNIVERSITY OF VT COLLEGE OF MEDICINE - BURLINGTON, VT 2014  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13450  
 License Date 4/4/2007  
 Name **DAVIES, DANIEL L DO**  
 Address APPLIEDORE MEDICAL GROUP, 125 AVIATION AVE STE 201PORTSMOUTH, NH, 03840  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF NEW ENGLAND USA 1989  
 Internship and Year ST. FRANCIS HOSPITAL/MT SINAI HOSPITAL - HARTFORD, CT 1990  
 Residency and Year UNIV OF CONNECTICUT HEALTH CTR - FARMINGTON, CT 1992  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 17105  
 License Date 6/3/2015  
 Name **DAVIES, GARETH M MD**  
 Address COASTAL NH NEUROSURGEONS, 330 BORTHWICK AVE - STE 300PORTSMOUTH, NH, 03801  
 Specialty NS  
 Board Certified  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2008  
 Internship and Year PENN STATE MILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 2008  
 Residency and Year PENN STATE MILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 2015  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12869  
 License Date 9/7/2005  
 Name **DAVIES, LOUISE MD**  
 Address DHMC - OTOLARYNGOLOGY, 1 MEDICAL CENTER DR, CLINIC 4FLEBANON, NH, 03756  
 Specialty OTO  
 Board Certified OTO  
 School and Year of Graduation UNIVERSITY OF WASHINGTON, SEATTLE WA US 1998  
 Internship and Year UNIVERSITY OF VERMONT, BURLINGTON VT 1999  
 Residency and Year UNIVERSITY OF VERMONT, BURLINGTON VT 2003  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 4927  
 License Date 12/4/1972  
 Name **DAVILA, MARIA A MD**  
 Address 1611 HOOKSETT RD, HOOKSETT, NH, 03106-1650  
 Specialty IM  
 Board Certified  
 School and Year of Graduation UNIV OF SALAMANCA SPAIN 1966  
 Internship and Year AUXILIO MUTUO HOSPITAL - PUERTO RICO 1968  
 Residency and Year VA HOSPITAL - NEWINGTON, CT 1969  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11307  
 License Date 7/11/2001  
 Name **DAVIN, TANJA C MD**  
 Address ELLIOT HOSPITAL, 1 ELLIOT WAYMANCHESTER, NH, 03103  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIVERSITY OF MASSACHUSETTS USA 1997  
 Internship and Year BAYSTATE MEDICAL CENTER, SPRINGFIELD MA 1998  
 Residency and Year BAYSTATE MEDICAL CENTER, SPRINGFIELD MA 2000  
 License Expiration Date **2/1/2006**  
 Remarks **DECEASED 2/1/06**

License Number 12599  
 License Date 2/2/2005  
 Name **DAVIS III, WILLIAM A MD**  
 Address 280 BERESFORD CREEK ST, DANIEL ISLAND, SC, 29492  
 Specialty R  
 Board Certified R  
 School and Year of Graduation EMORY UNIVERSITY, ATLANTA GA US 1962  
 Internship and Year EMORY UNIVERSITY, ATLANTA GA 1963  
 Residency and Year EMORY UNIVERSITY, ATLANTA GA 1964  
 License Expiration Date **6/30/2007**  
 Remarks

License Number	12374
License Date	7/7/2004
Name	<b>DAVIS JR, ROBERT H MD</b>
Address	6125 STEPHEN'S CROSSING, MECHANICSBURG, PA, 17050
Specialty	P
Board Certified	P
School and Year of Graduation	PENNSYLVANIA STATE UNIVERSITY, UNIVERSITY PARK PA US 1975
Internship and Year	PENNSYLVANIA STATE UNIVERSITY, HERSHEY PA 1976
Residency and Year	PENNSYLVANIA STATE UNIVERSITY, HERSHEY PA 1978
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	16706
License Date	8/6/2014
Name	<b>DAVIS, ADEBANKE C MD</b>
Address	25 JEFFERSON ST APT 3G, HACKENSACK, NJ, 07601
Specialty	IM
Board Certified	IM
School and Year of Graduation	ROSS UNIVERSITY DOMINICA 2006
Internship and Year	ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ENGLEWOOD, NJ 2008
Residency and Year	ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ENGLEWOOD, NJ 2011
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15213
License Date	5/4/2011
Name	<b>DAVIS, ALEXANDER D MD</b>
Address	ACCESS SPORTS MED & ORTHO, ONE HAMPTON RD STE 200 EXETER, NH, 03833
Specialty	ORS
Board Certified	AS
School and Year of Graduation	LOMA LINDA UNIVERSITY SCHOOL OF MEDICINE USA 2004
Internship and Year	BOSTON UNIVERSITY BOSTON, MA 2005
Residency and Year	BOSTON UNIVERSITY BOSTON, MA 2010
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14315
License Date	2/4/2009
Name	<b>DAVIS, ANN J MD</b>
Address	DARTMOUTH MEDICAL SCHOOL, REMSEN 302 HANOVER, NH, 03755
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	OREGON HEALTH & SCIENCE UNIV USA 1980
Internship and Year	MEDICAL COLLEGE OF GEORGIA HOSPITAL & CLINICS - AUGUSTA, GA 1981
Residency and Year	MEDICAL COLLEGE OF GEORGIA HOSPITAL & CLINICS - AUGUSTA, GA 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 7264  
 License Date 1/17/1986  
 Name **DAVIS, BRUCE H MD**  
 Address TRILLIUM DIAGNOSTIC LLC, 81 RESEARCH DR SCARBOROUGH, ME, 04070-6357  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation UNIV OF CT SCH OF MED - FARMINGTON, CT USA 1977  
 Internship and Year UNIV OF COLORADO HEALTH SCI CENTER - DENVER, CO 1979  
 Residency and Year HARTFORD HOSPITAL - HARTFORD, CT 1982  
 License Expiration Date **6/30/2003**  
 Remarks

License Number 15056  
 License Date 11/3/2010  
 Name **DAVIS, GARRETT C MD**  
 Address DHMC/DEPT OF ORTHOPADICS, 1 MED CTR DR LEBANON, NH, 03756  
 Specialty ORS  
 Board Certified  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2008  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 5418  
 License Date 9/3/1975  
 Name **DAVIS, HELEN MD**  
 Address 57 MAIN ST, FRANCES TOWN, NH, 03043-  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation SOUTHWESTERN MEDICAL SCHOOL UNIV OF TEXAS USA 1951  
 Internship and Year PARKLAND HOSPITAL - DALLAS, TX 1952  
 Residency and Year UNIV OF TEXAS HOSPITAL - GALVESTON, TX 1957  
 License Expiration Date **6/30/2005**  
 Remarks **Deceased 1/22/2011**

License Number 7644  
 License Date 7/8/1987  
 Name **DAVIS, JEFFREY J MD**  
 Address MONADNOCK COMMUNITY HOSP, 452 OLD STREET RD PETERBOROUGH, NH, 03458  
 Specialty AN  
 Board Certified  
 School and Year of Graduation YALE UNIVERSITY SCHOOL OF MEDICINE USA 1975  
 Internship and Year BRIDGEPORT HOSPITAL - BRIDGEPORT CT 1976  
 Residency and Year BETH ISREAL MEDICAL CENTER - NEW YORK NY 1984  
 License Expiration Date **6/30/2007**  
 Remarks



License Number 8943  
 License Date 5/5/1993  
 Name **DAVIS, JOHN A MD**  
 Address 49 WALPOLE ST STE 1, NORWOOD, MA, 02062-  
 Specialty OM  
 Board Certified OM  
 School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1972  
 Internship and Year MT AUBURN HOSPITAL - CAMBRIDGE MA 1973  
 Residency and Year MT AUBURN HOSPITAL - CAMBRIDGE MA 1975  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 10326  
 License Date 7/1/1998  
 Name **DAVIS, JULIE S MD**  
 Address WHITE RIVER FAMILY PRACTICE, 331 OLCOTT DR WHITE RIVER JCT, VT, 05001-9263  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1995  
 Internship and Year MEMORIAL HOSPITAL OF RHODE ISLAND/BROWN UNIV - PAWTUCKET, RI 1996  
 Residency and Year MEMORIAL HOSPITAL OF RHODE ISLAND/BROWN UNIV - PAWTUCKET, RI 1998  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14620  
 License Date 10/7/2009  
 Name **DAVIS, KATHRYN L MD**  
 Address DHMC, 1 MED CTR DR LEBANON, NH, 03756  
 Specialty GS  
 Board Certified  
 School and Year of Graduation CREIGHTON UNIVERSITY USA 2007  
 Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008  
 Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 12737  
 License Date 6/1/2005  
 Name **DAVIS, MARK C MD**  
 Address VIRTUAL RADIOLOGIC PROFESSIONA, 11995 SINGLETREE LN STE 500 EDEN PRAIRIE, MN, 55344  
 Specialty R  
 Board Certified R  
 School and Year of Graduation RUSH UNIVERSITY, CHICAGO IL US 1983  
 Internship and Year GREATER BALTIMORE MED CTR, BALTIMORE MD 1984  
 Residency and Year JOHNS HOPKINS HOSPITAL, BALTIMORE MD 1987  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	15529
License Date	2/1/2012
Name	<b>DAVIS, MATTHEW J MD</b>
Address	NH HOSPITAL, 36 CLINTON STCONCORD, NH, 03301
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE USA 2008
Internship and Year	CAMBRIDGE HOSPITAL - CAMBRIDGE HEALTH ALLIANCE-CAMBRIDGE, MA 2009
Residency and Year	CAMBRIDGE HOSPITAL - CAMBRIDGE HEALTH ALLIANCE-CAMBRIDGE, MA 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3542
License Date	9/12/1962
Name	<b>DAVIS, MICHAEL D MD</b>
Address	1040 BALMORAL DR, NASHVILLE, TN, 37220
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF BONN SCHOOL OF MEDICINE GERMANY 1950
Internship and Year	COLUMBUS HOSPITAL - CHICAGO, IL 1951
Residency and Year	MICHAEL REESE HOSPITAL - CHICAGO, IL 1952
License Expiration Date	<b>6/30/2000</b>
Remarks	<b>DECEASED 3/13/2012</b>

License Number	10418
License Date	10/7/1998
Name	<b>DAVIS, ROBERT F MD</b>
Address	GRANITE STATE ORTHOPEDICS, 17 PROSPECT STNASHUA, NH, 03060
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	W VIRGINIA UNIV SCH OF MED - MORGANTOWN, WV USA 1992
Internship and Year	WEST VIRGINIA UNIV MEDICAL SCHOOL - MORGANTOWN, WV 1997
Residency and Year	GRADUATE HOSPITAL - PHILADELPHIA, PA 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11483
License Date	1/2/2002
Name	<b>DAVIS, ROBERT M MD</b>
Address	1898 DESERT FOREST WAY, HENDERSON, NV, 89012
Specialty	FP
Board Certified	FP
School and Year of Graduation	AUTOMOMOUS UNIV OF GAUDALAJARA - SAN ANTONIO, TX USA 1976
Internship and Year	COLUMBIA PRESBYTERIAN/ ST LUKES MEDICAL CENTER - DENVER, CO 1978
Residency and Year	WESTERN MEDICAL CENTER - SANTA ANA, CA 1981
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10385
License Date	9/2/1998
Name	<b>DAVIS, SHERRILL A MD</b>
Address	PEDIATRIC PROFESSIONAL ASSOC, 413 BROADWAY ROUTE 28METHUEN, MA, 01844
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF MISSOURI - KANSAS CITY, MO USA 1984
Internship and Year	GUNDERSEN MEDICAL FOUNDATION LA CROSSE HOSPITAL - LACROSSE, WI 1985
Residency and Year	UNIV OF MASSACHUSETTS - WORCESTER, MA 1988
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	12870
License Date	9/7/2005
Name	<b>DAVIS, STEVEN W MD</b>
Address	VIRTUAL RADIOLOGIC PROFESSIONA, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	GEORGETOWN UNIVERSITY, WASHINGTON DC US 1993
Internship and Year	JOHNS HOPKINS HOSP, BALTIMORE MD 1994
Residency and Year	JOHNS HOPKINS HOSP, BALTIMORE MD 1997
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	9886
License Date	12/4/1996
Name	<b>DAVIS, SYBIL A MD</b>
Address	DR EWINGS OFFICE, 248 PLEASANT ST # 2750CONCORD, NH, 03301
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF SOUTHERN CA SCHOOL OF MEDICAL LOS ANGELES USA 1986
Internship and Year	KAISER FOUNDATION HOSPITAL OF LOS ANGELES,CA 1990
Residency and Year	KAISER FOUNDATION HOSPITAL OF LOS ANGELES, CA 1990
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	8693	
License Date	4/1/1992	
Name	<b>DAVIS, THOMAS H MD</b>	
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756	
Specialty	ON	
Board Certified	IM	
School and Year of Graduation	UNIVERSITY OF ROCHESTER USA 1986	
Internship and Year	MEDICAL CENTER HOSPITAL	BURLINGTON - VERMONT 1987
Residency and Year	MEDICAL CENTER HOSPITAL	BURLINGTON - VERMONT 1989
License Expiration Date	<b>6/30/2016</b>	
Remarks		

License Number	13899
License Date	4/2/2008
Name	<b>DAVIS, THOMAS N MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF NEW MEXICO USA 1979
Internship and Year	BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 1980
Residency and Year	BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11557
License Date	4/3/2002
Name	<b>DAVIS, THOMAS S MD</b>
Address	DHMC-DIV OF HEMOTOLOGY, ONE MEDICAL CTR DRHANOVER, NH, 03755
Specialty	IM
Board Certified	IM
School and Year of Graduation	NEW YORK MEDICAL COLLEGE - VALHALLA, NY USA 1997
Internship and Year	NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1998
Residency and Year	NEW YORK PRESBYTERIAN HOSPITAL - NEW YORK, NY 2002
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	7992
License Date	11/9/1988
Name	<b>DAVISON, MARTHA F MD</b>
Address	2505 STILLWATER DR, CHAMPAIGN, IL, 61821
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE USA 1968
Internship and Year	CHILDREN'S HOSPITAL -SAN FRANCISCO CA 1969
Residency and Year	CHILDREN'S HOSPITAL - PHILADELPHIA PA 1981
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	6239
License Date	7/3/1980
Name	<b>DAVISON, WILLIAM T MD</b>
Address	RR 2 BOX 589, CORNISH, NH, 03745-
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	DUKE UNIVERSITY SCHOOL OF MEDICINE USA 1944
Internship and Year	UNIVERSITY HOSPITAL - BOSTON MA 1945
Residency and Year	UNIVERSITY HOSPITAL - BOSTON MA 1945
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	9475
License Date	7/5/1995
Name	<b>DAVISS, WILLIAM B MD</b>
Address	DHMC - DEPT OF PSYCHIATRY, ONE MED CTR DRLEBANON, NH, 03756
Specialty	CHP
Board Certified	CHP
School and Year of Graduation	BAYLOR COLLEGE OF MEDICINE USA 1988
Internship and Year	UNIVERSITY HOSPITAL S TEXAS MEDICAL CENTER - SAN ANTONIO TX 1989
Residency and Year	UNIVERSITY OF UTAH MEDICAL CENTER - SALT LAKE CITY UT 1994
License Expiration Date	<b>6/30/2017</b>
Remarks	Lapsed 6/30/01 - Reinstated 5/4/11

License Number	15101
License Date	1/5/2011
Name	<b>DAVTYAN, ARAM V MD</b>
Address	11600 INDIAN HILLS RD,, MISSION HILLS, CA, 91345
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV AUTONOMA DE GUADALAJARA MEXICO 2004
Internship and Year	WAUKESHA FAMILY MEDICINE RESIDENCY PROGRAM - WAUKESHA, WI 2007
Residency and Year	CONCORD HOSPITAL - CONCORD, NH 2011
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	9942
License Date	3/5/1997
Name	<b>DAWISKIBA, WIESLAW C MD</b>
Address	INTERVENTIONAL PAIN CTR, 4000 BEESTON HILL 4005C'STED ST CROIX, VI, 00820
Specialty	AN
Board Certified	
School and Year of Graduation	AKAD MED BIALYSTOCK POLAND POLAND 1974
Internship and Year	WYCKOFF HEIGHTS MEDICAL CENTER - NY 1987
Residency and Year	UNIV HOSPITAL-SUNY HEALTH SCIENCE CENTER - NY 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15505
License Date	1/4/2012
Name	<b>DAWSON, COURTNEY K MD</b>
Address	40 ALLIED DRIVE SUITE 1-2, DEDHAM, MA, 02026
Specialty	ORS
Board Certified	
School and Year of Graduation	PENNSYLVANIA STATE UNIV COLLEGE OF MEDICINE USA 2005
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2006
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5363
License Date	7/10/1975
Name	<b>DAY, RALPH W MD</b>
Address	UNIV OKLAHOMA-TULSA, 4502 EAST 41ST STTULSA, OK, 74135-2512
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF OKLAHOMA COLLEGE OF MEDICINE USA 1970
Internship and Year	UNIV OF OKLAHOMA - OKLAHOMA CITY, OK 1971
Residency and Year	UNIV OF OKLAHOMA - OKLAHOMA CITY, OK 1974
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10484
License Date	1/6/1999
Name	<b>DAY, RICHARD G MD</b>
Address	UNUM 2211 CONGRESS ST, PORTLAND, ME, 04103
Specialty	PM
Board Certified	PM
School and Year of Graduation	FREE SCHOOL OF MEDICINE - LILLE, FRANCE FRANCE 1989
Internship and Year	ALLEGHENY UNIV HOSPITAL - PHILADELPHIA,PA 1990
Residency and Year	UMDNJ NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 1991
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	11352
License Date	8/1/2001
Name	<b>DAY, XUAN-TRANG T MD</b>
Address	445 CYPRESS ST STE 9, MANCHESTER, NH, 03101
Specialty	IM
Board Certified	
School and Year of Graduation	UNIV OF COLORADO SCH OF MED - DENVER, CO USA 1997
Internship and Year	INDIANA UNIV SCH OF MED - INDIANAPOLIS, IN 1999
Residency and Year	INDIANA UNIV SCH OF MED - INDIANAPOLIS, IN 2001
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	13705
License Date	10/3/2007
Name	<b>DAYAL, YOGESHWAR MD</b>
Address	CARIS PATHOLOGY, 8400 ESTERS BLVD #190IRVING, TX, 75063
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	INDIA INSTITUTE OF MEDICAL SCIENCES INDIA 1963
Internship and Year	UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1969
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CTR-EAST CAMPUS - BOSTON, MA 1971
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	10705
License Date	10/6/1999
Name	<b>DAYNO, ALAN L MD</b>
Address	COMMUNITY PHYSICIANS, 125 NORTH ELM ST 3RD FLWESTFIELD, MA, 01085
Specialty	IM
Board Certified	IM
School and Year of Graduation	TEMPLE UNIVERSITY SCHOOL OF MEDICINE USA 1978
Internship and Year	BAYSTATE MEDICAL CENTER 1979
Residency and Year	BAY STATE MEDICAL CENTER 1980
License Expiration Date	<b>5/7/2012</b>
Remarks	Deceased 5/7/2012

License Number	15214
License Date	5/4/2011
Name	<b>DAYNO, MATTHEW C MD</b>
Address	ELLIOT HOSP - EMERGENCY MEDICI, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty	EM
Board Certified	EM
School and Year of Graduation	TEMPLE UNIVERSITY USA 2007
Internship and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2008
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2010
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17052
License Date	5/6/2015
Name	<b>DE AGUIRRE RIVERA, MANUEL R MD</b>
Address	119 TOWNE ST UNIT 550, STAMFORD, CT, 06902
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV FRANCISCO MARROQUIN GUATEMALA 2007
Internship and Year	BRIDGEPORT HOSPITAL - BRIDGEPORT, CT 2010
Residency and Year	BRIDGEPORT HOSPITAL - BRIDGEPORT, CT 2012
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15915
License Date	11/7/2012
Name	<b>DE AMORIM BERNSTEIN, KAREN MD</b>
Address	MASS GEN HOSP, 55 FRUIT STBOSTON, MA, 02114
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSIDADE CATOLICA DO PARANA BRAZIL 1997
Internship and Year	VA MEDICAL CENTER - LOS ANGELES, CA 2004
Residency and Year	VA MEDICAL CENTER - LOS ANGELES, CA 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16104
License Date	5/1/2013
Name	<b>DE ASLA, RICHARD J MD</b>
Address	EXCEL ORTHO SPEC, 200 UNICORN PARK DR STE 201WOBURN, MA, 01801
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	STATE UNIVERSITY OF NEW YORK USA 1995
Internship and Year	UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1997
Residency and Year	UNIVERSITY HOSPITAL OF CLEVELAND - CASE MEDICAL CENTER - CLEVELAND, OH 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>Lapsedf for non-renewal 6/30/2015. Renewed 8/14/15.</b>

License Number	10748
License Date	11/3/1999
Name	<b>DE BUJANDA, MARILENA MD</b>
Address	1525 AVENUE BERNARD #5, OUTREMONTQUEBEC CANADA, , H2V 1W7
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSITY OF SHERBROOKE FACULTY OF MED CANADA 1994
Internship and Year	UNIVERSITY OF SHERBROOKE-CANADA 1995
Residency and Year	UNIVERSITY OF SHERBROOKE-CANADA 1999
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	12293
License Date	5/5/2004
Name	<b>DE CAROLIS, HEATHER L DO</b>
Address	FRANKLIN MEMORIAL HOSP, 111 FRANKLIN HEALTH COMMONSFARMINGTON, ME, 04938
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME US 2000
Internship and Year	MAINE MEDICAL CENTER, PORTLAND ME 2001
Residency and Year	MAINE MEDICAL CENTER, PORTLAND ME 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15747
License Date	7/11/2012
Name	<b>DE FIGUEIREDO, JOHN M MD</b>
Address	FRISBIE MEM HOSP-GEROPSYCHIATRY, 11 WHITEHALL ROADROCHESTER, NH, 03867
Specialty	P
Board Certified	P
School and Year of Graduation	GOA MEDICAL COLLEGE INDIA 1973
Internship and Year	JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1978
Residency and Year	JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1980
License Expiration Date	<b>6/30/2014</b>
Remarks	



License Number	8857
License Date	12/2/1992
Name	<b>DE FRAHN, LINDA S DO</b>
Address	GRAFTON COUNTY NURSING, 3855 DARTMOUTH COLLEGE HWYHAVERHILL, NH, 03774
Specialty	FP
Board Certified	FP
School and Year of Graduation	OHIO UNIVERSITY USA 1985
Internship and Year	PARKVIEW HOSPITAL TOLEDO - OHIO 1986
Residency and Year	METROPOLITAN MEDICAL CENTER ST LOUIS - MISSOURI 1991
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	10269
License Date	5/6/1998
Name	<b>DE JOE, KAREN L DO</b>
Address	TARRYTOWN INTERNAL MEDICINE, 275 MAMMOTH RD MANCHESTER, NH, 03109
Specialty	IM
Board Certified	
School and Year of Graduation	PHILADELPHIA COLLEGE OF OSTEOPATHIC MED USA 1993
Internship and Year	ST ELIZABETH HLTH CTR, YOUNGSTOWN OH 1994
Residency and Year	STATE UNIVERSITY OF NEW YORK, BUFFALO NY 1996
License Expiration Date	<b>6/30/2002</b>
Remarks	<b>LICENSE RENEWAL DENIED 6/20/02. DR DE JOE DID NOT REQUEST A HEARING ON THIS DENIAL BY 7/19/02.</b>

License Number	5475
License Date	2/5/1976
Name	<b>DE JOHN, JAMES P MD</b>
Address	FRISBIE MEMORIAL HOSPITAL, 11 WHITEHALL RD ROCHESTER, NH, 03867
Specialty	PD
Board Certified	PD
School and Year of Graduation	WASHINGTON UNIV SCHOOL OF MEDICINE ST LOUIS USA 1971
Internship and Year	UNIVERSITY HOSP CLEVELAND OH 1972
Residency and Year	UNIVERSITY HOSP CLEVELAND OH 1974
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13092
License Date	6/7/2006
Name	<b>DE LEE, RYAN J MD</b>
Address	OREGON MEDICAL GROUP - GATEWAY MED CTR, 1007 HARLOW RD SUITE 210 SPRINGFIELD, OR, 9
Specialty	IM
Board Certified	IM
School and Year of Graduation	LOYOLA UNIVERSITY, MAYWOOD IL US 2003
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2004
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>lapsed 6/30/10 - reinstated 4/3/13</b>

License Number 14065  
 License Date 7/9/2008  
 Name **DE LEON, HECTOR E MD**  
 Address 5620 FOSSIL CREEK PKWY, FORT COLLINS, CO, 80525  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIV OF TEXAS USA 2005  
 Internship and Year DELL CHILDREN'S MEDICAL CENTER OF CENTRAL TEXAS-AUSTIN, TX 2006  
 Residency and Year DELL CHILDREN'S MEDICAL CENTER OF CENTRAL TEXAS-AUSTIN, TX 2008  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 6129  
 License Date 10/26/1979  
 Name **DE LOS HEROS, REINALDO O MD**  
 Address 11 HOWARD GROVE, DERRY, NH, 03038  
 Specialty P  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF PUERTO RICO SCHOOL OF MEDICINE PUERTO RICO 1975  
 Internship and Year SHEPPARD ENOCH PRATT HOSPITAL - TOWSON, MD 1976  
 Residency and Year SHEPPARD ENOCH PRATT HOSPITAL - TOWSON, MD 1978  
 License Expiration Date **7/8/1997**  
 Remarks **7/8/97 - SETTLEMENT AGREEMENT**

License Number 14537  
 License Date 8/5/2009  
 Name **DE MARTINO, RANDALL R MD**  
 Address MAYO CLINIC, 200 FIRST ST SW ROCHESTER, MN, 55905  
 Specialty VS  
 Board Certified  
 School and Year of Graduation VIRGINIA COMMONWEALTH UNIVERSITY USA 2007  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13339  
 License Date 12/6/2006  
 Name **DE MEESTER, CYNTHIA A MD**  
 Address WETERN MASS PEDIATRIC, 18 HOPSTIAL DR HOLYOKE, MA, 01040  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIV OF CALIFORNIA LOS ANGELES USA 1995  
 Internship and Year KAPIOLANI MEDICAL CTR FOR WOMEN & CHILDREN-HONOLULU, HI 1996  
 Residency and Year KAPIOLANI MEDICAL CTR FOR WOMEN & CHILDREN-HONOLULU, HI 1998  
 License Expiration Date **6/30/2010**  
 Remarks

License Number	7835
License Date	5/4/1988
Name	<b>DE NESNERA, ALEXANDER P MD</b>
Address	NEW HAMPSHIRE HOSPITAL, 36 CLINTON STCONCORD, NH, 03301-3852
Specialty	P
Board Certified	P
School and Year of Graduation	DARTMOUTH MED SCH - HANOVER, NH USA 1986
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1987
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6694
License Date	5/5/1983
Name	<b>DE NIORD, RICHARD N MD</b>
Address	37152 FISHERMAN'S WHARF, WAUBUN, MN, 56589
Specialty	GS
Board Certified	GS
School and Year of Graduation	YALE UNIV SCH MED -NEW HAVEN,CT USA 1952
Internship and Year	YALE-NEW HAVEN,CT 1953
Residency and Year	YALE-NEW HAVEN HOSP 1956
License Expiration Date	<b>6/30/2005</b>
Remarks	Deceased 4/30/10

License Number	16968
License Date	3/4/2015
Name	<b>DE PERALTA, EDGAR T MD</b>
Address	915 BROADWAY STE 1200, NEW YORK, NY, 10010
Specialty	N
Board Certified	N
School and Year of Graduation	DAVAO MEDICAL SCHOOL FOUNDATION PHILIPPINES 2001
Internship and Year	TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER-ODESSA, TX 2003
Residency and Year	TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER-ODESSA, TX 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	T1892
License Date	6/26/1986
Name	<b>DE PIERRO, KATHLEEN MD</b>
Address	MARY HITCHCOCK CLINIC, 2 MAYNARD STREETHANOVER, NH, 03756
Specialty	P
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1988</b>
Remarks	

License Number 6493  
 License Date 2/8/1983  
 Name **DE STEFANO, PAUL M MD**  
 Address 1650 HOSPITAL DR STE 500, SANTA FE, NM, 87505  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation HARVARD MED SCH-BOSTON,MA USA 1979  
 Internship and Year BETH ISRAEL HOSP-BOSTON,MA 1980  
 Residency and Year BETH ISRAEL HOSPITAL - BOSTON, MA 1980  
 License Expiration Date **8/1/1998**  
 Remarks

License Number 16996  
 License Date 4/1/2015  
 Name **de VENECIA, CARLA A MD**  
 Address 1919 CLAREDON BLVD #228, ARLINGTON, VA, 22201  
 Specialty DR  
 Board Certified  
 School and Year of Graduation STATE UNIVERSITY OF NY @ STONEY BROOK USA 2009  
 Internship and Year NORTH-SHORE-LONG ISLAND JEWISH (NYU SOM) - MANHASSET, NY 2010  
 Residency and Year WINTHROP UNIVERSITY HOSPITAL - MINEOLA, NY 2014  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13372  
 License Date 1/3/2007  
 Name **DE VERA, ADELA M MD**  
 Address MONADNOCK REGIONAL PEDIATRICS, 454 OLD ST RC STE 106PETERBOROUGH, NH, 03458  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIV OF E RAMON MAGSAYSAY PHILIPPINES 1986  
 Internship and Year LINCOLN MEDICAL AND MENTAL HEALTH CTR - BRONX, NY 1992  
 Residency and Year LINCOLN MEDICAL AND MENTAL HEALTH CTR - BRONX, NY 1994  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13093  
 License Date 6/7/2006  
 Name **DE VERA, JOSEPH M MD**  
 Address CMC-MCH HOSPITALISTS, 100 MCGREGOR STMANCHESTER, NH, 03102  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF THE EAST, RAMON MAGSAYSAY, PHILIPPIN PHILIPPINES 1986  
 Internship and Year METROPOLITAN HOSPITAL CTR, NEW YORK NY 1993  
 Residency and Year METROPOLITAN HOSPITAL CTR, NEW YORK NY 1984  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	11169
License Date	2/7/2001
Name	<b>DE VILLA, VICTOR ADALBERT G MD</b>
Address	ROBERT A LEVINE MD, 5 COLISEUM AVENASHUA, NH, 03063
Specialty	IM
Board Certified	IM
School and Year of Graduation	COLL OF MED UNIV OF PHILIPPINES - MANILA PHILIPPIN PHILIPPINES 1994
Internship and Year	SUNY HEALTH SCIENCE CENTER - BROOKLYN, NY 1996
Residency and Year	SUNY HEALTH SCIENCE CENTER - BROOKLYN, NY 1997
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	11365
License Date	9/5/2001
Name	<b>DE YOUNG, ANNA M MD</b>
Address	DOVER WOMENS HEALTH PA, 700 CENTRAL AVEDOVER, NH, 03820
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	WAYNE STATE UNIV SCH OF MED- DETROIT, MI USA 1992
Internship and Year	OHIO STATE UNIVERSITY HOSPITAL - COLUMBUS, OH 1993
Residency and Year	OHIO STATE UNIVERSITY HOSPITAL - COLUMBUS, OH 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5988
License Date	10/5/1978
Name	<b>DEAETT, DOUGLAS A MD</b>
Address	1 BRIDGMAN RD, HANOVER, NH, 03755
Specialty	EM
Board Certified	
School and Year of Graduation	UNIV OF VT COLLEGE MEDICAL BURLINGTON, VT USA 1974
Internship and Year	MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1975
Residency and Year	DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14339
License Date	3/4/2009
Name	<b>DEAL, MARY R MD</b>
Address	22 WHITE ST, CONCORD, NH, 03301
Specialty	FP
Board Certified	
School and Year of Graduation	UNIV OF TEXAS USA 1979
Internship and Year	SUNY HEALTH SCIENCE CENTER - SYRACUSE, NY 1980
Residency and Year	ST JOSEPHS HOSPITAL HEALTH CENTER - SYRACUSE, NY 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10268
License Date	5/6/1998
Name	<b>DEAN, EDWARD M MD</b>
Address	DARTMOUTH HITCHCOCK KEENE, 590 COURT STKEENE, NH, 03431
Specialty	IM
Board Certified	IM
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 1987
Internship and Year	BAYSTATE MEDICAL CTR-SPRINGFIELD,MA 1990
Residency and Year	BAYSTATE MEDICAL CTR, SPRINGFIELD MA 1990
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	16942
License Date	2/4/2015
Name	<b>DEAN, KRISTIN M MD</b>
Address	DOCTOR ON DEMAND, 121 SPEAR ST STE 426SAN FRANCISCO, CA, 94105
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE USA 2010
Internship and Year	KAISER FOUNDATION HOSPITAL - WOODLAND HILL, CA 2011
Residency and Year	KAISER FOUNDATION HOSPITAL - WOODLAND HILL, CA 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9476
License Date	7/5/1995
Name	<b>DEAN, SHERVIN C MD</b>
Address	TRISTAN RADIOLOGY SPECIALISTS, 4518 UNION DEPOSIT RDHARRISBURG, PA, 17111
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF TX MEDICAL SCHOOL AT HOUSTON USA 1993
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1995
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9212
License Date	7/6/1994
Name	<b>DEAN, WENDY K MD</b>
Address	1130 CREEK RD, CARLISLE, PA, 17013
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL USA 1991
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1996
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1996
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	9037
License Date	9/1/1993
Name	<b>DEANGELIS, CYNTHIA L MD</b>
Address	TALLMAN EYE ASSOCIATES, 360 MERRIMACK ST BLDG 9LAWRENCE, MA, 01843
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	YALE UNIVERSITY SCHOOL OF MEDICINE USA 1988
Internship and Year	HOSPITAL OF ST RAPHAEL - NEW HAVEN CT 1989
Residency and Year	YALE NEW HAVEN HOSPITAL - NEW HAVEN CT 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7899
License Date	7/6/1988
Name	<b>DEARANI, ABRAHAM C MD</b>
Address	ONE SAND HILL RD, PETERBOROUGH, NH, 03458
Specialty	FP
Board Certified	
School and Year of Graduation	GEORGETOWN UNIV SCH MED - WASHINGTON, DC USA 1953
Internship and Year	NAVAL HOSPITAL - NEWPORT, RI 1954
Residency and Year	UNIV HOSPITAL - BOSTON, MA 1957
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	8042
License Date	3/1/1989
Name	<b>DEASON, KATHRYN L MD</b>
Address	269 CURRIER DR, MANCHESTER, NH, 03104
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF IOWA COLL OF MED - IOWA CITY , IA USA 1978
Internship and Year	MARICOPA MEDICAL CENTER - PHOENIX, AZ 1979
Residency and Year	MARICOPA MEDICAL CENTER - PHOENIX,AZ 1982
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	14536
License Date	8/5/2009
Name	<b>DEBELL, MARC C MD</b>
Address	HEYWOOD HOSPITAL, 242 GREEN STGARDNER, MA, 01440
Specialty	EM
Board Certified	EM
School and Year of Graduation	COLUMBIA UNIVERSITY USA 1993
Internship and Year	MOUNT SINAI SCHOOL OF MEDICINE - NEW YORK, NY 1995
Residency and Year	MOUNT SINAI SCHOOL OF MEDICINE - NEW YORK, NY 1996
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	13394
License Date	2/7/2007
Name	<b>DEBERGHES, PAMELA J MD</b>
Address	7650 FARGO DR, COLORADO SPRING, CO, 80920
Specialty	FP
Board Certified	FP
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1996
Internship and Year	ST MARYS HOSPITAL & MEDICAL CTR - GRAND JUNCTION, CO 1997
Residency and Year	ST MARYS HOSPITAL & MEDICAL CTR - GRAND JUNCTION, CO 1999
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	13451
License Date	4/4/2007
Name	<b>DEBLASIO BONESHO, ALEXANDRA L MD</b>
Address	CORE PEDIATRIC & ADOLESCENT MEDICINE EPPING, 212 CALEF HIGHWAYEPPING, NH, 03042
Specialty	PD
Board Certified	PD
School and Year of Graduation	RUSH UNIV USA 1999
Internship and Year	RUSH UNIV MEDICAL CENTER-CHICAGO, IL 2000
Residency and Year	RUSH UNIV MEDICAL CENTER-CHICAGO, IL 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5858
License Date	2/13/1978
Name	<b>DEBONIS, GERALD M MD</b>
Address	, PO BOX 88PETERBOROUGH, NH, 03458
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	NORTHWESTERN UNIV MEDICAL SCHOOL - CHICAGO, IL USA 1966
Internship and Year	GEORGE WASHINGTON UNIV HOSPITAL - WASHINGTON, DC 1967
Residency and Year	NEW YORK MEDICAL COLLEGE HOSPITAL CENTER - NEW YORK, NY 1974
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	10297
License Date	5/6/1998
Name	<b>DEBRAH, CHARLES A MD</b>
Address	MERCY MEDICAL CENTER, NORTH IOWA 1000 4TH ST NEMASON CITY, IA, 50401
Specialty	OBG
Board Certified	
School and Year of Graduation	SEMMELWEIS MEDICAL UNIVERSITY HUNGARY 1985
Internship and Year	BAYLOR COLLEGE OF MEDICINE-TX 1996
Residency and Year	BAYLOR COLLEGE OF MEDICINE-TX 1998
License Expiration Date	<b>6/30/2000</b>
Remarks	



License Number	13706
License Date	10/3/2007
Name	<b>DECANDIA, GREGORY G MD</b>
Address	SOUTHBURY TRAINING SCHOOL, 1872 SO BRITAIN RDSOUTHBURY, CT, 06488
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF VERMONT USA 1986
Internship and Year	UNIV OF CONNECTICUT/ASYLUM HILL FAMILY PRACTICE CENTER - HARTFORD, CT 1987
Residency and Year	UNIV OF CONNECTICUT/ASYLUM HILL FAMILY PRACTICE CENTER - HARTFORD, CT 1989
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	11811
License Date	1/8/2003
Name	<b>DECAPRIO, JOHN V MD</b>
Address	WOMENS REPRODUCTIVE HEALTH, 248 PLEASANT ST STE 2750CONCORD, NH, 03301
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	NEW YORK MEDICAL COLLEGE - VALHALLA, NY USA 1983
Internship and Year	ST BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 1984
Residency and Year	ST BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 1987
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	9565
License Date	10/4/1995
Name	<b>DECESARIS, VINCENT A MD</b>
Address	RADIOLOGY ASSOCIATES, 38 HAMLET AVEWOONSOCKET, RI, 02895-4423
Specialty	DR
Board Certified	R
School and Year of Graduation	UNIV OF VT COLLEDGE OF MEDICINE BURLINGTON, VT USA 1970
Internship and Year	PACIFIC PRESBY MEDICAL CENTER SAN FRANCISCO, CA 1971
Residency and Year	RHODE ISLAND HOSPITAL PROVIDENCE, RI 1974
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8301
License Date	4/4/1990
Name	<b>DECH, ELMER R MD</b>
Address	82 PETERBOROUGH ST, JAFFREY, NH, 03452-
Specialty	FP
Board Certified	FP
School and Year of Graduation	HAHNEMANN UNIV SCH OF MED - PHILA, PA USA 1962
Internship and Year	POLYCLINIC MEDICAL CENTER - HARRISBURG, PA 1963
Residency and Year	POLYCLINIC MEDICAL CENTER-HARRISBURG,PA 1963
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	9241
License Date	8/3/1994
Name	<b>DECHIRICO, CORIN E DO</b>
Address	SOUTHERN NH MED CTR W CAMPUS, 29 NORTHWEST BLVDNASHUA, NH, 03063
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF OSTEO MEDICINE AND HEALTH SCIENCE USA 1990
Internship and Year	HOSPITAL OF ST RAPHAEL - NEW HAVEN CT 1994
Residency and Year	HOSPITAL OF ST RAPHAEL - NEW HAVE CT 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5976
License Date	9/7/1978
Name	<b>DECKER, THOMAS N MD</b>
Address	STRAFFORD MED ASSOC, 10 MEMBERS WAY STE 302DOVER, NH, 03820-
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF PITTSBURGH SCHOOL OF MEDICINE - PA USA 1974
Internship and Year	HOSPITAL UNIV OF PITTSBURGH, PA 1975
Residency and Year	HOSPITAL UNIV OF PITTSBURGH, PA 1977
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6139
License Date	11/16/1979
Name	<b>deCONSTANT, JEAN W MD</b>
Address	, , ,
Specialty	AN
Board Certified	
School and Year of Graduation	UNIVERSITY OF LOUISVILLE, KY USA 1962
Internship and Year	
Residency and Year	
License Expiration Date	<b>2/7/1980</b>
Remarks	<b>2/7/80 LICENSE REVOKED</b>

License Number	3439
License Date	3/11/1961
Name	<b>DEELY, NICHOLAS F MD</b>
Address	, PO BOX 80503FAIRBANKS, AK, 99708-
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF AMSTERDAM NETHERLANDS 1955
Internship and Year	LOWELL GENERAL HOSPITAL- LOWELL, MA 1958
Residency and Year	THE MONTREAL CHILDREN'S HOSPITAL 1960
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	13240
License Date	9/6/2006
Name	<b>DEEM, KENNITH C MD</b>
Address	48 MILTON ST, WILLIAMSVILLE, NY, 14221
Specialty	PTX
Board Certified	PTX
School and Year of Graduation	WASHINGTON UNIV USA 2004
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CTR - LEBANON NH 2005
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CTR - LEBANON NH 2006
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	9599
License Date	12/6/1995
Name	<b>DEERY, ELIZA A MD</b>
Address	LAKES REGION GENERAL HOSP, HIGHLAND STLA CONIA, NH, 03246-
Specialty	CCA
Board Certified	CCA
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1988
Internship and Year	MAINE MEDICAL CENTER-PORTLAND, ME 1994
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1994
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12738
License Date	6/1/2005
Name	<b>DEFEO, GUY A DO</b>
Address	9 WEST APACHE LN, FREEDOM, NH, 03836
Specialty	FP
Board Certified	OMM
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME US 1988
Internship and Year	INLAND HOSPITAL, WATERTOWN ME 1989
Residency and Year	UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME 1990
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10819
License Date	2/2/2000
Name	<b>DEFOSSEZ, STEVEN M MD</b>
Address	BEVERLY HOSPITAL, DEPT OF RADIOLOGY BEVERLY, MA, 01915
Specialty	R
Board Certified	R
School and Year of Graduation	TUFTS UNIV SCH OF MED - BOSTON , MA USA 1985
Internship and Year	DUKE UNIV MEDICAL CENTER - DURHAM, NC 1986
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1990
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	12294
License Date	5/5/2004
Name	<b>DEGE, JAY E MD</b>
Address	WEEKS HOSPITAL, 173 MIDDLE STLANCASTER, NH, 03584
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF MINNESOTA, DULUTH MN US 1994
Internship and Year	EASTERN MAINE MED CTR, BANGOR ME 1995
Residency and Year	EASTERN MAINE MEDICAL CTR, BANGOR ME 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8794
License Date	9/2/1992
Name	<b>DEGNAN, PETER J MD</b>
Address	UNH HEALTH SERVICES, 4 PETTEE BROOK LNDURHAM, NH, 03824
Specialty	FP
Board Certified	FP
School and Year of Graduation	GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 1988
Internship and Year	MERCY MEDICAL CENTER DENVER - CO 1991
Residency and Year	MERCY MEDICAL CENTER DENVER - CO 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13282
License Date	10/4/2006
Name	<b>DEGREAFFENREIDTE, DEANNE L MD</b>
Address	7 SWITCHBUD PLACE, SUITE 192-176THE WOODLANDS, TX, 77380
Specialty	N
Board Certified	
School and Year of Graduation	UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL NC US 1999
Internship and Year	CHRIST HOSPITAL, OAK LAWN IL 2001
Residency and Year	NORTHWESTERN UNIVERSITY, CHICAGO IL 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10500
License Date	2/3/1999
Name	<b>DEGREGORIO, PAUL G MD</b>
Address	CONCORD OPHTHALMALOGIC ASSOC, 2 PILLSBURY STCONCORD, NH, 03301
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	BOSTON UNIV SCH OF MED - BOSTON, MA USA 1992
Internship and Year	MACNEAL MEMORIAL HOSPITAL - BERWYN, IL 1993
Residency and Year	UNIV OF SOUTH FLORIDA - TAMPA, FL 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 6448  
 License Date 8/6/1981  
 Name **DEGULIS, JOSEPH M MD**  
 Address 255 FORESAIL RD, SALISBURY, NC, 28146  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation DARTMOUTH MED SCH-HANOVER,NH USA 1978  
 Internship and Year AKRON GEN MED CTR-AKRON,OH 1979  
 Residency and Year CLEVELAND CLINIC-CLEVELAND-OH 1979  
 License Expiration Date **6/30/2013**  
 Remarks **LAPSED FOR NON-RENEWAL 6/30/07...**  
**REINSTATED ON 6/4/08**

License Number 6693  
 License Date 5/5/1983  
 Name **DEGUZMAN, VITALI H MD**  
 Address SO NH MEDICAL CTR, 8 PROSPECT STNASHUA, NH, 03060-  
 Specialty AN  
 Board Certified  
 School and Year of Graduation FACULTY OF MED , SURGERY UNIV SANTO TOMAS PHILIPPINES 1964  
 Internship and Year WATERBURY HOSPITAL HEALTH CTR - WATERBURY, CT 1971  
 Residency and Year CAMBRIDGE HOSPITAL - CAMBRIDGE, MA 1974  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16509  
 License Date 3/5/2014  
 Name **DEHAAS, SHERRI L MD**  
 Address 148 CONVENT AVE, BENNINGTON, VT, 05201-1709  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE USA 1999  
 Internship and Year ALTOONA REGIONAL HEALTH SYSTEM - ALTOONA, PA 2000  
 Residency and Year ALTOONA REGIONAL HEALTH SYSTEM - ALTOONA, PA 2002  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 4242  
 License Date 4/16/1968  
 Name **DEHART, G KENNETH MD**  
 Address LAKES REGION GENERAL HOSP, HIGHLAND ST DEPT OF RADIOLOGYLA CONIA, NH, 03246  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIV OF ROCHESTER SCHOOL OF MEDICINE - NY USA 1965  
 Internship and Year MARY FLETCHER HOSPITAL - BURLINGTON, VT 1966  
 Residency and Year UNIV OF VERMONT COLLEGE OF MEDICINE & MEDICAL CENTER - BURLINGTON, VT 1968  
 License Expiration Date **6/30/1999**  
 Remarks

License Number	11399
License Date	9/5/2001
Name	<b>DEHMLLOW, PAMELA G MD</b>
Address	MED SOLUTIONS INC, 730 COOL SPRINGS BLVD STE 800FRANKLIN, TN, 37067
Specialty	FP
Board Certified	
School and Year of Graduation	FINCH UNIV/CHICAGO MED SCH - N CHICAGO, IL USA 1984
Internship and Year	UNIV OF ILLINOIS - PEORIA, IL 1985
Residency and Year	UNIV OF ILLINOIS - PEORIA, IL 1987
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	6822
License Date	12/1/1983
Name	<b>DEIFIK, DAVID S MD</b>
Address	LAMPREY HEALTH CARE, 22 PROSPECT STNASHUA, NH, 03060
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	BAYLOR COLL MED -HOUSTON,TX USA 1976
Internship and Year	RHODE ISLAND HOSPITAL-PROVIDENCE,RI 1977
Residency and Year	RHODE ISLAND HOSPITAL-PROVIDENCE,RI 1980
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8155
License Date	7/12/1989
Name	<b>DEIHIM-PANAH, MOHAMMAD ALI MD</b>
Address	, , ,
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	MEDICAL SCHOOL OF TEHRAN IN IRAN IRAN 1967
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1997</b>
Remarks	<b>Deceased 8/29/12</b>

License Number	15980
License Date	1/9/2013
Name	<b>DEISLER, PATRICIA C MD</b>
Address	1 BLUE WAVE LANE, SACO, ME, 04072
Specialty	ON
Board Certified	ON
School and Year of Graduation	CORNELL UNIVERSITY MEDICAL COLLEGE USA 1989
Internship and Year	ST LUKE'S ROOSEVELT HOSPITAL CENTER - NY, NY 1990
Residency and Year	ST LUKE'S ROOSEVELT HOSPITAL CENTER - NY, NY 1992
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	3476
License Date	9/13/1961
Name	<b>DEITCH, SELMA R MD</b>
Address	CHILD HEALTH SERVICES, 1245 ELM STMANCHESTER, NH, 03101-1858
Specialty	PD
Board Certified	PD
School and Year of Graduation	TUFTS MEDICAL SCHOOL USA 1949
Internship and Year	THE SPRINGFIELD HOSPITAL- SPRINGFIELD MA 1950
Residency and Year	BOSTON FLOATING HOSPITAL- BOSTON MA 1953
License Expiration Date	<b>6/30/2005</b>
Remarks	<b>DECEASED 2/7/04</b>

License Number	16105
License Date	5/1/2013
Name	<b>DEJICA, VALERIA M MD</b>
Address	CATHOLIC MEDICAL CENTER, 100 MCGREGOR STREETMANCHESTER, NH, 03102
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV DE MED SI FARMACIE IULIU HATIEGANU ROMANIA 2002
Internship and Year	BERKSHIRE MEDICAL CENTER - PITTSFIELD,MA 2011
Residency and Year	BERKSHIRE MEDICAL CENTER - PITTSFIELD,MA 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5651
License Date	12/6/1976
Name	<b>DEJONG, JACOB B MD</b>
Address	PSYCHOTHERAPY ASSOC INC, 165 ROCHESTER HILL RDROCHESTER, NH, 03867-
Specialty	P
Board Certified	P
School and Year of Graduation	FACULTEIT DER GENEESKUNDE UNIV VAN AMSTERDAM AMSTERDAM 1951
Internship and Year	ST LUKES HOSP 1953
Residency and Year	FAIRFIELD HILLS HOSPITAL 1954
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	13954
License Date	5/7/2008
Name	<b>DEKONING, ELISHA P MD</b>
Address	DHMC-EMERGENCY DEPARTMENT, ONE MED CTR DRLEBANON, NH, 03756
Specialty	EM
Board Certified	EM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2005
Internship and Year	UNIV OF NORTH CAROLINA HOSPITALS - CHAPEL HILL, NC 2006
Residency and Year	UNIV OF NORTH CAROLINA HOSPITALS - CHAPEL HILL, NC 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6573
License Date	6/24/1982
Name	<b>DEL GIUDICE, PAUL F MD</b>
Address	ANESTHESIA CARE GROUP, 88 MCGREGOR ST STE 303MANCHESTER, NH, 03102
Specialty	AN
Board Certified	AN
School and Year of Graduation	TUFTS UNIV SCH MED - BOSTON, MA USA 1979
Internship and Year	MEMORIAL HOSPITAL - WORCESTER, MA 1980
Residency and Year	MEMORIAL HOSPITAL - WORCESTER, MA 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7518
License Date	3/4/1987
Name	<b>DEL GIUDICE, STEPHEN M MD</b>
Address	DARTMOUTH HITCHCOCK CLINIC, 253 PLEASANT STCONCORD, NH, 03301-2593
Specialty	D
Board Certified	D
School and Year of Graduation	TUFTS UNIV SCH MED - BOSTON, MA USA 1981
Internship and Year	YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 1982
Residency and Year	YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7165
License Date	7/17/1985
Name	<b>DEL RIO, ARMANDO I MD</b>
Address	83 MOUNTAIN VIEW RD, TEMPLE, NH, 03084
Specialty	IM
Board Certified	IM
School and Year of Graduation	AUTONOMOUS UNIVERSITY OF GUADAL MEXICO MEXICO 1975
Internship and Year	CABRINI MEDICAL CENTER-NEW YORK, NY 1977
Residency and Year	CABRINI MEDICAL CENTER-NEW YORK, NY 1979
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14987
License Date	9/1/2010
Name	<b>DELACH, MARIANNE V DO</b>
Address	103 STILES RD STE 203, SALEM, NH, 03079
Specialty	OBG
Board Certified	
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND USA 2006
Internship and Year	ST FRANCIS HOSPITAL & MEDICAL CENTER - HARTFORD, CT 2007
Residency and Year	ST FRANCIS HOSPITAL & MEDICAL CENTER - HARTFORD, CT 2010
License Expiration Date	<b>6/30/2012</b>
Remarks	



License Number 14125  
 License Date 8/6/2008  
 Name **DELAGO, AUGUSTIN J MD**  
 Address CAPITAL CARDIOLOGY ASSOC, 7 SOUTHWOOD BLVDALBANY, NY, 12211  
 Specialty CD  
 Board Certified CD  
 School and Year of Graduation ST GEORGE'S UNIV USA 1987  
 Internship and Year ST FRANCIS HOSPITAL/MT SINAI HOSPITAL - HARTFORD, CT 1988  
 Residency and Year ST FRANCIS HOSPITAL/MT SINAI HOSPITAL - HARTFORD, CT 1990  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13707  
 License Date 10/3/2007  
 Name **DELAVALLE, DAWN N MD**  
 Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIV OF MARYLAND USA 2000  
 Internship and Year WASHINGTON HOSPITAL CENTER-WASHINGTON, DC 2001  
 Residency and Year UNIV OF MARYLAND MEDICAL SYSTEM - BALTIMORE, MD 2005  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 5902  
 License Date 5/4/1978  
 Name **DELEASA, GAIL M MD**  
 Address JUPITOR URGENT CARE, 1335 W INDIANTOWN RDJUPITOR, FL, 33458  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation CMDNJ NEW JERSEY MEDICAL SCHOOL NEWARK, NJ USA 1974  
 Internship and Year CMDNJ MEDICAL SCHOOL HOSPITAL MARTLAND NEWMARK, NJ 1975  
 Residency and Year CMDNJ MEDICAL SCHOOL HOSPITAL MARTLAND NEWMARK, NJ 1978  
 License Expiration Date **6/30/2004**  
 Remarks

License Number 16943  
 License Date 2/4/2015  
 Name **DELEO III, MICHAEL J MD**  
 Address 143 BARRIE RD, ARDMORE, PA, 19003  
 Specialty DR  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF MASSACHUSETTS SCHOOL OF MEDICINE USA 2009  
 Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2010  
 Residency and Year HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA - PHILADELPHIA, PA 2014  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	15018
License Date	10/6/2010
Name	<b>DELEONARDO JR, ROSS S MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	P
Board Certified	
School and Year of Graduation	ST GEORGE'S UNIVERSITY GRENADA 2006
Internship and Year	LOUISIANA STATE UNIVERSITY MEDICAL CENTER - NEW ORLEANS, LA 2007
Residency and Year	LOUISIANA STATE UNIVERSITY MEDICAL CENTER - NEW ORLEANS, LA 2010
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	5175
License Date	6/10/1974
Name	<b>DELFAUSSE, PETER B MD</b>
Address	29 HAZEN DR, CONCORD, NH, 03301
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF COLORADO MEDICAL SCHOOL USA 1970
Internship and Year	GENERAL ROSE MEMORIAL HOSPITAL - DENVER, CO 1971
Residency and Year	MARY HITHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1972
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7313
License Date	5/8/1986
Name	<b>DELISI, NATE F DO</b>
Address	GRANITE STATE OSTEOPATHIC, 11 KIMBALL DR UNIT 127HOOKSETT, NH, 03106
Specialty	FP
Board Certified	OS
School and Year of Graduation	PHILIA COLL OF OSTEO MED - PHILA, PA USA 1982
Internship and Year	USAF MEDICAL CENTER SCOTT -SCOTT AFB, IL 1984
Residency and Year	NATE F DELISI HOSPITAL - COLUMBUS, OH 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7298
License Date	4/3/1986
Name	<b>DELLA GROTTA, GARY T MD</b>
Address	DERRY PEDIATRICS, 43B BIRCH STDERRY, NH, 03038-2765
Specialty	PD
Board Certified	PD
School and Year of Graduation	BROWN UNIV OF BIOLOGICAL MED SCI PROVID-RI USA 1981
Internship and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1982
Residency and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12739
License Date	6/1/2005
Name	<b>DELLAPIAZZA, DANA DO</b>
Address	3056 ESTATE DR, OAKDALE, PA, 15071
Specialty	AN
Board Certified	AN
School and Year of Graduation	PHILADELPHIA COLLEGE, PHILADELPHIA PA US 2001
Internship and Year	WESTERN PENNSYLVANIA HOSPITAL, PITTSBURGH PA 2002
Residency and Year	WESTERN PENNSYLVANIA HOSPITAL, PITTSBURGH PA 2005
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	15057
License Date	11/3/2010
Name	<b>DELLAVALLA, JOSEPH P MD</b>
Address	ANDROSCOGGIN VALLEY HOSPITAL, 59 PAGE HILL RDBERLIN, NH, 03570
Specialty	SM
Board Certified	IM
School and Year of Graduation	THOMAS JEFFERSON UNIVERSITY USA 2001
Internship and Year	CHRISTIANA CARE HEALTH SYSTEM - NEWARK, DE 2002
Residency and Year	CHRISTIANA CARE HEALTH SYSTEM - NEWARK, DE 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6706
License Date	6/2/1983
Name	<b>DELOGE, KENNETH A MD</b>
Address	30 WILSON AVE, CONCORD, NH, 03301
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIV OF MASS. SCH MED -WORCESTER,MA USA 1978
Internship and Year	HARTFORD HOSP-HARTFORD,CT 1979
Residency and Year	HARTFORD HOSP-HARTFORD,CT 1981
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	12483
License Date	10/6/2004
Name	<b>DELONG, PETER A MD</b>
Address	DHMC - PULMONARY DIV, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	WAKE FOREST UNIVERSITY, WINSTON-SALEM NC US 1996
Internship and Year	UNIVERSITY OF PA, PHILADELPHIA PA 1997
Residency and Year	UNIVERSITY OF PA, PHILADELPHIA PA 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12420
License Date	8/4/2004
Name	<b>DELORIE, AMY M DO</b>
Address	PARKLAND MEDICAL CENTER, ONE PARKLAND DRDERRY, NH, 03038
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME US 1999
Internship and Year	ST BARNABAS HOSPITAL, BRONX NY 2000
Residency and Year	ST BARNABAS HOSPITAL, BRONX NY 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12452
License Date	9/1/2004
Name	<b>DELORIE, CHRISTOPHER J DO</b>
Address	YORK PAIN CONSULTANT LLC, PA, 1 BRICKYARD LNYORK, ME, 03909
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME US 1999
Internship and Year	MEMORIAL HOSP, YORK PA 2000
Residency and Year	MT SINAI MED CTR, NEW YORK NY 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12979
License Date	12/7/2005
Name	<b>DELSHAD, ARASH MD</b>
Address	MED IMAGING GROUP OF HILLSBORO, 335 SE 8TH AVEHILLSBORO, OR, 97123
Specialty	R
Board Certified	R
School and Year of Graduation	GEORGETOWN UNIVERSITY, WASHINGTON DC US 1998
Internship and Year	BOSTON UNIVERSITY, ROXBURY MA 1999
Residency and Year	LOS ANGELES COUNTY-USC MEDICAL CTR, LOS ANGELES CA 2003
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	16343
License Date	10/2/2013
Name	<b>DEMAERSCHALK, BART M MD</b>
Address	MAYO CLINIC ARIZONA, 5777 E MAYO BLVDPHOENIX, AZ, 85054
Specialty	N
Board Certified	N
School and Year of Graduation	UNIV OF BRITISH COLUMBIA FACULTY OF MEDICINE CANADA 1994
Internship and Year	UNIVERSITY OF WESTERN ONTARIO - LONDON, ONTARIO, CANADA 1995
Residency and Year	UNIVERSITY OF WESTERN ONTARIO - LONDON, ONTARIO, CANADA 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 10932  
 License Date 6/7/2000  
 Name **DEMALLIE, DIANE A MD**  
 Address , PO BOX 60793COLORADO SPRINGS, CO, 80960  
 Specialty P  
 Board Certified P  
 School and Year of Graduation DUKE UNIV SCHOOL OF MED - DURHAM, NC USA 1991  
 Internship and Year WASHINGTON UNIV - ST LOUIS, MO 1992  
 Residency and Year WASHINGTON UNIV - ST LOUIS, MO 1995  
 License Expiration Date **6/30/2004**  
 Remarks

License Number 9903  
 License Date 1/8/1997  
 Name **DEMARS, LESLIE R MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIV OF VT COLLEGE OF MEDICINE BURLINGTON USA 1987  
 Internship and Year UNIV OF NORTH CAROLINA HOSPITAL - NC 1991  
 Residency and Year UNIV OF NORTH CAROLINA HOSPITAL - NC 1991  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16303  
 License Date 9/4/2013  
 Name **DEMARTINO, WENDY A MD**  
 Address EMERGENCY MED PHYSICIANS, 4535 DRESSLER RD NWCANTON, OH, 44718  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation ALBANY MEDICAL COLLEGE USA 2005  
 Internship and Year ALBANY MEDICAL CENTER - ALBANY, NY 2006  
 Residency and Year ALBANY MEDICAL CENTER - ALBANY, NY 2008  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11019  
 License Date 8/2/2000  
 Name **DEMAS, CHRISTOPHER P MD**  
 Address DHMC-PLASTIC SURGERY, ONE MEDICAL CTR DRLEBANON, NH, 03756  
 Specialty PS  
 Board Certified PS  
 School and Year of Graduation UNIV OF CINCINNATI - CINCINNATI, OH USA 1981  
 Internship and Year ST LUKE'S-ROOSEVELT HOSPITAL CENTER - NEW YORK, NY 1982  
 Residency and Year UMDNJ-ROBERT WOOD JOHNSTON MEDICAL SCHOOL - NEW BRUNSWICK, NJ 1986  
 License Expiration Date **6/30/2012**  
 Remarks

License Number	11868
License Date	4/2/2003
Name	<b>DEMASI, MARK A DO</b>
Address	441 WEST AVENUE 2ND FL, OCEAN CITY, NJ, 08226
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	PHILADELPHIA COLLEGE - PHILADELPHIA, PA USA 1988
Internship and Year	KENNEDY MEMORIAL HOSPITAL - STRATFORD, NJ 1989
Residency and Year	KENNEDY MEMORIAL HOSPITAL - STRATFORD, NJ 1993
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	11751
License Date	10/2/2002
Name	<b>DEMASI, PAUL E DO</b>
Address	173 MIDDLE ST, LANCASTER, NH, 03584
Specialty	IM
Board Certified	IM
School and Year of Graduation	KIRKSVILLE COLLEGE, KIRKSVILLE MO USA 1997
Internship and Year	UNION HOSPITAL - NYCOM, UNION NJ 1998
Residency and Year	UNION HOSPITAL - NYCOM, UNION NJ 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7114
License Date	6/6/1985
Name	<b>DEMATTEO, CARL S MD</b>
Address	CHESHIRE MED CTR DH KEENE, 590 COURT STKEENE, NH, 03431
Specialty	ID
Board Certified	ID
School and Year of Graduation	GEORGETOWN UNIVERSITY SCHOOOL OF MEDICINE USA 1974
Internship and Year	MEDICAL CENTER HOSPITAL OF VERMONT - BURLINGTON VT 1975
Residency and Year	MEDICAL CENTER HOSPITAL OF VERMONT - BURLINGTON VT 1976
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6291
License Date	9/11/1980
Name	<b>DEMEO, ROBERT R MD</b>
Address	, , ,
Specialty	OPH
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>1/31/1986</b>
Remarks	

License Number 15827  
 License Date 9/5/2012  
 Name **DEMETRIOU, EMILY T MD**  
 Address MAINE MEDICAL PARTNERS, 175 US ROUTE 1SCARBOROUGH, ME, 04074  
 Specialty END  
 Board Certified END  
 School and Year of Graduation THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 2004  
 Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2005  
 Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2008  
 License Expiration Date **8/3/2015**  
 Remarks **Requested inactive 8/3/2015.**

License Number 4488  
 License Date 10/14/1969  
 Name **DEMIRGIAN, EDWARD I MD**  
 Address 12 BISCAYNE PKWY, NASHUA, NH, 03064  
 Specialty GP  
 Board Certified  
 School and Year of Graduation INSTITUTUL MEDICO-FARMACEUTIC - BUCARIST RUMANIA 1954  
 Internship and Year OLTENITA GENERAL HOSPITAL - RUMANIA 1963  
 Residency and Year GRAFTON STATE HOSPITAL -MA 1964  
 License Expiration Date **6/30/2011**  
 Remarks **Deceased 1/15/12**

License Number 12484  
 License Date 10/6/2004  
 Name **DEMMER, LAURIE A MD**  
 Address NEMC BOX 340, 750 WASHINGTON STBOSTON, MA, 02111  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation WASHINGTON UNIVERSITY, ST LOUIS MO US 1987  
 Internship and Year WASHINGTON UNIVERSITY, ST LOUIS MO 1988  
 Residency and Year WASHINGTON UNIVERSITY, ST LOUIS MO 1990  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 2772  
 License Date 9/8/1949  
 Name **DEMOPOULOS, JAMES T MD**  
 Address 5 WOODLAND RD, DOVER, NH, 03820-4232  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation TUFTS UNIVERSITY USA 1945  
 Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1946  
 Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1946  
 License Expiration Date **6/30/2005**  
 Remarks

License Number	9539
License Date	9/6/1995
Name	<b>DEMPSEY, PETER K MD</b>
Address	LAHEY CLINIC MEDICAL CENTER, 41 MALL RDBURLINGTON, MA, 01805-
Specialty	NS
Board Certified	NS
School and Year of Graduation	TUFTS UNIV SCHOOL OF MEDICINE BOSTON MA USA 1986
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER LEBANON NH 1987
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER LEBANON NH 1992
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	3505
License Date	3/17/1962
Name	<b>DENAPOLI, JORGE H MD</b>
Address	166 N MAIN ST, ANDOVER, MA, 01810-3571
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF BUENOS AIRES MEDICAL SCHOOL ARGENTINA 1955
Internship and Year	HARLEM HOSPITAL- NY 1956
Residency and Year	GARDNER STATE HOSPITAL- EAST GARDNER, MA 1960
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	5300
License Date	2/21/1975
Name	<b>DENATALE, JOSEPH F MD</b>
Address	, , ,
Specialty	VS
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1985</b>
Remarks	

License Number	10202
License Date	1/7/1998
Name	<b>DENDRINOS, GEORGE A MD</b>
Address	SOMERSET MEDICAL CENTER, 110 REHILL AVESOMERVILLE, NJ, 08876
Specialty	FP
Board Certified	
School and Year of Graduation	ROSS UNIV SCH OF MED VET MED ROSEAU DOMINICA 1995
Internship and Year	SOMERSET MEDICAL CENTER - NJ 1998
Residency and Year	SOMERSET MEDICAL CENTER - NJ 1998
License Expiration Date	<b>6/30/1998</b>
Remarks	



License Number	16857
License Date	12/3/2014
Name	<b>DENISON JR, WILLIAM C MD</b>
Address	NEWTON WELLESLEY HOSPITAL, 2014 WASHINGTON AVENUE NEWTON, MA, 02462
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF SOUTH FLORIDA COLLEGE OF MEDICINE USA 1985
Internship and Year	BASSETT MEDICAL CENTER - COOPERSTOWN, NY 1986
Residency and Year	BOSTON MEDICAL CENTER - BOSTON, MA 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10582
License Date	6/2/1999
Name	<b>DENKINGER JR, MARSHALL E MD</b>
Address	DARTMOUTH HITCHCOCK MEDICAL CT, 1 MEDICAL CENTER DR LEBANON, NH, 03756
Specialty	FP
Board Certified	FP
School and Year of Graduation	DARTMOUTH MED SCH - HANOVER, NH USA 1987
Internship and Year	NATIONAL PERSONNEL RECORDS CTR- ST LOUIS, MO 1988
Residency and Year	NATIONAL PERSONNEL RECORDS CTR - ST LOUIS, MO 1989
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	6146
License Date	12/10/1979
Name	<b>DENMARK, LARRY W MD</b>
Address	23 FACTORY ST, NASHUA, NH, 03060-3310
Specialty	DR
Board Certified	DR
School and Year of Graduation	NEW YORK MED. COLL, NY USA 1970
Internship and Year	LENOX HILL HOSP. NY 1971
Residency and Year	LENOX HILL HOSP. 1976
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	11621
License Date	6/5/2002
Name	<b>DENNERY, MORICE P MD</b>
Address	MEMORIAL HOSPITAL, 3073 WHITE MOUNTAIN HWY NORTH CONWAY, NH, 03860
Specialty	U
Board Certified	U
School and Year of Graduation	HOWARD UNIV COLLEGE OF MED-WASHINGTON, DC USA 1996
Internship and Year	HOWARD UNIV HOSPITAL - WASHINGTON, DC 1997
Residency and Year	HOWARD UNIV HOSPITAL - WASHINGTON, DC 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7026
License Date	1/10/1985
Name	<b>DENNIS, DAVID T MD</b>
Address	CDC, PO BOX 2087FT COLLINS, CO, 80522-2087
Specialty	GPM
Board Certified	GPM
School and Year of Graduation	CORNELL UNIV MED COLL-NY USA 1965
Internship and Year	SAN FRANCISCO GEN HOSP-SAN FRANCISCO 1966
Residency and Year	CHARITY HOSP-NEW ORLEANS,LA 1968
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	8385
License Date	7/11/1990
Name	<b>DENNIS, DEBORAH T MD</b>
Address	SJ FAMILY MED CTRS, 460 AMHERST STNASHUA, NH, 03063-
Specialty	FP
Board Certified	FP
School and Year of Graduation	SUNY-HLTH SCI CTR AT BROOKLYN - BROOKLYN,NY USA 1976
Internship and Year	HIGHLAND HOSPITAL - ROCHESTER, NY 1977
Residency and Year	HIGHLAND HOSPITAL - ROCHESTER, NY 1979
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14652
License Date	11/4/2009
Name	<b>DENOFRIO, DAVID MD</b>
Address	TUFTS MEDICAL CENTER, 800 WASHINGTON STBOSTON, MA, 02111
Specialty	IM
Board Certified	IM
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1988
Internship and Year	WASHINGTON UNIVERSITY-ST LOUIS, MO 1989
Residency and Year	WASHINGTON UNIVERSITY-ST LOUIS, MO 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16344
License Date	10/2/2013
Name	<b>DENT, DAVID V DO</b>
Address	DARTMOUTH-HITCHCOCK MEDICAL CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PM
Board Certified	PM
School and Year of Graduation	UNIVERSITY OF N TEXAS HEALTH SCIENCE CTR USA 2000
Internship and Year	UNIVERSITY OF MISSISSIPPI MEDICAL CENTER - JACKSON, MS 2001
Residency and Year	UNIVERSITY OF MISSISSIPPI MEDICAL CENTER - JACKSON, MS 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 9394  
 License Date 4/5/1995  
 Name **DENUNE, DAVID P MD**  
 Address 96 SHELTON RD, SWAMPSCOTT, MA, 01907  
 Specialty P  
 Board Certified P  
 School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1971  
 Internship and Year GRADY MEMORIAL HOSPITAL - ATLANTA GA 1972  
 Residency and Year MASSACHUSETTS MENTAL HEALTH CENTER - BOSTON MA 1974  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 11729  
 License Date 9/4/2002  
 Name **DEQUATTRO, NICOLE MD**  
 Address CAPITAL WOMEN'S CARE, 1400 FOREST GLEN RD STE 525 SILVER SPRING, MD, 20910  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation BROWN UNIVERSITY SCH OF MED-PROVIDENCE, RI USA 1994  
 Internship and Year MADIGAN ARMY MEDICAL CTR, TACOMA WA 1995  
 Residency and Year MADIGAN ARMY MEDICAL CTR, TACOMA WA 1998  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 9477  
 License Date 7/5/1995  
 Name **DERANIAN, PAUL K MD**  
 Address CORE HEALTH SERVICES, 9 BUZELL AVE STE #2 EXETER, NH, 03833  
 Specialty PUD  
 Board Certified IM  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1988  
 Internship and Year UNIVERSITY OF MICHIGAN HOSPITALS - ANN ARBOR MI 1991  
 Residency and Year YALE UNIVERSITY - NEW HAVEN CT 1996  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 5616  
 License Date 9/20/1976  
 Name **DERBY, DENNIS R MD**  
 Address , PO BOX 1028 EXETER, NH, 03833-4816  
 Specialty U  
 Board Certified U  
 School and Year of Graduation STATE UNIV OF NY UPSTATE MED CENTER SYRACUSE USA 1958  
 Internship and Year ROCHESTER GEN HOSPITAL 1959  
 Residency and Year ST VENCINT HOSPITAL 1961  
 License Expiration Date **6/30/2000**  
 Remarks

License Number	13856
License Date	3/5/2008
Name	<b>DEROO, TERESA A MD</b>
Address	11995 SINGLETREE LANE STE 500, EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1986
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 1987
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>LAPSED FOR NONRENEWAL 6/30/14 RENEWED 7/30/14</b>

License Number	10933
License Date	6/7/2000
Name	<b>DEROOK, FRANCES A MD</b>
Address	CENTRAL MAINE HEART & VASCULAR, 300 MAIN STLEWISTON, ME, 04240
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF CINCINNATI - CINCINNATI, OH USA 1987
Internship and Year	SANTA CLARA VALLEY MEDICAL CENTER - SAN JOSE, CA 1988
Residency and Year	SANTA CLARA VALLEY MEDICAL CENTER - SAN JOSE, CA 1990
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	6041
License Date	5/3/1979
Name	<b>DERSE, DONALD F MD</b>
Address	, PO BOX 519N CONWAY, NH, 03860-0519
Specialty	FP
Board Certified	FP
School and Year of Graduation	CMDNJ RUTGERS MEDICAL SCHOOL - PISCATAWAY, NJ USA 1976
Internship and Year	MIDDLESEX MEMORIAL HOSPITAL - MIDDLETOWN, CT 1977
Residency and Year	MIDDLESEX MEMORIAL HOSPITAL - MIDDLETOWN, CT 1979
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	14316
License Date	2/4/2009
Name	<b>DESAI, MANOJ H MD</b>
Address	3000 BROADWAY, PO BOX 986MOUNT VERNON, IL, 62864
Specialty	U
Board Certified	U
School and Year of Graduation	GUJARAT UNIV INDIA 1968
Internship and Year	NORWALK HOSPITAL - NORWALK, CT 1972
Residency and Year	BOSTON UNIV MEDICAL CENTER-BOSTON, MA 1973
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 14283  
 License Date 1/7/2009  
 Name **DESAI, MEENAKSHI M MD**  
 Address 3000 BROADWAY, PO BOX 986MOUNT VERNON, IL, 62864  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation GUJARAT UNIV INDIA 1967  
 Internship and Year ROBINSON MEMORIAL HOSPITAL - RAVENNA, OH 1971  
 Residency and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1973  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15474  
 License Date 12/7/2011  
 Name **DESAI, NIRAV K MD**  
 Address DARTMOUTH-HITCHCOCK, 100 HITCHCOCK WAYMANCHESTER, NH, 03104  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIV OF MED & DENTISTRY NJ ROBERT WOOD JOHNSON MED USA 2005  
 Internship and Year SAINT CHRISTOPHERS HOSPITAL FOR CHILDREN - PHILADELPHIA, PA 2006  
 Residency and Year SAINT CHRISTOPHERS HOSPITAL FOR CHILDREN - PHILADELPHIA, PA 2008  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 11691  
 License Date 8/7/2002  
 Name **DESAI, ROBERT K MD**  
 Address 114 WOODLAND ST, HARTFORD, CT, 06105  
 Specialty R  
 Board Certified R  
 School and Year of Graduation STATE UNIV OF NEW YORK - STONY BROOK, NY USA 1981  
 Internship and Year NEWTON-WELLESLEY HOSPITAL - NEWTON LOWER FALLS, MA 1982  
 Residency and Year GEORGETOWN UNIV MEDICAL CENTER - WASHINGTON, DC 1985  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 13038  
 License Date 4/5/2006  
 Name **DESAI-BARTOLI, SONALEE M MD**  
 Address NASHUA EYE ASSOCIATES, 5 COLISEUM AVENASHUA, NH, 03063  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation UNIV OF ILLINOIS, CHICAGO IL USA 2001  
 Internship and Year LEMUEL SHATTUCK HOSPITAL- JAMAICA PLAIN MA 2002  
 Residency and Year BRONX-LEBANON HOSPITAL CTR-BRONX NY 2005  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	11051
License Date	9/6/2000
Name	<b>DESANTIS, DOUGLAS H MD</b>
Address	PORTSMOUTH INTERNAL MED ASSOC, 330 BORTHWICK AVE STE 205PORTSMOUTH, NH, 03801
Specialty	IM
Board Certified	IM
School and Year of Graduation	SUNY UPSTATE UNIV OF NY- SYRACUSE, NY USA 1992
Internship and Year	NORTH SHORE UNIV HOSPITAL - MANHASSET, NY 1993
Residency and Year	SUNY AT STONY BROOK - STONY BROOK, NY 1994
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	11211
License Date	4/4/2001
Name	<b>DESENA, MATTHEW T MD</b>
Address	LONDONDERRY PEDIATRICS, 25 BUTTRICK RD BLDG 4LONDONDERRY, NH, 03053
Specialty	PD
Board Certified	PD
School and Year of Graduation	FINCH UNIV OF HLTH SCI - N CHICAGO, IL USA 1991
Internship and Year	UNIV OF S FLORIDA - ST PETERSBURG, FL 1993
Residency and Year	UNIV OF S FLORIDA - ST PETERSBURG, FL 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10934
License Date	6/7/2000
Name	<b>DESHAIES, MARC R MD</b>
Address	MARY HITCHCOCK MEMEORIAL HOSP, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	EM
Board Certified	EM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1990
Internship and Year	CHRIST HOSPITAL AND MEDICAL CENTER - OAK LAWN, IL 1991
Residency and Year	CHRIST HOSPITAL AND MEDICAL CENTER - OAK LAWN, IL 1993
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	12839
License Date	8/3/2005
Name	<b>DESILVA, ELIOT G MD</b>
Address	EXETER HOSPITAL, 5 ALUMNI DREXETER, NH, 03833
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF VIRGINIA, RICHMOND VA US 2002
Internship and Year	CAMBRIDGE HOSPITAL, CAMBRIDGE MA 2003
Residency and Year	CAMBRIDGE HOSPITAL, CAMBRIDGE MA 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11128
License Date	12/6/2000
Name	<b>DESIMONE, JOSEPH P MD</b>
Address	DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	GS
Board Certified	CDS
School and Year of Graduation	UNIV OF CONNECTICUT SCH - FARMINGTON, CT USA 1997
Internship and Year	UNIV OF CONNECTICUT SCH OF MEDICINE - FARMINGTON, CT 1998
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9300
License Date	10/5/1994
Name	<b>DESJARDINS, MARK A MD</b>
Address	NACC-GROTON, PO BOX 600GROTON, CT, 06349-5600
Specialty	FP
Board Certified	FP
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1987
Internship and Year	MIDDLESEX MEMORIAL HOSPITAL - MIDDLESEX CT 1990
Residency and Year	MIDDLESEX MEMORIAL HOSPITAL - MIDDLESEX CT 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3418
License Date	3/8/1961
Name	<b>DESMARAIS, ROBERT A MD</b>
Address	101 BRUCE RD, MANCHESTER, NH, 03104-3921
Specialty	GP
Board Certified	
School and Year of Graduation	ST. LOUIS UNIVERSITY USA 1957
Internship and Year	HURLEY HOSPITAL- FLINT, MI 1958
Residency and Year	U.S. PUBLIC HEALTH SERVICE- NORFOLK, VA 1961
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	16707
License Date	8/6/2014
Name	<b>DESOCIO, CRISTI A MD</b>
Address	FOUNDATION MED PARTNERS, 116 SPIT BROOK RDNASHUA, NH, 03062
Specialty	FP
Board Certified	
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2011
Internship and Year	MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 2012
Residency and Year	MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12026
License Date	8/6/2003
Name	<b>DESROCHERS, DAVID A MD</b>
Address	DHMC RADIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	R
Board Certified	R
School and Year of Graduation	CORNELL UNIVERSITY, NEW YORK NY US 1976
Internship and Year	MILTON S HERSHEY MED CTR, HERSHEY PA 1977
Residency and Year	MAINE MEDICAL CTR, PORTLAND ME 1978
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	3337
License Date	1/29/1960
Name	<b>DESROCHERS, GERARD C MD</b>
Address	CONVENIENT MEDICAL CARE, 648 BELMONT STMANCHESTER, NH, 03104-5137
Specialty	FP
Board Certified	
School and Year of Graduation	TUFTS MEDICAL SCHOOL USA 1947
Internship and Year	BOSTON CITY HOSPITAL- BOSTON, MA 1950
Residency and Year	BOSTON CITY HOSPITAL- BOSTON, MA 1951
License Expiration Date	<b>6/30/2001</b>
Remarks	Deceased 1/15/2007

License Number	14756
License Date	3/3/2010
Name	<b>DESROSIERS, KEVIN P MD</b>
Address	ELLIOT HOSPITAL, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty	IM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2007
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year	DART,PITJ JOTCJCPL ,EDOCA; CEMTER - LEBANON, NH 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13661
License Date	9/5/2007
Name	<b>DESTIGTER, KRISTEN K MD</b>
Address	FAHC, 111 COLCHESTER AVEBURLINGTON, VT, 05401
Specialty	R
Board Certified	R
School and Year of Graduation	CASE WESTERN RESERVE UNIV USA 1990
Internship and Year	UNIV HOSPITALS OF CLEVELAND-CLEVELAND, OH 1991
Residency and Year	UNIV HOSPITALS OF CLEVELAND-CLEVELAND, OH 1995
License Expiration Date	<b>6/30/2009</b>
Remarks	



License Number	11774
License Date	11/6/2002
Name	<b>DESTRO, MARYANNA MD</b>
Address	AUSTIN EYE CLINIC, 510 N W SECOND STAUSTIN, MN, 55912
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIV OF MINNESOTA MED SCH - MINNEAPOLIS, MD USA 1983
Internship and Year	HENNEPIN COUNTY MEDICAL CENTER - MINNEAPOLIS, MN 1984
Residency and Year	UNIV OF WISCONSIN - MADISON, WI 1987
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	11526
License Date	3/6/2002
Name	<b>DETERS, ROBERT L MD</b>
Address	NH NEURO SPINE INSTITUTE, 4 HAWTHORNE DRBEDFORD, NH, 03110
Specialty	PM
Board Certified	PM
School and Year of Graduation	WRIGHT STATE UNIV - DAYTON, OH USA 1987
Internship and Year	NEW YORK PRESBYTERIAN HOSP- NEW YORK, NY 1988
Residency and Year	UNIV HEALTH CENTER - PITTSBURGH, PA 1989
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	15435
License Date	11/2/2011
Name	<b>DETLIE, TORE MD</b>
Address	VIRTUAL RADIOLOGIC PROF, 11995 SINGLETREE LANE STE 500EDEN PRAIRIE, MN, 55344
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF MINNESOTA USA 1984
Internship and Year	HENNEPIN COUNTY MEDICAL CENTER, MINNEAPOLIS, MN 1985
Residency and Year	UNIVERSITY OF MINNESOTA, MINNEAPOLIS, MN 1989
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	12961
License Date	12/7/2005
Name	<b>DETOLLA, DANIEL H MD</b>
Address	SEACOAST DENTAL IMPLANT & ORAL, 200 GRIFFIN RD STE 8PORTSMOUTH, NH, 03801
Specialty	OS
Board Certified	OS
School and Year of Graduation	STATE UNIVERSITY OF NEW YORK, BUFFALO NY US 2002
Internship and Year	STATE UNIVERSITY OF NY, BUFFALO NY 2003
Residency and Year	STATE UNIVERSITY OF NY, BUFFALO NY 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6919
License Date	7/5/1984
Name	<b>DETWEILER, MARK K MD</b>
Address	LONDONDERRY GASTROENTEROLOGY, 1B COMMONS DR UNIT 9ALONDONDERRY, NH, 03053
Specialty	GE
Board Certified	GE
School and Year of Graduation	PENNSYLVANIA STATE UNIV MILTON S HERSHEY,PA USA 1979
Internship and Year	MED CTR HOSP-BURLINGTON,VT 1980
Residency and Year	MED CTR HOSP-BURLINGTON,VT 1981
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>12/13/00 - Settlement Agreement</b> <b>2/10/04 - Settlement Agreement</b>

License Number	5771
License Date	7/7/1977
Name	<b>DETWILER, CHARLES K MD</b>
Address	BEDFORD COMMONS, 32 RIVERWAY PLBEDFORD, NH, 03110-6744
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	HAHNEMANN MEDICAL COLLEGE-PHILADELPHIA PA USA 1970
Internship and Year	ST JOSEPHS HOSPITAL-SYRACUSE NY 1971
Residency and Year	UPSTATE MEDICAL CENTER-SYRACUSE NY 1974
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	6081
License Date	7/3/1979
Name	<b>DETWILLER, JOHN P MD</b>
Address	CONCORD EYE CARE P.C., 248 PLEASANT ST PILLSBURY BLDGCONCORD, NH, 03301
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	COLUMBIA UNIV COLLEGE OF PHYSICIANS - NY USA 1974
Internship and Year	MARY I BASSETT HOSPITAL - COOPERSTOWN, NY 1975
Residency and Year	STRONG MEMORIAL HOSPITAL UNIV ROCHESTER - ROCHESTER, NY 1979
License Expiration Date	<b>9/1/1998</b>
Remarks	<b>DECEASED 9/1/98</b>

License Number	8587
License Date	7/17/1991
Name	<b>DEUELL, BARBARA L MD</b>
Address	ALLERGY ASSOCIATES OF NH, 100 GRIFFIN RD STE APORTSMOUTH, NH, 03801
Specialty	AI
Board Certified	AI
School and Year of Graduation	SUNY AT BUFFALO SCH OF MED BIOMEDICAL - NY USA 1985
Internship and Year	DUKE UNIV MEDICAL CENTER - DURHAM, NC 1986
Residency and Year	DUKE UNIV MEDICAL CENTER - DURHAM, NC 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12302
License Date	5/5/2004
Name	<b>DEUR, LAUREN G MD</b>
Address	507 BALDWIN LN, HOLLIDAYSBURG, PA, 16648
Specialty	R
Board Certified	R
School and Year of Graduation	ALBERT EINSTEIN COLLEGE, BRONX NY US 1996
Internship and Year	NY MEDICAL COLLEGE, NEW YORK NY 1997
Residency and Year	NEW YORK UNIVERSITY, NEW YORK NY 2001
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	12235
License Date	3/3/2004
Name	<b>DEUR, TOMISLAV MD</b>
Address	507 BALDWIN LN, HOLLIDAYSBURG, PA, 16648
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF NY, BROOKLYN NY US 1996
Internship and Year	STATEN ISLAND UNIVERSITY HOSP, STATEN ISLAND, NY 1997
Residency and Year	NEW YORK UNIVERSITY, NEW YORK, NY 2001
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	7441
License Date	10/2/1986
Name	<b>DEUSKAR, SUDAN MD</b>
Address	104 WESTMINSTER AVE, SUMMERVILLE, SC, 29485
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF BOMBAY INDIA 1968
Internship and Year	CITY HOSP CTR ELMHURST NY 1969
Residency and Year	ROOSEVELT HOSP NEW YORK NY 1972
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	10203
License Date	1/7/1998
Name	<b>DEVANNY, SCOTT R MD</b>
Address	QUALITY ORTHO - DARTMOUTH HITCHCOCK, 246 PLEASANT ST STE 106 MEM BUILDINGCONCORD,
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	PA STATE UNIV COLL OF MED- HERSHEY, PA USA 1993
Internship and Year	CLEVELAND CLINIC FOUNDATION - OH 1998
Residency and Year	CLEVELAND CLINIC FOUNDATION - OH 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3161
License Date	9/12/1956
Name	<b>DEVILLAFANE, JORGE A MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>5/31/1995</b>
Remarks	Deceased 1/4/04

License Number	13532
License Date	6/6/2007
Name	<b>DEVINE, JOHN A DO</b>
Address	275 MAMMOTH RD, MANCHESTER, NH, 03104-4127
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF NEW ENGLAND USA 1983
Internship and Year	NORTHWEST GENERAL HOSPITAL - MILWAUKEE, WI 1984
Residency and Year	NORTHWEST GENERAL HOSPITAL - MILWAUKEE, WI 1985
License Expiration Date	<b>6/30/2011</b>
Remarks	Deceased 11/16/2013

License Number	7169
License Date	8/1/1985
Name	<b>DEVINE, JUDITH A MD</b>
Address	765 S MAIN ST, MANCHESTER, NH, 03102-5141
Specialty	IM
Board Certified	IM
School and Year of Graduation	TUFTS UNIV-BOSTON,MA USA 1983
Internship and Year	VET ADMIN MED CTR-BOSTON,MA 1984
Residency and Year	VETS ADMIN MED CTR-BOSTON,MA 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8240
License Date	11/1/1989
Name	<b>DEVINE, PATRICIA MD</b>
Address	IMUGEN, 315 NORWOOD PARK SOUTH NORWOOD, MA, 02062
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	NEW YORK MED COLL - VALHALLA, NY USA 1979
Internship and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1980
Residency and Year	MAYO GRADUATE SCHOOL OF MEDICINE- ROCHESTER, NH 1984
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6026
License Date	4/5/1979
Name	<b>DEVITO JR, GEORGE A MD</b>
Address	NH DARTMOUTH FAMILY MEDICINE, RESIDENCY-CONCORD HOSPCONCORD, NH, 03301
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF VERMONT COLLEGE MEDICINE - BURLINGTON, VT USA 1976
Internship and Year	UNIV HOSPITAL - ANN ARBOR, MI 1977
Residency and Year	DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1979
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15405
License Date	10/5/2011
Name	<b>DEVITSKIY, SERGEY MD</b>
Address	DHMC - SECTION OF HEMATOLOGY/ONCOLOGY, ONE MEDICAL CENTER DRIVELEBANON, NH, 0375
Specialty	IM
Board Certified	IM
School and Year of Graduation	KURSK STATE MEDICAL UNIVERSITY RUSSIA 1989
Internship and Year	KINGSBROOK JEWISH MEDICAL CENTER - BROOKLYN, NY 2005
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9988
License Date	5/7/1997
Name	<b>DEVLIN, JOHN T MD</b>
Address	MAINE MEDICAL CTR, 100 US ROUTE ONE UNIT #116SCARBOROUGH, ME, 04074-9308
Specialty	IM
Board Certified	IM
School and Year of Graduation	CORNELL UNIV OF MED COLL-NY USA 1977
Internship and Year	MAINE MEDICAL CTR-ME 1980
Residency and Year	MAINE MEDICAL CTR-ME 1980
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	12453
License Date	9/1/2004
Name	<b>DEVRIES, JAMES T MD</b>
Address	DHMC - CARDIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	CD
Board Certified	CD
School and Year of Graduation	GEORGETOWN UNIVERSITY, WASHINGTON DC US 1999
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CTR, LEBANON NH 2000
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CTR, LEBANON NH 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14583
License Date	9/2/2009
Name	<b>DEWAN, ANIL K MD</b>
Address	PATHOLOGY SPECIALISTS OF NE, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSITY OF MANCHESTER IN ENGLAND UNITED KINGDOM 2001
Internship and Year	PENN STATE UNIV MILTON S HERSHEY MEDICAL CT - HERSEY, PA 2005
Residency and Year	PENN STATE UNIV MILTON S HERSHEY MEDICAL CT - HERSEY, PA 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8266
License Date	1/10/1990
Name	<b>DEWEY, ROBERT C MD</b>
Address	NEW ENGLAND HEART INSTITUTE, 100 MCGREGOR STMANCHESTER, NH, 03102-3730
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIV OF CINCINNATI COLL OF MED-CINCINNATI,OH USA 1980
Internship and Year	WASHINGTON HOSP CTR-WASHINGTON,SC 1981
Residency and Year	WASHINGTON HOSP CTR-WASHINGTON,DC 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7519
License Date	3/4/1987
Name	<b>DEWHIRST, WILLIAM E MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	AN
Board Certified	AN
School and Year of Graduation	DARTMOUTH MED SCHOOL-HANOVER,NH USA 1982
Internship and Year	DARTMOUTH -HITCHCOCK MED CTR 1983
Residency and Year	MASS GENERAL HOSPITAL 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17157
License Date	7/1/2015
Name	<b>DEWITT, STEVEN M MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	EM
Board Certified	
School and Year of Graduation	THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 2012
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10361
License Date	8/5/1998
Name	<b>DEWITT, TANYA S MD</b>
Address	WOMEN'S HEALTH CARE SPECIALIST, 75 THOMAS JOHNSON DR STE JFREDERICK, MD, 21702
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	PENN STATE UNIV COLL OF MED - UNIV PARK, PA USA 1983
Internship and Year	CHRISTINA CARE HEALTH SERVICES CHRISTINA HOSPITAL - NEWARK, DE 1984
Residency and Year	CHRISTINA CARE HEALTH SERVICES CHRISTINA HOSPITAL - NEWARK, DE 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14284
License Date	1/7/2009
Name	<b>DEXTER, STEPHEN E MD</b>
Address	1407 NARROW LANE, JOHNSON CITY, TN, 37604
Specialty	IM
Board Certified	
School and Year of Graduation	ST GEORGE UNIV GRENADA 2006
Internship and Year	NEWARK BETH ISRAEL MEDICAL CENTER - NEWARK, NJ 2007
Residency and Year	WAKE FOREST UNIV/BAPTIST MEDICAL CTR - WINSTON-SALEM, NC 2008
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	8386
License Date	7/11/1990
Name	<b>DEXTER, WILLIAM W MD</b>
Address	272 CONGRESS ST, PORTLAND, ME, 04101
Specialty	FP
Board Certified	FP
School and Year of Graduation	VA COMMONWEALTH UNIV MED COLL-RICHMOND,VA USA 1986
Internship and Year	MAINE MED CTR-PORTLAND,ME 1987
Residency and Year	MAINE MED CTR-PORTLAND,ME 1989
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	16213
License Date	7/3/2013
Name	<b>DEY, BIMALANGSHU R MD</b>
Address	MASS GEN HOSP, ZERO EMERSON PL 55 FRUIT STBOSTON, MA, 02114
Specialty	IM
Board Certified	IM
School and Year of Graduation	SEMMELWEIS UNIVERSITY HUNGARY 1985
Internship and Year	CARILION CLINIC-VIRGINIA TECH CARILION SOM - ROANOKE, VA 1991
Residency and Year	CARILION CLINIC-VIRGINIA TECH CARILION SOM - ROANOKE, VA 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 11527  
 License Date 3/6/2002  
 Name **DHAR, ABHIK D MD**  
 Address D H M C, ONE MEDICAL CTR DRLEBANON, NH, 03756  
 Specialty D  
 Board Certified  
 School and Year of Graduation UNIV OF SO CAROLINA - COLUMBIA SC USA 1997  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1998  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000  
 License Expiration Date **6/30/2003**  
 Remarks

License Number 16636  
 License Date 6/4/2014  
 Name **DHAS, VIJILADEVI P MD**  
 Address EMP, FIVE ALUMNI DREXETER, NH, 03833  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIV CENTRAL DEL CARIBE SCHOOL OF MEDICINE PUERTO RICO 2001  
 Internship and Year MAYO SCHOOL OF GRADUATE MED EDUCATION - ROCHESTER, MN 2002  
 Residency and Year MAYO SCHOOL OF GRADUATE MED EDUCATION - ROCHESTER, MN 2004  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 6873  
 License Date 5/10/1984  
 Name **D'HEMECOURT, ANDRE A MD**  
 Address THE EYE CENTER OF CONCORD, 2 PILLSBURY STCONCORD, NH, 03301  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH USA 1979  
 Internship and Year UNIV OF VIRGINIA HOSP-CHARLOTTESVILLE,VA 1984  
 Residency and Year UNIV OF VIRGINIA HOSPITAL-CHARLOTTESVILLE,VA 1984  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11903  
 License Date 5/7/2003  
 Name **DHILLON, SAMJOT S MD**  
 Address DEPT OF MED-THORACIC ONCOLOGY, ELM AND CARLTON STREETSBUFFALO, NY, 14263  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation ALL INDIA INSTITUTE MED SCH - NEW DELHI, INDIA INDIA 1997  
 Internship and Year ST ELIZABETH HEALTH CENTER - YOUNGSTOWN, OH 2000  
 Residency and Year BAYLOR COLLEGE OF MEDICINE - TEXAS MEDICAL CENTER - HOUSTON, TX 2002  
 License Expiration Date **6/30/2009**  
 Remarks



License Number 11308  
 License Date 7/11/2001  
 Name **DHILLON, SANDEEP K MD**  
 Address 41 WALNUT ST, LEXINGTON, MA, 02421  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation JEFFERSON MEDICAL COLLEGE USA 1998  
 Internship and Year MAYO GRADUATE SCHOOL OF MEDICINE ROCHESTER MN 2000  
 Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE ROCHESTER MN 2001  
 License Expiration Date **6/30/2007**  
 Remarks

License Number 12990  
 License Date 2/1/2006  
 Name **DHINGRA, RAVI MD**  
 Address UNIVERSITY OF WISCONSIN - MADISON, 600 HIGHLAND AVE., MC5701MADISON, WI, 53792  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF PUNE, PUNE MAHARASHTRA INDIA INDIA 1996  
 Internship and Year BROOKDALE UNIVERSITY, BROOKLYN NY 2001  
 Residency and Year BROOKDALE UNIVERSITY, BROOKLYN NY 2003  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 13373  
 License Date 1/3/2007  
 Name **DIAB, MICHEL B MD**  
 Address 9 BUZELL AVE, EXETER, NH, 03833  
 Specialty FP  
 Board Certified  
 School and Year of Graduation SACKER SCHOOL OF MED @ TEL AVIV UNIV ISRAEL 1989  
 Internship and Year UNIV OF FLORIDA COLLEGE OF MEDICINE - GAINESVILLE, FL 2005  
 Residency and Year UNIV OF FLORIDA COLLEGE OF MEDICINE - GAINESVILLE, FL 2007  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 12783  
 License Date 7/6/2005  
 Name **DIAMANT, MORRIS A MD**  
 Address BRIGHAM AND WOMAN'S HOSP, 850 BOYLSTON ST 5TH FLCHESTNUT HILL, MA, 02467  
 Specialty R  
 Board Certified R  
 School and Year of Graduation NEW YORK MEDICAL COLLEGE, VALHALLA NY USA 1978  
 Internship and Year MASSACHUSETTS GENERAL HOSPITAL, BOSTON MA 1982  
 Residency and Year MASSACHUSETTS GENERAL HOSPITAL, BOSTON MA 1982  
 License Expiration Date **6/30/2007**  
 Remarks

License Number 14317  
 License Date 2/4/2009  
 Name **DIAZ JR, GUSTAVO A MD**  
 Address DOCTOR ON DUTY, 100 WILSON RDMONTERAY, CA, 93955  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIV OF TEXAS USA 1982  
 Internship and Year BAYLOR UNIV MEDICAL CENTER PROGRAM - DALLAS, TX 1983  
 Residency and Year BAYLOR UNIV MEDICAL CENTER PROGRAM - DALLAS, TX 1984  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 15475  
 License Date 12/7/2011  
 Name **DIAZ, LAZARO A MD**  
 Address WENTWORTH DOUGLAS HOSPITAL, 19 OLD ROLLINSFORD RDDOVER, NH, 03820  
 Specialty CD  
 Board Certified IM  
 School and Year of Graduation UNIV OF MINNESOTA MED SCHOOL USA 1995  
 Internship and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 1996  
 Residency and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 1998  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14340  
 License Date 3/4/2009  
 Name **DIAZ, MARCO N MD**  
 Address MMP MAINE CARDIOLOGY, 96 CAMPUS DR, STE 1SCARBOROUGH, ME, 04074  
 Specialty CD  
 Board Certified IM  
 School and Year of Graduation UNIV OF MASSACHUSETTS USA 1991  
 Internship and Year BOSTON MEDICAL CENTER - BOSTON , MA 1992  
 Residency and Year BOSTON MEDICAL CENTER - BOSTON , MA 1994  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15957  
 License Date 12/5/2012  
 Name **DIAZ, MARIA M MD**  
 Address PARKLAND MEDICAL CENTER, 1 PARKLAND DRIVEDERRY, NH, 03038  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation ALBERT EINSTEIN COLLEGE OF MEDICINE USA 2006  
 Internship and Year SUNY DOWNSTATE MEDICAL CENTER - BROOKLYN, NY 2007  
 Residency and Year SUNY DOWNSTATE MEDICAL CENTER - BROOKLYN, NY 2010  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	14285
License Date	1/7/2009
Name	<b>DIAZ-HORSLEY, JANNELL F MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	DR
Board Certified	DR
School and Year of Graduation	LOMA LINDA UNIV SCHOOL OF MEDICINE USA 2000
Internship and Year	LOMA LINDA UNIV MEDICAL CTR - LOMA LINDA, CA 2001
Residency and Year	LOMA LINDA UNIV MEDICAL CTR - LOMA LINDA, CA 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5613
License Date	9/15/1976
Name	<b>DIBBLE JR, FRANK B MD</b>
Address	MANCHESTER VETS ADMIN HOSP, 718 SMYTH RDMANCHESTER, NH, 03104
Specialty	FP
Board Certified	FP
School and Year of Graduation	STATE UNIV OF NEW YORK DOWNSTATE MEDICAL CENTER USA 1970
Internship and Year	ST JOSEPHS HOSP HEALTH CENTER SYRACUSE 1971
Residency and Year	ST JOSEPHS HOSP HEALTH CENTER SYRACUES 1975
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9014
License Date	8/4/1993
Name	<b>DIBRIGIDA, LISA A MD</b>
Address	CHILD HEALTH SERVICES, 1245 ELM STMANCHESTER, NH, 03101
Specialty	PD
Board Certified	PD
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1990
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1993
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15290
License Date	7/6/2011
Name	<b>DICAPUA, JOHN F MD</b>
Address	N AMERICAN PARTNERS IN ANESTHESIA, 68 SOUTH SERVICE RDMELVILLE, NY, 11747
Specialty	AN
Board Certified	AN
School and Year of Graduation	MT SINAI SCHOOL OF MEDICINE OF THE CITY UNIV OF NY USA 1989
Internship and Year	WESTCHESTER MEDICAL CENTER - VALHALLA, NY 1990
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 15867  
 License Date 10/3/2012  
 Name **DICAPUA, SAMUEL M DO**  
 Address NEW HAMPSHIRE HEALTH FAMILIES, 2 EXECUTIVE PARK DRIVE BEDFORD, NH, 03110  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 1988  
 Internship and Year OSTEOPATHIC HOSPITAL OF MAINE - PORTLAND, ME 1989  
 Residency and Year BRIGHTON MEDICAL CENTER - PORTLAND, ME 1991  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12784  
 License Date 7/6/2005  
 Name **DICESARE, KEVIN J MD**  
 Address FOUNDATION COLLABORATIVE CARE, 19 TYLER ST STE 103 NASHUA, NH, 03060  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIVERSITY OF MASSACHUSETTS, WORCESTER MA USA 1996  
 Internship and Year MAINE MEDICAL CENTER, PORTLAND ME 1997  
 Residency and Year MAINE MEDICAL CENTER, PORTLAND ME 2000  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13581  
 License Date 7/11/2007  
 Name **DICK III, JOHN F MD**  
 Address DHMC- SEC OF HOSPITAL MED, ONE MED CTR DR LEBANON, NH, 03766  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2002  
 Internship and Year UNIV OF WASHINGTON MEDICAL CENTER - SEATTLE, WA 2004  
 Residency and Year UNIV OF WASHINGTON MEDICAL CENTER - SEATTLE, WA 2007  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16160  
 License Date 6/5/2013  
 Name **DICK, LESLIE S MD**  
 Address DARTMOUTH HITCHCOCK PEDIATRICS, 253 PLEASANT STREET CONCORD, NH, 03301  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1996  
 Internship and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 1997  
 Residency and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 1999  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	8887
License Date	2/3/1993
Name	<b>DICKERSON-KHOUZAM, LYNDAM MD</b>
Address	7377 N CARRUTH AVE, FRESNO, CA, 93711-0513
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE USA 1977
Internship and Year	UNIVERSITY OF OKLAHOMA HEALTH SCIENCE CENTER - OKLAHOMA CITY OK 1978
Residency and Year	UNIVERSITY OF OKLAHOMA HEALTH SCIENCE CENTER - OKLAHOMA CITY OK 1980
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	11775
License Date	11/6/2002
Name	<b>DICKEY, KEVIN W MD</b>
Address	DHMC DEPT OF RADIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	R
Board Certified	R
School and Year of Graduation	EMORY UNIV SCH OF MEDICINE - ATLANTA, GA USA 1985
Internship and Year	EMORY UNIV - ATLANTA, GA 1986
Residency and Year	EMORY UNIV - ATLANTA, GA 1987
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	13794
License Date	1/11/2008
Name	<b>DICKINSON JR, ARCHIE W MD</b>
Address	DH MERRIMACK FAMILY PRACTICE, 294 DANIEL WEBSTER HWYMERRIMACK, NH, 03054
Specialty	FP
Board Certified	FP
School and Year of Graduation	DALHOUSIE UNIV CANADA 1997
Internship and Year	UNIV OF WESTERN ONTARIO, FACULTY OF MEDICINE & DENTISTRY- LONDON, ON CANADA 1998
Residency and Year	UNIV OF WESTERN ONTARIO, FACULTY OF MEDICINE & DENTISTRY-LONDON, ON CANADA 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8463
License Date	12/5/1990
Name	<b>DICKISON, ANNE E MD</b>
Address	511 SE FIFTH AVE #805, FT LAUDERDALE, FL, 33301
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV OF MICHIGAN MED SCH - ANN ARBOR,MI USA 1980
Internship and Year	CHILDRENS HOSPITAL - PHILA, PA 1981
Residency and Year	UNIV UTAH MEDICAL CENTER - SALT LAKE CITY, UT 1985
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	8075
License Date	5/10/1989
Name	<b>DICKS, PETER S MD</b>
Address	PO BOX 212, AMHERST, NH, 03031
Specialty	IM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1986
Internship and Year	HENNEPIN CO MEDICAL CENTER, MINNEAPOLIS MN 1987
Residency and Year	HENNEPIN CO MEDICAL CENTER, MINNEAPOLIS MN 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4728
License Date	7/13/1972
Name	<b>DICKSON, JAMES R MD</b>
Address	406 BOSTON POST RD, PORT CHESTER, NY, 10573
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	NEW YORK MEDICAL COLLEGE-NEW YORK NY USA 1971
Internship and Year	GREENWICH HOSPITAL-GREENWICH CT 1972
Residency and Year	GREENWICH HOSPITAL - GREENWICH, CT 1972
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	14538
License Date	8/5/2009
Name	<b>DICKSON, ROLLAND C MD</b>
Address	DHMC-DEPT OF HEPAT & GASTRO, 1 MED CTR DRLEBANON, NH, 03756
Specialty	HEP
Board Certified	HEP
School and Year of Graduation	UNIVERSITY OF TOLEDO USA 1986
Internship and Year	MAYO GRADUATE SCHOOL OF MEDICINE- ROCHESTER, MN 1987
Residency and Year	MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16067
License Date	4/3/2013
Name	<b>DICOSTANZO, DAMIAN P MD</b>
Address	AMERIPATH NY LLC DBA DERMPATH DIAGNOSTICS, 100 MIDLAND AVE FL 2PORT CHESTER, NY, 105
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	DUKE UNIVERSITY SCHOOL OF MEDICINE USA 1981
Internship and Year	MEDICAL UNIVERSITY OF SOUTH SAROLINA, CHARLESTON, SC 1983
Residency and Year	MEDICAL UNIVERSITY OF SOUTH SAROLINA, CHARLESTON, SC 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13582
License Date	7/11/2007
Name	<b>DIDDEE, ANU MD</b>
Address	LAHEY CLINIC, 1 ESSEX CTR DEPEABODY, MA, 01960
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF DELHI INDIA 1995
Internship and Year	JACOBI MEDICAL CENTER - BRONX, NY 1997
Residency and Year	JACOBI MEDICAL CENTER - BRONX, NY 1999
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	6515
License Date	4/1/1982
Name	<b>DIEDERICH, GARY D MD</b>
Address	MID STATE HEALTH, 101 BOULDER POINT DR BLDA STE1PLYMOUTH, NH, 03264
Specialty	FP
Board Certified	FP
School and Year of Graduation	PENNSYLVANIA UNIV HERSHEY MED CTR, PA USA 1979
Internship and Year	AKRON CITY HOSPITAL - AKRON, OH 1980
Residency and Year	AKRON CITY HOSPITAL - AKRON, OH 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13094
License Date	6/7/2006
Name	<b>DIEDWARD, CHRISTINE A MD</b>
Address	16 HAYDEN AVE, LEXINGTON, MA, 02421
Specialty	PS
Board Certified	PS
School and Year of Graduation	BOSTON UNIVERSITY, BOSTON MA US 1992
Internship and Year	BOSTON UNIVERSITY, ROXBURY MA 1993
Residency and Year	BOSTON UNIVERSITY, ROXBURY MA 1997
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	9414
License Date	5/3/1995
Name	<b>DIEGEL, ROGER J MD</b>
Address	150 COMMONS WAY, KALISPELL, MT, 59901
Specialty	IM
Board Certified	IM
School and Year of Graduation	WAYNE STATE UNIVERSITY USA 1993
Internship and Year	MARY HITCHCOCK MEMORIAL HOSPITAL 1994
Residency and Year	MARY HITCHCOCK MEMORIAL HOSPITAL 1996
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	6342
License Date	3/5/1981
Name	<b>DIEHL, SCOTT J MD</b>
Address	305 RIVERWAY PL, BEDFORD, NH, 03110-6744
Specialty	IM
Board Certified	IM
School and Year of Graduation	STATE UNIV OF NEW YORK DOWNSTATE COLL-BROOKLYN,NY USA 1977
Internship and Year	CARNEY HOSP-BOSTON,MA 1978
Residency and Year	CARNEY HOSP-BOSTON,MA 1980
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12255
License Date	4/7/2004
Name	<b>DIENER, JAKOW G MD</b>
Address	360 BROOK RD, BETHLEHEM, NH, 03574
Specialty	IM
Board Certified	ON
School and Year of Graduation	SUNY @ BROOKLYN, BROOKLYN NY US 1973
Internship and Year	NASSAU UNIVERSITY, EAST MEADOW NY 1974
Residency and Year	NASSAU UNIVERSITY, EAST MEADOW NY 1976
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10782
License Date	12/1/1999
Name	<b>DIERKS, STEPHEN M MD</b>
Address	LACONIA CLINIC, 724 MAIN ST LACONIA, NH, 03269
Specialty	U
Board Certified	U
School and Year of Graduation	UNIV OF TEXAS-HOUSTON MED SCH-HOUSTON,TX USA 1989
Internship and Year	WASHINGTON UNIV SCH OF MEDICINE - ST LOUIS, MO 1990
Residency and Year	WASHINGTON UNIV SCH OF MEDICINE - ST LOUIS, MO 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6588
License Date	7/15/1982
Name	<b>DIETRICH, ALLEN J MD</b>
Address	DHMC/RUBIN 833, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty	FP
Board Certified	FP
School and Year of Graduation	CASE WESTERN RESERVE UNIV-CLEVELAND,OH USA 1973
Internship and Year	CAMBRIDGE HOSP-CAMBRIDGE,MA 1974
Residency and Year	HIGHLAND HOSP-ROCHESTER,NY 1977
License Expiration Date	<b>6/30/2012</b>
Remarks	



License Number	13741
License Date	11/7/2007
Name	<b>DIETRICH, PETER A MD</b>
Address	FAHC, 111 COLCHESTER AVE BURLINGTON, VT, 05401
Specialty	DR
Board Certified	DR
School and Year of Graduation	CASE WESTERN RESERVE UNIV USA 1965
Internship and Year	METROHEALTH MEDICAL CENTER-CLEVELAND, OH 1966
Residency and Year	STANFORD UNIV SCHOOL OF MEDICINE - STANFORD, CA 1969
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	16361
License Date	11/6/2013
Name	<b>DIETRICH, ROGER W MD</b>
Address	30 SOUTHERN HEIGHTS DR, VERNON, VT, 05354
Specialty	GS
Board Certified	GS
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1976
Internship and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1977
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1981
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16751
License Date	9/3/2014
Name	<b>DIETZ, DUANE A MD</b>
Address	PO BOX 180, SEGUIN, TX, 78156
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF TX-HOUSTON MEDICAL SCHOOL USA 1990
Internship and Year	CONROE FAMILY MEDICINE RESIDENCY PROGRAM - CONROE, TX 1991
Residency and Year	CONROE FAMILY MEDICINE RESIDENCY PROGRAM - CONROE, TX 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10935
License Date	6/7/2000
Name	<b>DIETZMAN, DANIEL B MD</b>
Address	815 COURT ST, KEENE, NH, 03431
Specialty	D
Board Certified	D
School and Year of Graduation	UNIV OF WASHINGTON - SEATTLE, WA USA 1995
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1996
Residency and Year	SUNY AT BUFFALO - BUFFALO, NY 1999
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	9881
License Date	12/4/1996
Name	<b>DiFLORIO ALEXANDER, ROBERTA M MD</b>
Address	DHMC - RADIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	DR
Board Certified	R
School and Year of Graduation	JEFFERSON MEDICAL COLLEGE THOMAS JEFFERSON UNIV USA 1990
Internship and Year	LANKENAU HOSP - WYNNEWOOD, PA 1991
Residency and Year	MARY HITCHCOCK MEMORIAL HOSP, HANOVER, NH 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14011
License Date	6/4/2008
Name	<b>DIGMAN, COLLEEN R MD</b>
Address	VALLEY REG HOSP-ASSOC IN MED, 241 ELM STCLAREMONT, NH, 03743
Specialty	END
Board Certified	END
School and Year of Graduation	GEORGETOWN UNIV USA 2000
Internship and Year	UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2001
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 2003
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	9960
License Date	4/2/1997
Name	<b>DILLARD, J. WAYNE DO</b>
Address	715 ALFRED RD, ARUNDEL, ME, 04072
Specialty	PM
Board Certified	PM
School and Year of Graduation	COLL OF OSTEO MED OF THE PACIFIC POMONA, CA USA 1988
Internship and Year	UNIV OF MASS MEDICAL CENTER - MA 1989
Residency and Year	NEW ENGLAND MEDICAL CENTER HOSPITAL - MA 1993
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	10936
License Date	6/7/2000
Name	<b>DILLON, GERARD A MD</b>
Address	MEMORIAL BLDG STE 103, 246 PLEASANT STCONCORD, NH, 03301
Specialty	IM
Board Certified	IM
School and Year of Graduation	STATE UNIV OF NY - BUFFALO, NY USA 1992
Internship and Year	JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1993
Residency and Year	JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14066
License Date	7/9/2008
Name	<b>DILONE-ARELLANO, HELING S MD</b>
Address	STEWART MEDICAL (METHUEN MEDICAL GROUP), 33 LAWRENCE ST METHUEN, MA, 01844
Specialty	FP
Board Certified	
School and Year of Graduation	UNIV IBEROAMERICANA DOMINICAN REPUBLIC 1998
Internship and Year	ST JOSEPHS MEDICAL CENTER - YONKERS,NY 2004
Residency and Year	ST JOSEPHS MEDICAL CENTER - YONKERS,NY 2006
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	13314
License Date	11/1/2006
Name	<b>DIMAILIG-DAVID, ANNA BELINDA S MD</b>
Address	1309 S DEERBERRY TRAIL, SIOUX FALLS, SD, 57106
Specialty	PD
Board Certified	
School and Year of Graduation	UNIV OF SANTO TOMAS PHILIPPINES 1993
Internship and Year	ELMHURST HOSPITAL CTR-MT SINAI SERVICES - ELMHURST, NY 2004
Residency and Year	ELMHURST HOSPITAL CTR-MT SINAI SERVICES - ELMHURST, NY 2006
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	4790
License Date	6/14/1971
Name	<b>DIMAIO, FRANCIS H MD</b>
Address	228 CARMITA AVE, RUTHERFORD, NJ, 07070
Specialty	OTO
Board Certified	
School and Year of Graduation	ST ANDREWS UNIV SCOTLAND 1966
Internship and Year	OTTAWA GENERAL HOSPITAL - ONTARIO, CANADA 1969
Residency and Year	OTTAWA GENERAL HOSPITAL - ONTARIO, CANADA 1971
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	3334
License Date	1/6/1960
Name	<b>DIMAMBRO, ARTHUR R MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1993</b>
Remarks	

License Number	12162
License Date	12/3/2003
Name	<b>DIMASI, MATTHEW H MD</b>
Address	X RAY PA, 2 1/2 BEACON STCONCORD, NH, 03301
Specialty	R
Board Certified	R
School and Year of Graduation	BOSTON UNIVERSITY, BOSTON MA US 1995
Internship and Year	MALDEN MEDICAL CTR, MALDEN MA 1996
Residency and Year	BOSTON MEDICAL CTR, BOSTON MA 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6324
License Date	12/1/1980
Name	<b>DIMOND, ROBERT L MD</b>
Address	3 ROCKY LEDGE RD, MERRIMACK, NH, 03054
Specialty	D
Board Certified	D
School and Year of Graduation	UNIV OF MICHIGAN MED SCH,ARBOR MI USA 1967
Internship and Year	UNIV OF OREG MEDICAL SCH HOSP-PORTLAND,OR 1968
Residency and Year	UNIV OF OREG MED SCH HOSP-PORTLAND,OR 1975
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	13621
License Date	8/1/2007
Name	<b>DIMOV, GUEORGUI D MD</b>
Address	ST JOSEPH HOSP, 172 KINSLEY STNASHUA, NH, 03060
Specialty	FP
Board Certified	FP
School and Year of Graduation	MEDICAL UNIV PLOVDIV BULGARIA 1996
Internship and Year	FLOWER HOSPITAL FAMILY PHYSICIANS ASSOC- SYLVANIA, OH 2005
Residency and Year	MAINE-DARTMOUTH FAMILY PRACTICE RESIDENCY - AUGUSTA, ME 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13010
License Date	3/1/2006
Name	<b>DINAN JR, JOHN T MD</b>
Address	20 GARDINER ST, RICHMOND, ME, 04357
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF MICHIGAN, ANN ARBOR MI US 1960
Internship and Year	MAINE MEDICAL CTR, PORTLAND ME 1961
Residency and Year	MAINE MEDICAL CTR, PORTLAND ME 1962
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 16214  
 License Date 7/3/2013  
 Name **DINANI, AMREEN M MD**  
 Address 1 MEDICAL CENTER DRIVE, LEBANON, NH, 03756  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation AMERICAN UNIVERSITY OF THE CARIBBEAN ST MAARTEN 2005  
 Internship and Year NEW YORK HOSPITAL MEDICAL CENTER OF QUEENS - FLUSHING, NY 2007  
 Residency and Year NEW YORK HOSPITAL MEDICAL CENTER OF QUEENS - FLUSHING, NY 2009  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12571  
 License Date 1/5/2005  
 Name **DINGES, SUSAN A MD**  
 Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500 EDEN PRAIRIE, MN, 55344  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIVERSITY OF NEW YORK, SYRACUSE NY US 1988  
 Internship and Year UNIVERSITY OF MARYLAND, BALTIMORE MD 1989  
 Residency and Year UNIVERSITY OF MARYLAND, BALTIMORE MD 1992  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 7900  
 License Date 7/6/1988  
 Name **DINICOLA, MARIBETH M MD**  
 Address 3 ALUMNI DR STE 401, EXETER, NH, 03833-2123  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation THOMAS JEFFERSON UNIV - PHILA, PA USA 1984  
 Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1985  
 Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1988  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12871  
 License Date 9/7/2005  
 Name **DINNERSTEIN, ERIC MD**  
 Address MAINE NERLOGY, 49 SPRING ST SCARBOROUGH, ME, 04074  
 Specialty N  
 Board Certified  
 School and Year of Graduation HEBREW UNIVERSITY, JERUSALEM ISRAEL ISRAEL 2001  
 Internship and Year BROOKLYN HOSPITAL CTR, BROOKLYN NY 2004  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2005  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 14012  
 License Date 6/4/2008  
 Name **DINUBILA, JENNIFER L DO**  
 Address DARTMOUTH HITCHCOCK KEENE, 590 COURT STREET KEENE, NH, 03431  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation NEW YORK COLLEGE USA 2002  
 Internship and Year BOTSFORD GENERAL HOSPITAL - FARMINGTON HILLS, MI 2003  
 Residency and Year BOTSFORD GENERAL HOSPITAL - FARMINGTON HILLS, MI 2005  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10990  
 License Date 7/5/2000  
 Name **DINULOS, JAMES G MD**  
 Address SEACOAST DERMATOLOGY PLLC, 330 BORTHWICK AVE STE 303 PORTSMOUTH, NH, 03801  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation EASTERN VIRGINIA MED SCH - NORFOLK, VA USA 1994  
 Internship and Year CHILDREN'S HOSPITAL AND MEDICAL CENTER - SEATTLE, WA 1995  
 Residency and Year CHILDREN'S HOSPITAL AND MEDICAL CENTER - SEATTLE, WA 1997  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11088  
 License Date 10/4/2000  
 Name **DINULOS, MARY BETH MD**  
 Address DHMC-PEDIATRICS, ONE MEDICAL CENTER DR LEBANON, NH, 03756  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation MEDICAL COLLEGE OF PENNSYLVANIA- PHILA- PA USA 1990  
 Internship and Year CHILDREN'S HOSPITAL OF THE KINGS DAUGHTERS- NORFOLK, VA 1991  
 Residency and Year CHILDREN'S HOSPITAL OF THE KINGS DAUGHTERS - NORFOLK, VA 1993  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 17158  
 License Date 7/1/2015  
 Name **DION, NEIL T MD**  
 Address MGH, 55 FRUIT ST YAWKEY 3 BOSTON, MA, 02114  
 Specialty ORS  
 Board Certified  
 School and Year of Graduation NORTHWESTERN UNIVERSITY MEDICAL SCHOOL USA 2009  
 Internship and Year NORTHWESTERN UNIVERSITY-FEINBERG SCHOOL OF MEDICINE - CHICAGO, IL 2010  
 Residency and Year NORTHWESTERN UNIVERSITY-FEINBERG SCHOOL OF MEDICINE - CHICAGO, IL 2014  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	16577
License Date	5/7/2014
Name	<b>DIONNE, ANDREA M DO</b>
Address	LACONIA CLINIC - CARING FOR WOMEN, 734 NO MAIN ST LACONIA, NH, 03246
Specialty	OBG
Board Certified	
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC USA 2010
Internship and Year	MCLAREN GREATER LANSING - LANSING, MI 2011
Residency and Year	MCLAREN GREATER LANSING - LANSING, MI 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9413
License Date	5/3/1995
Name	<b>DIONNE, LESLIE M MD</b>
Address	DARTMOUTH-HITCHCOCK, 2300 SOUTHWOOD DR NASHUA, NH, 03063
Specialty	IM
Board Certified	IM
School and Year of Graduation	GEORGE WASHINGTON UNIVERSITY USA 1990
Internship and Year	PROVIDENCE MEDICAL CENTER, RI 1993
Residency and Year	PROVIDENCE MEDICAL CENTER, RI 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8077
License Date	5/10/1989
Name	<b>DIONNE, PIERRE L MD</b>
Address	HUDSON MEDICAL ASSOC, 225 DERRY RD HUDSON, NH, 03051-3020
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF OTTAWA FAC OF MED OTTAWA ONT CANADA 1986
Internship and Year	MIDDLESEX MEM HOSP MIDDLETOWN CT 1987
Residency and Year	MIDDLESEX MEM HOSP MIDDLETOWN CT 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	3641
License Date	9/11/1963
Name	<b>DIONNE, ROGER R MD</b>
Address	ST JOSEPH HOSPITAL, 172 KINSLEY NASHUA, NH, 03060
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF OTTAWA - CANADA CANADA 1959
Internship and Year	U S NAVAL HOSPITAL - ST ALBANS, NY 1960
Residency and Year	U S NAVAL HOSPITAL - ST ALBANS, NY 1960
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	14492
License Date	7/1/2009
Name	<b>DIONNE-ODOM, JODIE A MD</b>
Address	DHMC/INFECTIOUS DISIASE, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	ID
Board Certified	IM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2002
Internship and Year	NEW YORK UNIVERSITY SCHOOL OF MEDICINE - NEW YORK, NY 2003
Residency and Year	NEW YORK UNIVERSITY SCHOOL OF MEDICINE - NEW YORK, NY 2006
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	9415
License Date	5/3/1995
Name	<b>DIPASTINA, JOHN A DO</b>
Address	THE HITCHCOCK CLINIC, 253 PLEASANT STCONCORD, NH, 03301-
Specialty	FP
Board Certified	FP
School and Year of Graduation	PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE USA 1985
Internship and Year	THE MEDICAL CENTER OF DELEWARE 1995
Residency and Year	THE MEDICAL CENTER OF DELEWARE 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10234
License Date	2/4/1998
Name	<b>DIPRE, MICHAEL P MD</b>
Address	LACONIA CLINIC, 724 N MAIN ST PO BOX 637LACONIA, NH, 03246
Specialty	IM
Board Certified	
School and Year of Graduation	NY UNIV SCH OF MED, NY, NY USA 1985
Internship and Year	BOSTON CITY HOSPITAL - BOSTON, MA 1986
Residency and Year	BOSTON CITY HOSPITAL - BOSTON, MA 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	<p>10/22/08 - Settlement Agreement</p> <p>11/17/08 - Order Amending Settlement Agreement.</p> <p>6/7/10 - Order Restoring Privileges to Prescribe Schedule II &amp; III Narcotics.</p> <p>3/21/12 - Order of Emergency Suspension of Prescribing Privileges &amp; Notice of Hearing.</p> <p>2/8/13 - Settlement Agreement</p>

License Number	5134
License Date	1/7/1974
Name	<b>DIRESTA, THOMAS M MD</b>
Address	27 OCEAN ST, LYNN, MA, 01902-2022
Specialty	FP
Board Certified	
School and Year of Graduation	COLL OF OSTEOPATHIC MED-DES MOINES IA USA 1964
Internship and Year	PONTIAC OSTEOPATHIC HOSP-PONTIAC MI 1965
Residency and Year	PONTIAC OSTEOPATHIC HOSP - PONTIAC, MI 1965
License Expiration Date	<b>6/30/2000</b>
Remarks	Deceased 7/9/13



License Number	13452
License Date	4/4/2007
Name	<b>DIRITO-HERBERT, NICOLA M DO</b>
Address	ELLIOT HOSPITAL, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty	EM
Board Certified	EM
School and Year of Graduation	MIDWESTERN UNIV USA 1993
Internship and Year	MIDWESTERN UNIV-CHICAGO COLLEGE OF OSTEOPATHIC MED - OLYMPIA FIELDS, IL 1994
Residency and Year	YORK HOSPITAL - YORK, PA 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11150
License Date	1/3/2001
Name	<b>DIRKSMEIER, PETER J MD</b>
Address	SEACOAST ORTHOPEDICS & SPORTS, 7 MARSH BROOK DR SOMERSWORTH, NH, 03878
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIVERSITY OF SOUTHERN CALIFORNIA USA 1995
Internship and Year	UNIVERSITY HEALTH CENTER OF PITTSBURGH - PITTSBURGH PA 1996
Residency and Year	UNIVERSITY HEALTH CENTER OF PITTSBURGH - PITTSBURGH PA 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8868
License Date	12/2/1992
Name	<b>DISCIPPIO, ANTHONY W MD</b>
Address	DHMC-CARDIOTHORACIC SURGERY, ONE MEDICAL CENTER DR LEBANON, NH, 03756-
Specialty	GS
Board Certified	TS
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1989
Internship and Year	MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1996
Residency and Year	MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4928
License Date	12/4/1972
Name	<b>DISIMONE, ALLAN A MD</b>
Address	ST JOSEPH HEALTH SERVICES, 200 HIGH SERVICE AVENUE NORTH PROVIDENCE, RI, 02904
Specialty	GS
Board Certified	GS
School and Year of Graduation	GEORGETOWN MEDICAL CENTER - WASHINGTON, DC USA 1955
Internship and Year	ST JOSEPH'S HOSPITAL - PROVIDENCE, RI 1956
Residency and Year	VETERANS ADMINISTRATION HOSPITAL - NEWINGTON, CT 1957
License Expiration Date	<b>6/30/2010</b>
Remarks	<b>DECEASED 3/22/2012</b>

License Number	11528
License Date	3/6/2002
Name	<b>DISKIN, ARTHUR L MD</b>
Address	1050 CARIBBEAN WAY, STE 333MIAMI, FL, 33132
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF MIAMI - MIAMI, FL USA 1979
Internship and Year	UNIV OF SO CALIFORNIA - LOS ANGELES, CA 1980
Residency and Year	LOS ANGELES COUNTY-USC MEDICAL CENTER - LOS ANGELES, CA 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7802
License Date	3/9/1988
Name	<b>DISSIN, JONATHAN MD</b>
Address	ALBERT EINSTEIN MED, 5401 OLD YORK RD KLEIN 405PHILADELPHIA, PA, 19141
Specialty	N
Board Certified	
School and Year of Graduation	ST GOERGE UNIV SCH OF MED-ST GEORGE GRENDA USA 1982
Internship and Year	GREATER BALTIMORE MED CTR-BALTIMORE,MD 1983
Residency and Year	MASS GEN HOSP-BOSTON,MA 1987
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10463
License Date	12/2/1998
Name	<b>DiSTEFANO, MARK S MD</b>
Address	95 VERNON STREET, WORCESTER, MA, 01610
Specialty	GS
Board Certified	
School and Year of Graduation	GEORGETOWN UNIV SCH OF MED - WASHINGTON, DC USA 1979
Internship and Year	UNIV OF MASS - WORCHESTER, MA 1980
Residency and Year	UNIV OF MASS - WORCHESTER, MA 1981
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11444
License Date	11/7/2001
Name	<b>DITRI, JOHN A MD</b>
Address	580 COURT ST, KEENE, NH, 03431
Specialty	PM
Board Certified	PM
School and Year of Graduation	WAYNE STATE UNIV SCH- DETROIT, MI USA 1990
Internship and Year	MICHIGAN STATE UNIV - KALAMAZOO CTR CTR- KALAMAZOO, MI 1991
Residency and Year	REHABILITATION INSTITUTE OF MICHIGAN - DETROIT, MI 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14067
License Date	7/9/2008
Name	<b>DITZENBERGER, JOHN E MD</b>
Address	IMAGING ON CALL, 695 DUTCHESS TPKE # 105POUGHKEEPSIE, NY, 12603
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF NEW JERSEY USA 1999
Internship and Year	UMDNJ ROBERT WOOD JOHNSON MED SCHOOL-NEW BRUNSWICK, NJ 2000
Residency and Year	ST BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 2004
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	11904
License Date	5/7/2003
Name	<b>DIVENUTI, GINA M MD</b>
Address	N H ONCOLOGY-HEMATOLOGY, 200 TECHNOLOGY DRHOOKSETT, NH, 03106
Specialty	ON
Board Certified	IM
School and Year of Graduation	BROWN UNIV SCH OF MED - PROVIDENCE, RI USA 1997
Internship and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1998
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5623
License Date	10/7/1976
Name	<b>DIXON, CAROLYN S MD</b>
Address	31 GREAT BAY DR E, GREENLAND, NH, 03840
Specialty	P
Board Certified	P
School and Year of Graduation	OHIO STATE UNIV COLLEGE OF MED COLUMBUS USA 1965
Internship and Year	MAINE MEDICAL CENTER PORTLAND 1966
Residency and Year	MAINE MEDICAL CENTER PORTLAND 1976
License Expiration Date	<b>6/30/2003</b>
Remarks	<b>Deceased 4/24/14</b>

License Number	13395
License Date	2/7/2007
Name	<b>DIZON, CARMINA ISABEL R MD</b>
Address	ST JOSEPH MEDICAL CENTER, 127 SO BROADWAYYONKERS, NY, 10701
Specialty	FP
Board Certified	
School and Year of Graduation	UNIV OF SANTO TOMAS PHILIPPINES 1998
Internship and Year	ST JOSEPH'S MEDICAL CTR-YONKERS, NY 2005
Residency and Year	ST JOSEPH'S MEDICAL CTR-YONKERS, NY 2007
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	11529
License Date	3/6/2002
Name	<b>DJALAYER, KASRA MD</b>
Address	15 AIKEN AVE, FRANKLIN, NH, 03235
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF MADRID - MADRID, SPAIN SPAIN 1989
Internship and Year	GRIFFIN HOSP - DERBY, CT 1998
Residency and Year	GRIFFIN HOSP - DERBY, CT 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>LAPSED FOR NON-RENEWAL 6/30/03... REINSTATED 8/2/06</b>

License Number	15868
License Date	10/3/2012
Name	<b>DJALO, ANNABI I MD</b>
Address	CMC, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty	
Board Certified	FP
School and Year of Graduation	ROSS UNIVERSITY DOMINICA 2005
Internship and Year	NEW YORK MEDICAL COLLEGE - BROOKLYN - QUEENS, NY 2006
Residency and Year	NEW YORK MEDICAL COLLEGE - BROOKLYN - QUEENS, NY 2008
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	10464
License Date	12/2/1998
Name	<b>DMITROVSKY, ETHAN MD</b>
Address	UNIVERSITY OF TX MD ANDERSON CANCER CENTER, 1515 HOLCOMBE BLVD UNIT 1492HOUSTON,
Specialty	IM
Board Certified	IM
School and Year of Graduation	CORNELL UNIV MED SCH - NEW YORK NY USA 1980
Internship and Year	NEW YORK HOSPITAL - NEW YORK, NY 1981
Residency and Year	NEW YORK HOSPITAL - NEW YORK, NY 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14493
License Date	7/1/2009
Name	<b>DMYTRUK, DMITRI P DO</b>
Address	SEACOAST PHYSIATRY, 875 GREENLAND RDPORTSMOUTH, NH, 03801
Specialty	PM
Board Certified	PM
School and Year of Graduation	NEW YORK COLLEGE USA 2005
Internship and Year	LUTHERAN MEDICAL CENTER - BROOKLYN, NY 2006
Residency and Year	BOSTON MEDICAL CENTER- BOSTON, MA 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13149
License Date	7/5/2006
Name	<b>DO, DUC T MD</b>
Address	DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF VERMONT USA 2003
Internship and Year	DHMC-LEBANON NH 2005
Residency and Year	DHMC-LEBANON NH 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7299
License Date	4/3/1986
Name	<b>DOANE, PETER G MD</b>
Address	5 SCHOOL ST, BRISTOL, NH, 03222-1219
Specialty	FP
Board Certified	FP
School and Year of Graduation	LOMA LINDA UNIV LOS ANGELES CA USA 1983
Internship and Year	TOLEDO HOSP TOLEDO OH 1984
Residency and Year	TOLEDO HOSP TOLEDO OH 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6707
License Date	6/2/1983
Name	<b>DOBBINS, ANN MD</b>
Address	NASHUA PEDIATRICS, 155 KINSLEY STNASHUA, NH, 03060-3701
Specialty	PD
Board Certified	PD
School and Year of Graduation	MED COLL OF PENNSYLVANIA - PHILA, PA USA 1980
Internship and Year	UNIV MASS HOSPITAL MEDICAL CENTER - WORCESTER, MA 1981
Residency and Year	UNIV MASS HOSPITAL MEDICAL CENTER - WORCESTER, MA 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16215
License Date	7/3/2013
Name	<b>DOBKIN, DEAN A MD</b>
Address	275 EAST 200 SOUTH, SALT LAKE CITY, UT, 84111
Specialty	EM
Board Certified	EM
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 1976
Internship and Year	DETROIT MEDICAL CENTER-WAYNE STATE UNIVERSITY - DETROIT, MI 1977
Residency and Year	UNIVERSITY OF ILLINOIS HOSPITAL & CLINICS - CHICAGO, IL 1981
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	15181
License Date	4/6/2011
Name	<b>DOBRESCU, COSMIN MD</b>
Address	JACKSON MEM HOSP - DIV CARDIOTHORACIC SURGERY, 1611 NW 12TH AVE. - HOLTZ EAST TOWER
Specialty	TS
Board Certified	TS
School and Year of Graduation	NORTHWESTERN UNIVERSITY MEDICAL SCHOOL USA 2002
Internship and Year	BAYLOR COLLEGE OF MEDICINE - HOUSTON, TX 2004
Residency and Year	UNIVERSITY OF WISCONSIN HOSPITAL & CLINICS - MADISON, WI 2007
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	10937
License Date	6/7/2000
Name	<b>DOBSON III, HOWARD D MD</b>
Address	184 TARRYTOWN RD, MANCHESTER, NH, 03103-3632
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF MIAMI SCH OF MED - MIAMI, FL USA 1994
Internship and Year	RUSH-PRESBYTERIAN-ST LUKES MEDICAL CENTER - CHICAGO, IL 1995
Residency and Year	RUSH-PRESBYTERIAN-ST LUKES MEDICAL CENTER - CHICAGO, IL 1999
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	15147
License Date	3/2/2011
Name	<b>DOBSON III, CARL W MD</b>
Address	SOUTHWESTERN VT MED CTR, 100 HOSPITAL DR BENNINGTON, VT, 15201
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF TENNESSEE USA 2002
Internship and Year	UNIVERSITY OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 2003
Residency and Year	UNIVERSITY OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14013
License Date	6/4/2008
Name	<b>DOCYK, STANLEY W MD</b>
Address	5219 BLISS RD, BALLSTON SPA, NY, 12020
Specialty	IM
Board Certified	IM
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 1980
Internship and Year	ALBANY MEDICAL CENTER-ALBANY, NY 1981
Residency and Year	ALBANY MEDICAL CENTER-ALBANY, NY 1983
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	16708
License Date	8/6/2014
Name	<b>DODDAPANENI, SASIKANTH MD</b>
Address	7301 BEAVER CREEK RD, ALPHARETTA, GA, 30022
Specialty	P
Board Certified	P
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1997
Internship and Year	UNIVERSITY OF CALIFORNIA - ORANGE, CA 1998
Residency and Year	CALIFORNIA PACIFIC MEDICAL CENTER - SAN FRANCISCO, CA 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3705
License Date	6/26/1964
Name	<b>DODDS, JOHN P MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1993</b>
Remarks	

License Number	9600
License Date	12/6/1995
Name	<b>DODDS, THOMAS A MD</b>
Address	30 RIP RD, HANOVER, NH, 03755
Specialty	PM
Board Certified	PM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1986
Internship and Year	UCLA MEDICAL CENTER - LOS ANGELES, CA 1987
Residency and Year	UNIV WASHINGTON MEDICAL CENTER - SEATTLE, WA 1990
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	6986
License Date	6/8/1988
Name	<b>DODDS, THOMAS M MD</b>
Address	DHMC-ANESTHESIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	AN
Board Certified	AN
School and Year of Graduation	DARTMOUTH-HITCHCOCK MED CTR-LEBANON,NH USA 1982
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR-LEBANON,NH 1983
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR-LEBANON,NH 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6874
License Date	5/10/1984
Name	<b>DODGE, CARTER P MD</b>
Address	DHMC-ANESTHESIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	AN
Board Certified	AN
School and Year of Graduation	ALBERT EINSTEIN COLL MED-YESHIVA,NY USA 1977
Internship and Year	BOSTON CITY HOSP-BOSTON,MA 1978
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16538
License Date	4/2/2014
Name	<b>DODICK, DAVID W MD</b>
Address	MAYO CLINIC, 5777 E MAYO BLVDPHOENIX, AZ, 85054
Specialty	N
Board Certified	N
School and Year of Graduation	DALHOUSIE UNIVERSITY FACULTY OF MEDICINE CANADA 1990
Internship and Year	MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 1991
Residency and Year	MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5417
License Date	9/3/1975
Name	<b>DOFFING, KENNETH M MD</b>
Address	, , ,
Specialty	ORS
Board Certified	
School and Year of Graduation	UNIVERSITY OF KANSAS USA
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1993</b>
Remarks	Deceased 4/27/95

License Number	16858
License Date	12/3/2014
Name	<b>DOHADWALA, MUSTALI M MD</b>
Address	565 TURNPIKE ST STE 75, N ANDOVER, MA, 01845
Specialty	NC
Board Certified	NC
School and Year of Graduation	MEDICAL COLLEGE OF WISCONSIN USA 2005
Internship and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2006
Residency and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number 9797  
 License Date 8/7/1996  
 Name **DOHAN, DAVID A MD**  
 Address 281 CAMBRIDGE ST, BURLINGTON, MA, 01803  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF MASS MEDICAL CENTER - WORCESTER, MA USA 1993  
 Internship and Year MARY HITCHCOCK MEMORIAL HOSPITAL - NH 1994  
 Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL - NH 1997  
 License Expiration Date **6/30/2001**  
 Remarks

License Number 15567  
 License Date 3/7/2012  
 Name **DOHERTY, CAROLYN M MD**  
 Address ENT ASSOC OF NH, 85 SPRING ST #104LACONIA, NH, 03246  
 Specialty OTO  
 Board Certified OTO  
 School and Year of Graduation UNIVERSITY OF SOUTHERN CALIFORNIA USA 1986  
 Internship and Year UCLA MEDICAL CENTER - TORRANCE, CA 1987  
 Residency and Year UCLA MEDICAL CENTER - TORRANCE, CA 1988  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 8989  
 License Date 7/7/1993  
 Name **DOHERTY, MICHAEL H MD**  
 Address MONADNOCK ANESTHESIA ASSOCIATE, 452 OLD STREET RDPETERBOROUGH, NH, 03458  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation UNIVERSITY OF TX MEDICAL SCHOOL USA 1988  
 Internship and Year UNIVERSITY OF MA MEDICAL CENTER - WORCESTER MA 1990  
 Residency and Year ST ELIZABETH'S HOSPITAL - BOSTON MA 1993  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13340  
 License Date 12/6/2006  
 Name **DOLBEAR, GAIL L MD**  
 Address 4489 RED SPRUCE LANE, MANLIUS, NY, 13104  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation STATE UNIV OF NY UPSTATE MEDICAL UNIV USA 1993  
 Internship and Year ALBANY MEDICAL CTR HOSPITAL-ALBANY, NY 1995  
 Residency and Year ALBANY MEDICAL CTR HOSPITAL-ALBANY, NY 1997  
 License Expiration Date **11/14/2007**  
 Remarks **11/14/07 - Voluntary Surrender of License**  
**DECEASED 05/24/08**

License Number	15748
License Date	7/11/2012
Name	<b>DOLGIN, REBECCA L MD</b>
Address	TIDES OF TAO, LLC, 1867 WILLIAMS HWY, STE 213GRANTS PASS, OR, 97527
Specialty	P
Board Certified	P
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 2007
Internship and Year	FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2008
Residency and Year	FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2011
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6708
License Date	6/2/1983
Name	<b>DOLKART, KENNETH M MD</b>
Address	DHMC- INTERNAL MEDICINE, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF PENN SCH MED - PHILADELPHIA, PA USA 1980
Internship and Year	PRESBY UNIV PENN MEDICAL CENTER - PHILA, PA 1983
Residency and Year	PRESBY UNIV PENN MEDICAL CENTER - PHILA, PA 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15291
License Date	7/6/2011
Name	<b>DOMBROWSKI, TODD F MD</b>
Address	580-90 COURT ST, KEENE, NH, 03431
Specialty	IM
Board Certified	IM
School and Year of Graduation	AMERICAN UNIVERSITY OF THE CARIBBEAN NETHERLANDS ANTILLES 2006
Internship and Year	ALBANY MEDICAL CENTER - ALBANY, NY 2007
Residency and Year	ALBANY MEDICAL CENTER - ALBANY, NY 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6193
License Date	5/8/1980
Name	<b>DOMIN, WAYNE D MD</b>
Address	CARING FOR WOMEN, 734 N MAIN STLACONIA, NH, 03246-3537
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF ILLINOIS COLLEGE MEDICINE - CHICAGO, IL USA 1975
Internship and Year	BAYSTATE HOSPITAL MEDICAL CENTER - SPRINGFIELD, MA 1978
Residency and Year	BAYSTATE HOSPITAL MEDICAL CENTER - SPRINGFIELD, MA 1980
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13662
License Date	9/5/2007
Name	<b>DOMINIAK, COLEMAN W MD</b>
Address	DHMC-INTERNAL MEDICINE, ONE MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	THOMAS JEFFERSON UNIV USA 2004
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14494
License Date	7/1/2009
Name	<b>DOMINICK, KEITH R MD</b>
Address	PEDIATRIC ASSOC OF PORTSMOUTH, 330 BORTHWICK AVE STE 202PORTSMOUTH, NH, 03801
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS MED SCHOOL USA 2006
Internship and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 2007
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	3948
License Date	9/13/1966
Name	<b>DONAHOE, PATRICIA K MD</b>
Address	MASS GENERAL HOSP, 55 FRUIT ST WRN11BOSTON, MA, 02114
Specialty	NSP
Board Certified	NSP
School and Year of Graduation	COLUMBIA UNIV NY,NY USA 1964
Internship and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1965
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1965
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	15828
License Date	9/5/2012
Name	<b>DONAHUE, JOHN P MD</b>
Address	PO BOX 6128, BRIDGEPORT, CT, 06606
Specialty	DR
Board Certified	DR
School and Year of Graduation	GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 1991
Internship and Year	WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 1992
Residency and Year	SAINT VINCENTS MEDICAL CENTER - BRIDGEPORT, CT 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8644
License Date	11/6/1991
Name	<b>DONALD, DAVID M MD</b>
Address	BAYSIDE UROLOGY, 7121 S.P.I D. SUITE 118CORPUS CHRISTI, TX, 78412
Specialty	U
Board Certified	U
School and Year of Graduation	UNIVERSITY OF ALBERTA CANADA 1970
Internship and Year	FOOTHILLS HOSPITAL - CALGARY ALBERTA, CANADA 1971
Residency and Year	UNIVERSITY OF TORONTO DEPARTMENT OF SURGERY TORONTO GENERAL HOSPITAL, UROLOG
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	15399
License Date	9/7/2011
Name	<b>DONALDSON, ANTHONY H MD</b>
Address	85 KEYS LANE, SHUSHAN, NY, 12873
Specialty	U
Board Certified	U
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1999
Internship and Year	NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 2000
Residency and Year	NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7484
License Date	12/4/1986
Name	<b>DONEGAN, JAMES O MD</b>
Address	5 RIPLEY RD, HANOVER, NH, 03755
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	NATIONAL UNIV OF IRELAND IRELAND 1968
Internship and Year	UNIV CINCINNATI HOSPITAL MEDICAL CENTER - CINCINNATI, OH 1977
Residency and Year	UNIV CINCINNATI HOSPITAL MEDICAL CENTER - CINCINNATI, OH 1979
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	D0007
License Date	
Name	<b>DONELSON, RONALD G MD</b>
Address	13 GIBSON ROAD, HANOVER, NH, 03755
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	HANNEMAN UNIVERSITY - PHILADELPHIA, PA USA 1973
Internship and Year	BASSETT HEALTHCARE - COOPERSTOWN, NY 1974
Residency and Year	SUNY HEALTH SCIENCE CENTER - SYRACUSE, NY 1978
License Expiration Date	<b>3/29/2002</b>
Remarks	3/29/02 - Order of Conditional Denial. Applicant must request a hearing to show cause why he should not be denied a license within thirty (30) days. 7/16/08 - Settlement Agreement

License Number 16471  
 License Date 2/5/2014  
 Name **DONEPUDI, RAMESH MD**  
 Address , 26 COACHMAN RIDGE RDSHREWSBURY, MA, 01525  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation RANGARAYA MEDICAL COLLEGE INDIA 1998  
 Internship and Year LAHEY CLINIC - BURLINGTON, MA 2006  
 Residency and Year LAHEY CLINIC - BURLINGTON, MA 2007  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15341  
 License Date 8/3/2011  
 Name **DONKOR, ERNEST A MD**  
 Address GREATER MERIDIAN HEALTH CLINIC, 2707 DAVIS STMERIDIAN, MS, 39304  
 Specialty PD  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF GHANA GHANA 2002  
 Internship and Year WOODHULL MEDICAL & MENTAL HEALTH CENTER - BROOKLYN, NY 2009  
 Residency and Year WOODHULL MEDICAL & MENTAL HEALTH CENTER - BROOKLYN, NY 2011  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 3740  
 License Date 10/14/1964  
 Name **DONNELL, JAMES M MD**  
 Address 125 GLEN RD, GORHAM, NH, 03581-1347  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation MCGILL UNIV - MONTREAL P.Q. CANADA CANADA 1955  
 Internship and Year MONTREAL GENERAL HOSPITAL - MONTREAL, CANADA 1956  
 Residency and Year MONTREAL GENERAL HOSPITAL - MONTREAL, CANADA 1962  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 16304  
 License Date 9/4/2013  
 Name **DONNELL, ROBERT F MD**  
 Address 9 BUZELL AVE, EXETER, NH, 03833  
 Specialty N  
 Board Certified N  
 School and Year of Graduation THOMAS JEFFERSON UNIVERSITY USA 2005  
 Internship and Year TUFTS MEDICAL CENTER - BOSTON, MA 2007  
 Residency and Year TUFTS MEDICAL CENTER - BOSTON, MA 2009  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 7344  
 License Date 6/12/1986  
 Name **DONNELLY JR, ROBERT B MD**  
 Address , , ,  
 Specialty IM  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF MASSACHUSETTES USA 1983  
 Internship and Year  
 Residency and Year  
 License Expiration Date **5/18/1995**  
 Remarks

License Number 9509  
 License Date 7/19/1995  
 Name **DONNELLY, CRAIG L MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03657  
 Specialty CHP  
 Board Certified P  
 School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1989  
 Internship and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM NC 1993  
 Residency and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM NC 1995  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16004  
 License Date 2/6/2013  
 Name **DONNELLY, DAVID A MD**  
 Address DHMC - DEPT OF AN, 1 MED CTR DRLEBANON, NH, 03756  
 Specialty AN  
 Board Certified  
 School and Year of Graduation STATE UNIVERSITY OF NY USA 2010  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 6823  
 License Date 12/1/1983  
 Name **DONNELLY, TIMOTHY A MD**  
 Address 4 FAIRWAY DR, DOVER, NH, 03820  
 Specialty EM  
 Board Certified FP  
 School and Year of Graduation UNIV OF WASHINGTON SCH MED-SEATTLE,WA USA 1980  
 Internship and Year UNIV HOSPITAL-GRAND FORKS,ND 1981  
 Residency and Year UNITED HOSPITAL-GRAND FORKS,ND 1983  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	13742
License Date	11/7/2007
Name	<b>DONNER, MARD A E MD</b>
Address	1148 KIBBEE RD, BROOKFIELD, VT, 05036
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF PENNSYLVANIA USA 1980
Internship and Year	TEMPLE UNIV HOSPITAL - PHILADELPHIA, PA 1981
Residency and Year	TEMPLE UNIV HOSPITAL - PHILADELPHIA, PA 1983
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	9693
License Date	5/1/1996
Name	<b>DONOFRIO, JENNIFER M MD</b>
Address	MANCHESTER OB ASSOC, 150 TARRYTOWN RDMANCHESTER, NH, 03103-
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	VA COMMONWEALTH UNIV MED COL OF VA MED RICHMOND VA USA 1992
Internship and Year	CARILION HEALTH SYSTEM - ROANOKE, VA 1993
Residency and Year	CARILION HEALTH SYSTEM - ROANOKE VA 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9694
License Date	5/1/1996
Name	<b>DONOHUE, ROBERT J MD</b>
Address	BIRCH TREE MEDICAL ASSOC, 246 PLEASANT STCONCORD, NH, 03301-
Specialty	IM
Board Certified	IM
School and Year of Graduation	SUNY HLTH SCI CTR AT SYRACUSE COLL OF MED USA 1993
Internship and Year	ALBANY MED CTR HOSPITAL - ALBANY, NY 1995
Residency and Year	ALBANY MED CTR HOSPITAL - ALBANY, NY 1996
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	7761
License Date	1/6/1988
Name	<b>DONOVAN, EDWARD D MD</b>
Address	ASSOC. IN EAR, NOSE & THROAT, 17 RIVERSIDE ST STE 104NASHUA, NH, 03062
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	UNIV OF MASS MED SCH - WORCESTER, MA USA 1978
Internship and Year	ST ELIZABETH'S HOSPITAL - BOSTON, MA 1979
Residency and Year	MASS EYE & EAR INFIRMARY - BOSTON, MA 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11730
License Date	9/4/2002
Name	<b>DONOVAN, GERTRUDE A MD</b>
Address	INTEGRATIVE WOMEN'S HEALTH, 15 AIKEN AVEFRANKLIN, NH, 03235
Specialty	OBG
Board Certified	
School and Year of Graduation	MEMORIAL UNIVERSITY OF NEWFOUNDLAND FACULTY OF MED CANADA 1977
Internship and Year	MCMaster UNIVERSITY FACULTY OF HEALTH SCIENCES, HAMILTON ONTARIO CANADA 1978
Residency and Year	MCMaster UNIVERSITY FACULTY OF HEALTH SCIENCES, HAMILTON, ONTARIO CANADA 1982
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	12099
License Date	10/1/2003
Name	<b>DONOVAN, KEVIN M DO</b>
Address	ROCHESTER HILL FAMILY PRACTICE, 5 WHITEHALL RDROCHESTER, NH, 03867
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND,BIDDEFORD ME US 1998
Internship and Year	EASTERN MAINE MEDICAL CTR, BANGOR ME 1999
Residency and Year	EASTERN MAINE MEDICAL CTR, BANGOR ME 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9242
License Date	8/3/1994
Name	<b>DONOVAN, MATTHEW J MD</b>
Address	10 MARKET PLACE DR, YORK, ME, 03909
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1988
Internship and Year	HARTFORD HOSPITAL - HARTFORD CT 1989
Residency and Year	J DEMPSEY HOSPITAL UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON CT 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4751
License Date	8/15/1972
Name	<b>DONOVAN-KACHAVOS, KATHRYN A MD</b>
Address	BEACON MENTAL HLTH ASSOC, 15 UNION STMILFORD, NH, 03055-4875
Specialty	P
Board Certified	P
School and Year of Graduation	ST LOUIS UNIV SCHOOL OF MEDICINE, MO USA 1965
Internship and Year	BELLEVUE HOSPITAL - NY, NY 1966
Residency and Year	TUFTS NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1969
License Expiration Date	<b>6/30/1998</b>
Remarks	



License Number	5993
License Date	10/13/1978
Name	<b>DONROVICH, PAUL J MD</b>
Address	, , ,
Specialty	FP
Board Certified	
School and Year of Graduation	COLLEGE OF PENNSYLVANIA USA 1975
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1982</b>
Remarks	

License Number	5947
License Date	7/11/1978
Name	<b>DONSKER, DAVID B MD</b>
Address	SPECTRUM MEDICAL GROUP, 324 GANNETT DR SUITE 200SOUTH PORTLAND, ME, 04106
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF MINNESOTA MED SCH - MINNEAPOLIS USA 1974
Internship and Year	UNIV WASHINGTON AFFILIATED HOSPITAL - SEATTLE, WA 1977
Residency and Year	UNIV WASHINGTON AFFILIATED HOSPITAL - SEATTLE, WA 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7115
License Date	6/6/1985
Name	<b>DORF, EUGENE C MD</b>
Address	, , ,
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	BAYLOR COLLEGE OF MEDICINE, TEXAS USA 1972
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1991</b>
Remarks	

License Number	12485
License Date	10/6/2004
Name	<b>DORF, ROBERT G DO</b>
Address	268 MAIN ST, NASHUA, NH, 03061-0567
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME US 1998
Internship and Year	ST JOSEPH'S FAMILY MED AT CLIFTON, CLIFTON NJ 2000
Residency and Year	ST JOSEPH'S FAMILY MED AT CLIFTON, CLIFTON NJ 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 4388  
 License Date 4/22/1969  
 Name **DORSAINVIL, JOSEPH MD**  
 Address 2532 GRAND CONCOURSE, BRONX, NY, 10458  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation FAUCULTY OF MEDICINE HAITI 1963  
 Internship and Year HARLEM HOSPITAL CENTER 1968  
 Residency and Year HARLEM MEDICAL CENTER 1969  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 7836  
 License Date 5/4/1988  
 Name **DORSEY, DIANA P MD**  
 Address SPEC MED SVS-DHHS-THAYER BLDG, 129 PLEASANT STCONCORD, NH, 03301-3857  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIV OF LOUISVILLE SCH MED - LOUISVILLE, KY USA 1985  
 Internship and Year EASTERN VIRGINIA GRADUATE SCH MED AFFILIATED HOSPITAL - NORFOLK, VA 1986  
 Residency and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1988  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10419  
 License Date 10/7/1998  
 Name **DOS SANTOS, FERNANDO A MD**  
 Address 395 MAIN ST, UNIT 5SALEM, NH, 03079  
 Specialty GP  
 Board Certified  
 School and Year of Graduation HLTH SCI CTR FEDERAL UNIV OF RIO DE JANEIRO BRAZIL 1958  
 Internship and Year CHARLTON MEMORIAL HOSPITAL - FALL RIVER, MA 1960  
 Residency and Year CAMBRIDGE HOSPITAL - CAMBRIDGE, MA 1961  
 License Expiration Date **2/11/2010**  
 Remarks **Deceased - 2/11/10**

License Number 14757  
 License Date 3/3/2010  
 Name **DOTZAUER, BERND MD**  
 Address 738 BONNYVALE ROAD, BRATTLEBORO, VT, 05301  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation RUHR UNIVERSITY BOCHUM GERMANY 1997  
 Internship and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 2000  
 Residency and Year UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON, CT 2003  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 11731  
 License Date 9/4/2002  
 Name **DOU, YAMIN MD**  
 Address LAHEY CLINIC, BURLINGTON, MA, 01805  
 Specialty NM  
 Board Certified NM  
 School and Year of Graduation WANNAN MEDICAL COLLEGE, WUHU, JIANGSU CHINA 1987  
 Internship and Year HAHNEMANN UNIVERSITY HOSPITAL, PHILADELPHIA, PA 2000  
 Residency and Year HAHNEMANN UNIVERSITY HOSPITAL, PHILADELPHIA, PA 2001  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 10610  
 License Date 7/7/1999  
 Name **DOUCET, CHRISTEN M MD**  
 Address EXETER HLTH FAMILY PRACTICE, 21 HAMPTON RD BLDG 3 FLR 1 EXETER, NH, 03833  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF TX MED SCH - SAN ANTONIO, TX USA 1992  
 Internship and Year WILFORD HALL MED CTR - SAN ANTONIO, TX 1993  
 Residency and Year HARPERS FERRY FAMILY MED CTR - HARPERS FERRY, WV 1999  
 License Expiration Date **6/30/2017**  
 Remarks **lapsed 6/30/11 - reinstated 7/11/12**

License Number 8959  
 License Date 6/2/1993  
 Name **DOUCETTE, KARI G MD**  
 Address FRISBIE MEMORIAL HOSPITAL, 11 WHITEHALL RD ROCHESTER, NH, 03867-  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation COLUMBIA UNIVERSITY COLLEGE OF PHY AND SURGEONS USA 1988  
 Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD MA 1990  
 Residency and Year HARTFORD HOSPITAL - HARTFORD CT 1993  
 License Expiration Date **6/30/2003**  
 Remarks

License Number 16263  
 License Date 8/7/2013  
 Name **DOUCETTE, WILDER T MD**  
 Address DHMC- PSYCHIATRY DEPT, 1 MED CTR DR LEBANON, NH, 03756  
 Specialty P  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF COLORADO USA 2010  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	16901
License Date	1/21/2015
Name	<b>DOUGLAS JR, RONALD M MD</b>
Address	325 B KING ST, NORTHAMPTON, MA, 01060
Specialty	FP
Board Certified	FP
School and Year of Graduation	VA COMMONWEALTH UNIV SCHOOL OF MEDICINE USA 1996
Internship and Year	MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 1997
Residency and Year	ALTRU HEALTH SYSTEM GRAND FORDS, GRAND FORKS, ND 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	D0017
License Date	
Name	<b>DOUGLAS JR, RONALD M MD</b>
Address	, , ,
Specialty	FP
Board Certified	FP
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	
Remarks	

License Number	5814
License Date	9/1/1977
Name	<b>DOUGLASS, RICHARD M MD</b>
Address	MANCHESTER VAMC, 718 SMYTH RDMANCHESTER, NH, 03104
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF CALIFORNIA LOS ANGELES USA 1974
Internship and Year	SANTA CLARA VALLY MED CENTER SAN JOSE 1975
Residency and Year	SANTA CLARA VALLY MED CENTER SAN JOSE 1977
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	T2242
License Date	7/1/1990
Name	<b>DOULL, JAMES MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1992</b>
Remarks	

License Number	10327
License Date	7/1/1998
Name	<b>DOURDOUFIS, PETER J DO</b>
Address	LAHEY CARDIOLOGY PORTSMOUTH, 333 BORTHWICK AVE STE 401PORTSMOUTH, NH, 03801
Specialty	CD
Board Certified	IM
School and Year of Graduation	PHILA COLL OF OSTEO MED - PHILA, PA USA 1991
Internship and Year	PHILA COLLEGE OF OSTEO MED - PHILA, PA 1992
Residency and Year	HAHNEMANN UNIV HOSPITAL - PHILA, PA 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14988
License Date	9/1/2010
Name	<b>DOURMASHKIN, THOMAS L MD</b>
Address	COTTAGE HOSPITAL, PO BOX 2001WOODSVILLE, NH, 03785
Specialty	EM
Board Certified	EM
School and Year of Graduation	STATE UNIVERSITY OF NEW YORK USA 1978
Internship and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD,MA 1979
Residency and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD,MA 1981
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15790
License Date	8/1/2012
Name	<b>DOVER, CRYSTAL M MD</b>
Address	LAHEY CLINIC, 17 RIVERSIDE STNASHUA, NH, 03060
Specialty	U
Board Certified	
School and Year of Graduation	UNIVERSITY OF VA SCHOOL OF MEDICINE USA 2007
Internship and Year	UNIVERSITY OF WISCONSIN HOSPITAL & CLINICS - MADISON, WI 2008
Residency and Year	UNIVERSITY OF WISCONSIN HOSPITAL & CLINICS - MADISON, WI 2012
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	5690
License Date	4/7/1977
Name	<b>DOW, RICHARD W MD</b>
Address	DHMC-SURGERY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	VS
Board Certified	GS
School and Year of Graduation	MICHIGAN MEDICAL SCHOOL USA 1961
Internship and Year	UNIVERSITY HOSPITAL - ANN ARBOR MI 1962
Residency and Year	UNIVERSITY HOSPITAL - ANN ARBOR MI 1967
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	12486
License Date	10/6/2004
Name	<b>DOW, ROBERT R DO</b>
Address	ELLIOT PRIMARY CARE @LONDONDER, 40 BUTTRICK RDLONDONDERRY, NH, 03053
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME US 1999
Internship and Year	BEVERLY HOSPITAL, DANVERS MA 2000
Residency and Year	BEVERLY HOSPITAL, DANVERS MA 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10860
License Date	4/5/2000
Name	<b>DOWD, JOHN DO</b>
Address	100 HITCHCOCK WAY, MANCHESTER, NH, 03104
Specialty	GE
Board Certified	GE
School and Year of Graduation	DES MOINES UNIVERSITY USA 1994
Internship and Year	NEW JERSEY MEDICAL SCHOOL - NEWARK NJ 1995
Residency and Year	KENNEDY MEMORIAL HOSP - STRATFORD NJ 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15182
License Date	4/6/2011
Name	<b>DOWD, TIMOTHY J MD</b>
Address	NORTH AMER PARTNERS IN ANESTH, 68 S SERVICE RD STE 350MELVILLE, NY, 11747
Specialty	AN
Board Certified	AN
School and Year of Graduation	CORNELL UNIVERSITY MEDICAL COLLEGE USA 1982
Internship and Year	NEW YORK & PRESBYTERIAN HOSPITAL (CORNELL CAMPUS) - NY, NY 1983
Residency and Year	NEW YORK & PRESBYTERIAN HOSPITAL (CORNELL CAMPUS) - NY, NY 1986
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	10270
License Date	5/6/1998
Name	<b>DOWE, MICHAEL F MD</b>
Address	87 SPRING ST UNIT 101, LACONIA, NH, 03246-3135
Specialty	R
Board Certified	R
School and Year of Graduation	BOSTON UNIVERSITY USA 1993
Internship and Year	UNIVERSITY OF MARYLAND MEDICAL SYSTEM- BALTIMORE, MD 1997
Residency and Year	UNIVERSITY OF MARYLAND MEDICAL SYSTEM BALTIMORE, MD 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10386
License Date	9/2/1998
Name	<b>DOWLING, CHRISTOPHER A MD</b>
Address	MIRACA LIFE SCIENCES, 320 NEEDHAM ST., STE 200NEWTON, MA, 02464
Specialty	CLP
Board Certified	CLP
School and Year of Graduation	UNIV OF VERMONT - BURLINGTON, VT USA 1990
Internship and Year	UNIV OF CALIFORNIA - SAN DIEGO, CA 1991
Residency and Year	UNIV OF CALIFORNIA - SAN DIEGO, CA 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11366
License Date	9/5/2001
Name	<b>DOWNING, SEAN G MD</b>
Address	NASHUA AREA HEALTH CENTER, 10 PROSPECT ST STENASHUA, NH, 03060
Specialty	IM
Board Certified	IM
School and Year of Graduation	GEORGETOWN UNIV SCH OF MED - WASHINGTON, DC USA 1997
Internship and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1998
Residency and Year	RHODE ISLAND HOSPITAL - PROVINCENCE, RI 2001
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	6095
License Date	8/3/1979
Name	<b>DOWNNS, ELVIRA F MD</b>
Address	CHILDREN'S SPECIALIZED HOSPITA, 3575 QUAKER BRIDGE RDHAMILTON, NJ, 08699
Specialty	P
Board Certified	P
School and Year of Graduation	CORNELL UNIV MEDICINE COLLEGE NY, NY USA 1975
Internship and Year	LENOX HILL HOSPITAL - NY, NY 1976
Residency and Year	DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1979
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	5739
License Date	6/13/1977
Name	<b>DOWNNS, LAWRENCE A MD</b>
Address	65 BUNKER RD, BOX 1124NEW LONDON, NH, 03257
Specialty	P
Board Certified	
School and Year of Graduation	YALE UNIVERSITY-NEW HAVEN CT USA 1964
Internship and Year	SAN FRANCISCO GENERAL HOSPITAL-SAN FRANCISCO CA 1965
Residency and Year	NEW YORK HOSPITAL-NEW YORK NY 1969
License Expiration Date	<b>6/30/2001</b>
Remarks	<b>DECEASED 6/13/01</b>

License Number	10116
License Date	9/10/1997
Name	<b>DOWNS, RIMA E DO</b>
Address	ST JOSEPHS FAMILY MEDICAL CTR, 208 ROBINSON RDHUDSON, NH, 03051
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF NEW ENGLAND COL OF OSTEO MED - ME USA 1993
Internship and Year	MALDEN HOSPITAL-MA 1997
Residency and Year	MALDEN HOSPITAL - MA 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6109
License Date	9/6/1979
Name	<b>DOWNS, THOMAS J MD</b>
Address	44 SHEFFIELD AVE, BEAUFORT, SC, 29907
Specialty	FP
Board Certified	
School and Year of Graduation	UNIV OF WESTERN ONTARIO LONDON, ONTARIO CANADA 1975
Internship and Year	MICHIGAN MEDICAL PRACTICE BOARD - LANSING, MI 1976
Residency and Year	-MC MASTER UNIV FACULTY OF HEALTH SCIENCES - HAMILTON, CANADA 1977
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	2998
License Date	12/24/1953
Name	<b>DOWST, ROBERT J MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>12/21/1989</b>
Remarks	<b>DECEASED - 12/21/89</b>

License Number	11953
License Date	6/4/2003
Name	<b>DOYLE, LISA B MD</b>
Address	ELLIOT FAMILY MED AT HOOKSETT, 20 CHAMBERS RD STE 1200HOOKSETT, NH, 03106
Specialty	FP
Board Certified	FP
School and Year of Graduation	TUFTS UNIVERSITY - BOSTON MA USA 2000
Internship and Year	MAINE MEDICAL CENTER - PORTLAND ME 2001
Residency and Year	MAINE MEDICAL CENTER - PORTLAND ME 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number	9798
License Date	8/7/1996
Name	<b>DOYLE, ROBERT L MD</b>
Address	MASS GENERAL HOSP, FRUIT ST WARREN BLDG 7BOSTON, MA, 02114
Specialty	P
Board Certified	
School and Year of Graduation	LOUISIANA STATE UNIV SCHOOL OF MEDICINE SHREVEPORT USA 1993
Internship and Year	MARY HITCHCOCK MEMORIAL HOSPITAL - NH 1997
Residency and Year	MARY HITCHCOCK MEMORIAL HOSP-NH 1997
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	3027
License Date	6/2/1954
Name	<b>DOYLE, SAMUEL C MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>5/2/1990</b>
Remarks	

License Number	11474
License Date	12/5/2001
Name	<b>DRABYN, GERALD A MD</b>
Address	55 RT 11 WEST, CHESTER, VT, 05143
Specialty	PS
Board Certified	PS
School and Year of Graduation	INDIANA UNIV SCH OF MED - INDIANAPOLIS, IN USA 1969
Internship and Year	METHODIST HOSPITAL OF INDIANA - INDIANAPOLIS, IN 1970
Residency and Year	METHODIST HOSPITAL OF INDIANA - INDIANAPOLIS, IN 1974
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13424
License Date	3/7/2007
Name	<b>DRAGHETTI, MATTHEW J MD</b>
Address	SEACOAST RADIOLOGY, 2 WASHINGTON ST., STE 329DOVER, NH, 03820
Specialty	R
Board Certified	R
School and Year of Graduation	BOSTON UNIV USA 1995
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1996
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 10611  
 License Date 7/7/1999  
 Name **DRAGNEV, KONSTANTIN H MD**  
 Address DHMC/HEM/ONC, ONE MEDICAL CENTER DRLEBANON, NH, 03756-0001  
 Specialty IM  
 Board Certified ON  
 School and Year of Graduation MED ACADEMY HIGHER MED INST OF SOFIA BULGARIA 1987  
 Internship and Year BAYLOR COLLEGE OF MEDICINE - HOUSTON, TX 1996  
 Residency and Year NEW YORK HOSPITAL/CORNELL MEDICAL CTR - NEW YORK, NY 1998  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 6944  
 License Date 8/2/1984  
 Name **DRAKE JR, ROBERT E MD**  
 Address RIVERMILL COMMERCIAL CENTER, 85 MECHANIC ST B4-1LEBANON, NH, 03766-1364  
 Specialty P  
 Board Certified  
 School and Year of Graduation DUKE UNIV SCH MED-DURHAM,NC USA 1978  
 Internship and Year DUKE UNIV MED CTR-DURHAM,NC 1979  
 Residency and Year CAMBRIDGE HSOP-CAMBRIDGE,MA 1982  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9209  
 License Date 6/1/1994  
 Name **DRAKE, CAROLYN E MD**  
 Address CARING FOR WOMEN, 734 NO MAIN STLACONIA, NH, 03246  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation STANFORD UNIVERSITY SCHOOL OF MEDICINE USA 1988  
 Internship and Year SANTA CLARA VALLEY MEDICAL CENTER - SAN JOSE, CA 1989  
 Residency and Year STANFORD UNIVERSITY HOSPITAL - STANFORD, CA 1992  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9215  
 License Date 7/6/1994  
 Name **DRAMKO, JOSEPH G MD**  
 Address SALEM PEDIATRICS, 141 MAIN STSALEM, NH, 03079  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation SUNY HEALTH SCIENCE CENTER AT BROOKLYN COLL OF MED USA 1991  
 Internship and Year MAINE MEDICAL CENTER - PORTLAND ME 1994  
 Residency and Year MAINE MEDICAL CENTER - PORTLAND ME 1994  
 License Expiration Date **6/30/2001**  
 Remarks

License Number	9726
License Date	7/26/1996
Name	<b>DRAPEK, MARK J MD</b>
Address	451 ANDOVER ST, N ANDOVER, MA, 01845-5044
Specialty	IM
Board Certified	
School and Year of Graduation	WAYNE STATE UNIV SCHOOL OF MEDICINE - DETROIT, MI USA 1981
Internship and Year	BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1992
Residency and Year	BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1984
License Expiration Date	<b>6/30/1999</b>
Remarks	<b>ORDER OF CONDITIONAL APPROVAL</b>

License Number	3758
License Date	12/30/1964
Name	<b>DRAPER, WILMOT S MD</b>
Address	, PO BOX 311DOVER, NH, 03821
Specialty	D
Board Certified	D
School and Year of Graduation	NEW YORK MEDICAL COLLEGE - NEW YORK, NY USA 1960
Internship and Year	U.S. NAVAL HOSPITAL - PHILA, PA 1961
Residency and Year	U.S. NAVAL HOSPITAL - SAN DIEGO, CA 1964
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	13341
License Date	12/6/2006
Name	<b>DREBITKO, CLARE N MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MED CTR DRLEBANON, NH, 03756
Specialty	PD
Board Certified	
School and Year of Graduation	YALE UNIV SCHOOL OF MEDICINE USA 2003
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR-LEBANON, NH 2004
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR-LEBANON, NH 2005
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	10861
License Date	4/5/2000
Name	<b>DREFFER, DOUGLAS R MD</b>
Address	FAMILY HLTH CTR HILLSBORO DEER, 15 ANTRIM RDHILLSBOROUGH, NH, 03249
Specialty	FP
Board Certified	FP
School and Year of Graduation	OHIO STATE UNIVERSITY COLLEGE OF MEDICINE-COLUMBUS USA 1997
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER-LEBANON,NH 1998
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER-LEBANON,NH 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15476
License Date	12/7/2011
Name	<b>DREHER, FREDA L MD</b>
Address	VA MEDICAL CENTER, 215 NORTH MAIN STWHITE RIVER JCT, VT, 05009
Specialty	PM
Board Certified	PM
School and Year of Graduation	STATE UNIVERSITY OF NEW YORK USA 1989
Internship and Year	ERIE COUNTY MEDICAL CENTER - BUFFALO, NY 1990
Residency and Year	ERIE COUNTY MEDICAL CENTER - BUFFALO, NY 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13795
License Date	1/11/2008
Name	<b>DREHER, THOMAS J DO</b>
Address	HUGGINS HOSPITAL, 240 SOUTH MAIN STWOLFEBORO, NH, 03894
Specialty	DR
Board Certified	
School and Year of Graduation	DES MOINES UNIV USA 1987
Internship and Year	ST ELIZABETH HEALTH CENTER - YOUNGSTOWN, OH 1988
Residency and Year	ST ELIZABETH HEALTH CENTER - YOUNGSTOWN, OH 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15916
License Date	11/7/2012
Name	<b>DREIBELBIS, CHARLES L MD</b>
Address	SALMON FALLS FAMILY HEALTHCARE, 255 ROUTE 108SOMERSWORTH, NH, 03878
Specialty	FP
Board Certified	FP
School and Year of Graduation	JEFFERSON MEDICAL COLLEGE 1998 1998
Internship and Year	ALTOONA REGIONAL HEALTH SYSTEM - ALTOONA, PA 1999
Residency and Year	ALTOONA REGIONAL HEALTH SYSTEM - ALTOONA, PA 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15568
License Date	3/7/2012
Name	<b>DREIER III, JOSEPH F DO</b>
Address	DHMC, 1 MED CTR DDRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE USA 2008
Internship and Year	GEISINGER MEDICAL CENTER - DANVILLE, PA 2009
Residency and Year	GEISINGER MEDICAL CENTER - DANVILLE, PA 2011
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	6973
License Date	9/6/1984
Name	<b>DREISBACH, CRAIG D MD</b>
Address	1315 HOSPITAL DR, PO BOX 905ST JOHNSBURY, VT, 05819
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIV OF MICHIGAN MED SCH-ANN ARBOR,MI USA 1979
Internship and Year	HENRY FORD HOSP-DETROIT,MI 1980
Residency and Year	HENRY FORD HOSP-DETROIT,MI 1980
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14411
License Date	5/6/2009
Name	<b>DRESCHER, FRANK S MD</b>
Address	PULMONARY AND CRITICAL CARE, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	HUMBOLDT UNIVERSITY GERMANY 1999
Internship and Year	NORWALK HOSPITAL - NORWALK, CT 2004
Residency and Year	NORWALK HOSPITAL - NORWALK, CT 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13743
License Date	11/7/2007
Name	<b>DRESS, DANIEL MD</b>
Address	300 STAFFORD ST STE 210, SPRINGFIELD, MA, 01104
Specialty	IMG
Board Certified	IM
School and Year of Graduation	BOSTON UNIV USA 1974
Internship and Year	UNIV OF FLORIDA-SHANDS MEDICAL CENTER - JACKSONVILLE, FL 1975
Residency and Year	UNIV OF FLORIDA-SHANDS MEDICAL CENTER - JACKSONVILLE, FL 1977
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	16944
License Date	2/4/2015
Name	<b>DRESSEL, BRIAN C MD</b>
Address	121 CULVER RD, GROTON, MA, 01450
Specialty	FP
Board Certified	FP
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2006
Internship and Year	CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 2007
Residency and Year	CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9920
License Date	2/5/1997
Name	<b>DRESSEL, DOUGLAS M MD</b>
Address	MAINE MEDICAL CTR-PATHOLOGY, 22 BRAMHALL ST PORTLAND, ME, 04102
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	DARTMOUTH MED SCHOOL - HANOVER, NH USA 1987
Internship and Year	STRONG MEMORIAL HOSP UNIV ROCHESTER - NY 1992
Residency and Year	UNIV ROCHESTER SCHOOL OF MEDICINE - NY 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16264
License Date	8/7/2013
Name	<b>DRESSEL, JENNIFER L MD</b>
Address	68 MAIN ST, PEPPERELL, MA, 01463
Specialty	FP
Board Certified	FP
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2006
Internship and Year	CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 2008
Residency and Year	CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 2010
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7708
License Date	9/2/1987
Name	<b>DREW, MICHAEL A MD</b>
Address	, , ,
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	COLUMBIA UNIVERISTY USA 1967
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1995</b>
Remarks	

License Number	6726
License Date	7/7/1983
Name	<b>DREWNIAKY, JOHN J MD</b>
Address	, , ,
Specialty	ORS
Board Certified	
School and Year of Graduation	TEMPLE UNIVERSITY OF PENNSYLVANIA USA 1977
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1986</b>
Remarks	

License Number	12129
License Date	11/5/2003
Name	<b>DREXLER, HOLLY J MD</b>
Address	THE DOCTORS-HASTINGS, 110 RUSSELL ST SOUTHASTINGS NEW ZEALAND, ,
Specialty	FP
Board Certified	FP
School and Year of Graduation	STATE U OF NEW YORK, BUFFALO NY US 2000
Internship and Year	WILLIAMSPORT HOSPITAL 2001
Residency and Year	WILLIAMSPORT HOSPITAL 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>LAPSED FOR NON-RENEWAL 6/30/07..REINSTATED ON 12/3/08</b>

License Number	4369
License Date	4/10/1969
Name	<b>DREYER, DAVID J MD</b>
Address	7 WENTWORTH ST, ROCHESTER, NH, 03867-2710
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	YALE MEDICAL SCHOOL - NEW HAVEN, CT USA 1961
Internship and Year	WALTER REED GENERAL HOSPITAL - WASHINGTON, DC 1962
Residency and Year	MANHATTAN EYE, EAR & THROAT HOSPITAL - NY, NY 1968
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	10552
License Date	5/5/1999
Name	<b>DRINKWATER, DAVID A MD</b>
Address	10 PROSPECT ST, STE 201NASHUA, NH, 03061
Specialty	GS
Board Certified	GS
School and Year of Graduation	NEW YORK MEDICAL COLLEGE - VALHALLA, NY USA 1994
Internship and Year	BAYSTATE MEDICAL CENTER- SPRINGFIELD, MA 1995
Residency and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1999
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	11052
License Date	9/6/2000
Name	<b>DRISCOLL, MEGAN L MD</b>
Address	1256 HOOKSETT RD, HOOKSETT, NH, 03106
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF CONNECTICUT SCH -FARMINGTON, CT USA 1997
Internship and Year	EXEMPLA-ST JOSEPH HOSPITAL - DENVER, CO 1998
Residency and Year	EXEMPLA-ST JOSEPH HOSPITAL - DENVER, CO 2000
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	17159
License Date	7/1/2015
Name	<b>DRIVER-DUNCKLEY, ERIKA D MD</b>
Address	13400 E SHEA BLVD, SCOTTSDALE, AZ, 85259
Specialty	N
Board Certified	N
School and Year of Graduation	UNIVERSITY OF ARIZONA USA 2000
Internship and Year	ST JOSEPHS HOSPITAL & MEDICAL CENTER - PHOENIX, AZ 2001
Residency and Year	ST JOSEPHS HOSPITAL & MEDICAL CENTER - PHOENIX, AZ 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16472
License Date	2/5/2014
Name	<b>DROSU, DANIELA C MD</b>
Address	NORTH SHORE MEDICAL CTR, 81 HIGHLAND AVESALEM, MA, 01970
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV DE MEDICINA SI FARMACIE CAROL DAVILA ROMANIA 1990
Internship and Year	UNIV OF TX SOUTHWESTERN - AUSTIN, TX 2000
Residency and Year	UNIV OF TX SOUTHWESTERN - AUSTIN, TX 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3991
License Date	1/23/1967
Name	<b>DROUIN, MARIE A MD</b>
Address	324 FOREST ST, METHUEN, MA, 01844
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	WOMAN'S MEDICAL COLLEGE OF PENNSYLVANIA USA 1965
Internship and Year	ST ELIZABETH'S HOSPITAL - BRIGHTON, MA 1966
Residency and Year	ST ELIZABETH'S HOSPITAL - BRIGHTON, MA 1967
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	8795
License Date	9/2/1992
Name	<b>DRUCKER, NANCY A MD</b>
Address	VERMONT CHILDRENS HOSPITAL, 111 COLCHESTER AVE (262PA5)BURLINGTON, VT, 05401
Specialty	PDC
Board Certified	PDC
School and Year of Graduation	JOHNS HOPKINS UNIV SCHOOL OF MEDICINE, BALITMORE USA 1985
Internship and Year	YALE NEW HAVEN CHILD CENTER - NEW HAVEN, CT 1986
Residency and Year	YALE NEW HAVEN CHILD CENTER - NEW HAVEN, CT 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number 5505  
 License Date 4/19/1976  
 Name **DRUKTEINIS, ALBERT M MD**  
 Address 1750 ELM ST STE 601, MANCHESTER, NH, 03104-2943  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIV. OF LOUISVILLE SCHOOL OF MED. LOUISVILLE USA 1971  
 Internship and Year UNIV.TEX MED BRANCH HOSPITAL GALVESTON 1972  
 Residency and Year UNIV. TEX MED BRANCH HOSPITAL GALVESTON 1974  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 7279  
 License Date 3/6/1986  
 Name **DRUMMOND, EDWARD H MD**  
 Address 43 PINE ST, RYE, NH, 03870  
 Specialty P  
 Board Certified P  
 School and Year of Graduation TUFTS UNIV SCHOOL OF MED USA 1981  
 Internship and Year NEW ENG MED CTR BOSTON MA 1982  
 Residency and Year MASS MNTL HLTH CTR BOSTON MA 1985  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14412  
 License Date 5/6/2009  
 Name **DRURY, STEVEN J MD**  
 Address 111-50 76TH ROAD, APT 2KFOREST HILLS, NY, 11375  
 Specialty PTH  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF DUBLIN IRELAND 2003  
 Internship and Year ST BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 2006  
 Residency and Year ST BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 2008  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 12421  
 License Date 8/4/2004  
 Name **DRURY, TIMOTHY R MD**  
 Address SOUTH COUNTY HOSPITAL, WAKEFIELD, RI, 02879  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation PENNSYLVANIA STATE UNIVERSITY, UNIVERSITY PARK PA US 1974  
 Internship and Year RHODE ISLAND HOSP, PROVIDENCE RI 1975  
 Residency and Year RHODE ISLAND HOSP, PROVIDENCE RI 1975  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	9361
License Date	2/1/1995
Name	<b>DRVARIC, DAVID M MD</b>
Address	SHRINER'S HOSPITAL, 516 CAREW STSPRINGFIELD, MA, 01104-
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	EMORY UNIVERSITY SCHOOL OF MEDICINE USA 1978
Internship and Year	DUKE UNIVERSITY MEDICAL CENTER - DURHAM NC 1979
Residency and Year	DUKE UNIVERSITY MEDICAL CENTER - DURHAM NC 1984
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14410
License Date	5/6/2009
Name	<b>D'SILVA, KARL J MD</b>
Address	LAHEY CLINIC, 1 ESSEX CENTER DRPEABODY, MA, 01960
Specialty	IM
Board Certified	ON
School and Year of Graduation	GOA MEDICAL COLLEGE INDIA 1994
Internship and Year	NORTH OAKLAND MEDICAL CENTER - PONTIAC, MI 2003
Residency and Year	CARITAS CARNEY HOSPITAL - BOSTON, MA 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16539
License Date	4/2/2014
Name	<b>DUAN, LEI MD</b>
Address	PATHOLOGY SPECIALISTS OF NEW ENGLAND, 1 ELLIOT WAYMANCHESTER, NH, 03102
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	BEIJING MEDICAL UNIVERSITY CHINA 2004
Internship and Year	UNIVERSITY OF TX SOUTHWESTERN MEDICAL SCHOOL - DALLAS, TX 2011
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CTR - BOSTON, MA 2013
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6814
License Date	11/10/1983
Name	<b>DUBAY, MARK L MD</b>
Address	, PO BOX 233BIDDFORD POOL, ME, 04006
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF VERMONT COLL OF MED-BURLINGTON,VT USA 1972
Internship and Year	HARTFORD HOSPITAL-HARTFORD,CT 1973
Residency and Year	HARTFORD HOSPITAL- HARTFORD,CT 1976
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number 10271  
 License Date 5/6/1998  
 Name **DUBIN, STEPHEN J MD**  
 Address 9 BUZELL AVE, EXETER, NH, 03833  
 Specialty OTO  
 Board Certified OTO  
 School and Year of Graduation UNIVERSITY OF PENNSYLVANIA USA 1986  
 Internship and Year CLEVELAND CLINIC FOUNDATION, CLEVELAND OH 1988  
 Residency and Year SUNY AT BUFFALO, BUFFALO NY 1992  
 License Expiration Date **6/30/2001**  
 Remarks

License Number 15406  
 License Date 10/5/2011  
 Name **DUBOIS, CHAD M DO**  
 Address WENTWORTH-DOUGLASS HOSP, 789 CENTRAL AVEDOVER, NH, 03820  
 Specialty IM  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2008  
 Internship and Year NORTH SHORE MEDICAL CENTER - SALEM HOSPITAL - SALEM, MA 2009  
 Residency and Year NORTH SHORE MEDICAL CENTER - SALEM HOSPITAL - SALEM, MA 2011  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16859  
 License Date 12/3/2014  
 Name **DUBOIS, DAVID E MD**  
 Address 11103 PRINCE EDWARD CT, OAKTON, VA, 22124  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation GEORGETOWN UNIV SCHOOL OF MEDICINE USA 1996  
 Internship and Year GEORGETOWN UNIVERSITY HOSPITAL - WASHINGTON, DC 1997  
 Residency and Year GEORGETOWN UNIVERSITY HOSPITAL - WASHINGTON, DC 2000  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14126  
 License Date 8/6/2008  
 Name **DUBOVSKY, ELIZABETH C MD**  
 Address IMAGING ON CALL, 695 DUTCHESS TPKE #105POUGHKEEPSIE, NY, 12603  
 Specialty R  
 Board Certified R  
 School and Year of Graduation EASTERN VIRGINIA MEDICAL SCHOOL USA 1983  
 Internship and Year NAVAL MEDICAL CENTER - PORTSMOUTH, VA 1984  
 Residency and Year NAVAL MEDICAL CENTER - SAN DIEGO, CA 1987  
 License Expiration Date **6/30/2012**  
 Remarks

License Number	6240
License Date	7/3/1980
Name	<b>DUBREUIL, ANNE MARIE L MD</b>
Address	1100 WALNUT ST 5TH FL, PHILADELPHIA, PA, 19107
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF PENNSYLVANIA SCH MED - PHILA, PA USA 1977
Internship and Year	THOMAS JEFFERSON UNIV HOSPITAL - PHILA, PA 1978
Residency and Year	THOMAS JEFFERSON UNIV HOSPITAL - PHILA, PA 1980
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	12636
License Date	3/2/2005
Name	<b>DUBRULE, NADINE B MD</b>
Address	DARTMOUTH HITCHCOCK MILFORD, 14 ARMORY RDMILFORD, NH, 03855
Specialty	FP
Board Certified	FP
School and Year of Graduation	MEDICAL COLLEGE WISCONSIN, MILWAUKEE WI US 1993
Internship and Year	SACRED HEART MED CTR, SPOKANE WA 1994
Residency and Year	MAINE-DARTMOUTH FAM PRACTICE, AUGUSTA ME 1995
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	6418
License Date	7/2/1981
Name	<b>DUBUSKE, LAWRENCE M MD</b>
Address	STE 300 LONDONDERRY SQ, 75 GILCREAST RD PO BOX 384LONDONDERRY, NH, 03053
Specialty	A
Board Certified	A
School and Year of Graduation	NORTHWESTERN UNIV MED SCH-CHICAGO,IL USA 1978
Internship and Year	BARNES HOSP-ST LOUIS 1979
Residency and Year	BARNES HOSPITAL - ST LOUIS 1979
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	4258
License Date	6/20/1968
Name	<b>DUCNUIGEEN, DEAN L MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1993</b>
Remarks	

License Number	14989
License Date	9/1/2010
Name	<b>DUDA, OLHA MD</b>
Address	FRISBIE MEMORIAL HOSPITAL, 245 ROCHESTER HILL RD ROCHESTER, NH, 03867
Specialty	FP
Board Certified	
School and Year of Graduation	DANYLO HALYTSKY LVIV NAT'L MEDICAL UNIVERSITY UKRAINE 2000
Internship and Year	NY MEDICAL COLLEGE-BROOKLYN-QUEENS,NY JAMAICA HOSPITAL MEDICAL CTR-JAMAICA,NY 200
Residency and Year	JAMAICA HOSPITAL MEDICAL CENTER - JAMAICA, NY 2010
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	5261
License Date	11/7/1974
Name	<b>DUDLEY II, WILLIAM E MD</b>
Address	8 SOUTHWOOD DR, DOVER, NH, 03820-4499
Specialty	IM
Board Certified	IM
School and Year of Graduation	HARVARD MEDICAL SCHOOL - MA USA 1968
Internship and Year	PHILADELPHIA GENERAL HOSPITAL - PHILA, PA 1969
Residency and Year	BOSTON CITY HOSPITAL - BOSTON, MA 1971
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10117
License Date	9/10/1997
Name	<b>DUDLEY, GLENN G MD</b>
Address	300 ROLLINS RD, NEWBURY, NH, 03255
Specialty	GP
Board Certified	
School and Year of Graduation	UNIV OF COLORADO SCH OF MED - DENVER, CO USA 1969
Internship and Year	BERKSHIRE MEDICAL CENTER - MA 1970
Residency and Year	UNIV OF NORTH CAROLINA HOSPITAL - NC 1971
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	3860
License Date	11/30/1965
Name	<b>DUEGER, CAROLINE K MD</b>
Address	215 MOUNTAIN RD, CONCORD, NH, 03301-
Specialty	PD
Board Certified	PD
School and Year of Graduation	CORNELL UNIV MEDICAL COLLEGE - NEW YORK, NY USA 1960
Internship and Year	COLORADO GENERAL HOSPITAL - DENVER, CO 1961
Residency and Year	UNIV OF OREGON MEDICAL SCHOOL - PORTLAND, OR 1964
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number 3854  
 License Date 11/5/1965  
 Name **DUEGER, WALTER C MD**  
 Address 215 MOUNTAIN RD, CONCORD, NH, 03301-6934  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation CORNELL UNIV OF MEDICAL COLLEGE - NEW YORK, NY USA 1958  
 Internship and Year HARTFORD HOSPITAL - HARTFORD, CT 1959  
 Residency and Year V.A. HOSPITAL - PORTLAND, OR 1964  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 8293  
 License Date 4/4/1990  
 Name **DUFFY III, EDWARD L MD**  
 Address LITTLETON REGIONAL HOSPITAL, 600 ST JOHNSBURY RD LITTLETON, NH, 03561  
 Specialty EM  
 Board Certified  
 School and Year of Graduation ST GEORGE'S UNIV SCH OF MED-GRENADA WEST INDIES 1985  
 Internship and Year WARREN HOSPITAL -PHILLIPSBURGH,NJ 1989  
 Residency and Year WARREN HOSPITAL - PHILLIPSBURGP NJ 1989  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 8387  
 License Date 7/11/1990  
 Name **DUFFY, CAROL I DO**  
 Address IBAH INC, 512 TOWNSHIP LINE RD BLUE BELL PA, PA, 19422  
 Specialty CD  
 Board Certified CD  
 School and Year of Graduation KIRKSVILLE COLLEGE OF OSTEOPATHIC - KIRKSVILLE MO USA 1984  
 Internship and Year BRENTWOOD HOSPITAL OSTEO - WARRENSVILLE, OH 1985  
 Residency and Year BRENTWOOD HOSPITAL OSTEO - WARRENSVILLE, OH 1987  
 License Expiration Date **6/30/2000**  
 Remarks

License Number 10204  
 License Date 1/7/1998  
 Name **DUFFY, JOCELYN C MD**  
 Address FAMILY FIRST STE 214, 23 STILES RD SALEM, NH, 03079  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV DE L ETAT A LIEGE FAC DE MED LIEGE BELGIUM 1986  
 Internship and Year HEALTH ALLIANCE HOSPITAL- LEOMINSTER, MA 1991  
 Residency and Year HEALTH ALLIANCE HOSPITAL - LEOMINSTER, MA 1991  
 License Expiration Date **6/30/2008**  
 Remarks **LAPSED FOR NON-RENEWAL 6/30/06**  
**REINSTATED 2/7/07**

License Number 8858  
 License Date 12/2/1992  
 Name **DUFFY, JOHN C MD**  
 Address , , ,  
 Specialty CHP  
 Board Certified  
 School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 1960  
 Internship and Year  
 Residency and Year  
 License Expiration Date **4/29/1994**  
 Remarks

License Number 10328  
 License Date 7/1/1998  
 Name **DUFFY, RICHARD J MD**  
 Address PORTSMOUTH ANESTHESIA ASSOC, 333 BORTHWICK AVE PORTSMOUTH, NH, 03801  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation GEORGE WASHINGTON UNIV SCH - WASHINGTON, DC USA 1986  
 Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1987  
 Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1987  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11657  
 License Date 7/3/2002  
 Name **DUFTY, KIRK R MD**  
 Address DHMC-EMERGENCY DEPT, ONE MEDICAL CTR DR LEBANON, NH, 03756  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIV OF COLORADO SCH OF MED - DENVER, CO USA 1992  
 Internship and Year COOK COUNTY HOSPITAL - CHICAGO, IL 1993  
 Residency and Year COOK COUNTY HOSPITAL - CHICAGO, IL 1996  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13241  
 License Date 9/6/2006  
 Name **DUGAN, MATTHEW C DO**  
 Address MAINE CTR FOR CANCER MED, 100 CAMPUS DR STE 108 SCARBOROUGH, ME, 04074  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF NEW ENGLAND USA 1999  
 Internship and Year MAINE MEDICAL CTR-PORTLAND ME 2000  
 Residency and Year MAINE MEDICAL CTR-PORTLAND ME 2002  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 4572  
 License Date 6/15/1970  
 Name **DUGAN, SAM MD**  
 Address 280 SYLVAN LN, MANCHESTER, NH, 03102  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIV OF ROCHESTER, NY USA 1964  
 Internship and Year UNIV OF UTAH AFFILIATED HOSPITAL - SALT LAKE CITY, UT 1965  
 Residency and Year CHILDREN'S HOSPITAL MEDICAL CENTER HOSPITAL - OAKLAND. CA 1967  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 14068  
 License Date 7/9/2008  
 Name **DUGGAL, SUMIT MD**  
 Address 36550 CHESTER RD #2602, AVON, OH, 44011  
 Specialty IM  
 Board Certified  
 School and Year of Graduation GURU NANAK DEV UNIV INDIA 2003  
 Internship and Year NASSAU UNIV MEDICAL CENTER - EAST MEADOW, NY 2006  
 Residency and Year NASSAU UNIV MEDICAL CENTER - EAST MEADOW, NY 2008  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 9695  
 License Date 5/1/1996  
 Name **DUGGAN, MARGARET M MD**  
 Address 1153 CENTRE ST, BOSTON, MA, 02130  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation BOSTON UNIV SCHOOL OF MEDICINE USA 1990  
 Internship and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1991  
 Residency and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1996  
 License Expiration Date **6/30/2000**  
 Remarks

License Number 11475  
 License Date 12/5/2001  
 Name **DUHAIME, ANN-CHRISTINE MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CTR DR LEBANON, NH, 03756  
 Specialty NS  
 Board Certified NS  
 School and Year of Graduation UNIV OF PENNSYLVANIA SCH OF MED- PHILA, PA USA 1981  
 Internship and Year HOSPITAL OF THE UNIV OF PENNSYLVANIA - PHILADELPHIA, PA 1982  
 Residency and Year HOSPITAL OF THE UNIV OF PENNSYLVANIA - PHILADELPHIA, PA 1987  
 License Expiration Date **6/30/2011**  
 Remarks



License Number	14495
License Date	7/1/2009
Name	<b>DUHAIME, MARC P DO</b>
Address	DARTMOUTH-HITCHCOCK, 253 PLEASANT STREETCONCORD, NH, 03301
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND USA 2005
Internship and Year	SUNY UPSTATE MEDICAL UNIVERSITY - SYRACUSE, NY 2006
Residency and Year	SUNY UPSTATE MEDICAL UNIVERSITY - SYRACUSE, NY 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10706
License Date	10/6/1999
Name	<b>DUHME, DAVID W MD</b>
Address	148 SUDBURY RD, WESTON, MA, 02493
Specialty	IM
Board Certified	
School and Year of Graduation	HARVARD MEDICAL SCHOOL BOSTON MA USA 1966
Internship and Year	BOSTON MEDICAL CENTER 1972
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL 1974
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	11151
License Date	1/3/2001
Name	<b>DUKOFF, RUTH A MD</b>
Address	5530 WISCONSIN AVE STE 1220, CHEVY CHASE, MD, 20816
Specialty	P
Board Certified	P
School and Year of Graduation	CORNELL UNIVERSITY USA 1989
Internship and Year	MOUNT SINAI HOSPITAL - NEW YORK NY 1991
Residency and Year	MOUNT SINAI HOSPITAL - NEW YORK NY 1994
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	16077
License Date	4/3/2013
Name	<b>DULAC, JILLIAN K MD</b>
Address	MANCHESTER OB-GYN ASSOCIATES, 150 TARRYTOWN ROADMANCHESTER, NH, 03103
Specialty	OBG
Board Certified	
School and Year of Graduation	THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 2009
Internship and Year	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON, CT 2010
Residency and Year	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON, CT 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10205
License Date	1/7/1998
Name	<b>DULAC, JOSEPH M MD</b>
Address	DRACUT FAMILY MEDICINE, 1595 BRIDGE ST STE 3DRACUT, MA, 01826
Specialty	FP
Board Certified	FP
School and Year of Graduation	BOSTON UNIV SCH OF MED - BOSTON, MA USA 1995
Internship and Year	DARTMOUTH FAMILY PRACTICE @ CONCORD HOSPITAL - CONCORD, NH 1996
Residency and Year	DARTMOUTH FAMILY PRACTICE @ CONCORD HOSPITAL - CONCORD, NH 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16161
License Date	6/5/2013
Name	<b>DULAI, PARAMBIR S MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	DAYANAND MEDICAL COLLEGE, PUNJAB UNIV INDIA 2009
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER- LEBANON, NH 2011
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER- LEBANON, NH 2013
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	14127
License Date	8/6/2008
Name	<b>DULUDE, EMILY J MD</b>
Address	PENTUCKET MED ASSOC, 1 PARK WAYHAVERHILL, MA, 01830
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF MASSACHUSETTS USA 2000
Internship and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2002
Residency and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12740
License Date	6/1/2005
Name	<b>DUNBAR, BRIAN C DO</b>
Address	PORTSMOUTH ANESTHCSIA ASSOC, 333 BORTHWICK AVEPORTSMOUTH, NH, 03801
Specialty	AN
Board Certified	AN
School and Year of Graduation	MIDWESTERN UNIVERSITY, DOWNERS GROVE IL US 2001
Internship and Year	UNIVERSITY OF VA, CHARLOTTESVILLE VA 2002
Residency and Year	UNIVERSITY OF VA, CHARLOTTESVILLE VA 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14835
License Date	5/5/2010
Name	<b>DUNBAR, NANCY M MD</b>
Address	DHMC - DEPT OF PATHOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSITY OF WASHINGTON USA 2006
Internship and Year	UNIVERSITY OF WASHINGTON MEDICAL CENTER - SEATTLE, WA 2007
Residency and Year	UNIVERSITY OF WASHINGTON MEDICAL CENTER - SEATTLE, WA 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12872
License Date	9/7/2005
Name	<b>DUNCAN, LAURA T MD</b>
Address	DARTMOUTH HEALTH CONNECT, 7 ALLEN STREETHANOVER, NH, 03755
Specialty	IM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MED SCHOOL, LEBANON NH US 2001
Internship and Year	CAMBRIDGE HOSPITAL, CAMBRIDGE MA 2003
Residency and Year	CAMBRIDGE HOSPITAL, CAMABRIDGE MA 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>lapsed 6/30/07 - reinstated 11/7/12</b>

License Number	12840
License Date	8/3/2005
Name	<b>DUNCAN, MATTHEW S MD</b>
Address	DHMC/PSYCHIATRY DEPT, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	P
Board Certified	P
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL, LEBANON NH US 2001
Internship and Year	BROWN UNIVERSITY, PROVIDENCE RI 2002
Residency and Year	BRIGHAM AND WOMENS HOSPITAL, CHESTNUT HILL MA 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>LAPSED FOR NON-RENEWAL 6/30/07.. RE-INSTATED 7/1/09</b>

License Number	16945
License Date	2/4/2015
Name	<b>DUNCAN, MICHELLE E MD</b>
Address	6002 CROOM STATION RD, UPPER MARLBORO, MD, 20772
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF MICHIGAN MEDICAL SCHOOL USA 1999
Internship and Year	UNIVERSITY OF TX SOUTHWESTERN MEDICAL SCHOOL - DALLAS, TX 2000
Residency and Year	UNIVERSITY OF TX SOUTHWESTERN MEDICAL SCHOOL - DALLAS, TX 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 10078  
 License Date 8/6/1997  
 Name **DUNCAN, ROBERT W MD**  
 Address MONADNOCK FAMILY SERVICES, 310 MARLBORO STKEENE, NH, 03431  
 Specialty P  
 Board Certified  
 School and Year of Graduation UNIV OF VT COLL OF MED BURLINGTON, VT USA 1987  
 Internship and Year FLETCHER ALLEN HLTH CARE-VT 1991  
 Residency and Year FLTCHER ALLEN HLTH CARE - VT 1991  
 License Expiration Date **6/30/1998**  
 Remarks

License Number 16752  
 License Date 9/3/2014  
 Name **DUNDEE, JENNIFER A MD**  
 Address DHMC, 1 MEDICAL CENTER DRLEBANON, NH, 03766  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIVERSITY OF NC @ CHAPEL HILL SCHOOL OF MEDICINE USA 2008  
 Internship and Year GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER - WASHINGTON, DC 2009  
 Residency and Year GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER - WASHINGTON, DC 2012  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 6875  
 License Date 5/10/1984  
 Name **DUNETZ, GARY N MD**  
 Address NEW ENGLAND UROLOGY, 10 PROSPECT ST STE 302NASHUA, NH, 03060  
 Specialty U  
 Board Certified U  
 School and Year of Graduation STATE UNIV OF NEW YORK UPSTATE COLL -NY USA 1977  
 Internship and Year BUFFALO GEN HOSP/DEACONESS DIV-BUFFALO,NY 1978  
 Residency and Year BUFFALO GEN HOSP/DEACONESS DIV-BUFFALO.NY 1981  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11954  
 License Date 6/4/2003  
 Name **DUNEVANT, NORRIS E MD**  
 Address 3 BIRCHWOOD RD, WINDHAM, NH, 03087-2100  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF ARIZONA COLLEGE OF MED - TUCSON AZ USA 1997  
 Internship and Year PHOENIX BAPTIST HOSPITAL AND MEDICAL CENTER - PHOENIX AZ 1998  
 Residency and Year PHOENIX BAPTIST HOSPITAL AND MEDICAL CENTER - PHOENIX AZ 2000  
 License Expiration Date **6/30/2005**  
 Remarks

License Number	4564
License Date	6/23/1970
Name	<b>DUNHAM, THOMAS F MD</b>
Address	SEACOAS REDICARE, 36 HIGH STSOMERSWORTH, NH, 03878
Specialty	GP
Board Certified	
School and Year of Graduation	ROYAL COLLEGE OF P S ENGLAND ENGLAND 1958
Internship and Year	HOUSE OF PHYSICIAN ENGLAND 1959
Residency and Year	ST HELENS HOSPITAL - ENGLAND 1961
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	3993
License Date	2/15/1967
Name	<b>DUNN, JOHN F MD</b>
Address	19 BROAD ST, PO BOX 184HOLLIS, NH, 03049
Specialty	P
Board Certified	
School and Year of Graduation	GLASGOW UNIVERSITY SCOTLAND 1948
Internship and Year	ROYAL NAVY, SURGEON LIEUTENANT 1953
Residency and Year	GRAYLINGWELL HOSPITAL, ENGLAND 1955
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	3618
License Date	6/4/1963
Name	<b>DUNN, JOHN L MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	JEFFERSON M.C. OF PHILADELPHIA USA 1954
Internship and Year	MISERICORDIA HOSPITAL 1959
Residency and Year	MARY HITCHCOCK MEMORIAL HOSPITAL 1959
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	16473
License Date	2/5/2014
Name	<b>DUNN, MATTHEW G DO</b>
Address	GLENS FALLS HOSP, 100 PARK STGLENS FALLS, NY, 12801
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF NEW ENGLANDOF OSTEOPATHIC MED USA 2004
Internship and Year	ALBANY MEDICAL CENTER - ALBANY, NY 2004
Residency and Year	ALBANY MEDICAL CENTER - ALBANY, NY 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9395
License Date	4/5/1995
Name	<b>DUNNING, SUSAN P MD</b>
Address	YALE-NEW HAVEN HOSP, 333 CEDAR ST LC1-105NEW HAVEN, CT, 06057
Specialty	IM
Board Certified	IM
School and Year of Graduation	COLUMBIA UNIV COLL OF PHYSICIANS - NY, NY USA 1992
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1993
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1995
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	15148
License Date	3/2/2011
Name	<b>DUNNINGTON, GLENN W MD</b>
Address	43 BAYBERRY AVE, KENNEBUNK, ME, 04043
Specialty	U
Board Certified	U
School and Year of Graduation	UNIVERSITY OF OKLAHOMA USA 1966
Internship and Year	TRIPLER ARMY MEDICAL CENTER - HONOLULU, HI 1967
Residency and Year	WALTER REED ARMY MEDICAL CENTER, WASHINGTON, DC 1972
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11476
License Date	12/5/2001
Name	<b>DUNTON, ROBERT F MD</b>
Address	BON DECOURS HEART INSTITUTE, 3640 HIGH ST STE 2DPORTSMOUTH, VA, 23707
Specialty	TS
Board Certified	TS
School and Year of Graduation	ALBANY MEDICAL COLLEGE- ALBANY, NY USA 1981
Internship and Year	HARTFORD HOSPITAL - HARTFORD, CT 1982
Residency and Year	HARTFORD HOSPITAL - HARTFORD, CT 1986
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	2872
License Date	8/14/1951
Name	<b>DUPREY JR, WILLIAM G MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1983</b>
Remarks	

License Number	15829
License Date	9/5/2012
Name	<b>DUPREY, JENNIFER L DO</b>
Address	ELLIOT HOSPITAL, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty	PCC
Board Certified	PCC
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC USA 2006
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2007
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7870
License Date	6/8/1988
Name	<b>DUPUIS, DENIS P MD</b>
Address	BEDFORD PLACE, 40 SO RIVER RD UNIT 16BEDFORD, NH, 03110-6721
Specialty	IM
Board Certified	IM
School and Year of Graduation	BOSTON UNIV SCH OF MED - BOSTON, MA USA 1985
Internship and Year	UNIV MASS HOSPITAL MEDICAL CENTER - WORCESTER, MA 1986
Residency and Year	UNIV MASS HOSPITAL MEDICAL CENTER - WORCESTER, MA 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13201
License Date	8/2/2006
Name	<b>DUPUIS, DONALD E MD</b>
Address	CHESHIRE MED CTR, 590 COURT STKEENE, NH, 03431
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF VERMONT USA 2001
Internship and Year	VIRGINIA MASON MEDICAL CTR-SEATTLE, WA 2002
Residency and Year	VIRGINIA MASON MEDICAL CTR-SEATTLE, WA 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3066
License Date	3/9/1955
Name	<b>DUPUIS, MARCEL R MD</b>
Address	71 KENSINGTON LANE, BEDFORD, NH, 03110
Specialty	FP
Board Certified	
School and Year of Graduation	LAVAL UNIVERSITY CANADA 1954
Internship and Year	LAVAL UNIVERSITY TEACHING HOSPITAL - CANADA 1954
Residency and Year	ST ANNE'S HOSPITAL - FALL RIVER , MA 1955
License Expiration Date	<b>6/30/2003</b>
Remarks	<b>DECEASED 12/1/2014</b>

License Number 7837  
 License Date 5/4/1988  
 Name **DURAND, LYNN A MD**  
 Address 81 HALL ST, CONCORD, NH, 03301  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation PENNSYLVANIS STATE UNIV COLL MED- PA USA 1982  
 Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1983  
 Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1985  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 3833  
 License Date 9/9/1965  
 Name **DURAND, PIERRE O MD**  
 Address 1910 ELM ST, MANCHESTER, NH, 03104  
 Specialty P  
 Board Certified  
 School and Year of Graduation ECOLE NATIONALE DE MEDICINE - PORT-AU-PRINCE,HAITI HAITI 1957  
 Internship and Year WALTHAM HOSPITAL - WALTHAM, MA 1961  
 Residency and Year BOSTON CITY HOSPITAL, BOSTON, MA 1965  
 License Expiration Date **2/5/1999**  
 Remarks **12/7/98 - DECISION AND ORDER, LICENSE REVOKED EFFECTIVE 2/5/99**  
**DECEASED 6-19-2004**

License Number 15655  
 License Date 5/2/2012  
 Name **DURAND, TAMSIN M MD**  
 Address FRISBIE MEM HOSP-SURG ASSOC OF ROCHESTER, 21 WHITEHALL RD STE 204 ROCHESTER, NH, 0386  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation ST GEORGES UNIVERSITY GRENADA 2007  
 Internship and Year PALMETTO HEALTH RICHLAND HOSP - UNIV OF SC - COLUMBIA, SC 2008  
 Residency and Year PALMETTO HEALTH RICHLAND HOSP - UNIV OF SC - COLUMBIA, SC 2010  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 4297  
 License Date 10/22/1968  
 Name **DURANTE, ANTHONY J MD**  
 Address 134 MINEOLA BLVD, MINEOLA, NY, 11501-3959  
 Specialty OTO  
 Board Certified OTO  
 School and Year of Graduation UNIV OF BOLOGNA - ITALY ITALY 1967  
 Internship and Year NASSAU HOSPITAL - MINEOLA, NY 1968  
 Residency and Year NASSAU HOSPITAL - MINEOLA, NY 1969  
 License Expiration Date **8/4/2015**  
 Remarks **Requested inactive 8/4/2015.**



License Number	16860
License Date	12/3/2014
Name	<b>DURBIN, DARCY M MD</b>
Address	805 FOX RIDGE TRL, CHESAPEAKE, VA, 23322
Specialty	CCP
Board Certified	CCP
School and Year of Graduation	MEDICAL COLLEGE OF GEORGIA SCHOOL OF MEDICINE USA 1996
Internship and Year	LE BONHEUR SCHILDRENS HOSPITAL - MEMPHIS, TN 1997
Residency and Year	LE BONHEUR SCHILDRENS HOSPITAL - MEMPHIS, TN 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9799
License Date	8/7/1996
Name	<b>DURCAN, MARK M MD</b>
Address	PARKLAND MEDICAL CTR, 1 PARKLAND DRDERRY, NH, 03038-
Specialty	EM
Board Certified	IM
School and Year of Graduation	ALBANY MEDICAL COLLEGE - ALBANY, NY USA 1991
Internship and Year	MEDICAL COLLEGE OF VIRGINIA HOSPITAL - VA 1995
Residency and Year	MEDICAL COLLEGE OF VIRGINIA HOSPITAL-VA 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12487
License Date	10/6/2004
Name	<b>DURHAM, SUSAN R MD</b>
Address	DHMC-NEUROSURGERY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	NSP
Board Certified	NSP
School and Year of Graduation	UNIVERSITY OF PITTSBURGH, PITTSBURGH PA US 1994
Internship and Year	UNIVERSITY OF PA, PHILADELPHIA PA 1995
Residency and Year	UNIVERSITY OF PA, PHILADELPHIA PA 2000
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	10676
License Date	9/1/1999
Name	<b>DURKIN, MARYBETH MD</b>
Address	DEPT OF VETERANS AFFAIRS, MEDICAL & REGIONAL OFFICESWHITE RIVER JCT, VT, 05009
Specialty	IM
Board Certified	
School and Year of Graduation	DARTMOUTH MED SCH - HANOVER, NH USA 1993
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1996
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13818
License Date	2/6/2008
Name	<b>DUROS, CHRISTOPHER C MD</b>
Address	1301 W WASHINGTON BLVD APT 402, CHICAGO, IL, 60607
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF ILLINOIS @ CHICAGO USA 2002
Internship and Year	UNIV OF ILLINOIS @ CHICAGO - CHICAGO, IL 2003
Residency and Year	UNIV OF ILLINOIS @ CHICAGO - CHICAGO, IL 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15019
License Date	10/6/2010
Name	<b>DURST, JOHN W MD</b>
Address	50 WATERTREE DR, WOODLANDS, TX, 77380
Specialty	OBG
Board Certified	
School and Year of Graduation	UNIVERSITY OF TEXAS USA 1978
Internship and Year	METHODIST HOSPITALS OF DALLAS - DALLAX, TX 1979
Residency and Year	LOUISIANA STATE UNIVERSITY MEDICAL CENTER - NEW ORLEANS, LA 1982
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	16902
License Date	1/21/2015
Name	<b>DUSHAJ, AZEM MD</b>
Address	VALLEY REGIONAL HOSPITAL, 241 ELM STCLAREMONT, NH, 03743-2026
Specialty	IM
Board Certified	
School and Year of Graduation	HACETTEPE UNIVERSITESI TURKEY 2009
Internship and Year	ST BARNABAS HOSPITAL - BRONX, NY 2013
Residency and Year	ST BARNABAS HOSPITAL - BRONX, NY 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	3789
License Date	4/15/1965
Name	<b>DUTTON, RICHARD S MD</b>
Address	519 DAYTON RD, WINSTED, CT, 06098
Specialty	GS
Board Certified	GS
School and Year of Graduation	MCGILL UNIV - MONTREAL, CANADA CANADA 1963
Internship and Year	GRACE-NEW HAVEN HOSPITAL - NEW HAVEN, CT 1964
Residency and Year	GRACE-NEW HAVEN HOSPITAL - NEW HAVEN, CT 1965
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	9319
License Date	11/2/1994
Name	<b>DUVA-FRISSORA, AUDREY D MD</b>
Address	SCHATSKI ASSOC/MT AUBURN HOSP - DEPT OF RADIOLOGY, 330 MT AUBURN STCAMBRIDGE, MA,
Specialty	DR
Board Certified	R
School and Year of Graduation	TUFTS UNIV SCHOOL OF MEDICINE USA 1987
Internship and Year	NEWTON WELLESLEY HOSPITAL - NEWTON LWR FLS MA 1988
Residency and Year	BOSTON CITY HOSPITAL - BOSTON MA 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>LAPSED FOR NONRENEWAL 6/30/14 RENEWED 8/11/14</b>

License Number	8551
License Date	6/5/1991
Name	<b>DUVAL, DAVID R DO</b>
Address	PARKLAND MEDICAL CENTER, ONE PARKLAND DRDERRY, NH, 03038
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV OF NEW ENGLAND - BIDDEFORD, ME USA 1987
Internship and Year	SOUTHEASTERN MEDICAL CENTER - MIAMI, FL 1988
Residency and Year	UNIV MIAMI/JACKSON MEMORIAL HOSPITAL - MIAMI, FL 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11558
License Date	4/3/2002
Name	<b>DUVAL, JENNIE V MD</b>
Address	OFFICE CHIEF MED EXAMINER, 246 PLEASANT ST STE 218CONCORD, NH, 03301
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	MCGILL UNIV - MONTREAL QUEBEC, CANADA CANADA 1992
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1992
Residency and Year	UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3823
License Date	9/7/1965
Name	<b>DUVAL, JOSEPH ADRIEN F MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>12/5/1990</b>
Remarks	<b>DECEASED - 12/5/90</b>

License Number	3119
License Date	3/14/1956
Name	<b>DUVAL, ROBERT A MD</b>
Address	253 STARK LN, MANCHESTER, NH, 03102-8978
Specialty	FP
Board Certified	FP
School and Year of Graduation	LAVAL MEDICAL SCHOOL CANADA 1953
Internship and Year	LAVAL MEDICAL SCHOOL TEACHING HOSPITAL QUEBEC CITY - CANADA 1954
Residency and Year	LAVAL MEDICAL SCHOOL TEACHING HOSPITAL QUEBEC CITY, CANADA 1954
License Expiration Date	<b>6/30/2001</b>
Remarks	DECEASED 12/11/2008

License Number	16474
License Date	2/5/2014
Name	<b>DUVDEVANY, NETA MD</b>
Address	LACONIA CLINIC, 724 N MAIN ST LACONIA, NH, 03246
Specialty	PD
Board Certified	PD
School and Year of Graduation	TECHNION ISRAEL INSTITUTE OF TECHNOLOGY ISRAEL 1991
Internship and Year	NSLIJHS COHEN CHILDREN'S MEDICAL CENTER - NEW HYDE PARK, NY 1995
Residency and Year	BROOKDALE UNIV HOSPITAL & MEDICAL CTR - BROOKLYN, NY 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11752
License Date	10/2/2002
Name	<b>DUXBURY, MELISSA A MD</b>
Address	PRIMARY CARE OF HUDSON, 300 DERRY RD HUDSON, NH, 03051
Specialty	FP
Board Certified	FP
School and Year of Graduation	STATE UNIVERSITY OF NY, SYRACUSE NY USA 1999
Internship and Year	ST JOSEPHS HOSPITAL HEALTH CTR, SYRACUSE NY 2000
Residency and Year	ST JOSEPHS HOSPITAL HEALTH CTR, SYRACUSE NY 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11269
License Date	6/6/2001
Name	<b>DUYMAZLAR, HASAN A DO</b>
Address	HUGGINS HOSPITAL, 240 SO MAIN ST WOLFBORO, NH, 03253
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF NEW ENGLAND COLL -BIDDEFORD, ME USA 1998
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR- LEBANON, NH 1999
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2001
License Expiration Date	<b>7/18/2013</b>
Remarks	11/13/09 - Settlement Agreement 7/18/13 - Order of Emergency License Suspension & Notice of Hearing. 7/19/13 - Voluntary Surrender of License

License Number 14249  
 License Date 12/3/2008  
 Name **DWAIHY, JOSEPH R MD**  
 Address 3465 SACRAMENTO ST #3, SAN FRANCISCO, CA, 94118  
 Specialty P  
 Board Certified  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2006  
 Internship and Year OREGON HEALTH SCIENCES UNIV - PORTLAND, OR 2007  
 Residency and Year DARTMOUGH-HITCHCOCK MEDICAL CENTER - LEBANON NH 2008  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 9652  
 License Date 3/6/1996  
 Name **DWARAKANATH, GOPALA K MD**  
 Address LOWELL GEN HOSPITAL/PAIN CLINI, 295 VARMUM AVELOWELL, MA, 01854  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation BANGALORE MEDICAL COLLEGE INDIA 1973  
 Internship and Year VICTORIA HOSPITAL - INDIA 1973  
 Residency and Year GUYS HOSPITAL - LONDON 1980  
 License Expiration Date **6/30/2016**  
 Remarks **LAPSED FOR NONRENEWAL 6/30/14 RENEWED 9/26/14**

License Number 7428  
 License Date 8/14/1986  
 Name **DWYER, CATHERINE V MD**  
 Address 85 EMERALD ST SUITE 115, KEENE, NH, 03431  
 Specialty GP  
 Board Certified  
 School and Year of Graduation MED COLL OF PA PHILADELPHIA PA USA 1959  
 Internship and Year SACRED HEART HOSP ALLENTOWN PA 1960  
 Residency and Year MERCY CATHOLIC MED CTR PHILADELPHIA PA 1975  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15958  
 License Date 12/5/2012  
 Name **DWYER, KEVIN W MD**  
 Address CONNECTICUT VALLEY ORTHOPAEDIC, 29 RIDGEWOOD RD, SUITE 200SPRINGFIELD, VT, 05156  
 Specialty ORS  
 Board Certified  
 School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 2007  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10362  
 License Date 8/5/1998  
 Name **DWYER, MICHAEL D MD**  
 Address 5555 PEACHTREE DUNWOODY ROAD, SUITE 349ATLANTA, GA, 30342  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIV OF ALABAMA SCH OF MED - BIRMINGHAM, AL USA 1987  
 Internship and Year UNIV OF ALABAMA AT BIRMINGHAM- AL 1988  
 Residency and Year UNIV OF ALABAMA AT BIRMINGHAM - AL 1990  
 License Expiration Date **6/30/2002**  
 Remarks

License Number 13487  
 License Date 5/9/2007  
 Name **DWYER, PATRICIA S DO**  
 Address 1 PARKLAND DR, DERRY, NH, 03038  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation DES MOINES UNIV USA 2003  
 Internship and Year ST JOHNS WEST SHORE HOSPITAL - WESTLAKE, OH 2004  
 Residency and Year ST JOHNS WEST SHORE HOSPITAL - WESTLAKE, OH 2006  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12841  
 License Date 8/3/2005  
 Name **DY, MA KATRINA M MD**  
 Address BELMONT MED ASSOC INC, 725 CONCORD AVE STE 4100CAMBRIDGE, MA, 02138  
 Specialty D  
 Board Certified D  
 School and Year of Graduation GEORGE WASHINGTON UNIVERSITY, WASHINGTON DC US 2002  
 Internship and Year MAYO SCHOOL OF MED, ROCHESTER MN 2003  
 Residency and Year MAYO SCHOOL OF MEDICINE, ROCHESTER MN 2005  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 9332  
 License Date 12/7/1994  
 Name **DYE, DANIEL M MD**  
 Address , , ,  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIVERSITY OF WASHINGTON USA 1986  
 Internship and Year  
 Residency and Year  
 License Expiration Date **6/30/1997**  
 Remarks

License Number	5215	
License Date	7/15/1974	
Name	<b>DYKE, STEPHEN H MD</b>	
Address	NEW ENGLAND CLINICAL RESEARCH, PO BOX 499 RYE, NH, 03870-0499	
Specialty	CD	
Board Certified	CD	
School and Year of Graduation	UNIVERSITY OF VERMONT USA 1966	
Internship and Year	UNIVERSITY OF VIRGINIA HOSPITAL	CHARLOTTESVILLE - VA 1967
Residency and Year	UNIVERSITY OF VIRGINIA HOSPITAL	CHARLOTTESVILLE - VA 1971
License Expiration Date	<b>6/30/2002</b>	
Remarks		

License Number	9618	
License Date	1/3/1996	
Name	<b>DYKES, THOMAS A MD</b>	
Address	MAINE MEDICAL CENTER, 22 BRAMHALL ST PORTLAND, ME, 04104-5040	
Specialty	DR	
Board Certified	R	
School and Year of Graduation	UNIV OF COLORADO SCHOOL OF MEDICINE - DENVER, CO USA 1989	
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1994	
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1994	
License Expiration Date	<b>6/30/2016</b>	
Remarks		

License Number	14128	
License Date	8/6/2008	
Name	<b>DYMOND, MELISSA L DO</b>	
Address	VIRUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500 EDEN PRAIRIE, MN, 55344	
Specialty	R	
Board Certified	R	
School and Year of Graduation	DES MOINES UNIV USA 2001	
Internship and Year	GRANDVIEW HOSPITAL OUCOM-DAYTON, OH 2002	
Residency and Year	GRANDVIEW HOSPITAL OUCOM-DAYTON, OH 2006	
License Expiration Date	<b>6/30/2016</b>	
Remarks		

License Number	9416	
License Date	5/3/1995	
Name	<b>DYSINGER, WAYNE S MD</b>	
Address	CONCORD HOSP, 250 PLEASANT ST CONCORD, NH, 03301-	
Specialty	FP	
Board Certified	FP	
School and Year of Graduation	LOMA LINDA UNIVERSITY USA 1986	
Internship and Year	FLORIDA HOSPITAL 1987	
Residency and Year	LOMA LINDA UNIVERSITY MEDICAL CENTER 1992	
License Expiration Date	<b>6/30/2003</b>	
Remarks		

License Number	9243
License Date	8/3/1994
Name	<b>DZEN, JEREMY A DO</b>
Address	SOUTHERN NH MED CTR-WEST CAMPU, 29 NORTHWEST BLVDNASHUA, NH, 03063
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF OSTEO MED AND HEALTH SCIENCE USA 1990
Internship and Year	HOSPITAL OF ST RAPHAEL - NEW HAVEN CT 1991
Residency and Year	HOSPITAL OF ST RAPHAEL - NEW HAVEN CT 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13858
License Date	3/5/2008
Name	<b>DZIALO, ANN FRANCINE MD</b>
Address	TEWKSBURY STATE HOSP, 365 EAST STTEWKSBURY, MA, 01876
Specialty	PM
Board Certified	PM
School and Year of Graduation	BOSTON UNIV USA 1995
Internship and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1996
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4556
License Date	5/15/1970
Name	<b>EAGAN, EDWARD F MD</b>
Address	19 WEBB PL, DOVER, NH, 03820-3434
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1966
Internship and Year	ST ELIZABETH'S HOSPITAL - BRIGHTON, MA 1967
Residency and Year	MANHATTAN EYE,EAR & THROAT HOSPITAL - NEW YORK, NY 1970
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	13766
License Date	12/5/2007
Name	<b>EAGLE, JANINE R MD</b>
Address	TALLMAN EYE ASSOC, 360 MERRIMACK ST BLDG 9LAWRENCE, MA, 01843
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1994
Internship and Year	EVANSTON NORTHWESTERN HEALTHCARE - EVANSTON, IL 1995
Residency and Year	NORTHWESTERN UNIV MEDICAL SCHOOL - CHICAGO, IL 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number 7345  
 License Date 6/12/1986  
 Name **EASTER, JOYCE A MD**  
 Address 74 STATE RD #104, KITTERY, ME, 03904  
 Specialty P  
 Board Certified  
 School and Year of Graduation BOSTON UNIVERSITY USA 1972  
 Internship and Year VETERANS ADMIN MED CTR-BOSTON 1973  
 Residency and Year UNIVERSITY HOSPITAL-BOSTON 1976  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 2972  
 License Date 6/10/1953  
 Name **EASTMAN, DAVID G MD**  
 Address 32 OTIS RD, SOMERSWORTH, NH, 03878-2314  
 Specialty FP  
 Board Certified  
 School and Year of Graduation MC GILL UNIVERSITY - MONTREAL CANADA 1951  
 Internship and Year ROYAL VICTORIA HOSPITAL - MONTREAL 1952  
 Residency and Year ROYAL VICTORIA HOSPITAL - MONTREAL CANADA 1953  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 14990  
 License Date 9/1/2010  
 Name **EASTWOOD, CHARLES B MD**  
 Address AMOSKEAG ANESTHESIA PLLC, 1 ELLIOT WAYMANCHESTER, NH, 03103  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation MCGILL UNIVERSITY CANADA 2003  
 Internship and Year UNIVERSITY OF VERMONT COLLEGE OF MEDICINE - MILTON, VT 2004  
 Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2007  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16540  
 License Date 4/2/2014  
 Name **EASTY, DAVID M MD**  
 Address 53 CRESTWOOD DR, SAVANNAH, GA, 31405  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIFORMED SERVICES UNIV OF THE HEALTH SCIENCES USA 1997  
 Internship and Year WILLIAM BEAUMONT ARMY MEDICAL CENTER - EL PASO, TX 1998  
 Residency and Year SAN ANTONIO MILITARY MEDICAL CENTER - FORT SAM HOUSTON, TX 2005  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	4908
License Date	8/15/1972
Name	<b>EATON JR, WALTER L MD</b>
Address	, PO BOX 275ETNA, NH, 03750
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF PA SCHOOL OF MEDICINE USA 1959
Internship and Year	UNIV OF PA GRADUATE HOSPITAL - PHILA, PA 1960
Residency and Year	UNIV OF PA HOSPITAL - PHILA, PA 1964
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	7386
License Date	7/3/1986
Name	<b>EBERHART, ROBERT E MD</b>
Address	SPORTS MED ATLANTIC ORTHO, 150 US HIGHWAY 1 BYPASSPORTSMOUTH, NH, 03801
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	DARTMOUTH MED SCHOOL HANOVER NH USA 1979
Internship and Year	BRIGHAM WOMENS HOSP BOSTON MA 1980
Residency and Year	MAS GEN HOSPITAL BOSTON MA 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	2930
License Date	9/10/1952
Name	<b>EBERHART, WARREN F MD</b>
Address	470 GOULD HILL RD, CONTOOCOOK, NH, 03229-
Specialty	GS
Board Certified	GS
School and Year of Graduation	CORNELL UNIVERSITY USA 1944
Internship and Year	NEW YORK HOSPITAL - NEW YORK, NY 1946
Residency and Year	MEMORIAL HOSPITAL - NEW YORK, NY 1952
License Expiration Date	<b>10/8/1999</b>
Remarks	<b>DECEASED 10/8/99</b>

License Number	6179
License Date	4/3/1980
Name	<b>EBERLY, DONALD A MD</b>
Address	273 COUNTY RD, NEW LONDON, NH, 03257-4504
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV. OF FLORIDA GAINSVILLE,FL USA 1975
Internship and Year	MED CTR HOSP.BURLINGTON,VT 1976
Residency and Year	MED CTR HOSP. BURLINGTON,VT 1980
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16265
License Date	8/7/2013
Name	<b>EBERT, ERIKA B MD</b>
Address	DHMC-PSYCHIATRY DEPT, 1 MED CTR DRLEBANON, NH, 03756
Specialty	P
Board Certified	
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 2010
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8736
License Date	6/3/1992
Name	<b>EBERT, GEORGE M MD</b>
Address	FLETCHER ALLEN HEALTH CARE, 111 COLCHESTER AVEBURLINGTON, VT, 05401
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF CHICAGO USA 1985
Internship and Year	METROWEST MEDICAL CENTER FRAMINGHAM - MA 1987
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL BOSTON - MA 1991
License Expiration Date	<b>7/14/2012</b>
Remarks	Deceased 7/14/2012

License Number	8790
License Date	8/15/1992
Name	<b>EBERT, JAMES B MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	EM
Board Certified	EM
School and Year of Graduation	EAST CAROLINA UNIVERSITY USA 1990
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 1991
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	Lapsed for non-renewal 6/30/95 Reinstated 3/2/11

License Number	10612
License Date	7/7/1999
Name	<b>EBNER, JOSEPH A MD</b>
Address	PLYMOUTH OB/GYN, 16 HOSPITAL RDPLYMOUTH, NH, 03264
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	MEDICAL COLL OF OH - TOLEDO, OH USA 1995
Internship and Year	ALBANY MEDICAL CENTER - ALBANY, NY 1996
Residency and Year	ALBANY MEDICAL CENTER - ALBANY, NY 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 4752  
 License Date 8/15/1972  
 Name **ECCHER, STEPHEN H MD**  
 Address 8215 STIRLING FALLS CIRCLE, SARASOTA, FL, 34243  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation UNIV OF ROCHESTER - NY USA 1970  
 Internship and Year MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1971  
 Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1972  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 12100  
 License Date 10/1/2003  
 Name **ECHENIQUE, ANA M MD**  
 Address ST MARYS MEDICAL CTR/DEPT RAD, 450 STANYAN /ROOM 114-ASAN FRANCISCO, CA, 94117  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIVERSITY OF MIAMI, MIAMI FL US 1991  
 Internship and Year UNIVERSITY OF MIAMI, MIAMI FL 1992  
 Residency and Year UNIVERSITY OF MIAMI, MIAMI FL 1996  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 15020  
 License Date 10/6/2010  
 Name **ECKARD, VALERIE R MD**  
 Address 1325 PACIFIC HWY UNIT 3204, SAN DIEGO, CA, 92101  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation UNIVERSITY OF KANSAS USA 1996  
 Internship and Year UNIVERSITY OF KANSAS MEDICAL CENTER - KANSAS CITY, KS 1997  
 Residency and Year UNIVERSITY OF KANSAS MEDICAL CENTER - KANSAS CITY, KS 2000  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 8579  
 License Date 7/17/1991  
 Name **ECKEL, CHRISTOPHER G MD**  
 Address SO NH RADIOLOGY CONSULTANTS, 703 RIVERWAY PLACE BEDFORD, NH, 03110  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation CASE WESTERN RESERVE UNIV SCH MED - OH USA 1979  
 Internship and Year UNIV OF CHICAGO MEDICAL CENTER - CHICAGO, IL 1980  
 Residency and Year UNIV OF NEW MEXICO SCH OF MEDICINE - ALBUQUERQUE, NM 1985  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	14867
License Date	6/2/2010
Name	<b>ECKERT, MARY K MD</b>
Address	CONCORD HOSP, 250 PLEASANT STCONCORD, NH, 03301
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF PENNSYLVANIA USA 1997
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1998
Residency and Year	MAINE MEDICAL CENTER-PORTLAND, ME 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13039
License Date	4/5/2006
Name	<b>EDDINGER, JONATHAN J MD</b>
Address	MERCY HOSP - DEPT OF CARDIOLOGY, 144 STATE STPORTLAND, ME, 04104
Specialty	CD
Board Certified	IM
School and Year of Graduation	BOSTON UNIV, BOSTON MA USA 2000
Internship and Year	BOSTON UNIV MEDICAL CTR, BOSTON MA 2001
Residency and Year	BOSTON UNIV MEDICAL CTR, BOSTON MA 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6888
License Date	5/24/1984
Name	<b>EDDY, DOUGLAS M MD</b>
Address	SO NH INTERNAL MEDICINE ASSOC, 6 TSIENNETO RD STE 300DERRY, NH, 03038
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF VT COLL MED -BURLINGTON,VT USA 1974
Internship and Year	UNIV OF VIRGINIA HOSP-CHARLOTTESVILL ,VA 1975
Residency and Year	UNIV OF VIRGINIA HOSP-CHARLOTTESVILL,VA 1977
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	12991
License Date	2/1/2006
Name	<b>EDELMAN, GARY C MD</b>
Address	THE DACARE PHYCISIANS, 902 RIVERSIDE DR STE 201WAUPACA, WI, 54981
Specialty	GS
Board Certified	GS
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL, LEBANON NH US 1988
Internship and Year	UNIVERSITY OF WISCONSIN, MADISON WI 1989
Residency and Year	UNIVERSITY OF WISCONSIN, MADISON WI 1993
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number 8888  
 License Date 2/3/1993  
 Name **EDELSTEIN, RICHARD D MD**  
 Address , PO BOX 494BELLOWS FALLS, VT, 05101-  
 Specialty P  
 Board Certified P  
 School and Year of Graduation WASHINGTON UNIVERSITY SCHOOL OF MEDICINE USA 1977  
 Internship and Year VA MEDICAL CENTER - NEW YORK NY 1978  
 Residency and Year VA MEDICAL CENTER - NEW YORK NY 1979  
 License Expiration Date **6/30/2005**  
 Remarks

License Number L2957  
 License Date 9/10/2010  
 Name **EDENFIELD, DIANA L MD**  
 Address VALLEY REGIONAL HOSPITAL, 243 ELM STREETCLAREMONT, NH, 03743  
 Specialty OBG  
 Board Certified  
 School and Year of Graduation USF USA 1980  
 Internship and Year SUNY @ BUFFALO 1980  
 Residency and Year EASTERN VIRGINIA GRAD SCHOOL OF MEDICINE  
 License Expiration Date **12/18/2010**  
 Remarks

License Number 14958  
 License Date 8/4/2010  
 Name **EDHOLM, KARLI M MD**  
 Address OREGON HEALTH SCIENCES UNIV, 3181 SW SAM JACKSON PARK RDPORTLAND, OR, 97239  
 Specialty IM  
 Board Certified  
 School and Year of Graduation OREGON HEALTH & SCIENCE UNIVERSITY USA 2007  
 Internship and Year OREGON HEALTH SCIENCES UNIVERSITY - PORTLAND, OR 2008  
 Residency and Year OREGON HEALTH SCIENCES UNIVERSITY - PORTLAND, OR 2010  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 15477  
 License Date 12/7/2011  
 Name **EDIGER, WILLIAM M MD**  
 Address 22312 COUNTY RD 3 DR, STONEWALL, OK, 74871  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIVERSITY OF KANSAS SCHOOL OF MEDICINE USA 1981  
 Internship and Year BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 1982  
 Residency and Year BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 1982  
 License Expiration Date **6/30/2013**  
 Remarks

License Number	16819
License Date	11/6/2014
Name	<b>EDLOW, BRIAN L MD</b>
Address	PARTNERS TELESTROKE PROGRAM, 55 FRUIT ST - BIGELOW 1206BOSTON, MA, 02114
Specialty	N
Board Certified	N
School and Year of Graduation	UNIV OF PENNSYLVANIA SCHOOL OF MEDICINE USA 2007
Internship and Year	BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2008
Residency and Year	BRIGHAM & WOMENS HOSP/MASSACHUSETTS GENERAL - BOSTON, MA 2011
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13488
License Date	5/9/2007
Name	<b>EDMISTON SR, BART J MD</b>
Address	27 NICHOLAS CT, PORTLAND, ME, 04103
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV OF FLORIDA USA 2003
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2004
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2006
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	10938
License Date	6/7/2000
Name	<b>EDNEY, MARK T MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	GS
Board Certified	
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1998
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1999
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR- LEBANON, NH 2000
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	6194
License Date	5/8/1980
Name	<b>EDSALL, DAVID W MD</b>
Address	ALBANY MEDICAL COLLEGE, 47 NEW SCOTTSDALE -131ALBANY, NY, 12208
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV OF VT COLL OF MEDICINE - BURLINGTON,VT USA 1974
Internship and Year	LETTERMAN ARMY MEDICAL CENTER - CA 1975
Residency and Year	LETTERMAN ARMY MEDICAL CENTER - CA 1978
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	13663
License Date	9/5/2007
Name	<b>EDWARDS, MICHAEL R MD</b>
Address	CATHOLIC MEDICAL CENTER, 100 MCGREGOR STREETMANCHESTER, NH, 03102
Specialty	EM
Board Certified	EM
School and Year of Graduation	STATE UNIV OF NEW YORK USA 1997
Internship and Year	BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1998
Residency and Year	LONG ISLAND JEWISH HOSPITAL-ALBERT EINSTEIN SCHOOL OF MEDICINE - NEW HYDE PARK, NY 20
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7286
License Date	4/1/1986
Name	<b>EDWARDS, PATRICIA M MD</b>
Address	CONCORD PEDIATRICS PA, PILLSBURY BLDG 248 PLEASANT STCONCORD, NH, 03301-
Specialty	PD
Board Certified	PD
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1982
Internship and Year	UNIV MASS HOSPITAL MEDICAL CENTER - WORCESTER, MA 1983
Residency and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7970
License Date	9/7/1988
Name	<b>EDWARDS, PETER P MD</b>
Address	433 SCUDDER AVE, HYANNISPORT, MA, 02647
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF CINCINNATI,OH USA 1983
Internship and Year	UNIV OF CINCINNATI, OH 1986
Residency and Year	UNIV OF CINCINNATI,OH 1986
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	6099
License Date	8/7/1979
Name	<b>EDWARDS, SUSAN T MD</b>
Address	DHMC - DEPT OF PEDIATRICS, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF NORTH CAROLINA SCHOOL MEDICINE CHAPEL HILL USA 1976
Internship and Year	DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1977
Residency and Year	CHILDRENS MEDICAL CENTER - DALLAS, TX 1979
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number	11559
License Date	4/3/2002
Name	<b>EDWARDS, TYLER A MD</b>
Address	FAMILY CARE OF FARMINGTON, 316 NH ROUTE 11FARMINGTON, NH, 03835
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF CONNECTICUT - FARMINGTON, CT USA 1999
Internship and Year	MCKAY-DEE HOSPITAL CENTER - OGDEN, UT 2000
Residency and Year	MCKAY-DEE HOSPITAL CENTER - OGDEN, UT 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6100
License Date	8/7/1979
Name	<b>EDWARDS, WILLIAM H MD</b>
Address	DHMC-PEDIATRICS, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF NORTH CAROLINA SCHOOL MEDICINE CHAPEL HILL USA 1975
Internship and Year	DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1976
Residency and Year	PARKLAND MEMORIAL HOSPITAL - DALLAS, TX 1979
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9575
License Date	11/1/1995
Name	<b>EDWARDS, WILLIAM H MD</b>
Address	45 STILES RD STE 101, SALEM, NH, 03079-
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF WEST INDIES,FAC OF MED,KINGSTON,JAMAICA WEST INDIES 1977
Internship and Year	QUEEN ELIZABETH HOSPITAL BARBADOS, WEST INDIES 1978
Residency and Year	UNIV OF OTTAWA ONTARIO, CANADA 1982
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12932
License Date	11/2/2005
Name	<b>EFFERSON- BONACHEA, NANCY D MD</b>
Address	RETINA VISION CENTER, 107 RIVERWAY PL BLD1BEDFORD, NH, 03110
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	TUFTS UNIVERSITY, BOSTON MA US 1990
Internship and Year	WASHINGTON HOSPITAL CTR, WASHINGTON DC 1991
Residency and Year	GEORGETOWN UNIVERSITY, WASHINGTON DC 1994
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 13396  
 License Date 2/7/2007  
 Name **EGBERT, CHARLES C MD**  
 Address GREEN MOUNTAIN FAMILY MEDICINE, 71 ALLEN ST #203RUTLAND, VT, 05701  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF PITTSBURGH USA 1992  
 Internship and Year WILLIAM BEAUMONT ARMY MEDICAL CENTER - EL PASO, TX 1993  
 Residency and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1999  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 16216  
 License Date 7/3/2013  
 Name **EGBUONU, NONSO E MD**  
 Address PARKLAND MEDICAL CTR, 1 PARKLAND DRDERRY, NH, 03038  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF NIGERIA COLLEGE OF MEDICINE NIGERIA 2005  
 Internship and Year UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER - MEMPHIS, TN 2011  
 Residency and Year UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER - MEMPHIS, TN 2013  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12488  
 License Date 10/6/2004  
 Name **EGENOLF, CRISTI M MD**  
 Address DERRY MEDICAL CENTER, 6 TSIENNETO RDDERRY, NH, 03038  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation ROSALIND FRANKLIN UNIVERSITY, NORTH CHICAGO IL US 1997  
 Internship and Year UNIVERSITY OF WYOMING, CHEYENNE WY 1999  
 Residency and Year UNIVERSITY OF WYOMING, CHEYENNE WY 2000  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12835  
 License Date 8/3/2005  
 Name **EGGERS, JENNIFER E MD**  
 Address GEISEL SCHOOL OF MED DARTMOUTH, REMSEN 304-FAMILY MEDHANOVER, NH, 03755-3833  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL, LEBANON NH US 2000  
 Internship and Year MAINE MEDICAL CTR, PORTLAND ME 2001  
 Residency and Year CONCORD HOSPITAL, CONCORD NH 2005  
 License Expiration Date **6/30/2015**  
 Remarks **lapsed 6/30/09 - reinstated 12/7/11**

License Number 8517  
 License Date 4/3/1991  
 Name **EHRIG, ULRICH MD**  
 Address 140 LINCOLN AVE, HAVERHILL, MA, 01830-  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation MED FAC RHEINISCHEN FRIEDRICH WILHELMS GERMANY 1963  
 Internship and Year MONMOUTH MEDICAL CENTER - LONG BRANCH, NJ 1965  
 Residency and Year MONMOUTH MEDICAL CENTER - LONG BRANCH, NJ 1966  
 License Expiration Date **6/30/2002**  
 Remarks

License Number 16443  
 License Date 1/8/2014  
 Name **EHRICHMAN, RICHARD J MD**  
 Address 10 COLGATE RD, WELLESLEY, MA, 02482  
 Specialty PS  
 Board Certified PS  
 School and Year of Graduation JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE USA 1980  
 Internship and Year BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 1981  
 Residency and Year BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 1987  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11053  
 License Date 9/6/2000  
 Name **EHSANI, HAMID MD**  
 Address 016 PHS LIBRARY, 376 WEST 10TH AVE COLUMBUS, OH, 43210  
 Specialty EM  
 Board Certified  
 School and Year of Graduation WASHINGTON UNIV SCH OF MED - ST LOUIS, MO USA 1996  
 Internship and Year OHIO STATE UNIV MEDICAL CENTER - COLUMBUS, OH 1998  
 Residency and Year OHIO STATE UNIV MEDICAL CENTER - COLUMBUS, OH 2000  
 License Expiration Date **6/30/2001**  
 Remarks

License Number 9417  
 License Date 5/3/1995  
 Name **EICHELBERGER, DWIGHT O MD**  
 Address AMMONOOSUC COMMUNITY HEALTH, 25 MT EUSTIS RD LITTLETON, NH, 03561-  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF MARYLAND USA 1992  
 Internship and Year LANCASTER GENERAL HOSPITAL-LANCASTER, PA 1995  
 Residency and Year LANCASTER GENERAL HOSPITAL, LANCASTER PA 1995  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 16162  
 License Date 6/5/2013  
 Name **EIDE, TREVOR W MD**  
 Address FRISBIE MEM HOSP, 11 WHITEHALL RD ROCHESTER, NH, 03867  
 Specialty EM  
 Board Certified  
 School and Year of Graduation THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 2010  
 Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2011  
 Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2013  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 5052  
 License Date 7/20/1973  
 Name **EISEN, SIMON T MD**  
 Address PORTSMOUTH HOSPITAL, 333 BORTHWICK RD PORTSMOUTH, NH, 03801  
 Specialty P  
 Board Certified P  
 School and Year of Graduation MELBOURNE UNIVERSITY-MELBOURNE AUSTRALIA AUSTRALIA 1968  
 Internship and Year DANVERS STATE HOSP - HATHORNE, MA 1973  
 Residency and Year DANVERS STATE HOSP-HATHORNE MA 1973  
 License Expiration Date **6/30/2015**  
 Remarks **LAPSED FOR NON-RENEWAL 6/30/02..RE-INSTATED 1/9/08**

License Number 5292  
 License Date 2/6/1975  
 Name **EISENBERG, BENSON L MD**  
 Address RR#1 BOX 1345, RANDOLPH, NH, 03570-1943  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIV OF BUFFALO SCHOOL OF MEDICINE USA 1958  
 Internship and Year MONTEFIORE HOSPITAL - BRONX, NY 1959  
 Residency and Year MONTEFIORE HOSPITAL - BRONX, NY 1962  
 License Expiration Date **6/30/1999**  
 Remarks

License Number 12057  
 License Date 9/3/2003  
 Name **EISENBERG, BURTON L MD**  
 Address 20 INGIGO WAY, DANA POINT, CA, 92629  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation UNIVERSITY OF TN, MEMPHIS TN US 1974  
 Internship and Year WILFORD HALL MED CTR, LACKLAND AFB TX 1975  
 Residency and Year WILFORD HALL MED CTR, LACKLAND AFB TX 1979  
 License Expiration Date **6/30/2015**  
 Remarks

License Number	12652
License Date	4/6/2005
Name	<b>EISENBERG, ELLEN H MD</b>
Address	GENERAL INTERNAL MEDICINE, DHMC 1 MEDICAL CTR DRLEBANON, NH, 05090
Specialty	IM
Board Certified	IM
School and Year of Graduation	STATE UNIVERSITY OF NY, BROOKLYN NY US 1987
Internship and Year	BOSTON UNIVERSITY, BOSTON MA 1988
Residency and Year	BOSTON UNIVERSITY, BOSTON MA 1990
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15292
License Date	7/6/2011
Name	<b>EISENBERG, VLADIMIR MD</b>
Address	4 WHITEWOOD CIR, AMESBURY, MA, 01913
Specialty	AN
Board Certified	AN
School and Year of Graduation	KAUNO MEDICINOS UNIVERSITETO LITHUANIA 1979
Internship and Year	WAYNE STATE UNIVERSITY/DETROIT MEDICAL CENTER - DETROIT, MI 1999
Residency and Year	WAYNE STATE UNIVERSITY/DETROIT MEDICAL CENTER - DETROIT, MI 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	3779
License Date	2/4/1965
Name	<b>EJARQUE, PETER M MD</b>
Address	12 HAMPSHIRE AVE, DURHAM, NH, 03824
Specialty	IM
Board Certified	
School and Year of Graduation	UNIV OF BARCELOUA - SPAIN SPAIN 1954
Internship and Year	THE QUEEN ELIZABETH HOSPITAL - MONTREAL QUEBEC CANADA 1960
Residency and Year	NEW ENGLAND DEACONESS HOSPITAL - BOSTON, MA 1964
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	15215
License Date	5/4/2011
Name	<b>EKANEM, CHARLES B MD</b>
Address	ST JOSEPH HOSP, 172 KINSLEY STNASHUA, NH, 03061
Specialty	OS
Board Certified	
School and Year of Graduation	UNIVERSITY OF CALABAR NIGERIA 1994
Internship and Year	WOODHULL MEDICAL & MENTAL HEALTH CENTER - BROOKLYN, NY 2009
Residency and Year	WOODHULL MEDICAL & MENTAL HEALTH CENTER - BROOKLYN, NY 2011
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number 10862  
 License Date 4/5/2000  
 Name **EL- ASFOURI, SOUHAIL A MD**  
 Address UNIV OF SOUTH ALABAMA, 251 COX ST STE 100MOBILE, AL, 36604-3302  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIVERSITY OF TEXASMED SCHOOL AT GALVESTON-GALVEST USA 1989  
 Internship and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER-FARMINGTON, CT 1990  
 Residency and Year UNIVERSITY OF ALABAMA-BIRMINGHAM,AL 1993  
 License Expiration Date **6/30/2002**  
 Remarks **7/11/05 - Settlement Agreement**

License Number 14705  
 License Date 1/6/2010  
 Name **EL BIZRI, ISSAM MD**  
 Address BEACON INTERNAL MEDICINE, 155 BORTHWICK AVE., STE 202WPORTSMOUTH, NH, 03801  
 Specialty IM  
 Board Certified  
 School and Year of Graduation LEBANESE UNIVERSITY LEBANON 2006  
 Internship and Year UNIVERSITY OF KANSAS MEDICAL CENTER - WICHITA, KS 2008  
 Residency and Year UNIVERSITY OF KANSAS MEDICAL CENTER - WICHITA, KS 2009  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15021  
 License Date 10/6/2010  
 Name **EL RIMAWI, NIDAL MD**  
 Address FAMILY HEALTHCARE INC, 1383 WEST HUNTER STLOGAN, OH, 43813  
 Specialty FP  
 Board Certified  
 School and Year of Graduation ST GEORGE'S UNIVERSITY USA 1996  
 Internship and Year NSLIJ SOUTHSIDE HOSPITAL - BAY SHORE, NY 1997  
 Residency and Year NSLIJ SOUTHSIDE HOSPITAL - BAY SHORE, NY 1999  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 12620  
 License Date 3/2/2005  
 Name **EL-BADRY, AMR M MD**  
 Address FRISBIE MEMORIAL HOSP, 11 WHITE HALL RDROCHESTER, NH, 03867  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation WASHINGTON UNIVERSITY, ST LOUIS MO US 1985  
 Internship and Year WASHINGTON UNIVERSITY, ST LOUIS MO 1986  
 Residency and Year JOHNS HOPKINS HOSPITAL, BALTIMORE MD 1989  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	10465
License Date	12/2/1998
Name	<b>ELBERT, WILLIAM V MD</b>
Address	COMP HEALTH LOCUM TENENS, 4021 SOUTH 700 E STE 300SALT LAKE CITY, UT, 84107
Specialty	FP
Board Certified	FP
School and Year of Graduation	MEDICAL COLLEGE OF GEORGIA - AUGUSTA, GA USA 1991
Internship and Year	SPARTANBURG REGIONAL MEDICAL CENTER - SPARTANBURG, SC 1992
Residency and Year	SPARTANBURG REGIONAL MEDICAL CENTER - SPARTANBURG, SC 1993
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	13453
License Date	4/4/2007
Name	<b>EL-BIZRI, RABIH M MD</b>
Address	2 CHABLIS TERRACE UNIT 1, CONCORD, NH, 03303
Specialty	IM
Board Certified	IM
School and Year of Graduation	LEBANESE UNIV BEIRUT 2001
Internship and Year	STATEN ISLAND UNIV HOSPITAL-STATEN ISLAND, NY 2004
Residency and Year	STATEN ISLAND UNIV HOSPITAL-STATEN ISLAND, NY 2006
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	11054
License Date	9/6/2000
Name	<b>ELDER, NATHAN J MD</b>
Address	ELLIOT HOSPITAL EMERGENCY DEPT, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF NC CHAPEL HILL SCH - CHAPEL HILL, NC USA 1997
Internship and Year	UNIV OF MASS MED SCH - WORCESTER, MA 1998
Residency and Year	UNIV OF MASS MED SCH - WORCESTER, MA 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	2710
License Date	11/5/1948
Name	<b>ELDREDGE JR, LEROY L MD</b>
Address	215 MAIN ST, HINGHAM, MA, 02043-1912
Specialty	PD
Board Certified	PD
School and Year of Graduation	TUFTS UNIVERSITY USA 1945
Internship and Year	MARY HITCHCOCK HOSPITAL - HANOVER, NH 1946
Residency and Year	MARY HITCHCOCK HOSPITAL - HANOVER, NH 1946
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number 6210  
 License Date 6/9/1980  
 Name **ELDREDGE, DAVID L B MD**  
 Address MOUNTAIN PARK HEALTH CENTER, 635 EAST BASELINE RD PHOENIX, AZ, 85042  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIV OF CINCINNATI COLL-CINCINNATI, OH USA 1974  
 Internship and Year NEW ENGLAND DEACONESS HOSP-BOSTON MA 1975  
 Residency and Year NEW ENGLAND DEACONESS HOSP-BOSTON MA 1977  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 5931  
 License Date 6/16/1978  
 Name **ELDRIDGE JR, EDWARD E MD**  
 Address 530 OLD WOLFBOURNE RD, PO BOX 10 ALTON, NH, 03809-0010  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation NEW YORK MEDICAL COLLEGE - NY USA 1966  
 Internship and Year ST VINCENT HOSPITAL - WORCESTER, MA 1967  
 Residency and Year ST VINCENT HOSPITAL - WORCESTER, MA 1971  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 6668  
 License Date 4/7/1983  
 Name **ELGERT, STEPHEN D MD**  
 Address ELLIOT FAMILY PRACTICE, 15 CONSISTITUTION DR BEDFORD, NH, 03110  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UMDNJ RUTGERS MED SCH - PISCATAWAY, NJ USA 1980  
 Internship and Year ST JOSEPH'S HOSPITAL HEALTH CENTER - SYRACUSE, NY 1981  
 Residency and Year ST JOSEPH'S HOSPITAL HEALTH CENTER - SYRACUSE, NY 1983  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 4365  
 License Date 4/7/1969  
 Name **ELIADES, CHRISTOPHER G MD**  
 Address 5 MASEFIELD RD, NASHUA, NH, 03062  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1962  
 Internship and Year BELLEVUE HOSPITAL - NEW YORK, NY 1963  
 Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON, MA 1969  
 License Expiration Date **6/30/2009**  
 Remarks



License Number	10420
License Date	10/7/1998
Name	<b>ELIAS, MARK R MD</b>
Address	SURGICAL ASSOC OF ROCHESTER, 21 WHITEHALL RD STE 204 ROCHESTER, NH, 03867
Specialty	GS
Board Certified	GS
School and Year of Graduation	BOSTON UNIV SCH OF MEDICINE - BOSTON, MA USA 1989
Internship and Year	BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1990
Residency and Year	BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15375
License Date	9/7/2011
Name	<b>ELIAS, MARTHA K MD</b>
Address	DARTMOUTH-HITCHCOCK MEDICAL CENTER, ONE MEDICAL CENTER DRIVE LEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	STATE UNIVERSITY OF NY HEALTH SCIENCE CENTER USA 2005
Internship and Year	MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 2006
Residency and Year	MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9478
License Date	7/5/1995
Name	<b>ELIAS, SUSAN C MD</b>
Address	LAHEY CLINIC, 41 MALL RD BURLINGTON, MA, 01805
Specialty	IM
Board Certified	IM
School and Year of Graduation	ST GEORGE'S UNIVERSITY SCHOOL OF MEDICINE GRENADA 1990
Internship and Year	DANBURY HOSPITAL - DANBURY CT 1993
Residency and Year	HARTFORD HOSPITAL - HARTFORD CT 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15949
License Date	11/7/2012
Name	<b>ELIBOL, MARY Z MD</b>
Address	MASS GEN HOSP, WANG ACC 708 / 55 FRUIT ST BOSTON, MA, 02114
Specialty	CHN
Board Certified	CHN
School and Year of Graduation	UNIVERSITY OF TX MEDICAL SCHOOL USA 2007
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2008
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 14160  
 License Date 9/3/2008  
 Name **ELIOPOULOS, DINA A MD**  
 Address DINELI PC, 9 NORTH RD STE 202 CHELMSFORD, MA, 01824  
 Specialty PS  
 Board Certified PS  
 School and Year of Graduation UNIV MASSACHUSETTS MED SCHOOL USA 1992  
 Internship and Year SUNY UPSTATE MEDICAL UNIV - SYRACUSE, NY 1993  
 Residency and Year SUNY UPSTATE MEDICAL UNIV - SYRACUSE, NY 1997  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 5793  
 License Date 8/4/1977  
 Name **EL-KURD, FATHI A MD**  
 Address 7 PURITAN DR, BEDFORD, NH, 03110  
 Specialty GS  
 Board Certified  
 School and Year of Graduation FACULTY OF MEDICINE BAGHDAD BAGHDAD IRAQ 1968  
 Internship and Year BAGDAD REPUBLIC HOSPITAL 1968  
 Residency and Year BAYLOR UNIVERSITY HOSPITAL 1976  
 License Expiration Date **6/30/2017**  
 Remarks **CONSENT DECREE 3/18/99**  
**11/3/06 - Settlement Agreement**

License Number 9187  
 License Date 6/1/1994  
 Name **ELLEN, STEPHEN C MD**  
 Address COUNSELING CTR OF NASHUA, 1 MAIN ST NASHUA, NH, 03064  
 Specialty P  
 Board Certified P  
 School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1989  
 Internship and Year CAMBRIDGE HOSPITAL - CAMBRIDGE MA 1990  
 Residency and Year AUSTEN RIGGS CENTER - STOCKBRIDGE MA 1994  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16903  
 License Date 1/21/2015  
 Name **ELLINGSON, THOMAS L MD**  
 Address 414 POINT DR, BRANDON, MS, 39047  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation ROSALIND FRANKLIN UNIVERSITY OF HEALTH SCIENCES USA 1990  
 Internship and Year VIRGINIA MASON MEDICAL CENTER - SEATTLE, WA 1992  
 Residency and Year VIRGINIA MASON MEDICAL CENTER - SEATTLE, WA 1993  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	16785
License Date	10/1/2014
Name	<b>ELLIOTT JR, EDWARD F MD</b>
Address	BRATTLEBORO MEM HOSP, 17 BELMONT AVEBRATTLEBORO, VT, 05301
Specialty	DR
Board Certified	DR
School and Year of Graduation	INDIANA UNIVERSITY SCHOOL OF MEDICINE USA 1979
Internship and Year	METHODIST HOSPITAL OF INDIANA - INDIANAPOLIS, IN 1980
Residency and Year	METHODIST HOSPITAL OF INDIANA - INDIANAPOLIS, IN 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11861
License Date	3/17/2003
Name	<b>ELLIOTT, ALEXANDRA T MD</b>
Address	DHMC SEC OPHTHALMOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIV OF CONNECTICUT - FARMINGTON, CT USA 1996
Internship and Year	LENOX HILL HOSPITAL - NEW YORK, NY 1997
Residency and Year	NEW YORK PRESBYTERIAN HOSPITAL - NEW YORK, NY 2000
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	13819
License Date	2/6/2008
Name	<b>ELLIOTT, SUZANNE K MD</b>
Address	NMC, 985 BUTTERNUT RDWILLISTON, VT, 05495
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF VERMONT USA 1993
Internship and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1994
Residency and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3470
License Date	9/13/1961
Name	<b>ELLIS JR, CHARLES A MD</b>
Address	203 TURNPIKE ST, N ANDOVER, MA, 01845-5042
Specialty	IM
Board Certified	
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 1956
Internship and Year	UNITED STATES NAVAL HOSPITAL- CHELSEA MA 1957
Residency and Year	UNITED STATES NAVAL HOSPITAL- CHELSEA MA 1960
License Expiration Date	<b>6/30/2005</b>
Remarks	<b>DECEASED 05/11/08</b>

License Number	6478
License Date	12/28/1981
Name	<b>ELLIS, EVELYN F MD</b>
Address	POSTAL CENTER USA BOX 52, 614 NASHUA STMILFORD, NH, 03055-4917
Specialty	EM
Board Certified	IM
School and Year of Graduation	CORNELL UNIV MED COLL-NEW YORK.NY USA 1977
Internship and Year	BOSTON CITY HOSP-BOSTON,MA 1978
Residency and Year	VETERANS ADMINISTRATION-BOSTON,MA 1981
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	5878
License Date	4/6/1978
Name	<b>ELLIS, HENRY L MD</b>
Address	HITCHCOCK CLINIC/FAMILY PRACTI, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF VERMONT COLLEGE OF MEDICINE-BURLINGTON, VT USA 1975
Internship and Year	MIDDLETOWN MEMORIAL HOSPITAL - MIDDLETOWN, CT 1976
Residency and Year	MIDDLETOWN MEMORIAL HOSPITAL - MIDDLETOWN, CT 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4533
License Date	2/20/1970
Name	<b>ELLIS, PHILIP M MD</b>
Address	388 OLD LAKESHORE RD, GILFORD, NH, 03249-6571
Specialty	AN
Board Certified	
School and Year of Graduation	LONDON UNIV - ENGLAND ENGLAND 1958
Internship and Year	COLLEGE OF PHYSICIANS OF MANITOBA - CANADA 1968
Residency and Year	COLLEGE OF PHYSICIANS OF MANITOBA- CANADA 1968
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	8451
License Date	11/7/1990
Name	<b>ELLIS, WILLIAM S MD</b>
Address	WOMEN'S HEALTH ASSOC, PO BOX 401N SPRINGFIELD, VT, 05150
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	MEDICAL COLLEGE OF VIRGINIA OF VA COMMONWEALTH UNI USA 1982
Internship and Year	ST LOUIS UNIVERSITY HOSPITALS - ST LOUIS, MO 1983
Residency and Year	ST LOUIS UNIVERSITY HOSPITALS - ST LOUIS, MO 1986
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	10466
License Date	12/2/1998
Name	<b>ELLISON, LARS M MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03566
Specialty	U
Board Certified	
School and Year of Graduation	BOSTON UNIV SCH OF MED - BOSTON, MA USA 1995
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1996
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1997
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	9921
License Date	2/5/1997
Name	<b>ELLSWORTH, PAMELA I MD</b>
Address	U MASS MEMORIAL - DEPT OF UROLOGY, 55 LAKE AVENUE NORTHWORCESTER, MA, 01665
Specialty	UP
Board Certified	U
School and Year of Graduation	UNIV OF MA MED SCHOOL - WORCESTER, MA USA 1987
Internship and Year	UNIV OF MA MEDICAL CENTER - MA 1990
Residency and Year	UNIV OF FLORIDA COLLEGE OF MEDICINE - FL 1996
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	15696
License Date	6/6/2012
Name	<b>ELMACKEN, MONA M MD</b>
Address	52-78 74TH ST APT 3, ELMHURST, NY, 11373
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF ALEXANDRIA EGYPT 1995
Internship and Year	ELMHURST HOSPITAL CENTER - ELMHURST, NY 2010
Residency and Year	ELMHURST HOSPITAL CENTER - ELMHURST, NY 2012
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	16997
License Date	4/1/2015
Name	<b>ELMARIAH, SAMMY MD</b>
Address	55 FRUIT ST, GRB 800BOSTON, MA, 02114
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF PENNSYLVANIA USA 2002
Internship and Year	UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM - PHILADELPHIA, PA 2003
Residency and Year	UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM - PHILADELPHIA, PA 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 11445  
 License Date 11/7/2001  
 Name **ELMASSIAN, KENNETH DO**  
 Address 2399 PINE HOLLOW DR, EAST LANSING, MI, 48823  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation MICHIGAN STATE UNIV - E LANSING, MI USA 1976  
 Internship and Year GENESYS REGIONAL MED CTR - GRAND BLANC, MI 1977  
 Residency and Year GENESYS REGIONAL MED CTR - GRAND BLANC, MI 1978  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 16444  
 License Date 1/8/2014  
 Name **ELOBEID, ABDELGHAFAR M MD**  
 Address 5340 HOLMES RUN PKWY #1217, ALEXANDRIA, VA, 22304  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF KHARTOUM SUDAN 2000  
 Internship and Year HOWARD UNIVERSITY HOSPITAL - WASHINGTON, DC 2006  
 Residency and Year HOWARD UNIVERSITY HOSPITAL - WASHINGTON, DC 2008  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11991  
 License Date 7/2/2003  
 Name **ELROD, RACHAEL D MD**  
 Address UNIV OF WASHINGTON DEPT OPH, BOX 356485 SEATTLE, WA, 98195-6485  
 Specialty OPH  
 Board Certified  
 School and Year of Graduation UNIV OF WASHINGTON - SEATTLE, WA USA 1999  
 Internship and Year LEGACY EMANUEL HOSPITAL AND HEALTH CENTER - PORTLAND, OR 2000  
 Residency and Year UNIV OF WASHINGTON - SEATTLE, WA 2001  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 11367  
 License Date 9/5/2001  
 Name **ELSAMMANI, OSAMA A MD**  
 Address JFK MEDICAL CENTER, 5301 SO CONGRESS AVE ATLANTIS, FL, 33462  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF KHARTOUM - KHARTOUM SUDAN SUDAN 1991  
 Internship and Year COOK COUNTY HOSPITAL - CHICAGO, IL 1998  
 Residency and Year COOK COUNTY HOSPITAL - CHICAGO, IL 2000  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 7300  
 License Date 4/3/1986  
 Name **ELSIAH, SAYED H MD**  
 Address 29 RIVERSIDE DR, NASHUA, NH, 03062  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation CAIRO UNIVERSITY EGYPT 1976  
 Internship and Year EASTON HOSP-EASTON,PA 0000  
 Residency and Year EASTON HOSP-EASTON,PA 1981  
 License Expiration Date **6/30/2008**  
 Remarks **2/13/14 - Order of Denial**

License Number 12572  
 License Date 1/5/2005  
 Name **ELSTON, DIRK M MD**  
 Address ACKERMAN ACADEMY OF DERMATOLOG, 145 EAST 32ND ST 10TH FLRNEW YORK, NY, 10016  
 Specialty D  
 Board Certified D  
 School and Year of Graduation THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA US 1982  
 Internship and Year WALTER REED ARMY MEDICAL CTR, WASHINGTON DC 1983  
 Residency and Year WALTER REED ARMY MEDICAL CTR, WASHIINGTON DC 1986  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 2618  
 License Date 9/12/1947  
 Name **ELUTO, CHANNING E MD**  
 Address , , ,  
 Specialty  
 Board Certified  
 School and Year of Graduation  
 Internship and Year  
 Residency and Year  
 License Expiration Date **6/12/1992**  
 Remarks **DECEASED 6/12/92**

License Number 15022  
 License Date 10/6/2010  
 Name **ELVANIDES, HARRY S MD**  
 Address NORTH SHORE GI - NEWMAN AND HANN MD PC, 100 CUMMINGS CTR 107 CBEVERLY, MA, 01915  
 Specialty GE  
 Board Certified GE  
 School and Year of Graduation UNIVERSITETET I UMEA SWEDEN 2000  
 Internship and Year UNIVERSITY OF KENTUCKYK CHANDLER MEDICAL CENTER - LEXINGTON, KY 2005  
 Residency and Year UNIVERSITY OF KENTUCKYK CHANDLER MEDICAL CENTER - LEXINGTON, KY 2007  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	16445
License Date	1/8/2014
Name	<b>ELVIN, JULIA A MD</b>
Address	200 COPORATE DR STE 7, PEABODY, MA, 01960
Specialty	PTH
Board Certified	
School and Year of Graduation	BAYLOR COLLEGE OF MEDICINE USA 2001
Internship and Year	BAYLOR COLLEGE OF MEDICINE - HOUSTON,TX 2002
Residency and Year	BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8433
License Date	9/5/1990
Name	<b>ELY, PAMELA MD</b>
Address	2 RUDDSBORO RD, ETNA, NH, 03750
Specialty	HEM
Board Certified	HEM
School and Year of Graduation	MC GILL UNIV MONTREAL QUEBEC CANADA 1983
Internship and Year	0000
Residency and Year	MONTREAL GENERAL HOSPITAL - MONTREAL QUEBEC, CANADA 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15244
License Date	6/1/2011
Name	<b>ELZWEIG, JOEL I MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS USA 2008
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	16969
License Date	3/4/2015
Name	<b>EMAMI, ALI MD</b>
Address	780 BOYLSTON ST #12F, BOSTON, MA, 02199
Specialty	N
Board Certified	N
School and Year of Graduation	TEHRAN UNIVERSITY OF MEDICAL SCIENCES IRAN 2000
Internship and Year	PRINCE GEORGES HOSPITAL CENTER - CHEVERLY, MD 2008
Residency and Year	SUNY DOWNSTATE MEDICAL CENTER - BROOKLYN, NY 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number	14014
License Date	6/4/2008
Name	<b>EMAMIAN, SEYED A MD</b>
Address	IMAGING ON CALL, 695 DUTCHESS TPKE STE 105POUGHKEEPSIE, NY, 12603
Specialty	R
Board Certified	R
School and Year of Graduation	TEHRAN UNIV IRAN 1984
Internship and Year	NEW YORK METHODIST HOSPITAL-BROOKLYN, NY 1996
Residency and Year	HOWARD UNIV HOSPITAL - WASHINGTON, DC 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14413
License Date	5/6/2009
Name	<b>EMBURY, STUART P MD</b>
Address	1606 GARFIELD DR, HOLDREGE, NE, 68949
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF NEBRASKA USA 1969
Internship and Year	BRIAN LGH HEALTH SYSTEM - LINCOLN, NE 1970
Residency and Year	
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	6997
License Date	11/1/1984
Name	<b>EMERSON JR, ROGER H MD</b>
Address	6020 W PARKER RD STE 470, PLANO, TX, 75093-
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	YALE UNIV SCH MED-NEW HAVEN,CT USA 1974
Internship and Year	BETH ISREAL HOSP-BOSTON,MA 1975
Residency and Year	MASS GEN HOSP-BOSTON,MA 1979
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15293
License Date	7/6/2011
Name	<b>EMERY, HEATHER D MD</b>
Address	DARTMOUTH-HITCHCOCK MANCHESTER, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF VERMONT USA 2007
Internship and Year	UNIVERSITY OF NEW MEXICO CHILDREN'S HOSPITAL - ALBUQUERQUE, NM 2008
Residency and Year	UNIVERSITY OF NEW MEXICO CHILDREN'S HOSPITAL - ALBUQUERQUE, NM 2010
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	3342
License Date	3/9/1960
Name	<b>EMERY, PAUL E MD</b>
Address	445 CYPRESS ST, STE 8MANCHESTER, NH, 03103
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF MONTREAL CANADA 1948
Internship and Year	AUSTEN RIGGS CENTER INC. 1960
Residency and Year	QUEEN MARY VETERANS HOSPITAL- QUEBEC 1951
License Expiration Date	<b>6/30/2006</b>
Remarks	Deceased 9/8/2013

License Number	11129
License Date	12/6/2000
Name	<b>EMERY, ROSS F MD</b>
Address	SACO RIVER MED GROUP, 7 GREENWOOD AVECONWAY, NH, 03818
Specialty	PD
Board Certified	PD
School and Year of Graduation	JEFFERSON MED COLL - PHILADELPHIA, PA USA 1996
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1997
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5352
License Date	6/9/1975
Name	<b>EMLEY III, WARREN E MD</b>
Address	14 SAMUEL DR, CONCORD, NH, 03301
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	UNIV OF MICHIGAN USA 1967
Internship and Year	LOS ANGELES COUNTY UNIV OF SOUTHERN CALIF 1968
Residency and Year	UNIV HOSPITAL - MICHIGAN 1973
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11270
License Date	6/6/2001
Name	<b>EMMICK, GUS G MD</b>
Address	ELLIOT PED & PRIMARY CARE, 20 CHAMBERS RD STE 2200HOOKSETT, NH, 03106
Specialty	PD
Board Certified	IM
School and Year of Graduation	TUFTS UNIV SCH OF MED - BOSTON, MA USA 1997
Internship and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1998
Residency and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11692
License Date	8/7/2002
Name	<b>EMMICK, JASON G MD</b>
Address	ELLIOT PRIMARY CARE AT RAYMOND, 15 FREETOWN RD UNIT 8RAYMOND, NH, 03077
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF PITTSBURGH SCH OF MED - PITTSBURGH,PA USA 1997
Internship and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1998
Residency and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11693
License Date	8/7/2002
Name	<b>EMMICK, LAURA S MD</b>
Address	WENTWORTH DOUGLASS WALK IN URGENT CARE AT LEE, 65 CALEF HIGHWAYLEE, NH, 03861
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF PITTSBURGH SCH OF MED-PITTSBURGH, PA USA 1998
Internship and Year	JACOB HOLLER FAMILY MEDICINE CENTER - ROCHESTER, NY 1999
Residency and Year	JACOB HOLLER FAMILY MEDICINE CENTER - ROCHESTER, NY 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3163
License Date	9/12/1956
Name	<b>EMOND, LEONARD D MD</b>
Address	VETERANS HOSPITAL, 718 SMYTH RDMANCHESTER, NH, 03104
Specialty	ORS
Board Certified	
School and Year of Graduation	LAVAL UNIVERSITY SCHOOL OF MEDICINE CANADA 1955
Internship and Year	LAVAL MEDICAL SCHOOL QUEBEC CITY - CANADA 1956
Residency and Year	LAVAL MEDICAL SCHOOL - QUEBEC CITY, CANADA 1956
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15216
License Date	5/4/2011
Name	<b>EMORY, TREVOR B MD</b>
Address	PORTSMOUTH ANESTHIA ASSOC, 333 BORTHWICK AVEPORTSMOUTH, NH, 03801
Specialty	AN
Board Certified	AN
School and Year of Graduation	TUFTS UNIVERSITY USA 2007
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 6629  
 License Date 11/4/1982  
 Name **ENCK, RICHARD C MD**  
 Address CARING FOR WOMEN, 734 N MAIN ST LACONIA, NH, 03246  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 1978  
 Internship and Year BOSTON CITY HOSPITAL - BOSTON MA 1979  
 Residency and Year BOSTON CITY HOSPITAL - BOSTON MA 1982  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12695  
 License Date 5/4/2005  
 Name **ENDO, YUKA MD**  
 Address FOUNDATION CARDIOLOGY, 8 PROSPECT ST NASHUA, NH, 03060  
 Specialty CD  
 Board Certified CD  
 School and Year of Graduation HOKKAIDO DAIGAKU IGAKUBU, JAPAN JAPAN 1989  
 Internship and Year MONTEFIORE MEDICAL CTR, BRONX NY 2000  
 Residency and Year MONTEFIORE MEDICAL CTR, BRONX NY 2002  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13095  
 License Date 6/7/2006  
 Name **ENECESS, DEBORAH M MD**  
 Address BEDFORD'S WOMEN'S CARE, 160 RIVER RD STE 100 BEDFORD, NH, 03110  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation TUFTS UNIVERSITY, BOSTON MA US 1998  
 Internship and Year UNIVERSITY OF PITTSBURGH, PITTSBURGH PA 1999  
 Residency and Year UNIVERSITY OF PITTSBURGH, PITTSBURGH PA 2002  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13489  
 License Date 5/9/2007  
 Name **ENELOW, RICHARD I MD**  
 Address DHMC- PULMONARY, ONE MEDICAL CENTER DR LEBANON, NH, 03756  
 Specialty IM  
 Board Certified IMG  
 School and Year of Graduation BOSTON UNIV 1983 1983  
 Internship and Year EMORY UNIV SCHOOL OF MEDICINE - ATLANTA, GA 1984  
 Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1986  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13744  
 License Date 11/7/2007  
 Name **ENG, WILLIAM MD**  
 Address 8313W HILSBOROUGH AVE, STE 320TAMPA, FL, 33615  
 Specialty DMP  
 Board Certified DMP  
 School and Year of Graduation UNIV OF TENNESSEE USA 1994  
 Internship and Year UNIV OF TEXAS - HOUSTON, TX 1995  
 Residency and Year UNIV OF TEXAS - HOUSTON, TX 1999  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 12573  
 License Date 1/5/2005  
 Name **ENGBRETSON, JON P MD**  
 Address 11995 SINGLETREE LANE, SUITE 500EDEN PRAIRIE, MN, 55344  
 Specialty R  
 Board Certified R  
 School and Year of Graduation STATE UNIVERSITY OF NY, BROOKLYN NY US 1998  
 Internship and Year NY MEDICAL COLLEGE, NEW YORK NY 1999  
 Residency and Year NEW YORK UNIVERSITY, NEW YORK NY 2004  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14015  
 License Date 6/4/2008  
 Name **ENGEL, MARY K MD**  
 Address ELLIOT FAM MED AT AMHERST, MEETING PLC PLAZA 199 RTE 101AMHERST, NH, 03031  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation PENNSYLVANIA STATE UNIV USA 2005  
 Internship and Year TUFTS UNIV @ CAMBRIDGE HEALTH ALLIANCE-MALDEN, MA 2006  
 Residency and Year TUFTS UNIV @ CAMBRIDGE HEALTH ALLIANCE-MALDEN, MA 2007  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 6975  
 License Date 9/6/1984  
 Name **ENGLAND, WALTER G MD**  
 Address 334 COLLEGE HILL, HOPKINTON, NH, 03229  
 Specialty P  
 Board Certified  
 School and Year of Graduation SOUTHERN ILLINOIS SCH MED-SPRINGFIELD IL USA 1980  
 Internship and Year RUSH-PRESBY ST LUKES CTR-CHICAGO,IL 1981  
 Residency and Year RUSH-PRESBY ST LUKES CTR-CHICAGO,IL 1984  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	9696
License Date	5/1/1996
Name	<b>ENGLANDER, CELIA A MD</b>
Address	STATE OF NH PRISON SYSTEM, 281 N STATE STCONCORD, NH, 03301
Specialty	HEM
Board Certified	IM
School and Year of Graduation	NEW YORK MEDICAL COLLEGE USA 1975
Internship and Year	NY UNIV MEDICAL CENTER - NEW YORK, NY 1976
Residency and Year	VET AFFAIRS MEDICAL CENTER - LOS ANGELES, CA 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5528
License Date	6/14/1976
Name	<b>ENGLUND, ROBERT J MD</b>
Address	DARTMOUTH-HITCHCOCK-KEENE, 590 COURT STKEENE, NH, 03431-1798
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV. OF VT COLLEGE OF MED BURLINGTON, VT USA 1971
Internship and Year	UPSTATE MEDICAL CENTER 1972
Residency and Year	UPSTATE MEDICAL CENTER 1972
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	17160
License Date	7/1/2015
Name	<b>ENNACHERIL, TRUSTIN R MD</b>
Address	14 WILLOW ST, WELLESLEY HILLS, MA, 02481
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF ROCHESTER USA 2002
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2003
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9150
License Date	5/4/1994
Name	<b>ENNIS III, WILLIAM J MD</b>
Address	ANESTHESIA ASSOC PA, 1 PILLSBURY ST STE 202CONCORD, NH, 03301
Specialty	AN
Board Certified	AN
School and Year of Graduation	ST GEORGES UNIVERSITY SCHOOL OF MEDICINE GRENADA 1988
Internship and Year	NEW YORK COLLEGE - VALHALLA NY 1991
Residency and Year	METHODIST HOSPITAL OF BROOKLYN - BROOKLYN NY 1989
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10783
License Date	12/1/1999
Name	<b>ENNIS, CHERYL A MD</b>
Address	LOWELL GEN HOSPIL/DEPTOF PATHO, 295 VARNUM AVELOWELL, MA, 01854-2193
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	ST GEORGE'S UNIV SCH OF MED - BAY SHORE, NY USA 1988
Internship and Year	ST BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 1991
Residency and Year	UMDNJ-NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14539
License Date	8/5/2009
Name	<b>ENNIS, ROBERT F MD</b>
Address	DHMC-ENDOCRINOLOGY DEPT, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	UNIVERSITY OF TENNESSEE USA 2006
Internship and Year	MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 2007
Residency and Year	MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 2009
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	9601
License Date	12/6/1995
Name	<b>ENRIQUEZ, ALBERT J MD</b>
Address	29 HAWTHORNE RD, WINDHAM, NH, 03087
Specialty	OBG
Board Certified	
School and Year of Graduation	UNIV OF MINNEAPOLIS MEDICAL SCHOOL USA 1987
Internship and Year	UNIV MINNEAPOLIS SCHOOL OF PUBLIC HEALTH 1988
Residency and Year	ST PAUL RAMSEY MEDICAL CENTER 1995
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	7945
License Date	8/10/1988
Name	<b>ENTWISLE, BEVERLY J MD</b>
Address	FAMILY HEALTH CENTER, 250 PLEASANT STCONCORD, NH, 03301-2593
Specialty	IM
Board Certified	IM
School and Year of Graduation	BOSTON UNIV SCH OF MED-BOSOTN,MA USA 1984
Internship and Year	BOSTON CITY HOSP-BOSTON,MA 1985
Residency and Year	BOSTON CITY HOSP-BOSTON,MA 1987
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 11732  
 License Date 9/4/2002  
 Name **ENZINGER, EVA M MD**  
 Address EDELWEISS FAMILY CARE&TELEHLTH, 750 CENTRAL AVE STE LDOVER, NH, 03820  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF INNSBRUCK, INNSBRUCK AUSTRIA AUSTRIA 1994  
 Internship and Year TALLAHASSEE MEMORIAL REGIONAL MED CTR, TALLAHASSEE, FL 2000  
 Residency and Year TALLAHASSEE MEMORIAL REGIONAL MED CTR, TALLAHASSEE, FL 2002  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 13040  
 License Date 4/5/2006  
 Name **EPHREM, VERCIN S MD**  
 Address LAKES REGION GEN HOSP, 80 HIGHLAND STLA CONIA, NH, 03246  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation LEBANESE UNIV, BEIRUT LEBANON LEBANON 2002  
 Internship and Year STATEN ISLAND UNIV HOSPITAL, STATEN ISLAND NY 2004  
 Residency and Year STATEN ISLAND UNIV HOSPITAL, STATEN ISLAND NY 2005  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10991  
 License Date 7/5/2000  
 Name **EPIFANO, NANCY MD**  
 Address ONE MOONLIGHT DR, NEWMARKET, NH, 03857  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1991  
 Internship and Year BASSETT HEALTHCARE - COOPERSTOWN, NY 1994  
 Residency and Year DARTMOUTH-HITCHCOCK MED CENTER - LEBANON, NH 2000  
 License Expiration Date **6/30/2004**  
 Remarks

License Number 10156  
 License Date 11/5/1997  
 Name **EPPOLITO JR, JOHN A MD**  
 Address SOUTHEAST HEALTH CARE, 1 MILE RDDEXTER, MO, 63841  
 Specialty FP  
 Board Certified  
 School and Year of Graduation NEW YORK MEDICAL COLLEGE - VALHALLA, NY USA 1994  
 Internship and Year ST JOSEPH'S MEDICAL CENTER - CT 1994  
 Residency and Year HENNEPIN COLLEGE MEDICAL CENTER - MN 1998  
 License Expiration Date **6/30/2017**  
 Remarks **7/13/12 - Settlement Agreement  
 LAPSED FOR NON-RENEWAL 6/30/15.  
 RENEWED LICENSE 8/25/2015.**



License Number	16904
License Date	1/21/2015
Name	<b>EPSTEIN, LAWRENCE M MD</b>
Address	465 WEBHANNET DR, WELLS, ME, 04090
Specialty	IM
Board Certified	IM
School and Year of Graduation	STANFORD UNIVERSITY USA 1966
Internship and Year	JACOBI MEDICAL CENTER-ALBERT EINSTEIN COM - BRONX, NY 1967
Residency and Year	JACOBI MEDICAL CENTER-ALBERT EINSTEIN COM - BRONX, NY 1969
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16905
License Date	1/21/2015
Name	<b>EPSTEIN, MICHAEL R MD</b>
Address	71 US ROUTE ONE, SCARBOROUGH, ME, 04074
Specialty	PD
Board Certified	PD
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 1989
Internship and Year	CHILDRENS HOSPITAL-BOSTON MEDICAL CENTER - BOSTON, MA 1990
Residency and Year	CHILDRENS HOSPITAL-BOSTON MEDICAL CENTER - BOSTON, MA 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6987
License Date	10/4/1984
Name	<b>EPSTEIN, ROGER M MD</b>
Address	GASTROENTEROLOGY PROF ASSOC, 330 BORTHWICK AVE STE 311PORTSMOUTH, NH, 03801-4174
Specialty	GE
Board Certified	GE
School and Year of Graduation	BOSTON UNIV SCH MED-BOSTON,MA USA 1982
Internship and Year	VET ADMIN MED CTR-BOSTON,MA 1983
Residency and Year	VET ADMIN MED CTR-BOSTON,MA 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10421
License Date	10/7/1998
Name	<b>EPSTEIN, ROY A MD</b>
Address	30 NEW CROSSING RD, READING, MA, 01867
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF ROME LA SAPIENZA PIAZZA ALDO MORI ITALY 1979
Internship and Year	MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 1981
Residency and Year	MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 1982
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number 12335  
 License Date 6/2/2004  
 Name **ERB, JOHN B MD**  
 Address VALLEY HEALTH CENTER, 720 VILLAGE RDEAST CORINTH, VT, 05040  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF TORONTO, TORONTO ONTARIO CANADA CANADA 1978  
 Internship and Year QUEENS UNIVERSITY, KINGSTON ONTARIO CANADA 1979  
 Residency and Year QUEENS UNIVERSITY, KINGSTON ONTARIO 1981  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 15183  
 License Date 4/6/2011  
 Name **ERDWINN, KATHERINE M MD**  
 Address 8601 LINCOLN BLVD #2207, LOS ANGELES, CA, 90045  
 Specialty P  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF CALIFORNIA USA 2000  
 Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2006  
 Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2010  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 15917  
 License Date 11/7/2012  
 Name **EREKSON, ELISABETH A MD**  
 Address DARTMOUTH HITCHCOCK DEPT OF OB/GYN, 100 HITCHCOCK WAYMANCHESTER, NH, 03104  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIVERSITY OF IL COLLEGE OF MEDICINE USA 2002  
 Internship and Year ST LOUIS UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS, MO 2003  
 Residency and Year ST LOUIS UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS, MO 2006  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13243  
 License Date 9/6/2006  
 Name **ERGIN, TAHSIN M MD**  
 Address ESSEX ORTHOPAEDICS INC, 16 PELHAM RD STE 1SALEM, NH, 03079  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation VANDERBILT UNIV USA 1985  
 Internship and Year HOSPITAL OF THE UNIV OF PENNSYLVANIA-PHILADELPHIA PA 1986  
 Residency and Year HOSPITAL OF THE UNIV OF PENNSYLVANIA-PHILADELPHIA PA 1990  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	7170
License Date	8/1/1985
Name	<b>ERICKSON, DARYL R MD</b>
Address	18 RIDGEWOOD DR, AMHERST, NH, 03031
Specialty	GS
Board Certified	GS
School and Year of Graduation	NORTHWESTERN UNIVERSITY-CHICAGO, IL USA 1967
Internship and Year	SWEDISH COVENANT HOSPITAL-CHICAGO, IL 1968
Residency and Year	MEDICAL CENTER HOSPITAL VERMONT-BURLINGTON, VT 1972
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14219
License Date	11/5/2008
Name	<b>ERKMEN, CHERIE P MD</b>
Address	DHMC-DIV OF THORACIC SURGERY, ONE MED CTR DRLEBANON, NH, 03756
Specialty	TS
Board Certified	TS
School and Year of Graduation	UNIV OF CALIFORNIA USA 1998
Internship and Year	BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1999
Residency and Year	BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12902
License Date	10/5/2005
Name	<b>ERKMEN, KADIR MD</b>
Address	DEPT OF NEUROSURGERY - UNI OF TEXAS at HOUSTON, 6400 FANIN SUITE 2800HOUSTON, TX, 770
Specialty	NS
Board Certified	NS
School and Year of Graduation	UNIVERSITY OF MARYLAND, BALTIMORE MD US 1997
Internship and Year	BRIGHAM AND WOMENS HOSP, BOSTON MA 1998
Residency and Year	BRIGHAM AND WOMENS HOSP, BOSTON MA 2004
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	12653
License Date	4/6/2005
Name	<b>ERMOLD, LARRY A MD</b>
Address	, PO BOX 267GRANTHAM, NH, 03753
Specialty	FP
Board Certified	
School and Year of Graduation	UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA PA US 1968
Internship and Year	HUNTERDON MEDICAL CENTER, FLEMINGTON NJ 1969
Residency and Year	HUNTERDON MEDICAL CENTER, FLEMINGTON NJ 1970
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	12600
License Date	2/2/2005
Name	<b>ERNEST, OPELLA F MD</b>
Address	FIRST HEALTH, 3200 HIGHLAND AVEDOWNERS GROVE, IL, 60515-1282
Specialty	FP
Board Certified	FP
School and Year of Graduation	OHIO STATE UNIVERSITY, COLUMBUS OH US 1992
Internship and Year	ST JOSEPH HOSPITAL, CHICAGO IL 1993
Residency and Year	PROVIDENCE HOSPITAL, SOUTHFIELD MI 1995
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	16475
License Date	2/5/2014
Name	<b>ERNST, RASAI L MD</b>
Address	NCH PHYSICIAN GROUP FAMILY MEDICINE, 1845 VETERANS PK DRNAPLES, FL, 34109
Specialty	FP
Board Certified	FP
School and Year of Graduation	ROSS UNIVERSITY DOMINICA 2008
Internship and Year	UNIVERSITY HOSPITALS CASE MEDICAL CENTER - CLEVELAND, OH 2009
Residency and Year	UNIVERSITY HOSPITALS CASE MEDICAL CENTER - CLEVELAND, OH 2011
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9015
License Date	8/4/1993
Name	<b>ERNSTING, PAUL M DO</b>
Address	WENTWORTH-DOUGLASS PHYS CORP, 789 CENTRAL - EXIT 9 PROF BLDGDOVER, NH, 03820
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF OSTEOPATHIC MED & HEALTH SCIENCES USA 1990
Internship and Year	BRIGHTON MEDICAL CENTER PORTLAND, ME 1991
Residency and Year	BRIGHTON MEDICAL CENTER PORTLAND, ME 1993
License Expiration Date	<b>5/9/2014</b>
Remarks	<b>5/9/14 - Agreement for Non-Disciplinary Remedial Action - See Agreement for details.</b>

License Number	8616
License Date	8/7/1991
Name	<b>ERNSTOFF, MARC S MD</b>
Address	DHMC/HEM/ONC DEPT, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	ON
Board Certified	ON
School and Year of Graduation	NEW YORK UNIV SCH OF MED - NY, NY USA 1978
Internship and Year	BRONX MUNICIPAL HOSPITAL CENTER - BRONX, NY 1979
Residency and Year	BRONX MUNICIPAL HOSPITAL CENTER - BRONX, NY 1981
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	4126
License Date	8/28/1972
Name	<b>ERSEVIM, ISMAIL MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/1/1990</b>
Remarks	Lapsed - 12/31/75 Reinstated 8/7/75 Lapsed 6/1/90 8/13/98 - Order of Conditional Denial

License Number	9216
License Date	7/6/1994
Name	<b>ERVIN, THOMAS J MD</b>
Address	FLORIDA CANCER SPECIALIST, 714 DOCTORS DREngleWOOD, FL, 34223
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF ROCHESTER SCHOOL OF MEDICINE DENTISTRY, NY USA 1974
Internship and Year	STRONG MEMORIAL HOSPITAL UNIV ROCHESTER ROCHESTER, NY 1975
Residency and Year	STRONG MEMORIAL HOSPITAL UNIV ROCHESTER ROCHESTER, NY 1976
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	13955
License Date	5/7/2008
Name	<b>ESCHBACH, KRIS A DO</b>
Address	VALLEY RADIOLOGISTS PA, 243 ELM STCLAREMONT, NH, 03743
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIV OF NEW ENGLAND USA 2003
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2004
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15102
License Date	1/5/2011
Name	<b>ESKAPALLI, SWARUPA R MD</b>
Address	DHMC-NEPHROLOGY DEPT, ONE MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	KURNOOL MEDICAL COLLEGE, NTR UNIV OF HEALTH SCIENC INDIA 2003
Internship and Year	ST FRANCIS MEDICAL CENTER - PEORIA, IL 2007
Residency and Year	NORWALK HOSPITAL - NORWALK, CT 2009
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	14540
License Date	8/5/2009
Name	<b>ESKAROS, SAPHWAT MD</b>
Address	QUEENS HOSPITAL CENTER, 82-68 164TH ST N BLDING 7TH FLJAMAICA, NY, 11432
Specialty	IM
Board Certified	IM
School and Year of Graduation	AIN SHAMS UNIVERSITY EGYPT 1996
Internship and Year	WYCKOFF HEIGHTS MEDICAL CENTER-BROOKLYN, NY 1999
Residency and Year	WYCKOFF HEIGHTS MEDICAL CENTER-BROOKLYN, NY 2002
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	10939
License Date	6/7/2000
Name	<b>ESKEY, CLIFFORD J MD</b>
Address	DHMC-RADIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF PITTSBURGH SCH - PITTSBURGH, PA USA 1993
Internship and Year	UNIV HEALTH CENTER OF PITTSBURGH- PITTSBURGH, PA 1994
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15530
License Date	2/1/2012
Name	<b>ESPAILLAT PRESTOL, DIEGO MD</b>
Address	BOSTON MEDICAL CENTER, 840 HARRISON AVEBOSTON, MA, 02118
Specialty	IM
Board Certified	IM
School and Year of Graduation	INSTITUTO TECNOLOGICO DE SANTO DOMINGO DOMINICAN REPUBLIC 2001
Internship and Year	DANBURY HOSPITAL - DANBURY, CT 2007
Residency and Year	DANBURY HOSPITAL - DANBURY, CT 2009
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	12785
License Date	7/6/2005
Name	<b>ESPINOSA, ERIC A MD</b>
Address	17 RIVERSIDE ST STE 201, NASHUA, NH, 03062
Specialty	U
Board Certified	
School and Year of Graduation	UNIVERSITY OF TEXAS, SAN ANTONIO TX USA 2000
Internship and Year	UNIVERSITY OF CINCINNATI, CINCINNATI OH 2001
Residency and Year	UNIVERSITY HOSPITAL-UNIVERSITY OF CINCINNATI, CINCINNATI OH 2005
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	5305
License Date	3/14/1975
Name	<b>ESPOSITO, GUY M MD</b>
Address	WENTWORTH DOUGLAS HOSPITAL, 789 CENTRAL AVEDOVER, NH, 03820
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIV OF ROCHESTER, NY USA 1968
Internship and Year	ROCHESTER GENERAL HOSPITAL - ROCHESTER, NY 1969
Residency and Year	UNIV OF ROCHESTER STRONG MEMORIAL - ROCHESTER, NY 1973
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13096
License Date	6/7/2006
Name	<b>ESS IV, HENRY J DO</b>
Address	HOSPITALIST PROGRAM, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty	IM
Board Certified	IM
School and Year of Graduation	LAKE ERIE COLLEGE, ERIE PA US 2003
Internship and Year	SCRANTON-TEMPLE RESIDENCY PROGRAM, SCRANTON PA 2004
Residency and Year	MERCY HOSPITAL, BUFFALO NY 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6643
License Date	1/6/1983
Name	<b>ESTABROOK, JOHN D MD</b>
Address	CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty	EM
Board Certified	IM
School and Year of Graduation	MED COLL OF OHIO AT TOLEDO-TOLEDO,OH USA 1976
Internship and Year	MED COLL OF OHIO HOSP-TOLEDO,OH 1977
Residency and Year	MED CTR HOSP-BURLINGTON,VT 1980
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	17053
License Date	5/6/2015
Name	<b>ESTES, JAMES M MD</b>
Address	THE CARDIOVASCULAR GRP, 19 OLD ROLLINSFORD RDDOVER, NH, 03820
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF ROCHESTER SCHOOL OF MEDICINE USA 1987
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1988
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1994
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 9244  
 License Date 8/3/1994  
 Name **ETHIER, MELISSA M MD**  
 Address LOWELL COMMUNITY HEALTH, 161 JACKSON STLOWELL, MA, 01852  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIVERSITY OF ALABAMA SCHOOL OF MEDICINE USA 1990  
 Internship and Year UNIVERSITY OF ALABAMA HOSPITAL - BRIMINGHAM AL 1994  
 Residency and Year UNIVERSITY OF ALABAMA HOSPITAL - BRIMINGHAM AL 1994  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 3944  
 License Date 9/13/1966  
 Name **ETTELSON, DONALD M MD**  
 Address ORTHOPEDIC PROF ASSN, 14 MAPLE ST STE 100GILFORD, NH, 03249  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation STATE UNIV OF NY COLL OF MED - SYRACUSE,NY USA 1956  
 Internship and Year ST JOSEPH'S HOSPITAL - SYRACUSE, NY 1957  
 Residency and Year WALTER REED GENERAL HOSPITAL - WASHINGTON, DC 1962  
 License Expiration Date **6/30/2004**  
 Remarks

License Number 11152  
 License Date 1/3/2001  
 Name **ETTINGER, LEIGH M MD**  
 Address CHILDREN'S HOSP AT DARTMOUTH, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty PD  
 Board Certified  
 School and Year of Graduation TUFTS UNIVERSITY USA 1998  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1999  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 2001  
 License Expiration Date **6/30/2001**  
 Remarks

License Number 6110  
 License Date 9/6/1979  
 Name **EUBANK, DANIEL F MD**  
 Address YEAPLE BUILDING, 250 PLEASANT STCONCORD, NH, 03301-  
 Specialty FP  
 Board Certified  
 School and Year of Graduation DUKE UNIV SCHOOL MEDICINE - DURHAM, NC USA 1976  
 Internship and Year WORCESTER CITY HOSPITAL - WORCESTER, MA 1977  
 Residency and Year UNIV MASS COORDINATED PROGRAM - WORCESTER, MA 1978  
 License Expiration Date **6/30/2015**  
 Remarks



License Number	15749
License Date	7/11/2012
Name	<b>EVANGELISTA, OSVALDO J MD</b>
Address	RIVERBEND CMHC, 40 PLEASANT STCONCORD, NH, 03301
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSIDAD DE BUENOS AIRES ARGENTINA 1973
Internship and Year	SUNY - UNIV HOSPITAL OF BROOKLYN-LONG ISLAND COLLEGE - BROOKLYN, NY 1975
Residency and Year	ST LUKES ROOSEVELT HOSPITAL CENTER - NY, NY 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8412
License Date	8/8/1990
Name	<b>EVANS JR, WILLIAM E MD</b>
Address	VALUE OPTIONS CONNECTICUT, 500 ENTERPRISE DR 3DROCK HILL, CT, 06067
Specialty	P
Board Certified	P
School and Year of Graduation	W VIRGINIA UNIV SCH OF MED-MORGANTOWN,WV USA 1976
Internship and Year	CHARLESTON AREA MEDICAL CENTER - CHARLESTON, WV 1977
Residency and Year	CHARLESTON AREA MEDICAL CENTER - CHARLESTON, WV 1979
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13583
License Date	7/11/2007
Name	<b>EVANS, DEVON L MD</b>
Address	MAINE CTR FOR CANCER MEDICINE, 100 CAMPUS DR STE 108SCARBOROUGH, ME, 04074
Specialty	HO
Board Certified	IM
School and Year of Graduation	THOMAS JEFFERSON UNIV USA 2000
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2001
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5619
License Date	9/27/1976
Name	<b>EVANS, FRANCIS C MD</b>
Address	16 OCEAN RIDGE BLVD N, PALM COAST, FL, 32137-3379
Specialty	GS
Board Certified	GS
School and Year of Graduation	HARVARD MED SCHOOL BOSTON USA 1963
Internship and Year	BOSTON CITY HOSPITAL 1964
Residency and Year	HARTFORD HOSPITAL HARTFORD 1969
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13664
License Date	9/5/2007
Name	<b>EVANS, JANET E MD</b>
Address	11 GREENSWARD DR, PO BOX 749GRANTHAM, NH, 03753
Specialty	DR
Board Certified	R
School and Year of Graduation	TUFTS UNIV USA 1979
Internship and Year	FAULKNER HOSPITAL - BOSTON, MA 1980
Residency and Year	NEW ENGLAND MEDICAL CENTER-TUFTS UNIV - BOSTON, MA 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16862
License Date	12/3/2014
Name	<b>EVANS, KORBOI MD</b>
Address	9300 DEWITT LOOP, FORT BELVOIR, VA, 20660
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE USA 2005
Internship and Year	WALTER REED NATIONAL MILITARY MEDICAL CENTER - BETHESDA, MD 2006
Residency and Year	WALTER REED NATIONAL MILITARY MEDICAL CENTER - BETHESDA, MD 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5523
License Date	6/8/1976
Name	<b>EVANS, MICHAEL A MD</b>
Address	25 COUNTRY CLUB RD, PO BOX 7235GILFORD, NH, 03247-7235
Specialty	P
Board Certified	P
School and Year of Graduation	HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA USA 1970
Internship and Year	MAINE MED. CENTER PORTLAND 1971
Residency and Year	HAHNEMANN MED. COLL HOSP 1974
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17161
License Date	7/1/2015
Name	<b>EVANS, REBECCA E MD</b>
Address	DHMC, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF VERMONT USA 2010
Internship and Year	MAYO GRADUATE SCHOOL OF MEDICINE-ROCHESTER, MN 2011
Residency and Year	UNIVERSITY OF UTAH MEDICAL CENTER, SALT LAKE CITY, UT 2014
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16039
License Date	3/6/2013
Name	<b>EVANS, REBECCA H MD</b>
Address	DHMC, 2300 SOUTHWOOD DR.NASHUA, NH, 03063
Specialty	OBG
Board Certified	
School and Year of Graduation	VA COMMONWEALTH UNIVERSITY SCHOOL OF MED USA 2009
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8464
License Date	12/5/1990
Name	<b>EVANS, ROBERT J MD</b>
Address	LAKES REGION GEN HOSP, HIGHLAND STLA CONIA, NH, 03246
Specialty	AN
Board Certified	AN
School and Year of Graduation	TUFTS UNIV SCH OF MED - BOSTON, MA USA 1983
Internship and Year	MALDEN HOSPITAL- MALDEN, MA 1984
Residency and Year	USAF MEDICAL CENTER - SCOTT AFB, IL 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5938
License Date	7/6/1978
Name	<b>EVANS, ROGER A MD</b>
Address	MANCHESTER UROLOGY AT DOVER, 10 MEMBER WAY STE 402DOVER, NH, 03820
Specialty	U
Board Certified	U
School and Year of Graduation	STATE UNIV OF NEW YORK AT BUFFALO USA 1970
Internship and Year	MEDICAL COLLEGE OF VIRGINIA HOSPITAL - RICHMOND, VA 1972
Residency and Year	MEDICAL COLLEGE OF VIRGINIA HOSPITAL - RICHMOND, VA 1976
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16163
License Date	6/5/2013
Name	<b>EVERSGERD, JAYSON L DO</b>
Address	103 ROSEDOWN WAY, MANDEVILLE, LA, 70471
Specialty	EM
Board Certified	EM
School and Year of Graduation	MIDWESTERN UNIV DOWNERS GROVE COLLEGE USA 2003
Internship and Year	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON, CT 2004
Residency and Year	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON, CT 2006
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number 15436  
 License Date 11/2/2011  
 Name **EVES, JASON H MD**  
 Address RAYS, 13737 NOEL RD STE 1600DALLAS, TX, 75240  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation UNIFORMED SERVICES UNIV OF THE HEALTH SCIENCES USA 2001  
 Internship and Year WILFORD HALL MEDICAL CENTER - LACKLAND AFB, TX 2002  
 Residency and Year WILFORD HALL MEDICAL CENTER - LACKLAND AFB, TX 2006  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 5857  
 License Date 1/24/1978  
 Name **EVJY, JACK T MD**  
 Address COMMONWEALTH HEMATOLOGY-ONCOLOGY PC, 25 MARSTON ST STE 301LAWRENCE, MA, 01841  
 Specialty ON  
 Board Certified  
 School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE BOSTON USA 1961  
 Internship and Year UNIVERSITY HOSP BOSTON 1962  
 Residency and Year BOSTON CITY HOSPITAL 1963  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 3955  
 License Date 9/15/1966  
 Name **EVORA, JOSEPH MD**  
 Address 8 BAGDAD RD, DURHAM, NH, 03824-2202  
 Specialty FP  
 Board Certified  
 School and Year of Graduation UNIV OF SEVILLE MEDICAL SCHOOL - CADIZ, SPAIN SPAIN 1956  
 Internship and Year LANCASTER HOSPITAL - ST JOHN, NEW BRUNSWICK 1963  
 Residency and Year QUEEN MARY VETERANS - MONTREAL P. Q. CANADA 1964  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 14192  
 License Date 10/1/2008  
 Name **EWALD, ERIC J MD**  
 Address LGH MERRIMACK VALLEY CARDIOLOGY, 14 RESEARCH PLACE 3RDFLOORNORTH CHELMSFORD, MA,  
 Specialty CD  
 Board Certified IM  
 School and Year of Graduation UNIV OF MASSACHUSETTS USA 1997  
 Internship and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1998  
 Residency and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2000  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 8078  
 License Date 5/10/1989  
 Name **EWING, DOUGLAS K MD**  
 Address XPA MEDICAL, 2 1/2 BEACON STCONCORD, NH, 03301-  
 Specialty R  
 Board Certified R  
 School and Year of Graduation OHIO ST UNIV COLL OF MED COLUMBUS OH USA 1984  
 Internship and Year SUNY HLTH SCI CTR SYRACUSE NY 1985  
 Residency and Year SUNY HLTH SCI CTR SYRACUSE NY 1988  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 8112  
 License Date 6/7/1989  
 Name **EWING, REBECCA A MD**  
 Address , 1052 BRIAR HILL RDCONTOOCOOK, NH, 03229  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation OH STATE UNIV COLL OF MED COLUMBUS OH USA 1984  
 Internship and Year MED CTR HOSP VT BURLINGTON VT 1985  
 Residency and Year MED CTR HOSP VT BURLINGTON VT 1989  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12336  
 License Date 6/2/2004  
 Name **EWY, BRIAN R DO**  
 Address 21 RIVERS EDGE DR, KENNEBUNK, ME, 04043  
 Specialty DR  
 Board Certified R  
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND,BIDDEFORD ME US 1999  
 Internship and Year MIDDLESEX HOSPITAL, MIDDLETOWN CT 2000  
 Residency and Year UNIVERSITY OF CT, FARMINGTON CT 2004  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 11446  
 License Date 11/7/2001  
 Name **EYLER, A EVAN MD**  
 Address CENTER FOR HEALTH & WELLBEING, 425 PEAR STBURLINGTON, VT, 05401  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF MICHIGAN MED SCH - ANN ARBOR, MI USA 1984  
 Internship and Year UNIV OF MICHIGAN - ANN ARBOR, MI 1987  
 Residency and Year DARTMOUTH-HITHCCOCK MED CTR - LEBANON, NH 2001  
 License Expiration Date **6/30/2011**  
 Remarks

License Number	10272
License Date	5/6/1998
Name	<b>FABIAN, CLAIRE B MD</b>
Address	DARTMOUTH HITCHCOCK KEENE, 590 COURT STKEENE, NH, 03431-1798
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	JEFFERSON MEDICAL COLLEGE USA 1990
Internship and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER, WORCESTER MA 1991
Residency and Year	GEORGETOWN UNIVERSITY HOSPITAL, WASHINGTON, DC 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6389
License Date	5/27/1981
Name	<b>FABIAN, DEBORAH R MD</b>
Address	BJACH, 1585 3RD STFORT POLK, LA, 71499
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	HAHNEMANN MEDICAL COLLEGE USA 1975
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - HANOVER, NH 1976
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - HANOVER, NH 1977
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>LAPSED FOR NON-RENEWAL 10/3/84.. REINSTATED 9/3/08</b>

License Number	10273
License Date	5/6/1998
Name	<b>FABOZZI, SCOTT J MD</b>
Address	CONCORD UROLOGY, 246 PLEASANT ST STE G2CONCORD, NH, 03301
Specialty	U
Board Certified	U
School and Year of Graduation	UNIVERSITY OF VERMONT USA 1990
Internship and Year	EASTERN VIRGINIA MEDICAL SCHOOL, NORFOLK, VA 1991
Residency and Year	EASTERN VIRGINIA MEDICAL SCHOOL, NORFOLK, VA 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14286
License Date	1/7/2009
Name	<b>FACTOR, DONALD E MD</b>
Address	454 STATE ST, BANGOR, ME, 04401
Specialty	R
Board Certified	R
School and Year of Graduation	CREIGHTON UNIV USA 1967
Internship and Year	HARTFORD HOSPITAL - HARTFORD, CT 1968
Residency and Year	HOSPITAL OF THE UNIV OF PENNSYLVANIA - PHILADELPHIA, PA 1972
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	9447
License Date	6/7/1995
Name	<b>FADUL, CAMILO E MD</b>
Address	DHMC, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	N
Board Certified	N
School and Year of Graduation	UNIVERSIDAD DEL ROSARIO COLOMBIA 1980
Internship and Year	MEMORIAL HOSPITAL CANCER ALLIED DIS, NEW YORK NY 1987
Residency and Year	MARY HITCHCOCK MEMORIAL HOSPITAL, HANOVER NH 1994
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8707
License Date	5/6/1992
Name	<b>FAGAN, DAVID S MD</b>
Address	MID-STATE HEALTH CENTER, 101 BOULDER POINT DR STE 1PLYMOUTH, NH, 03264
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF MARYLAND USA 1989
Internship and Year	MEDICAL CENTER HOSPITAL 1990
Residency and Year	MEDICAL CENTER HOSPITAL 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3576
License Date	11/8/1962
Name	<b>FAGELL, DAVID W MD</b>
Address	C.O.R.E., 2 COPLEY PLACEBOSTON, MA, 02116
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF VERMONT COLLEGE OF MEDICINE - BURLINGTON, USA 1958
Internship and Year	MASSACHUSETTS MEMORIAL HOSPITAL - BOSTON, MA 1959
Residency and Year	MASSACHUSETTS MEMORIAL HOSPITAL - BOSTON, MA 1962
License Expiration Date	<b>6/30/2002</b>
Remarks	<b>10/11/01-SETTLEMENT AGREEMENT DECEASED 10/23/2008</b>

License Number	5905
License Date	6/3/1983
Name	<b>FAGELSON, DAVID L MD</b>
Address	1 FAIRVIEW, BRATTLEBORO, VT, 05301
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	LOYOLA UNIV STRITCH SCHOOL OF MEDICINE MAYWOOD, IL USA 1957
Internship and Year	ST JOSEPH'S HOSPITAL - CHICAGO, IL 1958
Residency and Year	VETERANS ADMINISTRATION HOSPITAL - HINES, 1962
License Expiration Date	<b>6/30/2002</b>
Remarks	<b>RETIRED 7/1/01</b>

License Number	5906
License Date	5/16/1978
Name	<b>FAGELSON, ROBERT S MD</b>
Address	15 FAIRVIEW ST, BRATTLEBORO, VT, 05301-3418
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	LOYOLA UNIV STRITCH SCHOOL OF MEDICINE MAYWOOD,IL USA 1960
Internship and Year	ST JOSEPH'S HOSPITAL - CHICAGO, IL 1961
Residency and Year	VETERANS ADMINISTRATION HOSPITAL - HINES 1966
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7301
License Date	4/3/1986
Name	<b>FAGIN, GARY W MD</b>
Address	75 GATES ST, PORTSMOUTH, NH, 03801
Specialty	IM
Board Certified	IM
School and Year of Graduation	NY UNIV SCH MED - NY, NY USA 1982
Internship and Year	OVERLOOK HOSPITAL - SUMMIT, NJ 1983
Residency and Year	OVERLOOK HOSPITAL - SUMMIT, NJ 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9224
License Date	7/6/1994
Name	<b>FAGO, JULIE P MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1987
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1992
Residency and Year	THE JOHNS HOPKINS HOSPITAL - BALTIMORE MD 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11498
License Date	2/6/2002
Name	<b>FAHEY, DAVID A MD</b>
Address	26 JULIO DR, SHREWSBURY, MA, 01545
Specialty	IM
Board Certified	IM
School and Year of Graduation	BOSTON UNIV - BOSTON, MA USA 1989
Internship and Year	UMASS MEMORIAL HEALTH CARE - WORCESTER, MA 1990
Residency and Year	UMASS MEMORIAL HEALTH CARE - WORCESTER, MA 1992
License Expiration Date	<b>6/30/2008</b>
Remarks	



License Number	10422
License Date	10/7/1998
Name	<b>FAHRENBACH, MARY C MD</b>
Address	66 BRAMHALL ST, PORTLAND, ME, 04102
Specialty	CD
Board Certified	CD
School and Year of Graduation	MT SINAI SCH OF MED UNIV OF NY - NY, NY USA 1987
Internship and Year	NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON, MA 1988
Residency and Year	NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON, MA 1989
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	5734
License Date	5/25/1977
Name	<b>FAILLE, RONALD J MD</b>
Address	11209 NO CLUB DR, FREDRICKSBURG, VA, 22408-2054
Specialty	NS
Board Certified	NS
School and Year of Graduation	UNIVERSITY OF VERMONT-BURLINGTON VT USA 1969
Internship and Year	COOK COUNTY HOSPITAL-CHICAGO IL 1970
Residency and Year	ALBANY MEDICAL CENTER HOSPITAL-ALBANY NY 1974
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	13767
License Date	12/5/2007
Name	<b>FAIRBANK, JONATHAN T MD</b>
Address	FAHC-RADIOLOGY DEPT, 111 COLCHESTER AVEBURLINGTON, VT, 05445
Specialty	R
Board Certified	R
School and Year of Graduation	CASE WESTERN RESERVE UNIV USA 1967
Internship and Year	MCGILL UNIV-FACULTY OF MEDICINE-MONTREAL, QUEBEC CANADA 1968
Residency and Year	FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1971
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	13533
License Date	6/6/2007
Name	<b>FAIRCHOK, GREGORY P MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	INDIANA UNIV USA 1983
Internship and Year	UNIV OF MIAMI-JACKSON MEMORIAL HOSPITAL - MIAMI, FL 1984
Residency and Year	UNIV OF MIAMI-JACKSON MEMORIAL HOSPITAL - MIAMI, FL 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4504
License Date	10/14/1969
Name	<b>FAIRLEY, HUGH F MD</b>
Address	NH DDS, 21 S FRUIT STCONCORD, NH, 03301
Specialty	GP
Board Certified	
School and Year of Graduation	NATIONAL UNIV OF IRELAND - DUBLIN IRELAND 1952
Internship and Year	SOUTH BELFAST HOSPITAL - BELFAST, N IRELAND 1953
Residency and Year	SOUTH BELFAST HOSPITAL - BELFAST, N IRELAND 1953
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	7806
License Date	4/6/1988
Name	<b>FAIRWEATHER, ROBERT B MD</b>
Address	7 ALLEN'S DR, PO BOX 457GRANTHAM, NH, 03753
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV CONNECTUCUT SCH MED - FARMINGTON-CT USA 1983
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1984
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR- HANOVER, NH 1987
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	10863
License Date	4/5/2000
Name	<b>FAITELSON, BENJAMIN B MD</b>
Address	ASSOCIATED RADIOLOGISTS PA, 8 EAST PEARL STNASHUA, NH, 03060
Specialty	R
Board Certified	R
School and Year of Graduation	PULSE BEAT MEDICAL SCHOOL-JOHANNESBURG SOUTH AFRICA 1985
Internship and Year	ST LOUIS UNIVERSITY SCHOOL OF MEDICINE-ST LOUIS,MO 1992
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL-BOSTON ,MA 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6494
License Date	2/8/1982
Name	<b>FALCHETTA, STEPHEN L MD</b>
Address	N GROTON RD, GROTON, NH, 03241
Specialty	P
Board Certified	
School and Year of Graduation	FACOLTA DI MEDICINA E CHIRURGIA DELL UNIV-BOLOGNA GERMANY 1963
Internship and Year	JERSEY CITY MED CTR-JERSEY CITY 1964
Residency and Year	VET ADMIN MED CTR-LYONS NJ 1971
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	17054
License Date	5/6/2015
Name	<b>FALIT, BENJAMIN P MD</b>
Address	RADIATION ONCOLOGY ASSOC, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty	RO
Board Certified	
School and Year of Graduation	YALE UNIVERSITY USA 2010
Internship and Year	YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2011
Residency and Year	BRIGHAM & WOMEN'S HOSPITAL/MASSACHUSETTS GENERAL - BOSTON, MA 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7971
License Date	9/7/1988
Name	<b>FALK, RALPH M MD</b>
Address	NH ONCOLOGY-HEMATOLOGY, 200 TECHNOLOGY DRHOOKSETT, NH, 03106
Specialty	IM
Board Certified	IM
School and Year of Graduation	NEW YORK MEDICAL COLLEGE USA 1982
Internship and Year	DANBURY HOSPITAL - DANBURY CT 1983
Residency and Year	DANBURY HOSPITAL - DANBURY CT 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11412
License Date	10/3/2001
Name	<b>FALKELL, BARBARA J DO</b>
Address	RIVERSIDE PRIMARY CARE, 11 KIMBALL DRHOOKSETT, NH, 03106
Specialty	IM
Board Certified	IM
School and Year of Graduation	MICHIGAN STATE UNIV - EAST LANSING, MI USA 1996
Internship and Year	BOTSFORD GENERAL HOSPITAL - FARMINGTON HILLS, MI 1997
Residency and Year	WAYNE STATE UNIV/DETROIT MEDICAL CENTER - DETROIT, MI 2001
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	3288
License Date	3/11/1959
Name	<b>FALKENHAM, ELWIN R MD</b>
Address	59 ELM ST, LANCASTER, NH, 03584
Specialty	FP
Board Certified	FP
School and Year of Graduation	TUFTS UNIVERSITY USA 1957
Internship and Year	MAINE MEDICAL CENTER PORTLAND - MAINE 1958
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1958
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number 12210  
 License Date 1/7/2004  
 Name **FALKER, JOHN M MD**  
 Address 8 BLUEBIRD RD, HOLLAND, PA, 18966-1904  
 Specialty R  
 Board Certified R  
 School and Year of Graduation JEFFERSON MEDICAL COLLEGE, PHILADELPHIA PA US 1973  
 Internship and Year READING MEDICAL CTR, READING PA 1974  
 Residency and Year READING MEDICAL CTR, READING PA 1977  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 10613  
 License Date 7/7/1999  
 Name **FALL, LESLIE H MD**  
 Address DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty PD  
 Board Certified  
 School and Year of Graduation DARTMOUTH MED SCH- HANOVER, NH USA 1990  
 Internship and Year UNIV OF CA/IRVINE MED CTR - ORANGE, CA 1991  
 Residency and Year UNIV OF CA/IRVINE MEDICAL CTR - ORANGE, CA 1993  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15869  
 License Date 10/3/2012  
 Name **FALLON II, JOHN M MD**  
 Address DHMC-DEPT OF GS, 1 MED CTR DRLEBANON, NH, 03756  
 Specialty GS  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL USA 2010  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15830  
 License Date 9/5/2012  
 Name **FALLON, MARGARET A MD**  
 Address PATHOLOGY SPECIALISTS OF NEW ENGLAND, PO BOX 5528 - 1 ELLIOT WAYMANCHESTER, NH, 031  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE USA 1980  
 Internship and Year UNIVERSITY OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 1981  
 Residency and Year UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1984  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 5612  
 License Date 9/15/1976  
 Name **FALLON, PAUL A MD**  
 Address 404 THE HILL, PHOEBE HART HOUSEPORTSMOUTH, NH, 03801-3736  
 Specialty P  
 Board Certified P  
 School and Year of Graduation HARVARD MEDICAL SCHOOL BOSTON USA 1974  
 Internship and Year MASS MENTAL HLTH HOSPITAL - BOSTON, MA 1974  
 Residency and Year MASS MENTAL HLTH HOSPITAL - BOSTON, MA 1975  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16362  
 License Date 11/6/2013  
 Name **FANALE, CHRISTOPHER V MD**  
 Address MAYO CLINC, 5777 E MAYO BLVDPHOENIX, AZ, 85054  
 Specialty N  
 Board Certified  
 School and Year of Graduation HAHNEMANN UNIVERSITY SCHOOL OF MEDICINE USA 2000  
 Internship and Year HAHNEMANN UNIVERSITY HOSPITAL - PHILADELPHIA, PA 2002  
 Residency and Year HAHNEMANN UNIVERSITY HOSPITAL - PHILADELPHIA, PA 2004  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10707  
 License Date 10/6/1999  
 Name **FANARAS, GREGORY C MD**  
 Address WHITE RIVER JUNCTION VA MEDICAL CENTER, 215 NORTH MAIN ST BLDG 1 MED SVCS ROOM 105  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1990  
 Internship and Year BETH ISRAEL DEACONESS MEDICAL CTR 1991  
 Residency and Year LAHEY HITCHCOCK MEDICAL CENTER 1993  
 License Expiration Date **6/30/2017**  
 Remarks **lapsed 6/30/13 - reinstated 9/3/14**

License Number 13665  
 License Date 9/5/2007  
 Name **FANBURG, SUSAN J MD**  
 Address 34 POWDER HILL RD, BEDFORD, NH, 03110  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation GEORGE WASHINGTON UNIV USA 1995  
 Internship and Year CHILDRENS NATIONAL MEDICAL CENTER - WASHINGTON, DC 1996  
 Residency and Year CHILDRENS NATIONAL MEDICAL CENTER - WASHINGTON, DC 1998  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	9961
License Date	4/2/1997
Name	<b>FANCIULLO, GILBERT J MD</b>
Address	DARTMOUTH-HITCHCOCK MEDICAL CT, 1 MEDICAL CTR DRLEBANON, NH, 03756
Specialty	AN
Board Certified	AN
School and Year of Graduation	ALBANY MEDICAL COLLEGE - ALBANY, NY USA 1987
Internship and Year	ALBANY MEDICAL CENTER HOSPITAL - NY 1988
Residency and Year	BRIGHAM & WOMEN'S HOSPITAL - MA 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13064
License Date	5/3/2006
Name	<b>FANI SROUR, JOHN MD</b>
Address	CARDIOLOGY CARE OF NH, 2064 WOODBURY AVE, STE 103NEWINGTON, NH, 03801
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF DAMASCUS SYRIA 2000
Internship and Year	UNIV OF TEXAS, HOUSTON TX 2005
Residency and Year	UNIV OF TEXAS, HOUSTON TX 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>lapsed 6/30/2010 - reinstated 3/4/15</b>

License Number	8050
License Date	3/1/1989
Name	<b>FANIZZI, MICHAEL V MD</b>
Address	ALICE PECK DAY HOSP, 123 MASCOMA STLEBANON, NH, 03766
Specialty	P
Board Certified	
School and Year of Graduation	UNIV OF NEW MEXICO SCHOOL OF MEDICINE ALBUQUERQUE, NEW MEXICO 1985
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER HANOVER, NH 1987
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER HANOVER, NH 1987
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	12933
License Date	11/2/2005
Name	<b>FANUELE, JASON C MD</b>
Address	ORTHAPEDIC CARE SPECIALIST INC, 15 ROCHE BROS WAYNO EASTON, MA, 02356
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL, LEBANON NH US 2002
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2003
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5707
License Date	5/5/1977
Name	<b>FARACI, JACK A MD</b>
Address	OB GYN ASSOCIATES OF SOUTHERN NH, 30 DANIEL WEBSTER HWY STE 11MERRIMACK, NH, 03054
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF PENNSYLVANIA-PHILADELPHIA PA USA 1973
Internship and Year	UNIVERSITY OF COLORADO MED CENTER-DENVER CO 1974
Residency and Year	UNIV OF COLORADO MED CTR - DENVER, CO 1974
License Expiration Date	<b>6/30/2015</b>

Remarks

License Number	14541
License Date	8/5/2009
Name	<b>FARAH, HUSAM H MD</b>
Address	CONCORD HOSPITAL CARDIAC ASSOCIATES - STE#2A1, LACONIA MED OFC/85 SPRING STLACONIA,
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIVERSITY OF DAMASCUS SYRIA 1988
Internship and Year	ST VINCENT HOSPITAL - WORCESTER, MA 1997
Residency and Year	ST VINCENT HOSPITAL -WORCESTER, MA 1998
License Expiration Date	<b>6/30/2017</b>

Remarks

License Number	14414
License Date	5/6/2009
Name	<b>FARAH, JAREER O MD</b>
Address	1015 DEVONSHIRE RD, ALLENTOWN, PA, 18103
Specialty	IM
Board Certified	IM
School and Year of Graduation	JORDAN UNIVERSITY JORDAN 2001
Internship and Year	BRONX-LEBANON HOSPITAL CENTER - BRONX, NY 2005
Residency and Year	DETROIT MEDICAL CENTER WAYNE STATE UNIVERSITY - DETROIT, MI 2009
License Expiration Date	<b>6/30/2011</b>

Remarks

License Number	11622
License Date	6/5/2002
Name	<b>FARAHMAND, ARYA MD</b>
Address	NEW ENGLAND NEUROLOGICAL, 354 MERRIMACK STLAWRENCE, MA, 01843
Specialty	N
Board Certified	N
School and Year of Graduation	ISFAHAN UNIV - ISFAHAN, IRAN IRAN 1994
Internship and Year	FRANKFORD HOSPITAL - PHILADELPHIA, PA 1997
Residency and Year	BOSTON UNIVERSITY SCHOOL OF MEDICINE - BOSTON, MA 2000
License Expiration Date	<b>6/30/2016</b>

Remarks

License Number	10118
License Date	9/10/1997
Name	<b>FARBER, ALIK MD</b>
Address	3631 W 3RD ST STE 615 E, LOS ANGELES, CA, 90048
Specialty	GS
Board Certified	GS
School and Year of Graduation	HARVARD MEDICAL SCH - BOSTON, MA USA 1992
Internship and Year	MASS GENERAL HOSPITAL-MA 1997
Residency and Year	MASS GENERAL HOSPITAL - MA 1997
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	10898
License Date	5/3/2000
Name	<b>FARBER, MARTIN MD</b>
Address	85 NICHOLDS RD, COHASSET, MA, 02025
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	TUFTS UNIVERSITY, BOSTON MA USA 1964
Internship and Year	SUNY HEALTH SCIENCE CENTER-BROOKLYN - BROOKLYN, NY 1965
Residency and Year	KINGS COUNTY HOSPITAL CENTER - BROOKLYN, NY 1966
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3317
License Date	9/9/1959
Name	<b>FARDELMANN, DALE V MD</b>
Address	10 POLK LN, PO BOX 506JONESPORT, ME, 04649-0506
Specialty	U
Board Certified	U
School and Year of Graduation	NEW YORK MEDICAL COLLEGE USA 1950
Internship and Year	MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER NH 1957
Residency and Year	MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER NH 1957
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	13041
License Date	4/5/2006
Name	<b>FARDI, MANUCHER MD</b>
Address	HOLY FAMILY HOSPITAL, 70 EAST STMETHUEN, MA, 01844
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF TEHRAN - TEHRAN IRAN IRAN 1961
Internship and Year	WYCKOFF HIEIGHTS MEDICAL CENTER, BROOKLYN NY 1963
Residency and Year	MORRISTOWN MEMORIAL HOSPITAL, MORRISTOWN NJ 1967
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	16005
License Date	2/6/2013
Name	<b>FARHAD, KHOSRO MD</b>
Address	COASTAL NEUROLOGY SERVICES, INC., 158 E NH ROUTE 108 SUITE 5DOVER, NH, 03820
Specialty	N
Board Certified	N
School and Year of Graduation	IRAN UNIVERSITY OF MEDICAL SCIENCES USA 1999
Internship and Year	UMDNJ-UNIVERSITY HOSPITAL - NEWARK, NJ 2008
Residency and Year	UMDNJ-UNIVERSITY HOSPITAL - NEWARK, N 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13342
License Date	12/6/2006
Name	<b>FARISS, ANNA K MD</b>
Address	RADIATION ONCOLOGY DHMC, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	R
Board Certified	R
School and Year of Graduation	ROSALIND FRANKLIN UNIV OF MEDICINE & SCIENCE USA 1986
Internship and Year	UNIV OF FLORIDA-GAINESVILLE, FL 1987
Residency and Year	UNIV OF FLORIDA-GAINESVILLE, FL 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14374
License Date	4/1/2009
Name	<b>FARLEY, EDWARD P MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	DR
Board Certified	
School and Year of Graduation	TULANE UNIV USA 2005
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	14496
License Date	7/1/2009
Name	<b>FARMER, EVAN R MD</b>
Address	4242 GUM POINT LN, GLOUCESTER, VA, 23061
Specialty	D
Board Certified	D
School and Year of Graduation	JOHNS HOPKINS UNIVERSITY USA 1970
Internship and Year	VANDERBILT UNIVERSITY MEDICAL CENTER - NASHVILLE, TN 1971
Residency and Year	JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1974
License Expiration Date	<b>11/21/2013</b>
Remarks	<b>REQUESTED INACTIVE 11/21/13</b>

License Number	11055
License Date	9/6/2000
Name	<b>FARMER, WILLIAM D MD</b>
Address	SOUTHINGTON FAMILY MED, PO BOX 770MILLDALE, CT, 06467
Specialty	AN
Board Certified	FP
School and Year of Graduation	LOMA LINDA UNIV SCH MED-LOMA LINDA, CA USA 1996
Internship and Year	NORWALK HOSPITAL - MORWALK, CT 1997
Residency and Year	YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1998
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	7611
License Date	6/3/1987
Name	<b>FARMLETT, EDWARD J MD</b>
Address	LAKES REGION RADIOLOGY, 87 SPRING ST STE 101LACONIA, NH, 03246
Specialty	R
Board Certified	R
School and Year of Graduation	JOHN HOPKINS UNIV SCH MED USA 1982
Internship and Year	SANTA BARBARA COTTAGE HOSPITAL 1983
Residency and Year	JOHNS HOPKINS HOSPITAL 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6832
License Date	1/5/1984
Name	<b>FARNHAM, JACK E MD</b>
Address	7027 PINE HOLLOW DR, MT DORA, FL, 32757
Specialty	AI
Board Certified	AI
School and Year of Graduation	UNIV OF VERMONT COLL MED-BURLINGTON,VT USA 1957
Internship and Year	HENRY FORD HOSPITAL-DETROIT,MI 1958
Residency and Year	MASS GEN HOSPITLA-BOSTON,MA 1975
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	8489
License Date	2/6/1991
Name	<b>FARNHAM, LYNN W MD</b>
Address	17 ARBOR VIEW LN, SCARBOROUGH, ME, 04074-8389
Specialty	DR
Board Certified	DR
School and Year of Graduation	DARTMOUTH MED SCH - HANOVER, NH USA 1986
Internship and Year	BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1987
Residency and Year	MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15478
License Date	12/7/2011
Name	<b>FAROOKI, AAMER Z MD</b>
Address	ADVANCED MEDICAL IMAGING, 21 GRAND AVE SUITE 509PALISADES PARK, NJ, 07650
Specialty	DR
Board Certified	DR
School and Year of Graduation	DUKE UNIVERSITY SCHOOL OF MEDICINE USA 1998
Internship and Year	ST BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 1999
Residency and Year	MALLINCKRODT INSTITUTE OF RADIOLOGY - ST LOUIS, MO 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12295
License Date	5/5/2004
Name	<b>FARR, CLAIRANN M DO</b>
Address	VALLEY EYE CONSULTANTS, 1335 SOUTH LINDEN STE EFLINT, MI, 48532
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	MICHIGAN STATE UNIVERSITY, EAST LANSING MI US 1988
Internship and Year	BI-COUNTY COMMUNITY HOSP, WARREN MI 1989
Residency and Year	BI-COUNTY COMMUNITY HOSP, WARREN MI 1992
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	7079
License Date	5/2/1985
Name	<b>FARRA, RAPHAEL MD</b>
Address	300 KEARNEY CIRCLE, MANCHESTER, NH, 03104
Specialty	IM
Board Certified	
School and Year of Graduation	FAC OF MED UNIV OF ALEPPO ITALY 1977
Internship and Year	BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1983
Residency and Year	WORCESTER CITY HOSPITAL - WORCESTER, MA 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13150
License Date	7/5/2006
Name	<b>FARRAHER, STEVEN W MD</b>
Address	SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200SOUTH PORTLAND, ME, 04106
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF MASSACHUSETTS USA 2000
Internship and Year	ST VINCENT HOSPITAL-WORCESTER MA 2001
Residency and Year	BOSTON UNIV MEDICAL CENTER-BOSTON MA 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13820
License Date	2/6/2008
Name	<b>FARRAR, TASHA M MD</b>
Address	ANNA MARSH CLINIC, PO BOX 803BRATTLEBORO, VT, 05302
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF NEBRASKA USA 2002
Internship and Year	UNIV OF ILLINOIS @ CHICAGO - CHICAGO, IL 2003
Residency and Year	UNIV OF ILLINOIS @ CHICAGO - CHICAGO, IL 2006
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	14959
License Date	8/4/2010
Name	<b>FARRELL, COURTNEY R MD</b>
Address	DHMC-DEPT OF INTERNAL MED, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	VIRGINIA COMMONWEALTH UNIVERSITY USA 2007
Internship and Year	UNIVERSITY OF MARYLAND HOSPITAL - BALTIMORE, MD 2008
Residency and Year	UNIVERSITY OF MARYLAND HOSPITAL - BALTIMORE, MD 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5176
License Date	6/10/1974
Name	<b>FARRELL, GAULT M MD</b>
Address	, , ,
Specialty	OPH
Board Certified	
School and Year of Graduation	ALBANY MEDICAL COLLEGE - NY USA 1967
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1996</b>
Remarks	

License Number	15656
License Date	5/2/2012
Name	<b>FARRELL, JULIE A MD</b>
Address	JULIE ANN FARRELL MD INC, 110 E RIVERSIDE DRAUGUSTA, KY, 41002-0007
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF CINCINNATI COLLEGE OF MED USA 1979
Internship and Year	UNIVERSITY OF CINCINNATI MEDICAL CENTER - CINCINNATI, OH 1980
Residency and Year	UNIVERSITY OF CINCINNATI MEDICAL CENTER - CINCINNATI, OH 1983
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	13859
License Date	3/5/2008
Name	<b>FARRELL, THOMAS J MD</b>
Address	MANATEE MEMORIAL HOSPITAL, 206 SECOND ST EASTBRADENTON, FL, 34208
Specialty	DMP
Board Certified	ATP
School and Year of Graduation	GEORGETOWN UNIV USA 1998
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 1999
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13397
License Date	2/7/2007
Name	<b>FARRIS, PAUL A MD</b>
Address	SEATTLE RADIOLOGISTS, 1229 MADISON ST STE 900SEATTLE, WA, 98104
Specialty	DR
Board Certified	DR
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2003
Internship and Year	DARTMOUTH- HITCHCOCK MEDICAL CENTER - LEBANON, NH 2004
Residency and Year	DARTMOUTH- HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12934
License Date	11/2/2005
Name	<b>FARSAD, KHASHAYAR MD</b>
Address	45 ELDRIDGE ST, LEBANON, NH, 03766
Specialty	NS
Board Certified	
School and Year of Graduation	YALE UNIVERSITY, NEW HAVEN CT US 2003
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2004
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2005
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	14678
License Date	12/2/2009
Name	<b>FATTERUSSO, CHRISTINE L MD</b>
Address	VA LITTLETON OUTPATIENT CLINIC, 685 MEADOWS STLITTLETON, NH, 03561
Specialty	IM
Board Certified	IM
School and Year of Graduation	ROSS UNIVERSITY DOMINICA 2005
Internship and Year	UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 2006
Residency and Year	UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14836
License Date	5/5/2010
Name	<b>FAUCETT, SCOTT C MD</b>
Address	GW MEDICAL FACULTY ASSOC, 2150 PENNSYLVANIA AVE NW ORTHOPAEDICS SUITE 7-408WASHINGTON
Specialty	ORS
Board Certified	
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2007
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	9727
License Date	6/5/1996
Name	<b>FAULK, ELIZABETH A MD</b>
Address	1214 SALEM ST FL 2, MALDEN, MA, 02148-4647
Specialty	EM
Board Certified	
School and Year of Graduation	LOUISIANA STATE UNIVERSITY-NEW ORLEANS LA USA 1987
Internship and Year	CHICAGO MEDICAL SCHOOL-NORTH CHICAGO,IL 1993
Residency and Year	CHICAGO MEDICAL SCHOOL-NORTH CHICAGO IL 1993
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	4597
License Date	8/25/1970
Name	<b>FAULKNER II, CHARLES S MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF ROCHESTER, NY USA 1962
Internship and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1963
Residency and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1966
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	17055
License Date	5/6/2015
Name	<b>FAULKNER, HEATHER R MD</b>
Address	55 FRUIT ST, WACC435BOSTON, MA, 02114
Specialty	PS
Board Certified	GS
School and Year of Graduation	KECK SCHOOL OF MEDICINE OF THE UNIV OF SO CALIFORNIA USA 2004
Internship and Year	UNIVERSITY OF SOUTHERN CALIFORNIA - LOS ANGELES, CA 2005
Residency and Year	UNIVERSITY OF SOUTHERN CALIFORNIA - LOS ANGELES, CA 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10677
License Date	9/1/1999
Name	<b>FAULKNER, NATHAN W MD</b>
Address	CONCORD PEDIATRICS, 248 PLEASANT ST STE 1700CONCORD, NH, 03301
Specialty	PD
Board Certified	PD
School and Year of Graduation	CASE WESTERN RESERVE UNIV SCH OF MED- OH USA 1996
Internship and Year	UNIV OF NEW MEXICO SCH OF MED - ALBUQUERQUE, NM 1997
Residency and Year	UNIV OF NEW MEXICO SCH OF MED- ALBUQUERQUE, NM 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16106
License Date	5/1/2013
Name	<b>FAUST, WILLIAM C MD</b>
Address	3 SACRAMENTO PL APT 3, CAMBRIDGE, MA, 02138
Specialty	U
Board Certified	
School and Year of Graduation	GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 2008
Internship and Year	LAHEY CLINIC MEDICAL CENTER - BURLINGTON, MA 2009
Residency and Year	LAHEY CLINIC MEDICAL CENTER - BURLINGTON, MA 2010
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	12101
License Date	10/1/2003
Name	<b>FAWCETT, BRIAN P MD</b>
Address	, PO BOX 5042APPLETON, WI, 54912
Specialty	OM
Board Certified	OM
School and Year of Graduation	MARSHALL UNIVERSITY,HUNTINGTON WV US 1982
Internship and Year	NAVAL MEDICAL CTR, PORTSMOUTH VA 1983
Residency and Year	REGIONS HOSPITAL, ST PAUL MN 2003
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	7148
License Date	7/10/1985
Name	<b>FAY, LEON MD</b>
Address	GREATER LAWRENCE HEALTH CENTER, 34 HAVERHILL STLAWRENCE, MA, 01841-2884
Specialty	FP
Board Certified	FP
School and Year of Graduation	CORNELL UNIVERSITY-NEW YORK, NY USA 1977
Internship and Year	MEDICAL COLLEGE OF VIRGINIA HOSPITAL-RICHMOND, VA 1978
Residency and Year	MEDICAL COLLEGE OF VIRGINIA HOSPITAL-RICHMOND, VA 1980
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number 15870  
 License Date 10/3/2012  
 Name **FAY, MARY E MD**  
 Address ST PETERS HOSPITAL - DEPT OF NEONATOLOGY, 315 SO MANNING BLVD, 3 CUSACK RM 3563-CALB  
 Specialty NPM  
 Board Certified  
 School and Year of Graduation ST GEORGES UNIVERSITY GRENADA 2008  
 Internship and Year ALBANY MEDICAL CENTER - ALBANY, NY 2009  
 Residency and Year ALBANY MEDICAL CENTER - ALBANY, NY 2012  
 License Expiration Date **6/30/2016**

Remarks

License Number 14220  
 License Date 11/5/2008  
 Name **FAYNZILBERG, SIMON Y MD**  
 Address 157 WINTHROP RD APT 2, BROOKLINE, MA, 02445  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation ST PETERSBURG STATE MEDICAL ACADEMY RUSSIA 1981  
 Internship and Year USC DEPARTMENT OF SURGERY - LOS ANGELES, CA 1996  
 Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER-BOSTON, MA 1999  
 License Expiration Date **6/30/2016**

Remarks

License Number 9687  
 License Date 4/3/1996  
 Name **FAYRE, GAIL B MD**  
 Address ANNA JAQUES HOSP, 25 HIGHLAND AVENUEWOBURN, MA, 01950  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF MIAMI SCHOOL OF MEDICINE USA 1989  
 Internship and Year DAVID GRANT USAF MEDICAL CENTER - TRAVIS AFB, CA 1990  
 Residency and Year DAVID GRANT USAF MEDICAL CENTER - TRAVIS AFB, CA 1992  
 License Expiration Date **6/30/2016**

Remarks

License Number 15149  
 License Date 3/2/2011  
 Name **FAZELAT, AHAD A MD**  
 Address BELLOWS, GOODMAN, SHAKER AND SIEGAL, 250 RIVER ROADMANCHESTER, NH, 03104  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2005  
 Internship and Year ST VINCENTS HOSPITAL (MANHATTAN) NEW YORK MEDICAL COLLEGE, NEW YORK, NY 2006  
 Residency and Year MONTEFIORE MEDICAL CENTER - BRONX, NY 2009  
 License Expiration Date **6/30/2017**

Remarks



License Number	15150
License Date	3/2/2011
Name	<b>FAZELAT, JOYIA E MD</b>
Address	ELLIOT HOSPITAL, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty	EM
Board Certified	EM
School and Year of Graduation	BOSTON UNIVERSITY USA 2005
Internship and Year	JACOBI MEDICAL CENTER - BRONX, NY 2006
Residency and Year	ALBERT EINSTEIN COLLEGE OF MEDICINE - BRONX, NY 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14917
License Date	7/7/2010
Name	<b>FAZELI, JABBAR MD</b>
Address	1321 WASHINGTON AVE #310, PORTLAND, ME, 04103
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF PECS HUNGARY 1992
Internship and Year	HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 1996
Residency and Year	HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8426
License Date	8/8/1990
Name	<b>FAZIO, THOMAS L MD</b>
Address	PENTUCKET MEDICAL ASSOC, 1 PARKWAYHAVERHILL, MA, 01830-6220
Specialty	GE
Board Certified	GE
School and Year of Graduation	SUNY-HLTH SCI CTR AT SYRACUSE - SYRACUSE,NY USA 1973
Internship and Year	THE MEDICAL CENTER OF DELAWARE - WILMINGTON, DE 1974
Residency and Year	UNIV HOSPITAL SUNY HLTH SCI CTR - SYRACUSE, NY 1978
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	12375
License Date	7/7/2004
Name	<b>FAZZONE, ANTHONY B MD</b>
Address	SOUTHWESTERN VERMONT MEDICAL CENTER, 100 HOSPITAL DRI VEBENNINGTON, VT, 05201
Specialty	AN
Board Certified	AN
School and Year of Graduation	GEORGETOWN UNIVERSITY, WASHINGTON DC US 1996
Internship and Year	DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 1997
Residency and Year	DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 16345  
 License Date 10/2/2013  
 Name **FEARNEYHOUGH, PAUL K MD**  
 Address 2811 AVE OF THE WOODS, LOUISVILLE, KY, 40241  
 Specialty DMP  
 Board Certified DMP  
 School and Year of Graduation UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE USA 1988  
 Internship and Year UNIVERSITY OF LOUISVILLE - LOUISVILLE, KY 1989  
 Residency and Year UNIVERSITY OF LOUISVILLE - LOUISVILLE, KY 1994  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 8007  
 License Date 11/9/1988  
 Name **FECTEAU JR, JAMES R MD**  
 Address 1247 WASHINGTON RD #25, RYE, NH, 03870  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIV DEL NORESTE SCHOOL OF MEDICINE MEXICO 1981  
 Internship and Year SALEM HOSPITAL - SALEM MA 1985  
 Residency and Year NORTH SHORE UNIV HOSPITAL - MANHASSETT NY 1989  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 3154  
 License Date 9/12/1956  
 Name **FECTEAU, GERARD O MD**  
 Address , , ,  
 Specialty  
 Board Certified  
 School and Year of Graduation  
 Internship and Year  
 Residency and Year  
 License Expiration Date **12/12/1986**  
 Remarks **DECEASED 12/12/86**

License Number 8499  
 License Date 3/6/1991  
 Name **FEDELE, FRANK A MD**  
 Address LAHEY CARDIOLOGY, 333 BORTHWICK AVE STE 401PORTSMOUTH, NH, 03801  
 Specialty CD  
 Board Certified CD  
 School and Year of Graduation CORNELL UNIV MED COLL - NY, NY USA 1983  
 Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1984  
 Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1986  
 License Expiration Date **6/30/2017**  
 Remarks **6/3/15 - Settlement Agreement**

License Number	6710
License Date	6/2/1983
Name	<b>FEDER, ROBERT E MD</b>
Address	753 CHESTNUT ST, MANCHESTER, NH, 03104
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF WASHINGTON SCH MED-SEATTLE,WA USA 1977
Internship and Year	YALE NEW HAVEN HOSP-NEW HAVEN 1978
Residency and Year	YALE UNIV SCH OF MED-NEW HAVEN 1981
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15125
License Date	2/2/2011
Name	<b>FEDERMAN, JANE MD</b>
Address	GLEN COVE HOSPITAL - DEPT OF EMERGENCY MEDICINE, 101 ST ANDREW'S LANE GLEN COVE, NY,
Specialty	EM
Board Certified	EM
School and Year of Graduation	STATE UNIVERSITY OF NY USA 1991
Internship and Year	BETH ISRAEL MEDICAL CENTER - NY, NY 1992
Residency and Year	BETH ISRAEL MEDICAL CENTER - NY, NY 1995
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	9653
License Date	3/6/1996
Name	<b>FEDERMAN, MARC R MD</b>
Address	65 CENTRAL ST, GEORGETOWN, MA, 01833
Specialty	FP
Board Certified	FP
School and Year of Graduation	MEDICAL COLLEGE OF PA USA 1987
Internship and Year	ABINGTON MEMORIAL HOSPITAL - ABINGTON, PA 1988
Residency and Year	UNDERWOOD MEMORIAL HOSPITAL - WOODBURY, NJ 1991
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	13315
License Date	11/1/2006
Name	<b>FEDOR, DAVID M DO</b>
Address	MCKAY-DEE HOSP, 4401 HARRISON BLVD GEDEN, UT, 84403
Specialty	IM
Board Certified	IM
School and Year of Graduation	LAKE ERIE COLLEGE OF OSTEOPATHIC MED USA 2003
Internship and Year	SCRANTON-TEMPLE RESIDENCY PROGRAM - SCRANTON, PA 2004
Residency and Year	SCRANTON-TEMPLE RESIDENCY PROGRAM - SCRANTON, PA 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14794
License Date	4/7/2010
Name	<b>FEDOR, LAUREL A MD</b>
Address	MCKAY DEE INTERNAL MED, 4401 HARRISON BLVDOGDEN, UT, 84403
Specialty	IM
Board Certified	IM
School and Year of Graduation	MARSHALL UNIVERSITY USA 2007
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15407
License Date	10/5/2011
Name	<b>FEDRIZZI, RUDOLPH P MD</b>
Address	CHESHIRE MED CTR - DH KEENE, COMMUNITY HEALTH DEPT - 580 COURT STKEENE, NH, 03431
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	WASHINGTON UNIVERSITY SCHOOL OF MEDICINE USA 1989
Internship and Year	VANDERBILT UNIVERSITY HOSPITAL - NASHVILLE, TN 1990
Residency and Year	VANDERBILT UNIVERSITY HOSPITAL - NASHVILLE, TN 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16405
License Date	12/4/2013
Name	<b>FEENEY, RICHARD O DO</b>
Address	3 ALUMNI DR, EXETER, NH, 03833
Specialty	PM
Board Certified	PM
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND OF OSTEOPATHIC MEDICINE USA 2009
Internship and Year	ROGER WILLIAMS MEDICAL CENTER - PROVIDENCE, RI 2010
Residency and Year	SPAULDING REHABILITATION HOSPITAL - BOSTON, MA 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8020
License Date	12/7/1988
Name	<b>FEINGOLD, MURRAY MD</b>
Address	NBDC 40 SECOND AVE #520, WALTHAM, MA, 02451
Specialty	PD
Board Certified	PD
School and Year of Graduation	JEFFERSON MED COLL OF THOMAS JEFFERSON UNIV-PHIL,P USA 1959
Internship and Year	ALLENTOWN HOSP-ALLENTOWN,PA 1960
Residency and Year	NEW ENGLAND DEACONESS HOSP-BOSTON,MA 1961
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number 7776  
 License Date 2/3/1988  
 Name **FEINS, ROBERT S MD**  
 Address 144 TARRYTOWN RD, MANCHESTER, NH, 03103-2713  
 Specialty PS  
 Board Certified PS  
 School and Year of Graduation UNIV OF VT COLL MED-BURLINGTON,VT USA 1978  
 Internship and Year UNIV OF WISCONSIN HOSP-MADISON,WI 1979  
 Residency and Year UNIV OF WISCONSIN HOSP-MADISON,WI 1985  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 7238  
 License Date 12/5/1985  
 Name **FEITELSON, AMY S MD**  
 Address LIBERTY MUTUAL, 100 LIBERTY WAYDOVER, NH, 03820  
 Specialty P  
 Board Certified P  
 School and Year of Graduation TUFTS UNIV SCH MED - BOSTON, MA USA 1980  
 Internship and Year UNIV OF MARYLAND HOSPITAL - BALTIMORE, MD 1981  
 Residency and Year CAMBRIDGE HOSPITAL - CAMBRIDGE, MA 1984  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16266  
 License Date 8/7/2013  
 Name **FEKE, TANYA LEE T MD**  
 Address CONVENIENT MD, 125 INDIAN ROCK ROADWINDHAM, NH, 03087  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF MASSACHUSETTS USA 2003  
 Internship and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER - HARTFORD, CT 2004  
 Residency and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER - HARTFORD, CT 2006  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 3878  
 License Date 2/1/1966  
 Name **FELBARG, HECTOR R MD**  
 Address ST FRANCIS HOSP, 25 MC WILLIAMS PLACEJERSEY CITY, NJ, 07302-1609  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation UNIV OF CORDOBA - ARGENTINA ARGENTINA 1957  
 Internship and Year ST MARY'S HOSPITAL - TROY, NY 1960  
 Residency and Year ALBERT EINSTEIN MEDICAL CENTER - PHILA, PA 1965  
 License Expiration Date **6/30/2003**  
 Remarks

License Number	7408
License Date	8/14/1986
Name	<b>FELDBERG, MURRAY S MD</b>
Address	, , ,
Specialty	P
Board Certified	
School and Year of Graduation	UNIVERSITY OF AMSTERDAM USA 1957
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1993</b>
Remarks	

License Number	15294
License Date	7/6/2011
Name	<b>FELDMAN, MARINA I MD</b>
Address	ELLIOT BREAST HEALTH CENTER, 185 QUEEN CITY AVE 1ST FLOORMANCHESTER, NH, 03101
Specialty	DR
Board Certified	DR
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 2005
Internship and Year	CARITAS CARNEY HOSPITAL - BOSTON, MA 2006
Residency and Year	MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 2010
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8283
License Date	3/7/1990
Name	<b>FELDMAN, MARK L MD</b>
Address	21 PAR LN, HUDSON, NH, 03051-5215
Specialty	EM
Board Certified	
School and Year of Graduation	UNIV OF UTAH SCH OF MED - SALT LAKE CITY, UT USA 1972
Internship and Year	THE ALTOONA HOSPITAL - ALTOONA, PA 1976
Residency and Year	ROCKLAND PSYCHIATRY CENTER - ORANGEBURG, NY 1973
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	16666
License Date	7/2/2014
Name	<b>FELDMAN, MARY S DO</b>
Address	341 DOGFORD RD, ETNA, NH, 03750
Specialty	N
Board Certified	N
School and Year of Graduation	LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE USA 2004
Internship and Year	MILLCREEK COMMUNITY HOSPITAL - ERIE, PA 2005
Residency and Year	LECOM-HAMOT MEDICAL CENTER - ERIE, PA 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 10071  
 License Date 8/6/1997  
 Name **FELDMANN, THERESA L MD**  
 Address 22 MAIN ST, SALEM, NH, 03079  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIV OF TEXAS MED SCH AT HOUSTON, TX USA 1993  
 Internship and Year ST JOSEPHS HOSP-TX 1997  
 Residency and Year ST JOSEPHS HOSPITAL - TX 1997  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9800  
 License Date 8/7/1996  
 Name **FELDMANN, WILLIAM B MD**  
 Address ALL-CARE MEDICAL, 22 MAIN STSALEM, NH, 03079-4881  
 Specialty PD  
 Board Certified  
 School and Year of Graduation SUNY-HLTH SCIENCE CTR AT BROOKLYN COLL OF MED, NY USA 1991  
 Internship and Year UNIV TEXAS MEDICAL SCHOOL AT HOUSTON - TX 1996  
 Residency and Year UNIV TEXAS MEDICAL SCHOOL AT HOUSTON - TX 1996  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 4979  
 License Date 5/2/1973  
 Name **FELGATE, RODNEY A MD**  
 Address LINWOOD MEDICAL CENTER, PO BOX 129-115 MAIN STREETLINCOLN, NH, 03251  
 Specialty FP  
 Board Certified  
 School and Year of Graduation CHARING CROSS HOSPITAL MEDICAL CENTER LONDON 1962  
 Internship and Year OLDCHURCH HOSPITAL - UNITED KINGDOM 1963  
 Residency and Year OLDCHURCH HOSPITAL - UNITED KINGDOM 1964  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12696  
 License Date 5/4/2005  
 Name **FELIX, ROGER MD**  
 Address 9618 BRISTOL AVE, SILVER SPRING, MD, 20901  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation NEW YORK MEDICAL COLLEGE, VALHALLA NY US 1991  
 Internship and Year JACOB HOLLER FAMILY MED CTR, ROCHESTER NY 1992  
 Residency and Year JACOB HOLLER FAMILY MED CTR, ROCHESTER NY 1994  
 License Expiration Date **6/30/2007**  
 Remarks

License Number 11812  
 License Date 1/8/2003  
 Name **FELLNER, ERINN L MD**  
 Address PO BOX 250, 461 MAIN STREET SUITE B6FRANCONIA, NH, 03580  
 Specialty P  
 Board Certified P  
 School and Year of Graduation MEDICAL COLLEGE OF WISCONSIN - MILWAUKEE, WI USA 1998  
 Internship and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1999  
 Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2002  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12842  
 License Date 8/3/2005  
 Name **FELTMATE, HEATHER L MD**  
 Address DARTMOUTH-HITCHCOCK NASHUA, 2300 SOUTHWOOD DRNASHUA, NH, 03063  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL, LEBANON NH US 2001  
 Internship and Year BRIGHAM AND WOMENS HOSPITAL, BOSTON MA 2002  
 Residency and Year BRIGHAM AND WOMENS HOSPITAL, BOSTON MA 2005  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 6863  
 License Date 4/10/1984  
 Name **FELTON, CHARLES R MD**  
 Address MEMORIAL HOSPITAL, 3073 WHITE MTN HWYNO CONWAY, NH, 03860  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF TEXAS MED SCH-SAN ANTONIO,TX USA 1977  
 Internship and Year DALLAS CO HOS DIS/PARKLAND MEM -DALLAS,TX 1979  
 Residency and Year U TX SW MED SCH AFFIL HOSP-DALLAS,TX 1980  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11589  
 License Date 5/1/2002  
 Name **FELTQUATE, DAVID M MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified  
 School and Year of Graduation UNIV OF MASS MEDICAL SCH- WORCESTER, MA USA 1999  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2002  
 License Expiration Date **6/30/2003**  
 Remarks



License Number	10329
License Date	7/1/1998
Name	<b>FENG, MONA P MD</b>
Address	60 EXETER RD, BLDG 100 STE 103NEWMARKET, NH, 03857
Specialty	PD
Board Certified	PD
School and Year of Graduation	PEKING SECOND MED COLL - PEKING CHINA CHINA 1983
Internship and Year	MASS GENERAL HOSPITAL - BOSTON, MA 1993
Residency and Year	MASS GENERAL HOSPITAL - BOSTON, MA 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9479
License Date	7/5/1995
Name	<b>FENNO, WILL MD</b>
Address	, PO BOX 477PETERBOROUGH, NH, 03458-0477
Specialty	FP
Board Certified	FP
School and Year of Graduation	MEDICAL SCHOL OF WISCONSIN MILWAUKEE ,WI USA 1987
Internship and Year	UNIV HOSPITAL SUNY HEALTH S C-BROOKLYN BROOKLYN,NY 1988
Residency and Year	MEDICAL COLLEGE OF VIRGINIA HOSPITAL RICHMOMD, VA 1994
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	13283
License Date	10/4/2006
Name	<b>FENSTER, HAROLD A MD</b>
Address	2630 H 3/4 RD, GRAND JUNCTION, CO, 81506
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF MIAMI, MIAMI FL US 1973
Internship and Year	TRIPLER ARMY MED CTR, TRIPLER HI 1974
Residency and Year	WALTER REED ARMY MED CTR, WASHINGTON DC 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11694
License Date	8/7/2002
Name	<b>FENSTER, MARTIN M MD</b>
Address	120 FIFTH AVE, SUITE P4205PITTSBURGH, PA, 15222
Specialty	IM
Board Certified	IM
School and Year of Graduation	THOMAS JEFFERSON UNIV - PHILADELPHIA, PA USA 1972
Internship and Year	PENNSYLVANIA HOSPITAL-PHILADELPHIA,PA 1973
Residency and Year	PENNSYLVANIA HOSPITAL-PHILADELPHIA,PA 1974
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number 9962  
 License Date 4/2/1997  
 Name **FENTON, RANDALL C MD**  
 Address BIDHC OF SALEM, 32 STILES RD, STE 103SALEM, NH, 03079  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation ST LOUIS UNIV SCHOL OF MEDICINE - ST LOUIS,MO USA 1991  
 Internship and Year NAVAL MEDICAL CENTER - SAN DIEGO, CA 1992  
 Residency and Year PORTSMOUTH GENERAL HOSPITAL - VA 1997  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13490  
 License Date 5/9/2007  
 Name **FENYAR, BONNIE A MD**  
 Address 47 COVE RD, TOMS RIVER, NJ, 08753  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIV OF OF HEALTH SCIENCES ANTIGUA 1987  
 Internship and Year UNIV OF CONNECTICUT HEALTH CTR-FARMINGTON, CT 1991  
 Residency and Year ATLANTICARE REGIONAL MEDICAL CENTER - ATLANTIC CITY, NJ 1994  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16578  
 License Date 5/7/2014  
 Name **FEO AGUIRRE, LEANDRO J MD**  
 Address 32 ESSEX RD, BEDFORD, NH, 03110  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation UNIVERSIDAD CENTRO-OCCIDENTAL LISANDRO ALVARADO VENEZUELA 2002  
 Internship and Year ALBERT EINSTEIN MEDICAL CENTER - PHILADELPHIA, PA 2007  
 Residency and Year DREXEL UNIVERSITY COLLEGE OF MEDICINE - PHILADELPHIA, PA 2012  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14069  
 License Date 7/9/2008  
 Name **FERDER, GABRIELA MD**  
 Address 110-07 73RD RD #1D, FOREST HILLS, NY, 11375  
 Specialty PD  
 Board Certified  
 School and Year of Graduation UNIV OF MAIMONIDES ARGENTINA 2001  
 Internship and Year ELMHURST HOSPITAL CENTER - ELMHURST, NY 2007  
 Residency and Year ELMHURST HOSPITAL CENTER - ELMHURST, NY 2008  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 7711  
 License Date 9/2/1987  
 Name **FERGUSON, DALE J MD**  
 Address DALE J FERGUSON MD, 25 LOIS STROCHESTER, NH, 03867-  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIV OF MARYLAND SCH MED-BALTIMORE,MD USA 1980  
 Internship and Year FRANKLIN SQUARE HOSP-BALTIMORE,MD 1981  
 Residency and Year FRANKLIN SQUARE HOSP-BALTIMORE,MD 1984  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 17213  
 License Date 8/5/2015  
 Name **FERGUSON, FREDERICK A MD**  
 Address PO BOX 19401, KALAMAZOO, MI, 49019  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation MEHARRY MEDICAL COLLEGE SCHOOL OF MED USA 1995  
 Internship and Year SHANDS JACKSONVILLE MEDICAL CENTER- UNIVERSITY OF FL - JACKSONVILLE, FL 1997  
 Residency and Year SHANDS JACKSONVILLE MEDICAL CENTER - UNIVERSITY OF FL - JACKSONVILLE, FL 1999  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 17162  
 License Date 7/1/2015  
 Name **FERGUSON, MICHAEL A MD**  
 Address 5225 POOKS HILL RD #117N, BETHESDA, MD, 20814  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation TUFTS UNIVERSITY USA 1989  
 Internship and Year KEESLER MEDICAL CENTER - KEESLER AFB, MS 1990  
 Residency and Year KEESLER MEDICAL CENTER - KEESLER AFB, MS 1992  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15245  
 License Date 6/1/2011  
 Name **FERGUSON, SHARON E DO**  
 Address 590 COURT ST, KEENE, NH, 03431  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE USA 2008  
 Internship and Year BRYN MAWR HOSPITAL - BRYN MAWR, PA 2009  
 Residency and Year BRYN MAWR HOSPITAL - BRYN MAWR, PA 2011  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13956  
 License Date 5/7/2008  
 Name **FERLAN, MARK R DO**  
 Address DERRYFIELD MEDICAL GROUP, 275 MAMMOTH RD STE 4MANCHESTER, NH, 03109  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation PHILADELPHIA COLLEGE USA 2004  
 Internship and Year PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE - PHILADELPHIA, PA 2005  
 Residency and Year KETTERING MEDICAL CENTER-KETTERING, OH 2007  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 4574  
 License Date 6/15/1970  
 Name **FERM, VERGIL H MD**  
 Address 202 DOGFORD RD, ETNA, NH, 03750  
 Specialty GP  
 Board Certified  
 School and Year of Graduation CASE WESTERN RESERVE UNIV SCHOOL OF MED USA 1948  
 Internship and Year ST LUKES MEDICAL CENTER - OH 1949  
 Residency and Year ST LUKES MEDICAL CENTER - OH 1949  
 License Expiration Date **6/30/2006**  
 Remarks **DECEASED 10/04/07**

License Number 15750  
 License Date 7/11/2012  
 Name **FERNANDEZ ROBLES, CARLOS G MD**  
 Address MASS GEN HOSP, 55 FRUIT ST YAWKEY 10BBOSTON, MA, 02141  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIVERSIDAD INDUSTRIAL DE SANTANDER COLOMBIA 2001  
 Internship and Year UNIVERSITY OF MIAMI- JACKSON MEMORIAL MEDICAL CENTER - MIAMI, FL 2006  
 Residency and Year UNIVERSITY OF MIAMI- JACKSON MEMORIAL MEDICAL CENTER - MIAMI, FL 2008  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13534  
 License Date 6/6/2007  
 Name **FERNANDEZ, GERARDO J MD**  
 Address AUREON LABORATORIES, 28 WELLS AVEYONKERS, NY, 10701  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation MEDICAL COLLEGE OF PENNSYLVANIA USA 1992  
 Internship and Year NEW YORK UNIV MEDICAL CENTER-NY, NY 1993  
 Residency and Year NEW YORK UNIV MEDICAL CENTER-NY, NY 1996  
 License Expiration Date **6/30/2011**  
 Remarks

License Number	15246
License Date	6/1/2011
Name	<b>FERNANDEZ, GINA GERARDINE S MD</b>
Address	DHMC - DEPT OF INTERNAL MED, ONE MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF SANTO TOMAS PHILIPPINES 1999
Internship and Year	METROPOLITAN HOSPITAL CENTER - NEW YORK, NY 2008
Residency and Year	METROPOLITAN HOSPITAL CENTER - NEW YORK, NY 2010
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16406
License Date	12/4/2013
Name	<b>FERNANDEZ, IMELYN M MD</b>
Address	AMMONOOSUC COMMUNITY HEALTH SERVICES, 14 KING SQWHITEFIELD, NH, 03598
Specialty	FP
Board Certified	FP
School and Year of Graduation	ROSS UNIVERSITY DOMINICA 2005
Internship and Year	CHRISTUS SPOHN MEMORIAL HOSPITAL - CORPUS CHRISTI, TX 2008
Residency and Year	CHRISTUS SPOHN MEMORIAL HOSPITAL - CORPUS CHRISTI, TX 2010
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4390
License Date	4/22/1969
Name	<b>FERNANDEZ, OSCAR E MD</b>
Address	INTERNAL MED & CARDIOLOGY, 85-43 55 AVEELMHURST, NY, 11373
Specialty	IM
Board Certified	
School and Year of Graduation	UNIV LAPLATA - ARGENTINA, SOUTH AFRICA SOUTH AFRICA 1959
Internship and Year	MEADOWBROOK HOSPITAL - HEMSTEAD, NY 1968
Residency and Year	NASSAU HOSPITAL - MINEOLA, NY 1969
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16541
License Date	4/2/2014
Name	<b>FERNANDO, CATHERINE DO</b>
Address	EMERGENCY MEDICINE PHYSICIANS, 4535 DRESSLER RD NWCANTON, OH, 44718
Specialty	EM
Board Certified	
School and Year of Graduation	MIDWESTERN UNIVERSITY USA 2011
Internship and Year	UNIVERSITY OF TOLEDO MEDICAL CENTER - TOLEDO, OH 2012
Residency and Year	UNIVERSITY OF TOLEDO MEDICAL CENTER - TOLEDO, OH 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7723
License Date	10/7/1987
Name	<b>FERNHOLZ, FREDERIC A MD</b>
Address	724 MAIN ST, LACONIA, NH, 03247-
Specialty	U
Board Certified	U
School and Year of Graduation	UNIV OF SOUTH FLORIDA COLL OF MED USA 1979
Internship and Year	NAVAL HOSP-SAN DIEGO,CA 1980
Residency and Year	NAVEL HOSP-SAN DIEGO,CA 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15295
License Date	7/6/2011
Name	<b>FERRARO, FRANCIS A MD</b>
Address	USTELERADIOLOGY LLC, 3520 PIEDMONT RD NE STE 250ATLANTA, GA, 30305
Specialty	DR
Board Certified	DR
School and Year of Graduation	NEW YORK UNIVERSITY SCHOOL OF MEDICINE USA 1987
Internship and Year	CEDARS-SINAI MEDICAL CENTER - LOS ANGELES, CA 1988
Residency and Year	CEDARS-SINAI MEDICAL CENTER - LOS ANGELES, CA 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	3371
License Date	7/14/1960
Name	<b>FERRARO, THOMAS J MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1997</b>
Remarks	

License Number	17056
License Date	5/6/2015
Name	<b>FERREIRA, JASON D MD</b>
Address	593 EDDY ST, PROVIDENCE, RI, 02903
Specialty	IM
Board Certified	IM
School and Year of Graduation	THE WARREN ALPERT MED SCHOOL OF BROWN UNIVERSITY USA 2009
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2010
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2012
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 6945  
 License Date 8/2/1984  
 Name **FERRELL III, HENRY H MD**  
 Address 1 PARK AVE, UNIT 6-1HAMPTON, NH, 03842  
 Specialty U  
 Board Certified U  
 School and Year of Graduation UNIV OF VIRGINIA SCH MED-CHARLOTTESVILLE,VA USA 1979  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1980  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1983  
 License Expiration Date **6/30/2016**  
 Remarks

License Number D0008  
 License Date  
 Name **FERRELL JR, ROBERT W MD**  
 Address 50 HIGHLAND ROAD, BOXFORD, MA, 01921  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIVERSITY OF SOUTHERN CALIFORNIA USA 1970  
 Internship and Year LOS ANGELES UNIVERSITY - LOS ANGELES CA 1971  
 Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON,MA 1974  
 License Expiration Date **3/20/1991**  
 Remarks **3/20/91 - Application for Licensure Denied based on disciplinary action in Massachusetts for unprofessional conduct with a female psychiatric patient.  
12/7/92 - Order. Motion to withdraw application is granted.**

License Number 5394  
 License Date 8/7/1975  
 Name **FERRELL, RICHARD B MD**  
 Address DHMC-DEPT PSYCHIATRY, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty P  
 Board Certified P  
 School and Year of Graduation INDIANA UNIV SCHOOL OF MEDICINE USA 1969  
 Internship and Year DARTMOUTH HITCHCOCK AFFILIATED HOSPITAL - HANOVER, NH 1970  
 Residency and Year DARTMOUTH HITCHCOCK AFFILIATED HOSPITAL - HANOVER, NH 1973  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9936  
 License Date 2/5/1997  
 Name **FERRER, ANA MARIA MD**  
 Address , PO BOX 521NORTHAMPTON, MA, 01061-0521  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIV CENTRAL DEL CARIBE SCH OF MED PUERTO RICO 1980  
 Internship and Year CAGUAS REGIONAL HOSPITAL - PUERTO RICO 1981  
 Residency and Year CAGUAS REGIONAL HOSPITAL - PUERTO RICO 1983  
 License Expiration Date **6/30/2013**  
 Remarks

License Number	10940
License Date	6/7/2000
Name	<b>FERRERO, DONNA G MD</b>
Address	NEW ENGLAND NEUROLOGICAL ASSOC, 220 SUTTON STN ANDOVER, MA, 01845
Specialty	PM
Board Certified	PM
School and Year of Graduation	STATE UNIV OF NEW YORK - BUFFALO,NY USA 1994
Internship and Year	MERCY CATHOLIC MEDICAL CENTER - DARBY, PA 1995
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1998
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	16998
License Date	4/1/2015
Name	<b>FERRI, RAYMOND T MD</b>
Address	DHMC - PEDIATRIC NEUROLOGY, 1 MED CTR DRLEBANON, NH, 03756
Specialty	N
Board Certified	N
School and Year of Graduation	MEDICAL COLLEGE OF PENNSYLVANIA USA 1995
Internship and Year	BROWN UNIVERSITY SCHOOL OF MEDICINE/RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1998
Residency and Year	BROWN UNIVERSITY SCHOOL OF MEDICINE/RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5377
License Date	7/30/1975
Name	<b>FERRIER, IAN R MD</b>
Address	, , ,
Specialty	FP
Board Certified	
School and Year of Graduation	CANADA 1969
Internship and Year	
Residency and Year	
License Expiration Date	<b>3/16/1979</b>
Remarks	

License Number	13425
License Date	3/7/2007
Name	<b>FERRIS, DAVID V DO</b>
Address	NORTH COUNTRY INTERNAL MEDICINE, 580 ST JOHNSBURY RDLITTLETON, NH, 03561
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF MEDICINE & DENTISTRY OF NJ USA 1999
Internship and Year	UMDNJ SOM - KENNEDY MEMORIAL HOSPITAL-STRATFORD, NJ 2000
Residency and Year	CAPITAL HEALTH SYSTEM FAMILY PRACTICE RESIDENCY - PLAINSBORO, NJ 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number 2443  
 License Date 3/14/1946  
 Name **FERRITER, WILLIAM B MD**  
 Address , , ,  
 Specialty  
 Board Certified  
 School and Year of Graduation  
 Internship and Year  
 Residency and Year  
 License Expiration Date **6/30/1983**  
 Remarks **DECEASED 8/15/07**

License Number 8737  
 License Date 6/3/1992  
 Name **FERRUCCI, FERNANDO T MD**  
 Address PEDIATRIC HEALTH ASSOC, 275 MAMMOTH RD MANCHESTER, NH, 03109  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIVERSITY OF TORONTO CANADA 1984  
 Internship and Year THE HOSPITAL FOR SICK CHILDREN TORONTO - ONTARIO - CANADA 1985  
 Residency and Year THE HOSPITAL FOR SICK CHILDREN TORONTO - ONTARIO - CANADA 1988  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14318  
 License Date 2/4/2009  
 Name **FERZLI, PASCAL MD**  
 Address DHMC @ CONCORD, 253 PLEASANT ST CONCORD, NH, 03301  
 Specialty D  
 Board Certified D  
 School and Year of Graduation BOSTON UNIV USA 2005  
 Internship and Year CARNEY HOSPITAL - DORCHESTER, MA 2006  
 Residency and Year COOPER UNIV HOSPITAL - CAMDEN, NJ 2009  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13768  
 License Date 12/5/2007  
 Name **FESKE, STEVEN K MD**  
 Address PARTNERS TELESTROKE, 55 FRUIT ST, BIGELOW 1206 BOSTON, MA, 02114  
 Specialty N  
 Board Certified N  
 School and Year of Graduation LOUISIANA STATE UNIV USA 1982  
 Internship and Year BOSTON UNIV MEDICAL CENTER-UNIV HOSP - BOSTON, MA 1984  
 Residency and Year BOSTON UNIV MEDICAL CENTER-UNIV HOSP - BOSTON, MA 1986  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	13042
License Date	4/5/2006
Name	<b>FETTER, JEFFREY C MD</b>
Address	MHM, INC., 105 PLEASANT ST 3RD FLOORCONCORD, NH, 03301
Specialty	IM
Board Certified	IM
School and Year of Graduation	CASE WESTERN UNIV-CLEVELAND OH USA 2001
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2002
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10820
License Date	2/2/2000
Name	<b>FETTER, SUZANNE L MD</b>
Address	SO NH MEDICAL CENTER, PO BOX 2014 8 PROSPECT STNASHUA, NH, 03061
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF VA SCH OF MED - CHARLOTTESVILL, VA USA 1991
Internship and Year	CHILDREN'S HOSPITAL - ROCHESTER, NY 1992
Residency and Year	CHILDREN'S HOSPITAL - ROCHESTER, NY 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10941
License Date	6/7/2000
Name	<b>FEYERABEND, ANGELA J MD</b>
Address	NAVAL HEALTH CLINIC NE, 43 SMITH RDNEWPORT, RI, 02841
Specialty	R
Board Certified	R
School and Year of Graduation	LOUISIANA STATE UNIV - NEW ORLEANS, LA USA 1984
Internship and Year	LOUISIANA STATE UNIV MEDICAL CENTER - NEW ORLEANS, LA 1985
Residency and Year	LOUISIANA STATE UNIV MEDICAL CENTER - NEW ORLEANS, LA 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11590
License Date	5/1/2002
Name	<b>FEYRER, SHEILA L MD</b>
Address	ALICE PECK DAY MEMORIAL, 5 ALICE PECK DAY DRLEBANON, NH, 03766
Specialty	PD
Board Certified	PD
School and Year of Graduation	MEDICAL COLLEGE OF WISCONSIN- MILESUKRR, WI USA 1996
Internship and Year	NEW ENGLAND MEDICAL CENTER - BOSTON,MA 1997
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON,MA 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15103
License Date	1/5/2011
Name	<b>FIALKOW, LAWRENCE B DO</b>
Address	AMERICAN RED CROSS, 825 JOHN STW HENRIETTA, NY, 14607
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	DES MOINES UNIVERSITY USA 1999
Internship and Year	MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 2000
Residency and Year	UNIVERSITY OF PITTSBURGH MEDICAL CENTER - PITTSBURGH, PA 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8812
License Date	9/2/1992
Name	<b>FICHERA, PHILLIP P MD</b>
Address	HUDSON MEDICAL ASSOCIATES, 225 DERRY RDHUDSON, NH, 03051
Specialty	FP
Board Certified	FP
School and Year of Graduation	ROSS UNIVERSITY SCHOOL OF MEDICINE USA 1987
Internship and Year	SOMERSET MEDICAL CENTER SOMERVILLE - NJ 1989
Residency and Year	SOMERSET MEDICAL CENTER SOMERVILLE - NJ 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14161
License Date	9/3/2008
Name	<b>FICHMAN, BERT L MD</b>
Address	DHMC-ANESTHESIOLOGY DEPT, 1 MEDICAL CENTER DRLEBANON, NH, 03766
Specialty	AN
Board Certified	AN
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 1987
Internship and Year	NEW YORK UNIV MEDICAL CENTER - NY, NY 1988
Residency and Year	NEW YORK UNIV MEDICAL CENTER - NY, NY 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12027
License Date	8/6/2003
Name	<b>FIDDLER, TROY A MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	OREGON HEALTH & SCIENCE U, PORTLAND OR US 2000
Internship and Year	MAINE MEDICAL CTR, PORTLAND ME 2001
Residency and Year	MAINE MEDICAL CTR, PORTLAND ME 2002
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	16034
License Date	3/6/2013
Name	<b>FIDIAS, PANAGIOTIS MD</b>
Address	UNIV OF ARIZONA CANCER CENTER, 500 W THOMAS RD STE 720PHOENIX, AZ, 85013
Specialty	ON
Board Certified	ON
School and Year of Graduation	UNIVERSITY OF ATHENS GREECE 1989
Internship and Year	SUNY @ BUFFALO GRADUATE MEDICAL-DENTAL EDUCATION - BUFFALO, NY 1991
Residency and Year	SUNY @ BUFFALO GRADUATE MEDICAL-DENTAL EDUCATION - BUFFALO, NY 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14960
License Date	8/4/2010
Name	<b>FIELD, CAREY J MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2007
Internship and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2008
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10079
License Date	8/6/1997
Name	<b>FIELDING, KRISTIN M MD</b>
Address	NACC NEWPORT, 1 RIGGS RDNEWPORT, RI, 02841
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF NEW MEXICO SCH OF MED ALBUQUERQUE USA 1994
Internship and Year	CONCORD HOSPITAL - CONCORD, NH 1996
Residency and Year	CONCORD HOSPITAL - NH 1997
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	11658
License Date	7/3/2002
Name	<b>FIER, CARL M MD</b>
Address	ELLIOT CARDIOLOGY CONSULT, 1 ELLIOT WAY STE 100MANCHESTER, NH, 03103-3545
Specialty	CD
Board Certified	CD
School and Year of Graduation	MT SINAI SCH OF MED- NEW YORK, NY USA 1994
Internship and Year	MT SINAI SCH OF MED - NEW YORK, NY 1995
Residency and Year	MT SINAI SCH OF MED - NEW YORK, NY 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8284
License Date	3/7/1990
Name	<b>FIESEHER, JAMES MD</b>
Address	PORTSMOUTH PRIMARY CARE ASSOCI, 330 BORTHWICK AVE STE 101PORTSMOUTH, NH, 03801
Specialty	FP
Board Certified	FP
School and Year of Graduation	LABANY MED COLL OF UNION UNIV-ALBANY,NY USA 1987
Internship and Year	FORBES HLTH SYSTEMS MONROEVILLE,PA 1988
Residency and Year	FORBES HLTH SYSTEMS-MONROEVILLE,PA 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9217
License Date	7/6/1994
Name	<b>FIFE, JENNIFER MD</b>
Address	SPECTRUM MEDICAL GROUP, 324 GANNET DR STE 200S PORTLAND, ME, 04106
Specialty	R
Board Certified	R
School and Year of Graduation	MCGILL UNIVERSITY FACULTY OF MEDICINE CANADA 1987
Internship and Year	MAINE MEDICAL CENTER - PORTLAND ME 1992
Residency and Year	MAINE MEDICAL CENTER - PORTLAND ME 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14375
License Date	4/1/2009
Name	<b>FIGUERAS, MARIA L MD</b>
Address	3935 BIGAL CT, BETHLEHEM, PA, 18020
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF SANTO TOMAS PHILIPPINES 2003
Internship and Year	UNIV OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 2007
Residency and Year	IMOV CPMMECTOCIT JEA;TJ CEMTER - FARMINGTON, CT 2008
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	17261
License Date	9/2/2015
Name	<b>FIGUEROA GARCIA, ALBERTO R MD</b>
Address	15050 ELDERBERRY LN, FORT MYERS, FL, 33907
Specialty	N
Board Certified	N
School and Year of Graduation	PONCE SCHOOL OF MEDICINE - PONCE, PR PUERTO RICO 2008
Internship and Year	UNIVERSITY OF SOUTH FLORIDA COLLEGE OF MEDICINE - TAMPA, FL 2009
Residency and Year	UNIVERSITY OF SOUTH FLORIDA - TAMPA, FL 2012
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10749
License Date	11/3/1999
Name	<b>FILENE, DANIEL R MD</b>
Address	125 STATE STREET, PORTLAND, ME, 04101
Specialty	P
Board Certified	
School and Year of Graduation	DATRMOUTH HITCHCOCK MEDICAL CENTER HANOVER,NH USA 1997
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER-HANOVER,NH 1998
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER-HANOVER,NH 1999
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	9016
License Date	8/4/1993
Name	<b>FILIANO, JAMES J MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty	PD
Board Certified	PD
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1982
Internship and Year	CHILDREN'S HOSPITAL BOSTON, MA 1983
Residency and Year	BRIGHAM & WOMEN'S HOSPITAL BOSTON, MA 1990
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13584
License Date	7/11/2007
Name	<b>FILICE JR, ALBERT J MD</b>
Address	NORTHERN DIAGNOSTIC PATHOLOGY, 2145 COURT STREDDING, CA, 96001
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF CALIFORNIA USA 1973
Internship and Year	SAN JOAQUIN GENERAL HOSPITAL - FRENCH CAMP, CA 1974
Residency and Year	UNIV OF COLORADO HEALTH SCIENCES CENTER - DENVER, CO 1978
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	12197
License Date	1/7/2004
Name	<b>FILIPPONE, MARION V MD</b>
Address	13 GLACIER LILY WAY, PO BOX 1897CRESTED BUTTE, CO, 81224-1897
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	TULANE UNIVERSITY, NEW ORLEANS LA US 1967
Internship and Year	TULANE UNIVERSITY, NEW ORLEANS LA 1968
Residency and Year	BAYLOR COLLEGE, HOUSTON TX 1971
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	8960
License Date	6/2/1993
Name	<b>FILLINGER, MARK F MD</b>
Address	DHMC-VASCULAR SURGERY, 1 MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty	VS
Board Certified	VS
School and Year of Graduation	OHIO STATE UNIVERSITY COLLEGE OF MEDICINE USA 1984
Internship and Year	UNIVERSITY HOSPITAL SUNY HEALTH SCIENCE CENTER - SYRACUSE NY 1991
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8492
License Date	2/6/1991
Name	<b>FILLINGER, MARY P MD</b>
Address	DHMC - DEPT OF ANESTHESIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	AN
Board Certified	AN
School and Year of Graduation	SUNY-HLTH SCI CTR - SYRACUSE, NY USA 1985
Internship and Year	BUFFALO GENERAL HOSPITAL - BUFFALO, NY 1986
Residency and Year	UNIV HOSPITAL SUNY HEALTH SCI CTR - SYRACUSE, NY 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7678
License Date	8/5/1987
Name	<b>FILOSO, ANTHONY M MD</b>
Address	400 HIGHLAND AVE, STE 6SALEM, MA, 01970
Specialty	U
Board Certified	U
School and Year of Graduation	WAYNE STATE UNIV SCHOOL OF MEDICINE USA 1972
Internship and Year	UNIVERSITY HOSPITAL - BOSTON MA 1973
Residency and Year	UNIVERSITY HOSPITAL - BOSTON MA 1978
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	13957
License Date	5/7/2008
Name	<b>FINCH, SARAH B DO</b>
Address	140 HAVERHILL ST BLDG 1, ANDOVER, MA, 01810
Specialty	OBG
Board Certified	
School and Year of Graduation	NEW ENGLAND COLLEGE USA 2004
Internship and Year	DANBURY HOSPITAL - DANBURY, CT 2005
Residency and Year	DANBURY HOSPITAL - DANBURY, CT 2007
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	16446
License Date	1/8/2014
Name	<b>FINCH, SARAH B DO</b>
Address	140 HAVERHILL ST, ANDOVER, MA, 01810
Specialty	OBG
Board Certified	
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC USA 2004
Internship and Year	DANBURY HOSPITAL - DANBURY, CT 2005
Residency and Year	DANBURY HOSPITAL - DANBURY, CT 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16407
License Date	12/4/2013
Name	<b>FINDLEY, CHRISTOPHER C MD</b>
Address	90 SWIFTWATER RD, WOODSVILLE, NH, 03785
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF SOUTH FLORIDA COLLEGE OF MEDICINE USA 2002
Internship and Year	VANDERBILT UNIVERSITY - NASHVILLE, TN 2004
Residency and Year	VANDERBILT UNIVERSITY - NASHVILLE, TN 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17106
License Date	6/3/2015
Name	<b>FINDLEY, JOSEPH E MD</b>
Address	UNIV OF VT MED CTR, 111 COLCHESTER AVEBURLINGTON, VT, 05401
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	WEST VIRGINIA UNIV SCHOOL OF MEDICINE USA 2009
Internship and Year	WEST VIRGINIA UNIV-CHARLESTON, WV 2010
Residency and Year	WEST VIRGINIA UNIV-CHARLESTON, WV 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13374
License Date	1/3/2007
Name	<b>FINE, MORRIS H MD</b>
Address	4090 N PAINTED QUAIL PL, TUCSON, AZ, 85750
Specialty	IM
Board Certified	IM
School and Year of Graduation	TUFTS UNIV SCHOOL OF MEDICINE USA 1962
Internship and Year	JACOBI MEDICAL CTR-BRONX, NY 1963
Residency and Year	JACOBI MEDICAL CTR-BRONX, NY 1965
License Expiration Date	<b>6/30/2009</b>
Remarks	



License Number	6371
License Date	4/16/1981
Name	<b>FINER, CHAD A MD</b>
Address	ALICE PECK DAY MEMORIAL, 125 MASCOMA STLEBANON, NH, 03766
Specialty	IM
Board Certified	
School and Year of Graduation	DARTMOUTH MED SCH,HANOVER,HN YSA 1976
Internship and Year	MARY I BASSETT HOSP,COOPERSTOWN,NY 1977
Residency and Year	DARTMOUTH MED SCH AFF HOSP,HANOVER,NH 1979
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	11659
License Date	7/3/2002
Name	<b>FINGEROTH, RICHARD J MD</b>
Address	60 RTE 103A, PO BOX 421NEWBURY, NH, 03255
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	YALE UNIV SCH OF MED - NEW HAVEN, CT USA 1973
Internship and Year	YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 1975
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1976
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12337
License Date	6/2/2004
Name	<b>FINIGAN, ELIZABETH G MD</b>
Address	ELIOT FAMILY PRACTICE, 47 DOW HIGHWAY STE 2ELIOT, ME, 03904
Specialty	FP
Board Certified	FP
School and Year of Graduation	MEDICAL COLLEGE WISCONSIN, MILWAUKEE WI US 1995
Internship and Year	ST MICHAEL HOSP, MILWAUKEE WI 1996
Residency and Year	ST MICHAEL HOSP, MILWAUKEE WI 1998
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	7612
License Date	6/3/1987
Name	<b>FINK, LOUIS I MD</b>
Address	SOUTHERN NH CARDIOLOGY CTR, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIV OF PA SCH MED - PHILA, PA USA 1980
Internship and Year	HOSPITAL UNIV OF PA - PHILA, PA 1981
Residency and Year	HOSPITAL UNIV OF PA - PHILA, PA 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 14653  
 License Date 11/4/2009  
 Name **FINKBEINER, ANDREW A MD**  
 Address PROSCAN READING SERVICES, 5400 KENNEDY AVE CINCINNATI, OH, 45213  
 Specialty DR  
 Board Certified R  
 School and Year of Graduation UNIVERSITY OF ARKANSAS USA 1999  
 Internship and Year CARRAWAY METHODIST MEDICAL CENTER - EULESS, TX 2000  
 Residency and Year UNIVERSITY OF ALABAMA @ BIRMINGHAM - BIRMINGHAM, AL 2004  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 5459  
 License Date 12/11/1975  
 Name **FINKEL, HARVEY E MD**  
 Address 720 HARRISON AVE STE 202, BOSTON, MA, 02118-2334  
 Specialty ON  
 Board Certified HEM  
 School and Year of Graduation STATE UNIV OF NY USA 1959  
 Internship and Year US PUBLIC HEALTH SERVICE HOSPITAL - BOSTON, MA 1960  
 Residency and Year NEW ENGLAND MED CTR - BOSTON MA 1966  
 License Expiration Date **6/30/1999**  
 Remarks

License Number 14376  
 License Date 4/1/2009  
 Name **FINKEL, KEVIN J MD**  
 Address NEW BRITAIN ANESTHESIA P.C, 100 GREAT MEADOW RD STE 208 WETHERSFIELD, CT, 06109  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation UNIV OF CONNECTICUT USA 2004  
 Internship and Year UNIV OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON, CT 2005  
 Residency and Year WASHINGTON UNIV SCHOOL OF MEDICINE - ST LOUIS, MO 2008  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 12697  
 License Date 5/4/2005  
 Name **FINKELBERG, ZACHARY MD**  
 Address GREAT-WEST HEALTHCARE, 1 CENTENNIAL AVE PISCATAWAY, NJ, 08854  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation SUNY@BROOKLYN, BROOKLYN NY US 1966  
 Internship and Year LONG ISLAND COLLEGE, BROOKLYN NY 1967  
 Residency and Year UNIVERSITY OF VIRGINIA, CHARLOTTESVILLE VA 1969  
 License Expiration Date **6/26/2007**  
 Remarks **DECEASED 6/26/07**

License Number	8349
License Date	6/6/1990
Name	<b>FINKELMAN, RICHARD S MD</b>
Address	NE NEUROLOGICAL ASSOC, 354 MERRIMACK ST LAWRENCE, MA, 01843
Specialty	N
Board Certified	N
School and Year of Graduation	MED COLL OF PA-PHIL,PA USA 1983
Internship and Year	NEW ROCHELLE HOSP MED CTR-NEW ROCHELLE,NY 1984
Residency and Year	UNIV HOSP-BOSTON,MA 1989
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16637
License Date	6/4/2014
Name	<b>FINKELSTON, MIA B MD</b>
Address	AMERICAN WELL, 75 STATE ST 26TH FLBOSTON, MA, 02109
Specialty	FP
Board Certified	FP
School and Year of Graduation	MEDICAL COLLEGE OF PENNSYLVANIA USA 1992
Internship and Year	PINNACLE HEALTH - HARRISBURG HOSPITAL - HARRISBURG, PA 1993
Residency and Year	PINNACLE HEALTH - HARRISBURG HOSPITAL - HARRISBURG, PA 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7901
License Date	7/6/1988
Name	<b>FINKLE, JEREMY P MD</b>
Address	NORTHEAST DERMATOLOGY, 401 ANDOVER ST STE 101NORTH ANDOVER, MA, 01845
Specialty	D
Board Certified	D
School and Year of Graduation	UNIV OF PA SCH MED - PHILA, PA USA 1984
Internship and Year	MT SINAI HOSPITAL - NY, NY 1985
Residency and Year	NORTH CAROLINA MEMORIAL HOSPITAL - CHAPEL HILL, NC 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9697
License Date	5/1/1996
Name	<b>FINLAYSON, SAMUEL R G MD</b>
Address	30 N 1900 E, 3B110 SOMSALT LAKE CITY, UT, 84132
Specialty	GS
Board Certified	GS
School and Year of Graduation	HARVARD MEDICAL SCHOOL - BOSTON,MA USA 1993
Internship and Year	MASS GENERAL HOSPITAL-BOSOTN,MA 1998
Residency and Year	MASS GENERAL HOSPITAL - BOSTON, MA 1998
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	10274
License Date	5/6/1998
Name	<b>FINLEY, BERNARD L MD</b>
Address	225 CROSS ROADS BLVD #270, CARMEL, CA, 93923
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF CALIFORNIA USA 1959
Internship and Year	JACKSON MEDICAL CENTER, MIAMI FL 1960
Residency and Year	VA MEDICAL CENTER, LOS ANGELES CA 1962
License Expiration Date	<b>6/30/2001</b>
Remarks	<b>DECEASED 7/28/10</b>

License Number	16999
License Date	4/1/2015
Name	<b>FINLEY, DAVID J MD</b>
Address	DHMC, 1 MEDICAL CTR DRLEBANON, NH, 03756
Specialty	TS
Board Certified	TS
School and Year of Graduation	UNIVERSITY OF VT COLLEGE OF MEDICINE USA 1999
Internship and Year	LOYOLA UNIVERSITY MEDICAL CENTER - MAYWOOD, IL 2002
Residency and Year	NY & PRESBYTERIAN HOSPITAL - NY, NY 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14221
License Date	11/5/2008
Name	<b>FINN, CHRISTINE T MD</b>
Address	DHMC - DEPT PSYCHIATRY, ONE MED CTR DR 5DLEBANON, NH, 03756
Specialty	P
Board Certified	P
School and Year of Graduation	ALBERT EINSTEIN COLLEGE USA 1997
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1998
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17057
License Date	5/6/2015
Name	<b>FINN, SARAH H MD</b>
Address	DHMC - BEDFORD, 25 S RIVER RDBEDFORD, NH, 03110
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF NEVADA USA 2009
Internship and Year	UNIVERSITY OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 2010
Residency and Year	GREATER BALTIMORE MEDICAL CENTER - BALTIMORE, MD 2014
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10646
License Date	8/4/1999
Name	<b>FINNEY, DEIRDRE L MD</b>
Address	BEECH HILL HOSP, PO BOX 254DUBLIN, NH, 03444
Specialty	P
Board Certified	P
School and Year of Graduation	EAST TENNESSEE STATE UNIV -JOHNSON CITY,TN USA 1985
Internship and Year	SAINT VINCENT HOSPITAL - WORCESTER, MA 1986
Residency and Year	CONNECTICUT VALLEY HOSP - MIDDLETOWN, CT 1986
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	10275
License Date	5/6/1998
Name	<b>FINOCCHIARO, PHILIP J MD</b>
Address	5 COLISEUM AVE, NASHUA, NH, 03063
Specialty	IM
Board Certified	IM
School and Year of Graduation	GEORGETOWN UNIVERSITY USA 1995
Internship and Year	GEORGETOWN UNIVERSITY HOSPITAL, WASHINGTON DC 1996
Residency and Year	GEORGETOWN UNIVERSITY HOSPITAL, WASHINGTON DC 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12654
License Date	4/6/2005
Name	<b>FISCHER, GABOR MD</b>
Address	ELM AND CARLTON STEETS, BUFFALO, NY, 14263
Specialty	PTH
Board Certified	
School and Year of Graduation	UNIVERSITY OF PECSIN HUNGARY 1994
Internship and Year	SUNY, BUFFALO NY 2003
Residency and Year	SUNY,BUFFALO NY 2004
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	14222
License Date	11/5/2008
Name	<b>FISCHER, GWENYTH A MD</b>
Address	5181 ROUTE 113, THETFORD CTR, VT, 05075
Specialty	PD
Board Certified	
School and Year of Graduation	LOYOLA UNIV OF CHICAGO USA 2006
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	15376
License Date	9/7/2011
Name	<b>FISCHER, MICHAEL A MD</b>
Address	SOUTHERN NH HEALTH SYSTEM AT PELHAM, 33 WINDHAM RDPELHAM, NH, 03076-2372
Specialty	PD
Board Certified	
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1993
Internship and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1994
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13343
License Date	12/6/2006
Name	<b>FISCHER, NEAL C MD</b>
Address	HUMANA, INC, 550 W ADAMS ST 7TH FLRCHICAGO, IL, 60661
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF ILLINOIS COLLEGE OF MEDICINE USA 1987
Internship and Year	CLEVELAND CLINIC FOUNDATION-CLEVELAND, OH 1988
Residency and Year	CLEVELAND CLINIC FOUNDATION-CLEVELAND, OH 1990
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	12059
License Date	9/3/2003
Name	<b>FISCHMAN, ALAN J MD</b>
Address	SHRINERS HOSPITAL FOR CHILDREN, 51 BLOSSON STBOSTON, MA, 02114
Specialty	NM
Board Certified	NM
School and Year of Graduation	YALE UNIVERSITY, NEW HAVEN CT US 1981
Internship and Year	TULANE UNIVERSITY MED SCHOOL, NEW ORLEANS LA 1983
Residency and Year	NATIONAL PERSONNEL RECORDS CTR, ST LOUIS MO 1984
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16408
License Date	12/4/2013
Name	<b>FISHER, ALLAN J MD</b>
Address	1 ELLIOT WAY 3RD FL MFM, MANCHESTER, NH, 03103
Specialty	OBS
Board Certified	OBG
School and Year of Graduation	ST LOUIS UNIVERSITY SCHOOL OF MEDICINE USA 1988
Internship and Year	EMORY UNIVERSITY SCHOOL OF MEDICINE - ATLANTA, GA 1989
Residency and Year	EMORY UNIVERSITY SCHOOL OF MEDICINE - ATLANTA, GA 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5772
License Date	7/7/1977
Name	<b>FISHER, CYRIL MD</b>
Address	ROYAL MARSDEN HOSP, FULHAM RD LONDON, UK, SW3 6JJ
Specialty	ATP
Board Certified	
School and Year of Graduation	UNIV OF LONDON UNIV COLL SCH OF MED LONDON 1969
Internship and Year	UNIV COLLEGE HOSPITAL - LONDON 1971
Residency and Year	UNIV COLLEGE HOSPITAL - LONDON 1973
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14542
License Date	8/5/2009
Name	<b>FISHER, DAVID C MD</b>
Address	DANA FARBER CANCER INSTITUTE, 44 BINNEY ST DA-1B30 BOSTON, MA, 02115
Specialty	ON
Board Certified	ON
School and Year of Graduation	UNIVERSITY MASSACHUSETTS MEDICAL SCHOOL USA 1989
Internship and Year	DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 1990
Residency and Year	DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16107
License Date	5/1/2013
Name	<b>FISHER, EMILY J MD</b>
Address	LAHEY CLINIC, 41 MAILL RD BURLINGTON, MA, 01805
Specialty	D
Board Certified	D
School and Year of Graduation	WASHINGTON UNIVERSITY SCHOOL OF MEDICINE USA 2002
Internship and Year	UNIVERSITY HOSPITAL-UNIVERSITY OF CINCINNATI COM - CINCINNATI, OH 2003
Residency and Year	UNIVERSITY OF CINCINNATI MEDICAL CENTER - CINCINNATI, OH 2006
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	8588
License Date	7/17/1991
Name	<b>FISHER, F. DAVID MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	UNIVERSITY OF ROCHESTER - NY USA 1957
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1996</b>
Remarks	

License Number	15247
License Date	6/1/2011
Name	<b>FISHER, JESSICA M MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	UNIVERSITY OF NORTH CAROLINA USA 2008
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	10992
License Date	7/5/2000
Name	<b>FISHER, JUDITH L MD</b>
Address	NORTHEAST DERMATOLOGY ASSOC, 3 DUNDEE PARK STE 202BANDOVER, MA, 01810
Specialty	D
Board Certified	D
School and Year of Graduation	ALBERT EINSTEIN COLL OF MED - BRONX, NY USA 1996
Internship and Year	CHILDREN'S NATIONAL MEDICAL CENTER - WASHINGTON, DC 1997
Residency and Year	JOHNS HOPKINS MEDICAL INSTITUTIONS - BALTIMORE, MD 1999
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	13065
License Date	5/3/2006
Name	<b>FISHER, KATHLEEN M MD</b>
Address	CHESHIRE MEDICAL CENTER, 580 COURT STKEENE, NH, 03431
Specialty	PD
Board Certified	PD
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1998
Internship and Year	STRONG MEMORIAL HOSPITAL, ROCHESTER NY 1999
Residency and Year	UNIV OF CALIFORNIA IRVINE MEDICAL CTR, ORANGE CA 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14193
License Date	10/1/2008
Name	<b>FISHER, STEVEN J MD</b>
Address	THE MEMORIAL HOSPITAL, 3073 WHITE MTN HWY CONWAY, NH, 03860
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF VERMONT USA 1981
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1982
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1985
License Expiration Date	<b>6/30/2010</b>
Remarks	



License Number	12962
License Date	12/7/2005
Name	<b>FISHER, TIMOTHY J MD</b>
Address	DH-K DEPT OF OB/GYN, 580-590 COURT STKEENE, NH, 03431
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL, LEBANON NH US 1998
Internship and Year	NAVAL MEDICAL CTR, SAN DIEGO CA 1999
Residency and Year	NAVAL MEDICAL CTR, SAN DIEGO CA 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12454
License Date	9/1/2004
Name	<b>FISHER, TIMOTHY S MD</b>
Address	570 APTOS CREEK RD, APTOS, CA, 95001
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF CALIFORNIA, LA JOLLA CA US 1997
Internship and Year	SANTA CLARA VALLEY MED CTR, SAN JOSE CA 1998
Residency and Year	SANTA CLARA VALLEY MED CTR, SAN JOSE CA 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13585
License Date	7/11/2007
Name	<b>FISHMAN, EINA G MD</b>
Address	ANTHEM BLUE CROSS&BLUE SHIELD, 370 BASSETT RDNORTH HAVEN, CT, 06473
Specialty	IM
Board Certified	IM
School and Year of Graduation	NEW YORK UNIV USA 1982
Internship and Year	UCLA VA GREATER LOS ANGELES MEDICAL CENTER - SEPULVEDA, CA 1983
Residency and Year	UCLA VA GREATER LOS ANGELES MEDICAL CENTER - SEPULVEDA, CA 1984
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	16569
License Date	5/7/2014
Name	<b>FISHMAN, FRED L MD</b>
Address	MAGELLAN HEALTH SERVICES, 14100 MAGELLAN PLAZAMARYLAND HEIGHTS, MO, 63043
Specialty	GE
Board Certified	GE
School and Year of Graduation	UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE USA 1966
Internship and Year	MICHAEL REESE HOSPITAL AND MEDICAL CENTER - CHICAGO, IL 1967
Residency and Year	MICHAEL REESE HOSPITAL AND MEDICAL CENTER - CHICAGO, IL 1971
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>ADMINISTRATIVE LICENSE</b>

License Number 5791  
 License Date 7/26/1977  
 Name **FISK, ELSA N MD**  
 Address , , ,  
 Specialty AN  
 Board Certified  
 School and Year of Graduation INDIANA UNIVERSITY USA 1974  
 Internship and Year  
 Residency and Year  
 License Expiration Date **12/31/1978**  
 Remarks

License Number 9989  
 License Date 5/7/1997  
 Name **FISK, MARC S DO**  
 Address LAHEY-HITCHCOCK MED CTR, 41 MALL RDBURLINGTON, MA, 01805  
 Specialty CD  
 Board Certified  
 School and Year of Graduation NY COLL OF OSTEO MED-OLD WESTBURY,NY USA 1992  
 Internship and Year CONEY ISLAND HOSP-NY 1993  
 Residency and Year LAHEY-HITCHCOCK CLINCI-MA 1998  
 License Expiration Date **6/30/1998**  
 Remarks

License Number 14162  
 License Date 9/3/2008  
 Name **FISKE, MARY E MD**  
 Address DARTMOUTH OB.GYN & MIDWIFERY, 253 PLEASANT STCONCORD, NH, 03301  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIV OF CALIFORNIA USA 1985  
 Internship and Year CASE WESTERN RESERVE UNIV/UNIV HOSPITALS OF CI - CLEVELAND, OH 1986  
 Residency and Year CASE WESTERN RESERVE UNIV/UNIV HOSPITALS OF CI - CLEVELAND, OH 1987  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14543  
 License Date 8/5/2009  
 Name **FITCH, CHRISTINA E DO**  
 Address UMASS MEMORIAL MEDICAL CENTER, 55 LAKE AVE NORTHWORCESTER, MA, 01655  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF MEDICINE & DENTISTRY OF NJ USA 2006  
 Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007  
 Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009  
 License Expiration Date **6/30/2015**  
 Remarks

License Number	8141
License Date	6/7/1989
Name	<b>FITZ, DAVID G MD</b>
Address	PLASTIC & HAND SURGICAL ASSOC, 244 WESTERN AVES PORTLAND, ME, 04106-2430
Specialty	PS
Board Certified	PS
School and Year of Graduation	UNIV OF CINCINNATI COLL OF MED CINCINNATI, OH USA 1980
Internship and Year	MAINE MED CTR PORTLAND ME 1981
Residency and Year	MAINE MED CTR PORTLAND ME 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12296
License Date	5/5/2004
Name	<b>FITZGERALD, CHRISTINE T MD</b>
Address	MERRIMACK VALLEY PEDIATRICS, 387 E DUNSTABLE RD NASHUA, NH, 03062
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF CINCINNATI, CINCINNATI OH US 1999
Internship and Year	VANDERBILT UNIVERSITY, NASHVILLE TN 2001
Residency and Year	VANDERBILT UNIVERSITY, NASHVILLE TN 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4447
License Date	6/30/1969
Name	<b>FITZGERALD, GEOFFREY MD</b>
Address	12 SULLIVAN FALLS, DURHAM, NH, 03824
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	NATIONAL UNIV OF IRELAND - DUBLIN IRELAND 1957
Internship and Year	GENERAL HOSPITAL - ST JOHN'S, NEWFOUNDLAND 1968
Residency and Year	GEORGETOWN UNIV HOSPITAL - WASHINGTON, DC 1961
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	11560
License Date	4/3/2002
Name	<b>FITZGERALD, GEOFFREY M MD</b>
Address	CONCORD HOSPITAL, 250 PLEASANT ST CONCORD, NH, 03301
Specialty	EM
Board Certified	EM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1994
Internship and Year	NAVAL MEDICAL CENTER - SAN DIEGO, CA 1995
Residency and Year	GEISINGER MEDICAL CENTER - DANVILLE, PA 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14497
License Date	7/1/2009
Name	<b>FITZGERALD, HEIDI L MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF CONNECTICUT USA 2003
Internship and Year	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE-FARMINGTON, CT 2004
Residency and Year	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE-FARMINGTON, CT 2008
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	11271
License Date	6/6/2001
Name	<b>FITZGERALD, JAMES F MD</b>
Address	25 SOUTH RIVER RD, BEDFORD, NH, 03110
Specialty	FP
Board Certified	FP
School and Year of Graduation	VIRGINIA UNIV SCH OF MED - RICHMOND, VA USA 1998
Internship and Year	FAIRFAX FAMILY PRACTICE CENTER - FAIRFAX, VA 1999
Residency and Year	FAIRFAX FAMILY PRACTICE CENTER - FAIRFAX. VA 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9922
License Date	2/5/1997
Name	<b>FITZGERALD, REBECCA L MD</b>
Address	NORTHEAST DERMATOLOGY ASSOC, 820 TURNPIKE STN ANDOVER, MA, 01845
Specialty	D
Board Certified	D
School and Year of Graduation	LOUISIANA STATE UNIV SCH OF MED IN NEW ORLEANS USA 1989
Internship and Year	CEDARS-SINAI MEDICAL CENTER - CA 1992
Residency and Year	LOUSIANA STATE UNIV SCHOOL OF MED - LA 1995
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	5839
License Date	11/3/1977
Name	<b>FITZGERALD, ROBERT A MD</b>
Address	445 CYPRESS ST STE 5, MANCHESTER, NH, 03103-2713
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF PENNSYLVANIA SCHOOL OF MEDICINE,PHILA PA USA 1971
Internship and Year	ST ELIZABETH'S HOSPITAL - BOSTON, MA 1972
Residency and Year	ST ELIZABETH'S HOSPITAL - BOSTON, MA 1975
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number 11906  
 License Date 5/7/2003  
 Name **FITZGERALD, TERENCE S MD**  
 Address 26 PASTURE LN, DARIEN, CT, 06820  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIV OF VERMONT - BURLINGTON, VT USA 1968  
 Internship and Year MEDICAL COLLEGE OF VIRGINIA - RICHMOND, VA 1969  
 Residency and Year MEDICAL COLLEGE OF VIRGINIA - RICHMOND, VA 1970  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 10119  
 License Date 9/10/1997  
 Name **FITZGERALD, THOMAS M MD**  
 Address CORE PHYSICIANS LLC - EPPING REGIONAL HEALTH CTR, 212 CALEF HIGHWAYEPPING, NH, 03042  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIV OF ROCHESTER SCH MED-ROCHESTER, NY USA 1987  
 Internship and Year UNIV OF CONNECTICUT SCHOOL OF MEDICINE - CT 1990  
 Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1994  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16786  
 License Date 10/1/2014  
 Name **FITZGERALD, TIMOTHY DO**  
 Address STOWE URGENT CARE, 394 MOUNTAIN RDSTOWE, VT, 05672  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF NE COLLEGE OF OSTEOPATHIC MED USA 1987  
 Internship and Year NYCOM-MASSAPEQUA GENERAL HOSPITAL - SEAFORD, NY 1988  
 Residency and Year  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11591  
 License Date 5/1/2002  
 Name **FITZGIBBONS, LISA M MD**  
 Address WE CARE PEDIATRICS, 23 STILES RD STE 210SALEM, NH, 03079  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIV OF MASS MED SCH - WORCESTER, MA USA 1997  
 Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1998  
 Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2000  
 License Expiration Date **6/30/2012**  
 Remarks

License Number	11848
License Date	3/5/2003
Name	<b>FITZHARRIS-ONYON, TERESA K MD</b>
Address	299 RIVER RD, WEST CHESTERFIELD, NH, 03466
Specialty	FP
Board Certified	EM
School and Year of Graduation	UNIV OF INNSBRUCK - INNSBURCK, AUSTRIA AUSTRIA 1983
Internship and Year	UNDERWOOD MEMORIAL HOSPITAL - WOODBURY, NJ 1992
Residency and Year	UNDERWOOD MEMORIAL HOSPITAL - WOODBURY, NJ 1994
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5887
License Date	4/18/1978
Name	<b>FITZMAURICE JR, ARTHUR G MD</b>
Address	190 BROAD ST STE 104, NASHUA, NH, 03063-3121
Specialty	IM
Board Certified	IM
School and Year of Graduation	GEORGE WASHINGTON UNIV SCHOOL OF MEDICINE - DC USA 1975
Internship and Year	BRIDGEPORT HOSPITAL - BRIDGEPORT,CT 1976
Residency and Year	BRIDGEPORT HOSPITAL - BRIDGEPORT, CT 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11056
License Date	9/6/2000
Name	<b>FITZMORRIS, CHRISTOPHER P DO</b>
Address	ORTHOPEDIC PROFESSIONAL ASSOC, 14 MAPLE ST STE 100GILFORD, NH, 03249
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	NY COLL OF OSTEO MED - OLD WESTBURY, NY USA 1989
Internship and Year	PENINSULA HOSPITAL CENTER - FAR ROCKAWAY, NY 1990
Residency and Year	PENINSULA HOSPITAL CENTER - FAR ROCKAWAY, NY 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14544
License Date	8/5/2009
Name	<b>FITZPATRICK, DIANA L MD</b>
Address	DHMC-OB/GYN DEPT, 1 MED CTR DRLEBANON, NH, 03756
Specialty	OBG
Board Certified	
School and Year of Graduation	UNIVERSITY OF MARYLAND USA 2005
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANN, NH 2006
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number 16305  
 License Date 9/4/2013  
 Name **FITZPATRICK, LUCRETIA A MD**  
 Address ONE AMERICAN CENTER, 3100 WEST END AVE STE 800 NASHVILLE, TN, 37203  
 Specialty PM  
 Board Certified PM  
 School and Year of Graduation TEMPLE UNIVERSITY SCHOOL OF MEDICINE USA 1986  
 Internship and Year TEMPLE UNIVERSITY HOSPITAL - PHILADELPHIA, PA 1988  
 Residency and Year TEMPLE UNIVERSITY HOSPITAL - PHILADELPHIA, PA 1990  
 License Expiration Date **6/30/2017**  
 Remarks License lapsed for non-renewal 6/30/2015. Renewed license 7/17/15.

License Number 14868  
 License Date 6/2/2010  
 Name **FITZPATRICK, PATRICK M DO**  
 Address LRH - ENT/FACIAL PLASTIC SURG, 580 N ST JOHNSBURY RD STE 14 LITTLETON, NH, 03561  
 Specialty OTO  
 Board Certified OTO  
 School and Year of Graduation DES MOINES UNIVERSITY USA 2005  
 Internship and Year ST JOHN OAKLAND GENERAL HOSPITAL - MADISON HEIGHTS, MI 2007  
 Residency and Year ST JOHN OAKLAND GENERAL HOSPITAL - MADISON HEIGHTS, MI 2010  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13535  
 License Date 6/6/2007  
 Name **FITZPATRICK, PHILIP J MD**  
 Address NEW ENGLAND HEART INSTITUTE, 100 MCGREGOR ST MANCHESTER, NH, 03102  
 Specialty IM  
 Board Certified CD  
 School and Year of Graduation GEORGETOWN UNIV USA 1978  
 Internship and Year ALBANY MEDICAL CTR - ALBANY, NY 1979  
 Residency and Year ALBANY MEDICAL CTR - ALBANY, NY 1981  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9094  
 License Date 1/5/1994  
 Name **FITZPATRICK, SEAN W MD**  
 Address 38 TYLER ST 2ND FLR, NASHUA, NH, 03060-  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1989  
 Internship and Year SAN DIEGO MEDICAL CENTER - SAN DIEGO CA 1990  
 Residency and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON MA 1994  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	9943
License Date	3/5/1997
Name	<b>FITZPATRICK, W DAVID MD</b>
Address	DARTMOUTH HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	CD
Board Certified	IM
School and Year of Graduation	JEFFERSON MED COLL THOS JEFFERSON UNIV PA USA 1992
Internship and Year	UNIV OF MARYLAND MEDICAL SYSTEMS - MD 1995
Residency and Year	MARY HITCHCOCK MEDICAL CENTER - NH 1998
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	13244
License Date	9/6/2006
Name	<b>FITZWATER DUTTON, AMANDA K MD</b>
Address	VIRTUAL RADIOLOGIC CORP, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIV OF KANSAS USA 2000
Internship and Year	UNIV OF KANSA MED CTR-KANSAS CITY KS 2001
Residency and Year	BAPTIST MEDICAL CTR OF OKLAHOMA-OKLAHOMA CITY OK 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10276
License Date	5/6/1998
Name	<b>FLACHSBART, KEITH D MD</b>
Address	2350 GEARY BLVD, SAN FRANCISCO, CA, 94115
Specialty	GS
Board Certified	TS
School and Year of Graduation	UNIVERSITY OF NEBRASKA USA 1971
Internship and Year	RUSH-PRESBYTERIAN - ST LUKES MEDICAL CENTER, CHICAGO, IL 1978
Residency and Year	RUSH-PRESBYTERIAN-ST LUKES MEDICAL CENTER, CHICAGO IL 1978
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	7252
License Date	1/2/1986
Name	<b>FLAKS, ETHAN G MD</b>
Address	, , ,
Specialty	FP
Board Certified	FP
School and Year of Graduation	AUOG - MEXICO USA
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1996</b>
Remarks	



License Number	7116
License Date	6/6/1985
Name	<b>FLAMBURIS, DIANE M MD</b>
Address	PORTSMOUTH IM MEDICAL ASSOC, 330 BORTHWICK AVE STE 205PORTSMOUTH, NH, 03801-4101
Specialty	IM
Board Certified	IM
School and Year of Graduation	HARVARD MEDICAL SCHOOL-BOSTON, MA USA 1982
Internship and Year	BRIGHAM-WOMENS HOSPITAL-BOSTON, MA 1983
Residency and Year	BRIGHAM-WOMENS HOSPITAL-BOSTON, MA 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8388
License Date	7/11/1990
Name	<b>FLANAGAN, MICHAEL F MD</b>
Address	DHMC-PEDIATRIC CARDIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PDC
Board Certified	PD
School and Year of Graduation	UNIV OF WISCONSIN MED SCH-MADISON,WI USA 1981
Internship and Year	UCLA MED CTR-LOS ANGELES CA 1982
Residency and Year	UCLA MED CTR-LOS ANGELES,CA 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17107
License Date	6/3/2015
Name	<b>FLANAGAN, NOREEN M MD</b>
Address	8 AVENUE FOUR, SCARBOROUGH, ME, 04074
Specialty	P
Board Certified	
School and Year of Graduation	UNIVERSITY OF VT COLLEGE OF MEDICINE USA 2010
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2011
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2014
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15437
License Date	11/2/2011
Name	<b>FLANDER, TERRANCE M DO</b>
Address	DAVITA HEALTHCARE PARTNERS, 16155 N 83rd AVEPEORIA, AZ, 85382
Specialty	FP
Board Certified	FP
School and Year of Graduation	DES MOINES UNIVERSITY OSTEOPATHIC MED CTR USA 1989
Internship and Year	IOWA LUTHERAN HOSPITAL - DES MOINES, IA 1990
Residency and Year	IOWA LUTHERAN HOSPITAL - DES MOINES, IA 1992
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	15918
License Date	11/7/2012
Name	<b>FLANNERY JR, JOHN V MD</b>
Address	COLON & RECTAL SURGERY OF NEW ENGLAND, 8 PROSPECT STREET, NORTH II SPECIALTYNASHUA,
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL USA 1998
Internship and Year	UNIVERSITY OF NORTH CAROLINA - CHAPEL HILL, NC 1999
Residency and Year	UNIVERSITY OF NORTH CAROLINA - CHAPEL HILL, NC 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13491
License Date	5/9/2007
Name	<b>FLANNERY, TERRENCE P MD</b>
Address	11 CORPORATE WOODS BLVD, ALBANY, NY, 12211
Specialty	FP
Board Certified	FP
School and Year of Graduation	ROSALIND FRANKLIN UNIV USA 1982
Internship and Year	BASSETT HEALTHCARE-COOPERSTOWN, NY 1983
Residency and Year	BASSETT HEALTHCARE-COOPERSTOWN, NY 1984
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9944
License Date	3/5/1997
Name	<b>FLASHNER, PAUL MD</b>
Address	4 FRIDOLIN HILL, LINCOLN, MA, 01773
Specialty	GS
Board Certified	
School and Year of Graduation	UNIV OF MICHIGAN MEDICAL SCHOOL - ANN ARBOR USA 1981
Internship and Year	BOSTON UNIV MEDICAL CENTER - MA 1982
Residency and Year	VA MEDICAL CENTER MASS - MA 1985
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	5353
License Date	6/26/1975
Name	<b>FLAVIN, DAVID P MD</b>
Address	21 CLARK WAY, SOMERSWORTH, NH, 03878
Specialty	GE
Board Certified	GE
School and Year of Graduation	UNIV OF VERMONT USA 1973
Internship and Year	UNIV HOSPITAL - BOSTON, MA 1974
Residency and Year	UNIV HOSPITAL - BOSTON,MA 1974
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 4930  
 License Date 12/4/1972  
 Name **FLECKNER, ALAN N MD**  
 Address , 22 WINDING DRGETTYSBURG, PA, 17325  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation JEFFERSON MEDICAL COLLEGE - PHILA, PA USA 1960  
 Internship and Year FITZSIMONS GENERAL HOSPITAL - BOSTON, MA 1961  
 Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1967  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 10708  
 License Date 10/6/1999  
 Name **FLEET, STEPHEN J MD**  
 Address INTERNAL MEDICINE OF WOLFEBORO, PO BOX 1029WOLFEBORO FALLS, NH, 03896  
 Specialty IM  
 Board Certified  
 School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1993  
 Internship and Year MADIGAN ARMY MEDICAL CENTER 1994  
 Residency and Year MADIGAN ARMY MEDICAL CENTER 1996  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13958  
 License Date 5/7/2008  
 Name **FLEISCHER, GARY D MD**  
 Address NEW ENGLAND NECK & SPINE INSTITUTE, 19 TYLER ST, STE 104NASHUA, NH, 03060  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation TUFTS UNIV USA 1993  
 Internship and Year WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1994  
 Residency and Year DWIGHT DAVID EISENHOWER ARMY MEDICAL CENTER - FORT FORDON, GA 2001  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10553  
 License Date 5/5/1999  
 Name **FLEISCHMAN, MARIANNE A MD**  
 Address MHM SERVICES, 105 PLEASANT STCONCORD, NH, 03301  
 Specialty OBG  
 Board Certified  
 School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON, MA USA 1995  
 Internship and Year UNIV OF MASS MEDICAL CENTER - WORCESTER, MA 1996  
 Residency and Year UNIV OF MASS MEDICAL CENTER - WORCESTER, MA 1999  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	10136
License Date	10/1/1997
Name	<b>FLEISHMAN, CRAIG E MD</b>
Address	NEMOURS CARDIAC CENTER, 85 W MILLR ST STE 306ORLANDO, FL, 32806
Specialty	PDC
Board Certified	PD
School and Year of Graduation	YALE UNIV SCH OF MED - NEW HAVEN, CT USA 1989
Internship and Year	YALE NEW HAVEN HOSPITAL - CT 1993
Residency and Year	DUKE UNIV MEDICAL CENTER - NC 1997
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	16542
License Date	4/2/2014
Name	<b>FLEIT, ADAM B MD</b>
Address	7 MARSHBROOK DR, SOMERSWORTH, NH, 03878
Specialty	ORS
Board Certified	
School and Year of Graduation	DREXEL UNIVERSITY COLLEGE OF MEDICINE USA 2008
Internship and Year	UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 2009
Residency and Year	UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 2013
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8961
License Date	6/2/1993
Name	<b>FLEMING, ELAINE L MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty	IM
Board Certified	IM
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1985
Internship and Year	NEW ENGLAND DEACONESS HOSPITAL - BOSTON MA 1986
Residency and Year	NEW ENGLAND DEACONESS HOSPITAL - BOSTON MA 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14129
License Date	8/6/2008
Name	<b>FLEMING, EVELYN L MD</b>
Address	DHMC - OB/GYN DEPT, 1 MED CTR DRLEBANON, NH, 03756
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2001
Internship and Year	WOMEN & INFANTS HOSPITAL-BROWN UNIV - PROVIDENCE, RI 2002
Residency and Year	WOMEN & INFANTS HOSPITAL-BROWN UNIV - PROVIDENCE, RI 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 12873  
 License Date 9/7/2005  
 Name **FLEMING, KEVIN S MD**  
 Address MERCY PHILADELPHIA HOSPITAL, 501 SOUTH 54TH STREETPHILADELPHIA, PA, 19143  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation CASE WESTERN RESERVE UNIVERSITY, CLEVELAND OH US 2003  
 Internship and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2004  
 Residency and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2005  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12574  
 License Date 1/5/2005  
 Name **FLEMING, RITA A MD**  
 Address 3209 UTICA PIKE, JEFFERSONVILLE, IN, 47130  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIVERSITY OF LOUISVILLE, LOUISVILLE KY US 1985  
 Internship and Year UNIVERSITY OF LOUISVILLE, LOUISVILLE KY 1986  
 Residency and Year UNIVERSITY OF LOUISVILLE, LOUISVILLE KY 1989  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 10821  
 License Date 2/2/2000  
 Name **FLEMMING, DAVID C MD**  
 Address 329 OLD GREENFIELD RD, PETERBOROUGH, NH, 03458-1241  
 Specialty AN  
 Board Certified  
 School and Year of Graduation IMPERIAL COLL OF SCI TECH AND MED - LONDON LONDON 1967  
 Internship and Year HOSPITAL OF THE UNIV OF PENNSYLVANIA - PHILADELPHIA, PA 1974  
 Residency and Year CHILDREN'S HOSPITAL OF PHILADELPHIA - PHILADELPHIA, PA 1975  
 License Expiration Date **6/30/2016**  
 Remarks **lapsed 6/30/02 - reinstated 5/2/12**

License Number 9639  
 License Date 2/7/1996  
 Name **FLEWWELLING, ANDREW S MD**  
 Address MONADNOCK COMM HOSP, 452 OLD STREET RDPETERBOROUGH, NH, 03458  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation WAYNE STATE UNIV SCHOOL OF MEDICINE - DETROIT, MI USA 1992  
 Internship and Year UNIV OF NC HOSPITAL-CHAPEL HILL,NC 1995  
 Residency and Year UNIV OF NC HOSPITAL - CHAPEL HILL ,NC 1995  
 License Expiration Date **6/30/2006**  
 Remarks **LAPSED FOR NON-RENEWAL 6/30/99 (REINSTATED 12/3/03)**

License Number	11530
License Date	3/6/2002
Name	<b>FLICKINGER, EDWARD G MD</b>
Address	FOUNDATION SURGERY, 8 PROSPECT ST NORTH IINASHUA, NH, 03060
Specialty	GS
Board Certified	GS
School and Year of Graduation	DUKE UNIV - DURHAM, NC USA 1973
Internship and Year	UNIV HOSPITAL OF CLEVELAND - CLEVELAND, OH 1974
Residency and Year	UNIV HOSPITAL OF CLEVELAND - CLEVELAND, OH 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7348
License Date	6/12/1986
Name	<b>FLINN, MARGARET S MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 21 E HOLLIS STNASHUA, NH, 03060
Specialty	RHU
Board Certified	RHU
School and Year of Graduation	JEFFERSON MED COLL PHILADELPHIA PA USA 1978
Internship and Year	THOS JEFFERSON UNIV HOSPITAL 1979
Residency and Year	UNIVERSITY HOSPITAL INC BOSTON MA 1986
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	16753
License Date	9/3/2014
Name	<b>FLINT, ERIC C MD</b>
Address	SEACOAST RADIOLOGY, 2 WASHINGTON ST., STE 329DOVER, NH, 03820
Specialty	RNR
Board Certified	RNR
School and Year of Graduation	OHIO STATE UNIVERSITY COLLEGE OF MEDIICNE USA 1984
Internship and Year	RIVERSIDE METHODIST HOSPITAL - COLUMBUS, OH 1985
Residency and Year	OHIO STATE UNIVERSITY - COLUMBUS, OH 1989
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13900
License Date	4/2/2008
Name	<b>FLISZAR, EVELYNE MD</b>
Address	FAHC, 111 COLCHESTER AVEBURLINGTON, VT, 05401
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF MONTREAL CANADA 1990
Internship and Year	UNIV DE SHERBROOKE - SHERBROOKE, QUEBEC CANADA 1991
Residency and Year	UNIV DE MONTREAL-MONTREAL, QUEBEC CANADA 1996
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	12843
License Date	8/3/2005
Name	<b>FLORCZAK, JONATHAN W MD</b>
Address	DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	N
Board Certified	
School and Year of Graduation	INDIANA UNIVERSITY, INDIANAPOLIS IN US 2001
Internship and Year	EVANSTON NORTHWESTERN HEALTHCARE, EVANSTON IL 2002
Residency and Year	INDIANA UNIVERSITY, INDIANAPOLIS IN 2005
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	9945
License Date	3/5/1997
Name	<b>FLORES, ALEJANDRO F MD</b>
Address	NEW ENGLAND MEDICAL CENTER, 750 WASHINGTON STBOSTON, MA, 0211
Specialty	GE
Board Certified	PD
School and Year of Graduation	UNIV DE SAN CARLOS FAC DE CIEN MED GUATEMALA GUATEMALA 1975
Internship and Year	CHILDREN'S HOSPITAL - MA 1978
Residency and Year	CHILDREN'S HOSPITAL - MA 1981
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	8656
License Date	11/6/1991
Name	<b>FLORES, LUIS F MD</b>
Address	PERRY MEDICAL BLDG, 3 ALUMNI DR STE 201EXETER, NH, 03833-
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSIDAD DE SAN CARLOS DE GUATEMALA GUATEMALA 1973
Internship and Year	WORCESTER CITY HOSPITAL U OF MASS MEDICAL SCHOOL 1974
Residency and Year	WORCESTER CITY HOSPITAL U OF MASS MEDICAL SCHOOL 1976
License Expiration Date	<b>6/30/2005</b>
Remarks	<p>3/11/04 Settlement Agreement</p> <p>6/7/04 - Order granting early termination of the one year period of supervision requirements.</p> <p>License is restored to full and unrestricted status. Please note new address in TX is: 4302 S Sugar Rd Ste 210</p> <p>Edinburg TX 78539</p>

License Number	4392
License Date	4/22/1969
Name	<b>FLORES, MELECIO H MD</b>
Address	74 NE VILLAGE RD, CONCORD, NH, 03301-
Specialty	GP
Board Certified	
School and Year of Graduation	UNIV OF SANTO TOMAS - MANILA, PHILIPPINES PHILIPPINES 1957
Internship and Year	ST JOHN'S HOSPITAL - LOWELL, MA 1959
Residency and Year	TEWKSBURY HOSPITAL - TEWKSBURY, MA 1968
License Expiration Date	<b>6/30/2013</b>
Remarks	Deceased 1/22/2014

License Number 16820  
 License Date 11/6/2014  
 Name **FLORES, REBECCA A DO**  
 Address RAYS, 13737 NOEL RD STE 1600 DALLAS, TX, 75240  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation KANSAS CITY UNIV OF MEDICINE & BIOSCIENCES USA 2006  
 Internship and Year BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 2007  
 Residency and Year BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 2011  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13097  
 License Date 6/7/2006  
 Name **FLYNN, JAMES M MD**  
 Address NEW INGLAND HEART INSTITUTE, 100 MC GREGOR ST MANCHESTER, NH, 03102  
 Specialty CD  
 Board Certified CD  
 School and Year of Graduation UNIVERSITY OF MASS, WORCESTER MA US 1992  
 Internship and Year UNIVERSITY OF MASS, WORCESTER MA 1993  
 Residency and Year UNIVERSITY OF MASS, WORCESTER MA 1995  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16821  
 License Date 11/6/2014  
 Name **FLYNN, KORTNI S MD**  
 Address 701 S HOWARD AVE STE 106312, TAMPA, FL, 33606  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation MICHIGAN STATE UNIV COLLEGE OF HUMAN MEDICINE USA 2002  
 Internship and Year GRAND RAPIDS MEDICAL EDUCATION PARTNERS - GRAND RAPIDS, MI 2003  
 Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 2004  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9887  
 License Date 12/4/1996  
 Name **FLYNN, MARGARET C MD**  
 Address , 5 COLLOSIUM AVENUE SHUA, NH, 03060  
 Specialty IM  
 Board Certified END  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1990  
 Internship and Year NEW ENGLAND DEACONESS HOSPITAL - BOSTON, MA 1993  
 Residency and Year NEW ENGLAND DEACONESS HOSPITAL - BOSTON, MA 1993  
 License Expiration Date **6/30/2016**  
 Remarks **LAPSED 6/30/2003-----REINSTATED 12/06/2006**



License Number 13454  
 License Date 4/4/2007  
 Name **FOERST, JASON R MD**  
 Address 127 MCCLANAHAN ST, SYUTE 300ROANOKE, VA, 24014  
 Specialty IM  
 Board Certified  
 School and Year of Graduation UNIV OF MISSOURI USA 2004  
 Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER-LEBANON, NH 2005  
 Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER- LEBANON, NH 2006  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 11477  
 License Date 12/5/2001  
 Name **FOGARTY, WILLIAM T MD**  
 Address 5080 SPECTRUM DR, STE 1200 WESTADDISON, TX, 75001  
 Specialty FP  
 Board Certified  
 School and Year of Graduation TEXAS TECH UNIV HLTH SCI CTR- LUBBOCK, TX USA 1980  
 Internship and Year TEXAS TECH UNIV HEALTH SCIENCES CENTER - AMARILLO, TX 1981  
 Residency and Year TEXAS TECH UNIV HEALTH SCIENCES CENTER - AMARILLO, TX 1983  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 12422  
 License Date 8/4/2004  
 Name **FOGEL, DOV A MD**  
 Address 211 FAYERWEATHER ST, #1CAMBRIDGE, MA, 02138  
 Specialty P  
 Board Certified P  
 School and Year of Graduation STATE UNIVERSITY OF NEW YORK, BROOKLYN NY US 1996  
 Internship and Year CAMBRIDGE HOSPITAL, CAMBRIDGE MA 1997  
 Residency and Year CAMBRIDGE HOSPITAL, CAMBRIDGE MA 1999  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 9218  
 License Date 7/6/1994  
 Name **FOGEL, ERIN S MD**  
 Address CONCORD OPHTHALMOLOGIC ASSOC, 2 PILLSBURY STCONCORD, NH, 03301  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation VANDERBILT UNIVERSITY SCHOOL OF MEDICINE USA 1988  
 Internship and Year ST ELIZABETHS HOSPITAL - BOSTON MA 1989  
 Residency and Year UNIVERSITY OF CHICAGO HOSPITALS - CHICAGO IL 1992  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	10515
License Date	3/3/1999
Name	<b>FOLEY, BRENDA M MD</b>
Address	ANDOVER MEDICAL CENTER, 323 LOWELL STANDOVER, MA, 01810
Specialty	PD
Board Certified	PD
School and Year of Graduation	TUFTS UNIV SCH OF MED - BOSTON, MA USA 1988
Internship and Year	KEESLER MEDICAL CENTER - PILOXI KEESELER AFB, MS 1991
Residency and Year	WILFORD HALL MEDICAL CENTER - LACKLAND AFB, TX 1994
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6669
License Date	4/7/1983
Name	<b>FOLEY, BURNS E MD</b>
Address	SEACOAST RADIOLOGY, 2 WASHINGTON ST., STE 329DOVER, NH, 03820
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIV OF VERMONT COLL MED BURLINGTON, VT USA 1979
Internship and Year	MARY I BASSETT HOSPITAL - COOPERTOWN, NY 1980
Residency and Year	UNIV OF VA HOSPITAL - CHARLOTTESVILLE, VA 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15871
License Date	10/3/2012
Name	<b>FOLEY, DAVID A MD</b>
Address	MAYO CLINIC, 200 FIRST ST SWROCHESTER, MN, 55905
Specialty	CD
Board Certified	CD
School and Year of Graduation	MAYO MEDICAL SCHOOL USA 1985
Internship and Year	MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 1986
Residency and Year	MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12489
License Date	10/6/2004
Name	<b>FOLEY, ELIOT D MD</b>
Address	248 PLEASANT ST STE 1600, CONCORD, NH, 03301
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	COLUMBIA UNIVERSITY, NEW YORK NY US 1999
Internship and Year	BETH ISRAEL MED CTR, NEW YORK NY 2000
Residency and Year	BOSTON UNIVERSITY, BOSTON MA 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10614
License Date	7/7/1999
Name	<b>FOLEY, ELIZABETH H MD</b>
Address	AFFILIATED DERMATOLOGY, 650 SHAWAN FALLS DRDUBLIN, OH, 43017
Specialty	D
Board Certified	
School and Year of Graduation	UNIV OF VT COLL OF MED - BURLINGTON, VT USA 1995
Internship and Year	FLETCHER ALLEN HLTH CARE - BURLINGTON, VT 1996
Residency and Year	SUNY AT BUFFALO - BUFFALO, NY 1997
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	6156
License Date	1/18/1980
Name	<b>FOLEY, JOHN W DO</b>
Address	STRAFFORD MEDICAL ASSOC, 10 MEMBERS WAY STE 302DOVER, NH, 03880-
Specialty	IM
Board Certified	IM
School and Year of Graduation	DES MOINES COLL.OF OSTEOPATHIC MED. USA 1973
Internship and Year	COOK COUNTY HOSP.CHICAGO,IL 1974
Residency and Year	BROOKE ARMY MED. CTR SAN ANTONIO,TX 1979
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8645
License Date	11/6/1991
Name	<b>FOLEY, MATTHEW MD</b>
Address	NASHOBA VALLEY MEDICAL CENTER, 200 GROTON RDAYER, MA, 01432
Specialty	R
Board Certified	R
School and Year of Graduation	DARTMOUTH COLLEGE USA 1985
Internship and Year	MALDEN HOSPITAL MALDEN MASS 1986
Residency and Year	PENNSYLVANIA HOSPITAL PHILADELPHIA PA 1990
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14016
License Date	6/4/2008
Name	<b>FOLKS, DAVID G MD</b>
Address	NEW HAMPSHIRE HOSPITAL, 36 CLINTON STCONCORD, NH, 03301
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF OKLAHOMA USA 1979
Internship and Year	UNIV OF OKLAHOMA COLLEGE OF MEDICINE-OKLAHOMA CITY, OK 1980
Residency and Year	VANDERBILT UNIV - NASHVILLE, TN 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 12963  
 License Date 12/7/2005  
 Name **FONG, JIAN H MD**  
 Address 591 WEST HOLLIS ST, NASHUA, NH, 03062  
 Specialty FP  
 Board Certified  
 School and Year of Graduation SPARTAN HEALTH SCIENCE UNIVERSITY, ST LUCIA ST LUCIA 2000  
 Internship and Year CARRAWAY FAMILY MED RESIDENCY PROGRAM, BIRMINGHAM AL 2003  
 Residency and Year CARRAWAY FAMILY MED RESIDENCY PROGRAM, BIRMINGHAM AL 2005  
 License Expiration Date **6/30/2007**  
 Remarks

License Number 3672  
 License Date 12/30/1963  
 Name **FONS, STANLEY D MD**  
 Address 16 RANDOM RD, BEDFORD, NH, 03110-5605  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation UNIV OF PENNSYLVANIA SCHOOL OF MEDICINE - PHIL, PA USA 1959  
 Internship and Year HARTFORD HOSPITAL - HARTFORD, CT 1960  
 Residency and Year HARTFORD HOSPITAL - HARTFORD, CT 1963  
 License Expiration Date **6/30/2009**  
 Remarks **DECEASED 9-21-2011**

License Number 16006  
 License Date 2/6/2013  
 Name **FONSEKA, JANAKI S MD**  
 Address WENTWORTH DOUGLASS PHYSICIAN CORPORATION, 789 CENTRAL AVEDOVER, NH, 03820  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation PEOPLE'S FRIENDSHIP UNIVERSITY OF RUSSIA RUSSIA 2000  
 Internship and Year HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 2007  
 Residency and Year HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 2010  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11108  
 License Date 11/1/2000  
 Name **FONTAINE, DAVID W MD**  
 Address SO NH RADIOLOGY CONSULTANTS, 703 RIVERWAY PLACE BEDFORD, NH, 03110-6745  
 Specialty R  
 Board Certified R  
 School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON, MA USA 1990  
 Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1991  
 Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1995  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 3619  
 License Date 6/19/1963  
 Name **FONTANA II, NATHEL J MD**  
 Address 5 WOODWARD AVE, NASHUA, NH, 03060  
 Specialty  
 Board Certified  
 School and Year of Graduation  
 Internship and Year  
 Residency and Year

License Expiration Date **12/1/1991**

Remarks **LICENSE SURRENDERED PENDING DISCIPLINARY ACTION-Deceased 11/5/01**

License Number 5307  
 License Date 3/20/1975  
 Name **FOORD, WILLIAM D MD**  
 Address 60 PLEASANT ST, BERLIN, NH, 03570-1919  
 Specialty OPH  
 Board Certified  
 School and Year of Graduation UNIV OF WISCONSIN - MADISON, WI USA 1971  
 Internship and Year UNIV OF WISCONSIN - MADISON, WI 1972  
 Residency and Year UNIV OF WISCONSIN - MADISON, WI 1974

License Expiration Date **6/30/2017**

Remarks **2/14/13 - Order of Emergency Suspension of Prescribing Privileges and Notice of Hearing  
 2/21/13 - Preliminary Agreement for Practice Restrictions.  
 7/9/14 - Settlement Agreement**

License Number 5944  
 License Date 6/12/1979  
 Name **FOOTE, ROBERT S MD**  
 Address DHMC - NUCLEAR CARDIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty EM  
 Board Certified IM  
 School and Year of Graduation VANDERBILT MEDICAL SCHOOL USA 1976  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER HANOVER - NH 1977  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER HANOVER - NH 1979

License Expiration Date **6/30/2016**

License Number 12297  
 License Date 5/5/2004  
 Name **FORAUER, ANDREW R MD**  
 Address D H M C - RADIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty R  
 Board Certified R  
 School and Year of Graduation WAKE FOREST UNIVERSITY, WINSTON-SALEM NC US 1991  
 Internship and Year MILTON S HERSHEY MED CTR, HERSHEY PA 1992  
 Residency and Year WESTERN PENNSYLVANIA HOSP, PITTSBURGH PA 1996

License Expiration Date **6/30/2016**

Remarks

License Number	9801
License Date	8/7/1996
Name	<b>FORBES, CHARLES R MD</b>
Address	NEW ENGLAND GERIATRICS, 125 LIBERTY ST STE 405SPRINGFIELD, MA, 01103
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF PENNSYLVANIA SCHOOL OF MEDICINE USA 1971
Internship and Year	UNIV MIAMI JACKSON MEMORIAL MEDICAL CENTER - FL 1972
Residency and Year	INSTITUTE OF PENNSYLVANIA HOSPITAL - PA 1975
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	5483
License Date	3/4/1976
Name	<b>FORBES, H JAMES MD</b>
Address	QUALITY ORTHOPAEDIC CARE PC, 246 PLEASANT ST STE 106CONCORD, NH, 03301-7500
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIV OF MED.AND DENTISTRY ROCHESTER USA 1969
Internship and Year	STRONG MEM.HOSPITAL 1970
Residency and Year	STRONG MEM. HOSPITAL 1973
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	11907
License Date	5/7/2003
Name	<b>FORBES, HAROLD W MD</b>
Address	HARVARD PILGRIM HLTH CARE, 1600 CROWN COLONY DRQUINCY, MA, 02169
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF NEBRASKA COLL OF MED - OMAHA, NE USA 1969
Internship and Year	US PUBLIC HEALTH SERVICES HOSPITAL - STATEN ISLAND, NY 1971
Residency and Year	UNIV OF MICHIGAN - ANN ARBOR, MI 1974
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	12698
License Date	5/4/2005
Name	<b>FORBUSH, BENJAMIN W MD</b>
Address	VETERANS AFFAIRS MED CTR SURG, 215 NORTH MAIN STWHITE RIVER JUNCTION, VT, 05009
Specialty	GS
Board Certified	GS
School and Year of Graduation	DARTMOUTH MED SCHOOL, LEBANON NH US 1995
Internship and Year	OHIO STATE UNIVERSITY, COLUMBUS OH 1996
Residency and Year	OHIO STATE UNIVERSITY, COLUMBUS OH 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 14341  
 License Date 3/4/2009  
 Name **FORCIER, PAUL G MD**  
 Address , 2355 EAST 55TH STREET CLEVELAND, OH, 44104  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation UNIV OF VIRGINIA USA 1982  
 Internship and Year UNIV HOSPITALS OF CLEVELAND-CLEVELAND, OH 1983  
 Residency and Year UNIV HOSPITALS OF CLEVELAND-CLEVELAND, OH 1988  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 3749  
 License Date 12/9/1964  
 Name **FORCIER, ROBERT J MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DR LEBANON, NH, 03756  
 Specialty ON  
 Board Certified ON  
 School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1960  
 Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1961  
 Residency and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1961  
 License Expiration Date **6/30/1998**  
 Remarks **Deceased 1/3/15**

License Number 8215  
 License Date 8/9/1989  
 Name **FORD, GAIL S DO**  
 Address LAKES REGION GENERAL HOSP, 80 HIGHLAND ST LACONIA, NH, 03246  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation OHIO UNIV COLL OF OSTEO-ATHENS, OH USA 1986  
 Internship and Year OSTEOPATHIC HOSP-MAINE 1987  
 Residency and Year OSTEOPATHIC HOSP-MAINE 1987  
 License Expiration Date **7/15/2014**  
 Remarks **7/15/14 - Final Decision and Order. Original license expiration date 6/30/2015. Call Board for further details.**

License Number 14961  
 License Date 8/4/2010  
 Name **FORD, GREGORY M MD**  
 Address DHMC, 1 MED CTR DR LEBANON, NH, 03756  
 Specialty ORS  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF UTAH USA 2006  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 10554  
 License Date 5/5/1999  
 Name **FORD, JOHN E MD**  
 Address WEEKS MEDICAL CTR, 8 CLOVER LNWHITEFIELD, NH, 03598  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF MASS MEDICAL SCH - WORCESTER,MA USA 1996  
 Internship and Year WASHINGTON HOSPITAL - WASHINGTON, PA 1997  
 Residency and Year WASHINGTON HOSPITAL - WASHINGTON, PA 1999  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11212  
 License Date 4/4/2001  
 Name **FORE, CHRISTOPHER A MD**  
 Address DEPARTMENT OF EMERGENCY MEDIC, 250 PLEASANT STCONCORD, NH, 03301  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIV OF IOWA - IOWA CITY, IA USA 1998  
 Internship and Year UPMC SHADYSIDE HOSP - PITTSBURGH, PA 1999  
 Residency and Year UPMC SHADYSIDE HOSP- PITTSBURGH, PA 2000  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13098  
 License Date 6/7/2006  
 Name **FOREMAN, DOUGLAS S DO**  
 Address 1444 WARWICK AVE, WARWICK, RI, 02888  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME US 1983  
 Internship and Year CRANSTON GENERAL HOSP, PROVIDENCE RI 1984  
 Residency and Year HEART OF LANCASTER REGIONAL MED CTR, LITITZ PA 1986  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 9728  
 License Date 6/5/1996  
 Name **FORESTER, BRENT P MD**  
 Address MC LEAN HOSPITAL-PSYCHIATRY, 115 MILL STBELMONT, MA, 02478  
 Specialty P  
 Board Certified P  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL-HANOVER NH USA 1992  
 Internship and Year MCLEAN HOSPITAL-BELMONT,MA 1996  
 Residency and Year MCLEAN HOSPITAL-BELMONT MA 1996  
 License Expiration Date **6/30/2016**  
 Remarks



License Number	14070
License Date	7/9/2008
Name	<b>FORLANO, LAURA G DO</b>
Address	DEPT OF HEALTH, 109 GOVERNOR 6TH FL, VIRGINARICHMOND, VA, 23219
Specialty	GPM
Board Certified	GPM
School and Year of Graduation	PHILADELPHIA COLLEGE USA 2002
Internship and Year	FRANKFORD HOSPITAL-PHILADELPHIA, PA 2003
Residency and Year	UNIV OF VT COLLEGE OF MED-MILTON, VT 2004
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	9666
License Date	3/6/1996
Name	<b>FORMAN, JEFFREY L MD</b>
Address	NEW ENGLAND MEDICAL CTR, 750 WASHINGTON STBOSTON, MA, 02111-0387
Specialty	PM
Board Certified	PM
School and Year of Graduation	TEL AVIV UNIV SACKLER SCHOOL OF MEDICINE ISREAL 1990
Internship and Year	ST RAPHAEL HOSPITAL - NEW HAVEN, CT 1991
Residency and Year	MONTEFIORE HOSPITAL - BRONX, NY 1995
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	8839
License Date	11/4/1992
Name	<b>FORREST, ANDREW I MD</b>
Address	171 PLEASANT ST, C/O MVOHCONCORD, NH, 03301-
Specialty	PM
Board Certified	PM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1987
Internship and Year	MAYO GRAD SCHOOL OF MEDICINE-ROCHESTER,MN 1988
Residency and Year	MAYO GRAD SCHOOL OF MEDICINE MAYO CLINIC      ROCHESTER - MINNESOTA 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8552
License Date	6/5/1991
Name	<b>FORREST, BRENDA J MD</b>
Address	BRENDA J. FORREST, MD INC, 680 GUZZI LN., STE. 106SONORA, CA, 95370
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF MARYLAND SCH OF MED-BALTIMORE,MD USA 1988
Internship and Year	BETH ISRAEL HOSPITAL - BOSTON, MA 1989
Residency and Year	BETH ISRAEL HOSPITAL - BOSTON, MA 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15151
License Date	3/2/2011
Name	<b>FORREST, EILEEN C MD</b>
Address	CORE PEDIATRICS, 9 BUZZELL AVEEXETER, NH, 03833
Specialty	PD
Board Certified	PD
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1997
Internship and Year	CHILDREN'S HOSPITAL-BOSTONMEDICAL CENTER - BOSTON, MA 1998
Residency and Year	CHILDREN'S HOSPITAL-BOSTONMEDICAL CENTER - BOSTON, MA 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5933
License Date	6/20/1978
Name	<b>FORREST, JANE L MD</b>
Address	165 CHARLES ST, ROCHESTER, NH, 03867-3422
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	BOSTON UNIV SCHOOL OF MEDICINE BOSTON, MA USA 1971
Internship and Year	ST VINCENTS HOSPITAL MEDICAL CENTER - NEW YORK, NY 1972
Residency and Year	UNIV HOSPITAL - BOSTON, MA 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9219
License Date	7/6/1994
Name	<b>FORRISTER, GARY F MD</b>
Address	PSYCHIATRIC COLLABORATIVE, 30 HIGGINS CROWELL RDW YARMOUTH, MA, 02673
Specialty	P
Board Certified	
School and Year of Graduation	BROWN UNIVERSITY PROGRAM IN MEDICINE USA 1989
Internship and Year	MIRIAM HOSPITAL - PROVIDENCE RI 1990
Residency and Year	NEW ENGLAND MEDICAL CENTER HOSPITALS - BOSTON MA 1994
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	5863
License Date	3/2/1978
Name	<b>FORSSELL, PETER L MD</b>
Address	454 OLD STREET RD, STE 202PETERBOROUGH, NH, 03458
Specialty	IM
Board Certified	IM
School and Year of Graduation	TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1975
Internship and Year	DARTMOUTH MEDICAL SCHOOL AFFILIATED HOSPITALS - HANOVER, NH 1976
Residency and Year	DARTMOUTH MEDICAL SCHOOL AFFILIATED HOSPITALS - HANOVER, NH 1978
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	7409
License Date	8/14/1986
Name	<b>FORTIER, KEITH MD</b>
Address	WOMEN'S HEALTH CTR, 29 RIDGEWOOD RDSpringfield, VT, 05156
Specialty	OBG
Board Certified	
School and Year of Graduation	CORNELL UNIV MED COLL NEW YORK NY USA 1971
Internship and Year	HIGHLAND HOSPITAL ROCHESTER NY 1972
Residency and Year	STRONG MEM HOSP U ROCHESTER NY 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13455
License Date	4/4/2007
Name	<b>FORTIER, THERESA M MD</b>
Address	64 ROWE DRIVE, FREMONT, NH, 03044
Specialty	FP
Board Certified	
School and Year of Graduation	MEDICAL COLLEGE OF PENNSYLVANIA USA 1991
Internship and Year	LANKENAU HOSPITAL-WYNNEWOOD, PA 1992
Residency and Year	BRYN MAWR HOSPITAL-BRYN MAWR, PA 1994
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	3699
License Date	6/10/1964
Name	<b>FORTIN, WILFRID L MD</b>
Address	17 CHAPMAN ST, NASHUA, NH, 03060-4228
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV OF VERMONT COLLEGE OF MEDICINE-BURLINGTON,VT USA 1961
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1962
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1964
License Expiration Date	<b>6/30/2008</b>
Remarks	<b>DECEASED 1/19/2015</b>

License Number	8009
License Date	12/7/1988
Name	<b>FORWARD, STANLEY A MD</b>
Address	300 MT AUBURN ST #317, CAMBRIDGE, MA, 02138-5502
Specialty	CD
Board Certified	CD
School and Year of Graduation	COLUMBIA UNIV COLL OF PHY-NY USA 1960
Internship and Year	NEW ENGLAND MED CTR HOSP-BOSTON,MA 1961
Residency and Year	NEW ENGLAND MED CTR-HOSP-BOSTON,MA 1965
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	7410
License Date	8/14/1986
Name	<b>FOSSUM, ROGER M MD</b>
Address	, , ,
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	SOUTHERN ILLINOIS UNIVERSITY USA 1975
Internship and Year	
Residency and Year	
License Expiration Date	<b>11/18/1994</b>
Remarks	<b>DECEASED 11/18/94</b>

License Number	11109
License Date	11/1/2000
Name	<b>FOSTER, BELLELIZABETH MD</b>
Address	512 VALVERDE DRIVE SE, ALBUQUERQUE, NM, 87108
Specialty	P
Board Certified	P
School and Year of Graduation	OREGON HLTH SCI UNIV SCH OF MED- PORTLAND, OR USA 1998
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1999
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
License Expiration Date	<b>5/20/2015</b>
Remarks	<b>Requested inactive 5/20/2015.</b>

License Number	8033
License Date	2/1/1989
Name	<b>FOSTER, JOHN E MD</b>
Address	JEFFERSON RADIOLOGY- CREDENTIALING DEPT, 111 FOUNDERS PL STE400E HARFORD, CT, 06108
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIV OF PENNSYLVANIA SCH OF MED - PHILA, PA USA 1983
Internship and Year	CROSER-CHESTER MEDICAL CTR - CHESTER, PA 1984
Residency and Year	BOSTON CITY HOSPITAL - BOSTON, MA 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10942
License Date	6/7/2000
Name	<b>FOSTER, TINA C MD</b>
Address	DHMC-OBGYN, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF CALIFORNIA - SAN FRANCISCO, CA USA 1984
Internship and Year	LOMA LINDA UNIV MEDICAL CENTER - LOMA LINDA, CA 1985
Residency and Year	LOMA LINDA UNIV MEDICAL CENTER - LOMA LINDA, CA 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7838
License Date	5/4/1988
Name	<b>FOTHERGILL, JOHN J MD</b>
Address	INDIAN STREAM HEALTH CTR, 141 CORLISS LN COLEBROOK, NH, 03576-9534
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF MASS MEDICAL SCH - WORCESTER, MA USA 1985
Internship and Year	WORCESTER MEMORIAL HOSPITAL - WORCESTER, MA 1986
Residency and Year	WORCESTER MEMORIAL HOSPITAL - WORCESTER, MA 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8309
License Date	5/9/1990
Name	<b>FOUNTAIN, MARTHA T MD</b>
Address	21 COLONIAL WAY, EXETER, NH, 03833
Specialty	PD
Board Certified	PD
School and Year of Graduation	EMORY UNIV SCH OF MED-ATLANTA,GA USA 1981
Internship and Year	UNIV OF IOWA HOSP-IOWA CITY,IA 1982
Residency and Year	UNIV IOWA HOSP-IOWA CITY-IA 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6876
License Date	5/10/1984
Name	<b>FOURNIER, PAUL D MD</b>
Address	KAISER PERMANENTE, 7701 SHERIDAN BLVD WESTMINSTER, CO, 80003
Specialty	OM
Board Certified	OM
School and Year of Graduation	UNIV OF VT COLL MED-BURLINGTON,VT USA 1981
Internship and Year	UNITED HLTH SERVICES-JOHNSON CITY,NY 1982
Residency and Year	UNITED HLTH SERVICES-JOHNSON CITY,NY 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13536
License Date	6/6/2007
Name	<b>FOWLER, KENNETH P MD</b>
Address	PENTUCKET MEDICAL ASSOCIATES, 500 MERRIMACK ST LAWRENCE, MA, 01843
Specialty	PD
Board Certified	PD
School and Year of Graduation	MEDICAL UNIV OF SOUTH CAROLINA COLLEGE OF MED USA 2001
Internship and Year	UNIV OF MICHIGAN-ANN ARBOR, MI 2003
Residency and Year	MAINE-DARTMOUTH FAMILY PRACTICE RESID - AUGUSTA, ME 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16267
License Date	8/7/2013
Name	<b>FOX, ASHLEY A MD</b>
Address	CONCORD EMERGENCY MEDICINE ASSOCIATES, @ CONCORD HOSPITAL - 250 PLEASANT STCONCO
Specialty	EM
Board Certified	EM
School and Year of Graduation	FLORIDA STATE UNIVERSITY USA 2008
Internship and Year	UNIVERSITY OF FLORIDA HEALTH SCIENCE CENTER - JACKSONVILLE, FL 2009
Residency and Year	UNIVERSITY OF FLORIDA HEALTH SCIENCE CENTER - JACKSONVILLE, FL 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/2/15</b>

License Number	8553
License Date	6/5/1991
Name	<b>FOX, KATHARINE T MD</b>
Address	PLEASANT ST FAMILY MEDICINE, 280 PLEASANT STCONCORD, NH, 03301
Specialty	FP
Board Certified	FP
School and Year of Graduation	MT SINAI SCH OF MED -NY, NY USA 1988
Internship and Year	ST JOSEPHS HOSPITAL - SYRACUSE, NY 1989
Residency and Year	ST JOSEPH'S HOSPITAL - SYRACUSE, NY 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8673
License Date	1/8/1992
Name	<b>FOX, LAURA J MD</b>
Address	6 TSIENNETO RD, DERRY, NH, 03038
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF ROCHESTER UNITED STATES 1986
Internship and Year	STRONG MEMORIAL HOSPITAL - UNIVERSITY OF ROCHESTER - NY 1987
Residency and Year	WASHINGTON HOSPITAL CENTER WASHINGTON DC 1989
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15217
License Date	5/4/2011
Name	<b>FOX, PATRICK T MD</b>
Address	PLEASANT ST. FAMILY MEDICINE, 280 PLEASANT STCONCORD, NH, 03301
Specialty	FP
Board Certified	FP
School and Year of Graduation	EASTERN VIRGINIA MEDICAL SCHOOL USA 2008
Internship and Year	CONCORD HOSPITAL - CONCORD, NH 2009
Residency and Year	CONCORD HOSPITAL - CONCORD, NH 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 6312  
 License Date 11/6/1980  
 Name **FOX, RICHARD A MD**  
 Address COBBETTS POND RD, 22 ORIOLE RD WINDHAM, NH, 03087  
 Specialty FP  
 Board Certified  
 School and Year of Graduation UNIV OF MIAMI SCH OF MED MIAMI, FL USA 1976  
 Internship and Year MEMORIAL HOSP-PAWTUCKET, RI 1977  
 Residency and Year MEMORIAL HOSP-PAWTUCKET, RI 1979  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10228  
 License Date 1/7/1998  
 Name **FOX, ROBERT A MD**  
 Address ELMCREST HOSP, 25 MARLBOROUGH ST PORTLAND, CT, 06480  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIV OF CT SCH OF MED, FARMINGTON, CT USA 1974  
 Internship and Year UNIV COLORADO HEALTH SCIENCE CTR - CO 1978  
 Residency and Year UNIV COLORADO HEALTH SCIENCE CTR - CO 1978  
 License Expiration Date **6/30/1998**  
 Remarks **ORDER OF CONDITIONAL APPROVAL**

License Number 6027  
 License Date 4/5/1979  
 Name **FOX, SHERMAN S MD**  
 Address 125 LIBERTY ST, DANVERS, MA, 01923  
 Specialty P  
 Board Certified  
 School and Year of Graduation GEORGE WASHINGTON UNIV SCHOOL MEDICINE - WASH, DC USA 1972  
 Internship and Year GEORGE WASHINGTON UNIV HOSPITAL - WASHINGTON, DC 1973  
 Residency and Year DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1979  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 8253  
 License Date 12/6/1989  
 Name **FOX, STEPHEN J MD**  
 Address CONCORD ORTHOPAEDICS, 264 PLEASANT ST CONCORD, NH, 03301-7500  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation UNIV OF VIRGINIA SCH OF MED-CHARLOTTESVILLE, VA USA 1982  
 Internship and Year UNIV HOPKINS-CLEVELAND, OH 1983  
 Residency and Year STRONG MEM HOSP-ROCHESTER, NY 1984  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 8010  
 License Date 12/7/1988  
 Name **FOX, THOMAS S MD**  
 Address 105 PLEASANT ST, CONCORD, NH, 03301  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIV OF UTAH SCH OF MED - SLAT LAKE CITY, UT USA 1970  
 Internship and Year UNIV UTAH MEDICAL CENTER - SALT LAKE CITY, UT 1971  
 Residency and Year STANFORD UNIV HOSPITAL - STANFORD, CA 1973  
 License Expiration Date **6/30/2003**  
 Remarks **DECEASED 6/10/02**

License Number 15791  
 License Date 8/1/2012  
 Name **FRAGOSO, CARLOS A MD**  
 Address MEMORIAL HOSP, 3073 WHITE MTN HWYN CONWAY, NH, 03860  
 Specialty PUD  
 Board Certified PUD  
 School and Year of Graduation STATE UNIVERSITY OF NEW YORK USA 1983  
 Internship and Year DANBURY HOSPITAL - DANBURY, CT 1984  
 Residency and Year DANBURY HOSPITAL - DANBURY, CT 1987  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 17000  
 License Date 4/1/2015  
 Name **FRAME, KELBY L MD**  
 Address 110 SEIK RD, WASHINGTON, PA, 15301  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation HAHNEMANN UNIVERSITY SCHOOL OF MEDICINE USA 1996  
 Internship and Year ALLEGHENY GENERAL HOSPITAL-WESTERN PENNSYLVANIA HOSPITAL - PITTSBURGH, PA 1997  
 Residency and Year ALLEGHENY HENERAL HOSPITAL - PITTSBURGH, PA 2001  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 4891  
 License Date 2/15/1972  
 Name **FRAMPTON, ROY MD**  
 Address 166 KINSLEY ST STE 203, NASHUA, NH, 03060-3676  
 Specialty  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF LONDON-LONDON ENGLAND ENGLAND 1962  
 Internship and Year CAMBERWELL HOSPITAL - ENGLAND 1963  
 Residency and Year SOUTH WEST LONDON HOSPITAL - ENGLAND 1964  
 License Expiration Date **6/30/2016**  
 Remarks



License Number 16268  
 License Date 8/7/2013  
 Name **FRANCIS, PATRICK A MD**  
 Address DARTMOUTH MEDICAL CTR, ONE MEDICAL CTR DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE USA 2010  
 Internship and Year WATERBURY HOSPITAL - WATERBURY, CT 2011  
 Residency and Year WATERBURY HOSPITAL - WATERBURY, CT 2013  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12527  
 License Date 11/3/2004  
 Name **FRANCIS, ROBERT D MD**  
 Address W. CAROLINA ORTHOPAEDICS, 2920 HAYWOOD RDHENDERSONVILLE, NC, 28791  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation DUKE UNIVERSITY, DURHAM NC US 1977  
 Internship and Year DUKE UNIVERSITY, DURHAM NC 1979  
 Residency and Year DUKE UNIVERSITY, DURHAM NC 1983  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 5674  
 License Date 2/3/1977  
 Name **FRANCKE, GARY P MD**  
 Address ORTHOPEDIC PROF ASSN, 14 MAPLE ST STE 100GILFORD, NH, 03249  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation UNIVERSITY OF CINCINNATI-CINCINNATI OH USA 1969  
 Internship and Year DARTMOUTH MEDICAL SCHOOL-HANOVER NH 1971  
 Residency and Year DARTMOUTH MEDICAL SCHOOL-HANOVER NH 1975  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9566  
 License Date 10/4/1995  
 Name **FRANK, EDWARD W MD**  
 Address DERMATOLOGY ASSOCIATES, 76 ALLDS STNASHUA, NH, 03060-  
 Specialty D  
 Board Certified D  
 School and Year of Graduation WASHINGTON UNIV SCHOOL OF MEDICINE ST LOUIS, MO USA 1987  
 Internship and Year UNIV WASHINGTON MEDICAL CENTER SEATTLE, WA 1988  
 Residency and Year MASS GENERAL HOSPITAL BOSTON, MA 1991  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	5162
License Date	4/16/1974
Name	<b>FRANK, JUDITH E MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	NPM
Board Certified	NPM
School and Year of Graduation	NEW YORK MEDICAL COLLEGE-NEW YORK CITY NY USA 1961
Internship and Year	CLEVELAND CLINIC EDUCATION-CLEVELAND OH 1962
Residency and Year	ST LUKES HOSP-NEW YORK NY 1964
License Expiration Date	<b>9/24/2008</b>
Remarks	DECEASED 9/24/2008

License Number	14893
License Date	6/2/2010
Name	<b>FRANK, MARIA C MD</b>
Address	21 HAMPTON RD, EXETER, NH, 03833
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF SANTO TOMAS PHILIPPINES 2003
Internship and Year	SOUND SHORE MEDICAL CENTER OF WESTCHESTER - NEW ROCHELLE, NY 2007
Residency and Year	SOUND SHORE MEDICAL CENTER OF WESTCHESTER - NEW ROCHELLE, NY 2010
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	12951
License Date	11/2/2005
Name	<b>FRANKLIN, JULIE MD</b>
Address	VAMC, #1128, 215 N MAIN STWHITE RIVER JUNCTION, VT, 05009
Specialty	APM
Board Certified	APM
School and Year of Graduation	UNIVERSITY OF WASHINGTON, SEATTLE WA US 1997
Internship and Year	MAINE MEDICAL CTR, PORTLAND ME 1998
Residency and Year	MAINE MEDICAL CTR, PORTLAND ME 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9640
License Date	2/7/1996
Name	<b>FRANKLIN, JULIE R MD</b>
Address	LGH PHYSICIAN ASSOC, 140 HAVERHILL STANDOVER, MA, 01870-
Specialty	OBG
Board Certified	
School and Year of Graduation	UNIV OF CHICAGO, PRITZER SCHOOL OF MEDICINE USA 1990
Internship and Year	LA CO HARBOR UCLA MEDICAL CTR - TORRANCE CA 1991
Residency and Year	UNIV HOSPITALS - CLEVELAND, OH 1995
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	12741
License Date	6/1/2005
Name	<b>FRANKLIN, MARK N MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF MED NEW JERSEY, PISCATAWAY NJ US 2002
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2003
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10206
License Date	1/7/1998
Name	<b>FRANKLIN, PETER D MD</b>
Address	RADISPHERE NATIONAL RADIOLOGY, 3700 PARK EAST 3RD FLBEACHWOOD, OH, 44122
Specialty	DR
Board Certified	R
School and Year of Graduation	BOSTON UNIV SCH OF MED - BOSTON, MA USA 1981
Internship and Year	METROWEST MEDICAL CENTER INC - MA 1982
Residency and Year	NEW ENGLAND DEACONESS HOSPITAL - MA 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3254
License Date	6/16/1958
Name	<b>FRANZ, WARREN L MD</b>
Address	, PO BOX 655NEWPORT, NH, 03773-
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 1953
Internship and Year	US NAVAL HOSPITAL - CHELSEA, MA 1954
Residency and Year	US NAVAL HOSPITAL - CHELSEA, MA 1954
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	12376
License Date	7/7/2004
Name	<b>FRANZEK, DEBORAH A MD</b>
Address	198 KANUTSU LN S, LOUDON, TN, 37774
Specialty	PD
Board Certified	PD
School and Year of Graduation	INDIANA UNIVERSITY, INDIANAPOLIS IN US 1982
Internship and Year	INDIANA UNIVERSITY, INDIANAPOLIS IN 1983
Residency and Year	INDIANA UNIVERSITY, INDIANAPOLIS IN 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12874
License Date	9/7/2005
Name	<b>FRATES JR, THOMAS M MD</b>
Address	NEW HAMPSHIRE NEUROSPINE INST, 4 HAWTHORNE DRIVEBEDFORD, NH, 03110
Specialty	PM
Board Certified	PM
School and Year of Graduation	GEORGETOWN UNIVERSITY, WASHINGTON DC US 1992
Internship and Year	UNIVERSITY OF MASSACHUSETTS, WORCESTER MA 1993
Residency and Year	UNIVERSITY OF MASSACHUSETTS, WORCESTER MA 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5217
License Date	7/15/1974
Name	<b>FRAUNFELDER, JOHN P MD</b>
Address	, PO BOX 476WALPOLE, NH, 03608
Specialty	R
Board Certified	R
School and Year of Graduation	JEFFERSON MEDICAL COLLEGE, PHILA, PA USA 1967
Internship and Year	ST LUKE'S HOSPITAL - BETHLEHEM, PA 1968
Residency and Year	PENNSYLVANIA HOSPITAL - PHILA, PA 1974
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	6062
License Date	6/11/1979
Name	<b>FRAZER III, JOSEPH F MD</b>
Address	57 SPAR COVE RD, STE AFREEPORT, ME, 04032
Specialty	AI
Board Certified	AI
School and Year of Graduation	JEFFERSON MEDICAL COLLEGE OF THOMAS JEFFERSON UNIV USA 1973
Internship and Year	ST CHRISTOPHERS HOSPITAL CHILDREN - PHILA, PA 1974
Residency and Year	ST CHRISTOPHER HOSPITAL CHILDREN - PHILA, PA 1976
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	5347
License Date	6/16/1975
Name	<b>FRECHETTE, DAVID K MD</b>
Address	COTTAGE HOSP, SWIFTWATER RDWOODSVILLE, NH, 03785
Specialty	FP
Board Certified	FP
School and Year of Graduation	HARVARD MEDICAL SCHOOL - MA USA 1972
Internship and Year	HIGHLAND HOSPITAL - ROCHESTER, NY 1973
Residency and Year	HIGHLAND HOSPITAL - ROCHESTER, NY 1975
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	7679
License Date	8/5/1987
Name	<b>FRECHETTE, RICHARD P MD</b>
Address	MONADNOCK FAMILY CARE, 454 OLD STREET RDPETERBOROUGH, NH, 03458
Specialty	FP
Board Certified	
School and Year of Graduation	TUFTS UNIV SCH MED-BOSTON,MA USA 1981
Internship and Year	ST CLARES HOSP-SCHENECTATY,NY 1982
Residency and Year	ST CLARES HOSP-SCHENECTATY,NY 1984
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15058
License Date	11/3/2010
Name	<b>FREDE, JAMES R MD</b>
Address	430 KELE ST STE 401, KAHULUI, HI, 96732
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	WAYNE STATE UNIVERSITY USA 1977
Internship and Year	WILLIAM BEAUMONT HOSPITAL - ROYAL OAK, MI 1979
Residency and Year	WILLIAM BEAUMONT HOSPITAL - ROYAL OAK, MI 1981
License Expiration Date	<b>6/30/2012</b>
Remarks	<b>6/7/13 - Voluntary Surrender of License.</b>

License Number	8751
License Date	7/1/1992
Name	<b>FREDENBURG, DAVID C MD</b>
Address	MCPHS, 1260 ELM STMANCHESTER, NH, 03101
Specialty	PD
Board Certified	PD
School and Year of Graduation	VIRGINIA COMMONWEALTH UNIVERSITY USA 1982
Internship and Year	UNIVERSITY OF VERMONT MEDICAL CENTER BURLINGTON - VERMONT 1983
Residency and Year	UNIVERSITY OF VERMONT MEDICAL CENTER BURLINGTON - VERMONT 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14287
License Date	1/7/2009
Name	<b>FREDERICK, SHIRLEY A MD</b>
Address	SO BERWICK FAMILY PRACTICE, 31 COLCORD STSO BERWICK, ME, 03908
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF CONNECTICUT USA 1990
Internship and Year	EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1991
Residency and Year	EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 13203  
 License Date 8/2/2006  
 Name **FREDERICKS, SCOTT E MD**  
 Address SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200SOUTH PORTLAND, ME, 04106  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIV OF NEW JERSEY USA 2000  
 Internship and Year NY MEDICAL COLLEGE @ ST VINCENTS HOSPITAL MEDICAL CTR - NY, NY 2001  
 Residency and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 2005  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11089  
 License Date 10/4/2000  
 Name **FREDRICK, DOUGLAS R MD**  
 Address DHMC OPHTHALMOLOGY, ONE MEDICAL CTR DRLEBANON, NH, 03756  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation BAYLOR COLL OF MED - HOUSTON, TX USA 1986  
 Internship and Year ST MARY'S MEDICAL CENTER - SAN FRANCISCO, CA 1987  
 Residency and Year UNIV OF CALIFORNIA - SAN FRANCISCO, CA 1990  
 License Expiration Date **6/30/2002**  
 Remarks

License Number 15218  
 License Date 5/4/2011  
 Name **FREED JR, GARY L MD**  
 Address DHMC - DEPT OF PLASTIC SURGERY, 1 MED CTR DRLEBANON, NH, 03756  
 Specialty PS  
 Board Certified OTO  
 School and Year of Graduation EASTERN VIRGINIA MEDICAL SCHOOL USA 2003  
 Internship and Year EASTERN VIRGINIA MEDICAL SCHOOL - NORFOLK, VA 2004  
 Residency and Year EASTERN VIRGINIA MEDICAL SCHOOL - NORFOLK, VA 2008  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 7492  
 License Date 1/8/1987  
 Name **FREEDBERG, PAUL S MD**  
 Address UROLOGY CONSULTANTS, 400 HIGHLAND AVE STE 6SALEM, MA, 01970  
 Specialty U  
 Board Certified U  
 School and Year of Graduation BOSTON UNIV SCH MED - BOSTON, MA USA 1974  
 Internship and Year LA CO HARBOR/UCLA MEDICAL CENTER - TORRANACE, CA 1975  
 Residency and Year VA MEDICAL CENTER -LOS ANGELES, CA 1976  
 License Expiration Date **6/30/2013**  
 Remarks

License Number	14545
License Date	8/5/2009
Name	<b>FREEDMAN, ARNOLD S MD</b>
Address	DANA FARBER CANCER INSTITUTE, 450 BROOKLINE AVE BOSTON, MA, 02215
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS USA 1979
Internship and Year	UNIVERSITY OF MASSACHUSETTS MEMORIAL-MEMORIAL CAMPUS - WORCESTER, MA 1980
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEMORIAL-MEMORIAL CAMPUS - WORCESTER, MA 1982
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	4999
License Date	6/11/1973
Name	<b>FREEDMAN, DAVID E MD</b>
Address	1800 S OCEAN BLVD APT 6A, BOCA RATON, FL, 33432-8544
Specialty	R
Board Certified	
School and Year of Graduation	UNIVERSITY OF LOUISVILLE-LOUISVILLE KY USA 1969
Internship and Year	LOUISVILLE GENERAL HOSP-LOUISVILLE KY 1970
Residency and Year	CITY OF MEMPHIS HOSP-MEMPHIS TN 1973
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6063
License Date	6/11/1979
Name	<b>FREEDMAN, DAVID M MD</b>
Address	, 1510 E WAGON WHEEL LN FORT MOHAVE, AZ, 86426
Specialty	FP
Board Certified	FP
School and Year of Graduation	FACULTE DE MEDICINE DE L UNIV CATHOLIQUE DE LOUVAIN 1975
Internship and Year	ST JOSEPH'S HOSPITAL - YONKERS, NY 1976
Residency and Year	ST JOSEPHS HOSPITAL - READING, PA 1979
License Expiration Date	<b>6/30/2009</b>
Remarks	<b>SETTLEMENT AGREEMENT 11/14/02</b>

License Number	11110
License Date	11/1/2000
Name	<b>FREEDMAN, MALCOLM R DO</b>
Address	6440 BIGELOW COMMONS, ENFIELD, CT, 06082
Specialty	P
Board Certified	
School and Year of Graduation	NOVA SOUTHEASTERN UNIV - FL LAUDERDALE, FL USA 1994
Internship and Year	WELLINGTON REGIONAL MEDICAL CENTER - WEST PALM BEACH, FL 1995
Residency and Year	JOHN PETER SMITH HOSPITAL - FORT WORTH, TX 2000
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	15023
License Date	10/6/2010
Name	<b>FREEMAN JR, EARL R DO</b>
Address	SACO RIVER MEDICAL GROUP, 7 GREENWOOD AVECONWAY, NH, 03878
Specialty	FP
Board Certified	
School and Year of Graduation	KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE USA 1969
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1970
Residency and Year	
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14758
License Date	3/3/2010
Name	<b>FREEMAN JR, RICHARD B MD</b>
Address	DHMC - DEPT OF SURGERY, 1 MED CTR DRLEBANON, NH, 03756
Specialty	GS
Board Certified	GS
School and Year of Graduation	THOMAS JEFFERSON UNIVERSITY USA 1983
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1984
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1989
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9334
License Date	12/7/1994
Name	<b>FREEMAN, ALAN N MD</b>
Address	23 FEDERATION RD, BEDFORD, NH, 03110
Specialty	IM
Board Certified	IM
School and Year of Graduation	DALHOUSIE UNIVERSITY CANADA 1972
Internship and Year	DALHOUSIE UNIVERSITY - HALIFAX NOVA SCOTIA 1973
Residency and Year	DALHOUSIE UNIVERSITY - HALIFAX NOVA SCOTIA 1976
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	3468
License Date	9/19/1961
Name	<b>FREEMAN, ALLAN G MD</b>
Address	580 WEST ST, KEENE, NH, 03431-2894
Specialty	PD
Board Certified	PD
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1956
Internship and Year	SAINT LUKE'S HOSPITAL- CLEVELAND OH 1957
Residency and Year	CHILDREN'S HOSPITAL OF MICHIGAN 1961
License Expiration Date	<b>6/30/2003</b>
Remarks	



License Number	11561
License Date	4/3/2002
Name	<b>FREEMAN, BARBARA M MD</b>
Address	308N. EVERGREEN RD STE LL, LOUISVILLE, KY, 40243
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF LOUISVILLE SCH OF MED - LOUISVILLE, KY USA 1974
Internship and Year	ST ELIZABETH HOSPITAL - FT MITCHELL, KY 1975
Residency and Year	NONE
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	14415
License Date	5/6/2009
Name	<b>FREEMAN, GLENN J MD</b>
Address	, PO BOX 339ENGLEWOOD, FL, 34295
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS USA 1982
Internship and Year	EMORY UNIVERSITY SCHOOL OF MEDICINE - ATLANTA, GA 1983
Residency and Year	EMORY UNIVERSITY SCHOOL OF MEDICINE - ATLANTA, GA 1987
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	15751
License Date	7/11/2012
Name	<b>FREEMAN, JEFFREY J MD</b>
Address	SUMMIT RADIOLOGY, 6119 W JEFFERSON BLVD FORT WAYNE, IN, 46804
Specialty	DR
Board Certified	DR
School and Year of Graduation	INDIANA UNIVERSITY SCHOOL OF MEDICINE USA 2003
Internship and Year	OCHSNER CLINIC FOUNDATION - NEW ORLEANS, LA 2004
Residency and Year	OCHSNER CLINIC FOUNDATION - NEW ORLEANS, LA 2008
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	16035
License Date	3/6/2013
Name	<b>FRESE, JOHN P MD</b>
Address	FRISBIE MEM HOSP, 11 WHITEHALL RD ROCHESTER, NH, 03867
Specialty	EM
Board Certified	EM
School and Year of Graduation	SOUTHERN ILLINOIS UNIV SCHOOL OF MED USA 2000
Internship and Year	INDIANA UNIVERSITY HEALTH METHODIST HOSPITAL - INDIANAPOLIS, IN 2001
Residency and Year	INDIANA UNIVERSITY HEALTH METHODIST HOSPITAL - INDIANAPOLIS, IN 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 3560  
 License Date 9/15/1962  
 Name **FREI, MAX MD**  
 Address 95 BICKFORD HILL RD, GARDNER, MA, 01440-2313  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation UNIVERSITY OF ZURICK SWITZERLAND 1955  
 Internship and Year QUEENS HOSPITAL CENTER- NY 1956  
 Residency and Year THE ROYAL VICTORIA HOSPITAL- QUEBEC, CANADA 1960  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 9567  
 License Date 10/4/1995  
 Name **FREIDBERG, STEPHEN R MD**  
 Address LAHEY CLINIC, 41 MALL RDBURLINGTON, MA, 01805-  
 Specialty NS  
 Board Certified NS  
 School and Year of Graduation A EINSTEIN COLL OF MED OF YESHIVA BRONX, NY USA 1960  
 Internship and Year UNIV HOSPITAL & CLINIC OKLAHOMA CITY, OK 1961  
 Residency and Year KINGS COUNTY HOSPITAL CENTER BROOKLYN, NY 1968  
 License Expiration Date **6/30/1999**  
 Remarks

License Number 8796  
 License Date 9/2/1992  
 Name **FREMONT-SMITH III, MAURICE MD**  
 Address 19 CULLEN WAY, EXETER, NH, 03833  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation UNIVERSITY DE NAVARRA MEDICAL SCHOOL SPAIN 1986  
 Internship and Year UNIVERSITY HOSPITAL - SUNY STONY BROOK STONY BROOK - NY 1990  
 Residency and Year UNIVERSITY HOSPITAL - SUNY STONY BROOK STONY BROOK - NY 1990  
 License Expiration Date **6/30/2016**  
 Remarks **LAPSED FOR NONRENEWAL 6/30/14 RENEWED 9/26/14**

License Number 16787  
 License Date 10/1/2014  
 Name **FRENCH, GINNY M MD**  
 Address 1410 GEORGIA AVE, PALM HARBOR, FL, 34683  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation WRIGHT STATE UNIVERSITY OF MEDICINE USA 2007  
 Internship and Year MEDSTAR FRANKLIN SQUARE MEDICAL CENTER - BALTIMORE, MD 2009  
 Residency and Year MEDSTAR FRANKLIN SQUARE MEDICAL CENTER - BALTIMORE, MD 2011  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	11908
License Date	5/7/2003
Name	<b>FRENCH, MARGARET A MD</b>
Address	VA HOSPITAL, 215 N MAIN STWHITE RIVER JCT, VT, 03755
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1985
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1986
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14017
License Date	6/4/2008
Name	<b>FRENCH, TIMOTHY S MD</b>
Address	CMC, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty	IM
Board Certified	IM
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 1991
Internship and Year	MARY IMOGENE BASSETT HOSPITAL - COOPERSTOWN, NY 1992
Residency and Year	MARY IMOGENE BASSETT HOSPITAL - COOPERSTOWN, NY 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16217
License Date	7/3/2013
Name	<b>FRENKIEWICH, BRIAN J DO</b>
Address	NEW LONDON HOSPITAL, 273 COUNTY RDNEW LONDON, NH, 03257
Specialty	OMM
Board Certified	OMM
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND OF OSTEOPATHIC MED USA 2008
Internship and Year	EASTERN MAINE MEDICAL CENTER - BANGOR, ME 2009
Residency and Year	EASTERN MAINE MEDICAL CENTER - BANGOR, ME 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14795
License Date	4/7/2010
Name	<b>FREW, JULIA R MD</b>
Address	DHMC-DEPT OF PSYCHIATRY, ONE MED CTR DRLEBANON, NH, 03756
Specialty	P
Board Certified	P
School and Year of Graduation	THE WARREN ALPERT MEDICAL SCHOOL USA 2005
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4005
License Date	3/8/1966
Name	<b>FREY III, WALTER G MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IMG
Board Certified	IMG
School and Year of Graduation	UNIVERSITY OF PENNSYLVANIA USA 1954
Internship and Year	UNIVERSITY OF PENNSYLVANIA PHILADELPHIA - PENNSYLVANIA 1955
Residency and Year	UNIV OF PENNSYLVANIA - PHILA, PA 1955
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	15831
License Date	9/5/2012
Name	<b>FREY, PAUL F MD</b>
Address	MMP - MAINEHEALTH CARDIOLOGY, 96 CAMPUS DR, STE 1SCARBOROUGH, ME, 04074
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIVERSITY MASSACHUSETTS MED SCHOOL USA 2003
Internship and Year	JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 2004
Residency and Year	JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7502
License Date	2/5/1987
Name	<b>FREYDINGER-WINKLER, DALMA MD</b>
Address	WENTWORTH DOUGLAS HOSPITAL, 789 CENTRAL AVEDOVER, NH, 03820
Specialty	PD
Board Certified	
School and Year of Graduation	SEMMELWEIS ORVOSTUDOMANYI EGYETEM HUNGARY 1979
Internship and Year	CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 1983
Residency and Year	CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 1985
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	8674
License Date	1/8/1992
Name	<b>FREYHOFER, CORNELIA S MD</b>
Address	, PO BOX 109CROWN POINT, NY, 12928
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF ARKANSAS UNITED STATES 1980
Internship and Year	ORLANDO REGIONAL MEDICAL CENTER ORLANDO - FLORIDA 1984
Residency and Year	ORLANDO REGIONAL MEDICAL CENTER ORLANDO - FLORIDA 1986
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	7807
License Date	4/6/1988
Name	<b>FRIEDEN, ROGER S MD</b>
Address	DOCTORS PARK PEDIATRICS, 275 MAMMOTH RD MANCHESTER, NH, 03109
Specialty	PD
Board Certified	PD
School and Year of Graduation	OHIO STATE UNIV COLL MED - COLUMBUS, OH USA 1979
Internship and Year	MARICOPA MEDICAL CENTER - PHOENIX, AZ 1980
Residency and Year	PHOENIX HOSPITAL AFFILIATED PEDIATRIC PROGRAM - PHOENIX, AZ 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7869
License Date	6/8/1988
Name	<b>FRIEDENBERG, DAVID S DO</b>
Address	NEPHROLOGY ASSOCIATES, 1750 ELM ST, SUITE 201C MANCHESTER, NH, 03103
Specialty	NEP
Board Certified	NEP
School and Year of Graduation	PHILA COLL OF OSTEO MED - PHILA, PA USA 1980
Internship and Year	JOHN F KENNEDY MEMORIAL HOSPITAL - STRATFORD, NJ 1981
Residency and Year	KINGS COUNTY HOSPITAL CENTER - BROOKLYN, NY 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7565
License Date	5/6/1987
Name	<b>FRIEDLANDER JR, ROBERT J MD</b>
Address	HARVARD VANGUARD MED ASSOCIATES, 254 2ND AVENUE NEEDHAM, MA, 02494
Specialty	ON
Board Certified	ON
School and Year of Graduation	CORNELL UNIVERSITY - NEW YORK, NY USA 1981
Internship and Year	NY HOSPITAL - CORNELL UNIVERSITY - NEW YORK, NY 1982
Residency and Year	NY HOSPITAL - CORNELL UNIVERSITY - NEW YORK, NY 1984
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17262
License Date	9/2/2015
Name	<b>FRIEDLANDER, ADAM L MD</b>
Address	1875 NW CORPORATE BLVD STE 270, BOCA RATON, FL, 33431
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE - FL USA 2001
Internship and Year	UNIVERSITY OF COLORADO HEALTH SCIENCES CENTER - AURORA, CO 2002
Residency and Year	UNIVERSITY OF COLORADO HEALTH SCIENCES CENTER - AURORA, CO 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4590
License Date	7/29/1970
Name	<b>FRIEDLANDER, ROBERT M MD</b>
Address	VALLEY RADIOLOGY PROF, 243 ELM STCLAREMONT, NH, 03743
Specialty	R
Board Certified	R
School and Year of Graduation	JEFFERSON MEDICAL COLLEGE, PA USA 1967
Internship and Year	MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1968
Residency and Year	MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1968
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	6553
License Date	6/24/1982
Name	<b>FRIEDMAN, BRUCE J MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	CD
Board Certified	CD
School and Year of Graduation	NY MED COLL VALHALLA, NY USA 1976
Internship and Year	NORTH SHORE UNIV HOSP - MANHASSETT, NY 1977
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4482
License Date	10/6/1969
Name	<b>FRIEDMAN, FRANCES M MD</b>
Address	7 HENEAGE LN, HANOVER, NH, 03755
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF MICHIGAN - ANN ARBOR, MI USA 1961
Internship and Year	UNIV HOSPITAL - ANN ARBOR, MI 1962
Residency and Year	UNIV HOSPITAL - ANN ARBOR, MI 1967
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	10207
License Date	1/7/1998
Name	<b>FRIEDMAN, GARY B MD</b>
Address	SOUTHEN NH REGIONAL MED CTR, 8 PROSPECT STNASHUA, NH, 03061
Specialty	AN
Board Certified	AN
School and Year of Graduation	GEORGE WASHINGTON UNIV SCH OF MED - DC USA 1992
Internship and Year	J DEMPSEY HOSPITAL UNIV CONNECTICUT HOSPITAL - CT 1993
Residency and Year	BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA SOUTHERN NH MEDICAL CTR-NASHUA NH 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10080
License Date	8/6/1997
Name	<b>FRIEDMAN, HARLEY P MD</b>
Address	DHMC - HOSPITAL MEDICINE, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF MASS MEDICAL SCHOOL - WORCESTER, MA USA 1994
Internship and Year	BETH ISREAL DEACONESS MEDICAL CENTER,MA 1997
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER,MA 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4273
License Date	7/17/1968
Name	<b>FRIEDMAN, HAROLD M MD</b>
Address	, 3 ROPE FERRY RDHANOVER, NH, 03755
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF PENNSYLVANIA USA 1960
Internship and Year	BALTIMORE CITY HOSPITAL - BALTIMORE, MD 1961
Residency and Year	UNIV HOSPITAL - ANN ARBOR, MI 1968
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	12163
License Date	12/3/2003
Name	<b>FRIEDMAN, JENNIFER D MD</b>
Address	DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	OBG
Board Certified	
School and Year of Graduation	UNIVERSITY OF CALIFORNIA, SAN FRANCISCO,CA US 1997
Internship and Year	MAYO GRADUATE SCHOOL OF MED, ROCHESTER MN 1999
Residency and Year	MAYO GRADUATE SCHOOL OF MED, ROCHESTER MN 2002
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	12130
License Date	11/5/2003
Name	<b>FRIEDMAN, JONATHAN A MD</b>
Address	3201 UNIVERSITY DR EAST STE 41, BRYAN, TX, 77802
Specialty	NS
Board Certified	
School and Year of Graduation	UNIVERSITY OF CALIFORNIA, SAN FRANCISCO, CA US 1997
Internship and Year	UNIVERSITY OF CALIFORNIA, SAN FRANCISCO CA 1998
Residency and Year	MAYO GRADUATE SCHOOL OF MEDICINE, ROCHESTER MN 2003
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number 5055  
 License Date 7/24/1973  
 Name **FRIEDMAN, MATTHEW J MD**  
 Address V A HOSPITAL, WHITE RIVER JCT, VT, 05001  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIVERSITY OF KENTUCKY-LEXINGTON KY USA 1969  
 Internship and Year UNIVERSITY OF KENTUCKY-LEXINGTON KY 1970  
 Residency and Year MASSACHUSETTS GENERAL HOSP-BOSTON MA 1972  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 5480  
 License Date 2/6/1976  
 Name **FRIEDMAN, RICHARD B MD**  
 Address CENTER FOR CLINICAL EXCELLANCE, 475 CYPTESS STMANCHESTER, NH, 03103  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation STATE UNIV. OF N.Y. DOWNSTATE MED. CENTER N.Y. USA 1972  
 Internship and Year GEO WASHINGTON U HOSP. 1973  
 Residency and Year GEO WASHINGTON U HOSP. 1975  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14498  
 License Date 7/1/2009  
 Name **FRIEDMAN, SCOTT E MD**  
 Address DHMC, 1 MED CTR DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF CONNECTICUT USA 2005  
 Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006  
 Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15531  
 License Date 2/1/2012  
 Name **FRIEDMAN, STEPHEN V MD**  
 Address 45 L P HENDERSON RD, BEVERLY, MA, 01915  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1995  
 Internship and Year ST VINCENTS HOSPITAL(MANHATTON) NY MEDICAL COLLEGE - NY, NY 1996  
 Residency and Year LINCOLN MEDICAL & MENTAL HEALTH CENTER - BRONX, NY 1999  
 License Expiration Date **8/28/2012**  
 Remarks **8/28/12 - Order of Emergency License Suspension & Notice of Hearing**  
**9/7/12 - Preliminary Agreement for Practice Restrictions. 11/9/12 - Settlement Agreement**



License Number 7316  
 License Date 5/8/1986  
 Name **FRIEDRICHS, PAUL E MD**  
 Address LAMPREY HEALTH CARE, 207 S MAIN STNEWMARKET, NH, 03857-1821  
 Specialty FP  
 Board Certified  
 School and Year of Graduation UNIV OF PENNSYLVANIA SCH MED - PHILA, PA USA 1983  
 Internship and Year BROWN UNIV AFFILIATED HOSPITAL - PROVIDENCE, RI 1984  
 Residency and Year BROWN UNIV AFFILIATED HOSPITAL - PROVIDENCE, RI 1986  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14991  
 License Date 9/1/2010  
 Name **FRIEL, JOHN C MD**  
 Address FOUNDATION MED PARTNERS, 268 MAIN STNASHUA, NH, 03060  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1998  
 Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2000  
 Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2005  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 6877  
 License Date 5/10/1984  
 Name **FRIEND, PAUL K MD**  
 Address WESTSIDE HEALTHCARE, 15 AIKIN AVEFRANKLIN, NH, 03235  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation GEORGETOWN UNIV SCH MED-WASHINGTON,DC USA 1978  
 Internship and Year UNIV MA HOSP COORD PROG-WORCHESTER,MA 1979  
 Residency and Year UNIV MA HOSP COORD PROG-WORCHESTER,MA 1981  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16476  
 License Date 2/5/2014  
 Name **FRIESE, STEVEN B MD**  
 Address 2602 GLACIER ST, ANCHORAGE, AK, 93940  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation KECK SCHOOL OF MEDICINE OF THE UNIV OF S CALIFORNI USA 2002  
 Internship and Year ALAMEDA COUNTY MEDICAL CENTER - OAKLAND, CA 2003  
 Residency and Year KERN MEDICAL CENTER - BAKERSFIELD, CA 2006  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15219  
 License Date 5/4/2011  
 Name **FRISENDA, ROBERT A MD**  
 Address HARLIN HOUSE, 52 HOOKER AVEPOUGHKEEPSIE, NY, 12601  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation UNIVERSITY OF NEBRASKA USA 1975  
 Internship and Year MSU KALAMAZOO CENTER FOR MEDICAL STUDIES - KALAMAZOO, MI 1976  
 Residency and Year MSU KALAMAZOO CENTER FOR MEDICAL STUDIES - KALAMAZOO, MI 1979  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15569  
 License Date 3/7/2012  
 Name **FRITHSEN, IVAR L MD**  
 Address VALLEY REGIONAL HOSPITAL, 243 ELM STCLAREMONT, NH, 03743  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation DREXEL UNIVERSITY COLLEGE OF MEDICINE USA 2002  
 Internship and Year TRIDENT FAMILY MEDICINE RESIDENCY PROGRAM - CHARLESTON, SC 2003  
 Residency and Year TRIDENT FAMILY MEDICINE RESIDENCY PROGRAM - CHARLESTON, SC 2005  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10157  
 License Date 11/5/1997  
 Name **FRITSCH, SANDRA L MD**  
 Address SALEM HOSPITAL, 81 HIGHLAND AVESALEM, NH, 03079  
 Specialty CHP  
 Board Certified PD  
 School and Year of Graduation MICHIGAN STATE UNIV COLL OF HUMAN MED USA 1985  
 Internship and Year BUTTERWORTH HOSPITAL - MI 1986  
 Residency and Year EMMA P BRADLEY HOSPITAL - RI 1989  
 License Expiration Date **6/30/2002**  
 Remarks

License Number 5053  
 License Date 7/20/1973  
 Name **FRIZZELL, JAMES A MD**  
 Address 915 TOLL HOUSE AVE #201, FREDERICK, MD, 21701  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF VERMONT USA 1968  
 Internship and Year DENVER GENERAL HOSPITAL - DENVER, CO 1969  
 Residency and Year DARTHOOUTH MEDICAL SCHOOL - HANOVER, NH 1971  
 License Expiration Date **6/30/2009**  
 Remarks **Deceased 12/15/13**

License Number	15698
License Date	6/6/2012
Name	<b>FROEHLICH, HEATHER M MD</b>
Address	DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSITY OF TEXAS USA 2008
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8465
License Date	12/5/1990
Name	<b>FROELICH, JOHN J MD</b>
Address	ATASCADERO STATE HOSPITAL, 1033 EL CAMINO REALATASCADERO, CA, 93423-7001
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF TEXAS MEDICAL SCHOOL AT HOUSTON USA 1982
Internship and Year	WORCESTER CITY HOSPITAL - WORCESTER, MA 1983
Residency and Year	TULANE MEDICAL CENTER HOSPITAL - NEW ORLEANS, LA 1986
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	1922
License Date	12/30/1933
Name	<b>FROMER, JOHN L MD</b>
Address	C/O HOLLY REED, 59 WELLESLEY RD EXTNATICK, MA, 01760
Specialty	D
Board Certified	D
School and Year of Graduation	UNIVERSITY OF BELLEVUE HOSPITAL MEDICAL COLLEGE USA 1932
Internship and Year	HOSPITAL TRAINING UNITED HOSPITAL - PORT CHESTER, NY 1933
Residency and Year	UNITED STATES ARY MEDICAL CORP 1934
License Expiration Date	<b>6/30/1998</b>
Remarks	Deceased 12/26/03

License Number	10822
License Date	2/2/2000
Name	<b>FROMM, HANS MD</b>
Address	DHMC GASTROENTEROLOGY, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	GE
Board Certified	
School and Year of Graduation	ALBERT LUDWIGS UNIV OF FREIBURG - BREISGUA GERMANY 1964
Internship and Year	MEMORIAL HEALTH CARE- WORCESTER, MA 1967
Residency and Year	LEMUEL SHATTUCK HOSPITAL - JAMAICA PLAIN, MA 1968
License Expiration Date	<b>1/2/2006</b>
Remarks	DECEASED 1/02/06

License Number 3462  
 License Date 8/8/1961  
 Name **FROST JR, WILLIAM W MD**  
 Address 379 ROUTE 106 S, LOUDON, NH, 03307-0822  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIVERSITY OF VERMONT USA 1956  
 Internship and Year UP STATE MEDICAL CENTER- NY 1957  
 Residency and Year UPSTATE MEDICAL CENTER- NY 1959  
 License Expiration Date **3/28/2006**  
 Remarks **DECEASED 3/28/06**

License Number 12875  
 License Date 9/7/2005  
 Name **FROST, SEAN C MD**  
 Address DARTMOUTH HITCHCOCK CLINIC, 2300 SOUTHWOOD DR NASHUA, NH, 03063  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation QUEENS UNIVERSITY, KINGSTON ONTARIO CANADA CANADA 1999  
 Internship and Year UNIVERSITY OF WESTERN ONTARIO, LONDON ONTARIO CANADA 2000  
 Residency and Year UNIVERSITY OF WESTERN ONTARIO, LONDON ONTARIO CANADA 2004  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14416  
 License Date 5/6/2009  
 Name **FRUECHTE, ETHAN M MD**  
 Address NORTH MEMORIAL MED CTR, ROBBINSDALE, MN,  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF MINNESOTA USA 2003  
 Internship and Year HENNEPIN COUNTY MEDICAL CENTER - MINNEAPOLIS, MN 2004  
 Residency and Year HENNEPIN COUNTY MEDICAL CENTER - MINNEAPOLIS, MN 2006  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 13204  
 License Date 8/2/2006  
 Name **FRUECHTE, KAREN J MD**  
 Address DHC-COMMUNITY HEALTH CENTER, ONE MEDICAL CENTER DR LEBANON, NH, 03756  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF MINNESOTA USA 2003  
 Internship and Year UNIV OF MINNESOTA/NORTH MEMORIAL HEALTH CARE-MINNEAPOLIS, MN 2004  
 Residency and Year UNIV OF MINNESOTA/NORTH MEMORIAL HEALTH CARE-MINNEAPOLIS, MN 2006  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 16822  
 License Date 11/6/2014  
 Name **FRUMAN, STUART A MD**  
 Address 8311 SUMMERWOOD DR, MC LEAN, VA, 22102  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation TUFTS UNIVERSITY USA 1988  
 Internship and Year FAULKNER HOSPITAL - BOSTON, MA 1989  
 Residency and Year TUFTS MEDICAL CENTER - BOSTON, MA 1993  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 6898  
 License Date 6/7/1984  
 Name **FRUMKIN, MITCHELL MD**  
 Address DH NASHUA PEDIATRICS, 2300 SOUTHWOOD DR NASHUA, NH, 03063-1818  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation TUFTS UNIV SCH MED-BOSTON,MA USA 1978  
 Internship and Year NEW ENGLAND MED CTR HOSP INC BOSTON,MA 1979  
 Residency and Year NEW ENGLAND MED CTR HOSP INC-BOSTON,MA 1981  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 17001  
 License Date 4/1/2015  
 Name **FRUSZTAJER, NINA T MD**  
 Address 7 WOODLAND RD, LEXINGTON, MA, 02420  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation GEORGE WASHINGTON UNIVERSITY USA 1992  
 Internship and Year CALIFORNIA PACIFIC MEDICAL CENTER - SAN FRANCISCO, CA 1993  
 Residency and Year KAISER PERMANENTE MED GROUP - SAN FRANCISCO, CA 1998  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9619  
 License Date 1/3/1996  
 Name **FRY, LAURA R MD**  
 Address MANCHESTER COMM HLTH CTR, 145 HOLLIS ST MANCHESTER, NH, 03101  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation SUNY-HEALTH SCIENCE CENTER AT BROOKLYN COL OF MED USA 1989  
 Internship and Year PROVIDENCE HOSPITAL - WASHINGTON, DC 1990  
 Residency and Year PROVIDENCE HOSPITAL - WASHINGTON, DC 1992  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16164  
 License Date 6/5/2013  
 Name **FRYDMAN, EMILY S MD**  
 Address CHILD HEALTH SERVICES, 1245 ELM ST.MANCHESTER, NH, 03101  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation ROSS UNIVERSITY DOMINICA 2006  
 Internship and Year GORYEB CHILDRENS HOSPITAL ATLANTIC HEALTH - MORRISTOWN, NJ 2008  
 Residency and Year GORYEB CHILDRENS HOSPITAL ATLANTIC HEALTH - MORRISTOWN, NJ 2010  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 17108  
 License Date 6/3/2015  
 Name **FRYE, LAUREN R DO**  
 Address CROZER-CHESTER MED CTR, 1 MED CTR BLVD ACP 332UPLAND, PA, 19013  
 Specialty OBG  
 Board Certified  
 School and Year of Graduation LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE USA 2011  
 Internship and Year CROZER-CHESTER MEDICAL CENTER - UPLAND, PA 2012  
 Residency and Year CROZER-CHESTER MEDICAL CENTER - UPLAND, PA 2015  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 7317  
 License Date 5/8/1986  
 Name **FUCHS, NINA A MD**  
 Address 31 GARVEY RD, FRAMINGHAM, MA, 01701-3071  
 Specialty GP  
 Board Certified  
 School and Year of Graduation LENINGRAD PEDIATRIC ORD TRUD KRASNOGO RUSSIA 1961  
 Internship and Year LENINGZOD PEDIATRIC MEDICAL HOSPITAL - LENINGZOD 1962  
 Residency and Year LENINGZOD PEDIATRIC MEDICAL HOSPITAL - LENINGZOD 1962  
 License Expiration Date **6/30/1998**  
 Remarks

License Number 14621  
 License Date 10/7/2009  
 Name **FUDGE, MARY L MD**  
 Address SURG ASSOC OF SOUTHERN NH, 44 BIRCH ST STE 301DERRY, NH, 03038  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation UNIVERSITY OF PITTSBURGH USA 2004  
 Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2005  
 Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2009  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	14759
License Date	3/3/2010
Name	<b>FUENFER, MICHAEL M MD</b>
Address	MGH DEPT OF PEDIATRICS, 175 CAMBRIDGE ST 5TH FLRBOSTON, MA, 02114
Specialty	PDS
Board Certified	PDS
School and Year of Graduation	UNIVERSITY OF LOUISVILLE USA 1976
Internship and Year	YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 1978
Residency and Year	UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE 1979
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16165
License Date	6/5/2013
Name	<b>FUKUDA, YOKO MD</b>
Address	FRISBIE MEMORIAL HOSP, 11 WHITEHALL RDROCHESTER, NH, 03867
Specialty	IM
Board Certified	IM
School and Year of Graduation	KEIO UNIVERSITY JAPAN 2005
Internship and Year	BETH ISRAEL MEDICAL CENTER - NY, NY 2008
Residency and Year	BETH ISRAEL MEDICAL CENTER - NY, NY 2010
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14992
License Date	9/1/2010
Name	<b>FUKUSHIMA, DOREEN L MD</b>
Address	GENESIS BEHAVIORAL HEALTH, 111 CHURCH STLACONIA, NH, 03246
Specialty	P
Board Certified	
School and Year of Graduation	UNIVERSITY OF HAWAII USA 2006
Internship and Year	UNIVERSITY OF HAWAII - HONOLULU, HI 2008
Residency and Year	UNIVERSITY OF HAWAII - HONOLULU, HI 2010
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	15342
License Date	8/3/2011
Name	<b>FULD, ALEXANDER D MD</b>
Address	WHITE RIVER JUNCTION VA, 215 NO MAIN STWHITE RIVER JUNCTION, VT, 05009
Specialty	IM
Board Certified	IM
School and Year of Graduation	THOMAS JEFFERSON UNIVERSITY USA 2002
Internship and Year	UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM - PHILADELPHIA, PA 2003
Residency and Year	UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM - PHILADELPHIA, PA 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 4792  
 License Date 6/14/1971  
 Name **FULD, GILBERT L MD**  
 Address 11 BLACKBERRY LN, KEENE, NH, 03431  
 Specialty PDA  
 Board Certified PDA  
 School and Year of Graduation UNIV OF PITTSBURGH, PA USA 1962  
 Internship and Year ST LUKE'S HOSPITAL CENTER - NY, NY 1963  
 Residency and Year BABIES HOSPITAL - NY, NY 1965  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 6728  
 License Date 7/7/1983  
 Name **FULLER JR, JOSEPH E MD**  
 Address ROCHESTER HILL FAMILY PRACTICE, FRISBIE MEMORIAL HOSPITAL ROCHESTER, NH, 03867  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF MASSACHUSETTS USA 1980  
 Internship and Year MIDDLESEX HOSPITAL-MIDDLETOWN, CT 1981  
 Residency and Year MIDDLESEX HOSPITAL-MIDDLETOWN, CT 1983  
 License Expiration Date **6/30/2017**  
 Remarks **LAPSED FOR NON-RENEWAL 1/31/86...**  
**RE-INSTATED ON 9/5/07**

License Number 9946  
 License Date 3/5/1997  
 Name **FULLER, JAMES M MD**  
 Address VALLEY RADIOLOGY PA, 1 RIVER RIDGE ROAD HANOVER, NH, 03755  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation UNIV OF MA MEDICAL SCHOOL WORCESTER, MA USA 1991  
 Internship and Year MEDICAL CENTER OF CENTRAL MASS 1992  
 Residency and Year ST VINCENT HOSPITAL - MA 1996  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 8458  
 License Date 11/7/1990  
 Name **FULLER, JONATHAN E MD**  
 Address LANDSTUHL REGIONAL MEDICAL CTR, CMR 402 BOX 786 APO, AE, 09180-  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation COLUMBIA UNIV COLL OF PHYSICIANS - NY, NY USA 1987  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1988  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1993  
 License Expiration Date **6/30/1998**  
 Remarks



License Number 11695  
 License Date 8/7/2002  
 Name **FULTON, JOHN S DO**  
 Address SNHMC -HOSPITALIST PROGRAM, BOX 2014 NASHUA, NH, 03061  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF NEW ENGLAND - BIDDEFORD, ME USA 1999  
 Internship and Year UNIV OF MASSACHUSETTS MED CTR - WORCESTER, MA 2000  
 Residency and Year UNIV OF MASSACHUSETTS MED CTR - WORCESTER, MA 2001  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14546  
 License Date 8/5/2009  
 Name **FUNE, JIMMY C MD**  
 Address CONCORD HOSPITAL, 250 PLEASANT ST CONCORD, NH, 03301  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF SANTO TOMAS USA 1994  
 Internship and Year JERSEY SHORE UNIVERSITY MEDICAL CENTER-NEPTUNE, NJ 2007  
 Residency and Year BAYSTATE MEDICAL CENTER-SPRINGFIELD, MA 2008  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15184  
 License Date 4/6/2011  
 Name **FUNG, ERIK Y MD**  
 Address ADV HEART - CARDIO - USC, 1510 SAN PABLO ST STE 322 LOS ANGELES, CA, 90033  
 Specialty IM  
 Board Certified  
 School and Year of Graduation CHINESE UNIVERSITY OF HONG KONG HONG KONG 2004  
 Internship and Year CARITAS ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 2009  
 Residency and Year CARITAS ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 2011  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 6625  
 License Date 10/7/1982  
 Name **FUNK, ERIK J MD**  
 Address MANCHESTER VA MED CTR, 718 SMYTH RD MANCHESTER, NH, 03104  
 Specialty CD  
 Board Certified CD  
 School and Year of Graduation ALBANY MEDICAL COLL OF UNION UNIV - NY USA 1975  
 Internship and Year ST VINCENTS HOSPITAL MEDICAL CENTER - NEW YORK, NY 1976  
 Residency and Year MEMORIAL HOSPITAL - PAWTUCKET, RI 1980  
 License Expiration Date **6/30/2016**  
 Remarks **lapsed 6/30/06 - reinstated 7/2/14**

License Number	7270
License Date	2/6/1986
Name	<b>FUNK, MARK M MD</b>
Address	DARTMOUTH-HITCHCOCK, 590 COURT STKEENE, NH, 03431-8706
Specialty	U
Board Certified	U
School and Year of Graduation	UNIV OF CINCINNATI MED COLL USA 1981
Internship and Year	SUNY UPSTATE MED CTR SYRACUSE NY 1982
Residency and Year	SUNY UPSTATE MED CTR SYRACUSE NY 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11623
License Date	6/5/2002
Name	<b>FUREY, PATRICIA C MD</b>
Address	SURGICAL CARE GROUP, 87 MCGREGOR ST STE 3100MANCHESTER, NH, 03102
Specialty	VS
Board Certified	VS
School and Year of Graduation	BROWN UNIV SCHOOL OF MED - PROVIDENCE, RI USA 1990
Internship and Year	UNIV OF CONNECTICUT SCH OF MED - FARMINGTON, CT 1991
Residency and Year	UNIV OF CONNECTICUT SCH OF MED - FARMINGTON, CT 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15185
License Date	4/6/2011
Name	<b>FURLAN, JULIE E DO</b>
Address	HUGGINS HOSP/MOULTONBOROUGH FAM MED, PO BOX 750MOULTONBOROUGH, NH, 03254
Specialty	FP
Board Certified	FP
School and Year of Graduation	OHIO UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINE USA 2008
Internship and Year	SPARTANBURG REGIONAL HEALTHCARE SYSTEM - SPARTANBURG, SC 2009
Residency and Year	SPARTANBURG REGIONAL HEALTHCARE SYSTEM - SPARTANBURG, SC 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12742
License Date	6/1/2005
Name	<b>FURMANSKI, LISA A MD</b>
Address	ALICE PECK DAY, 125 MASCOMA ST #5LEBANON, NH, 03766
Specialty	IM
Board Certified	GER
School and Year of Graduation	COLUMBIA UNIVERSITY, NEW YORK NY US 1996
Internship and Year	UNIVERSITY OF CALIFORNIA, SAN FRANCISCO CA 1997
Residency and Year	UNIVERSITY OF CALIFORNIA, SAN FRANCISCO CA 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 10615  
 License Date 7/7/1999  
 Name **FUSARIS, KIM W MD**  
 Address 32 HOLTON CIRCLE, LONDONDERRY, NH, 03053  
 Specialty IM  
 Board Certified  
 School and Year of Graduation UNIV OF CT SCH OF MED - FARMINGTON,CT USA 1996  
 Internship and Year LAHEY-HITCHCOCK CLINIC - BURLINGTON, MA 1997  
 Residency and Year LAHEY-HITCHCOCK CLINIC - BURLINGTON, MA 1999  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 8859  
 License Date 12/2/1992  
 Name **FUSELIER, FRANCIS W MD**  
 Address MONADNOCK INTERNISTS, 454 OLD STREET RDPETERBOROUGH, NH, 03458-  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation GEORGETOWN UNIVERSITY USA 1969  
 Internship and Year NAVAL HOSPITAL OAKLAND - CALIFORNIA 1970  
 Residency and Year NAVAL HOSPITAL OAKLAND - CALIFORNIA 1972  
 License Expiration Date **2/2/2006**  
 Remarks **REQUESTED INACTIVE 2/2/06**

License Number 12060  
 License Date 9/3/2003  
 Name **FUSONIE, GLENN E MD**  
 Address L R G H SURGICAL SPECIALIST, 85 SPRING ST LACONIA, NH, 03246  
 Specialty GS  
 Board Certified VS  
 School and Year of Graduation BOSTON UNIVERSITY, BOSTON MA US 1996  
 Internship and Year BOSTON U MED CTR DEPT OF SURGERY, ROXBURY MA 1997  
 Residency and Year STATE UNIVERSITY OF NY, SYRACUSE NY 2002  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9246  
 License Date 8/3/1994  
 Name **GAARY, ELIZABETH A MD**  
 Address ANDROSCOGGIN VALLEY HOSP, 59 PAGE HILL RDBERLIN, NH, 03570  
 Specialty R  
 Board Certified R  
 School and Year of Graduation GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 1990  
 Internship and Year PENNSYLVANIA HOSPITAL - PHILADELPHIA PA 1991  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1995  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15657  
 License Date 5/2/2012  
 Name **GABBARD, SCOTT L MD**  
 Address DHMC-GASTRO DEPT, 1 MED CTR DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation CASE WESTERN RESERVE UNIVERSITY USA 2006  
 Internship and Year UNIVERSITY OF NORTH CAROLINA @ CHAPEL HILL - CHAPEL HILL, NC 2007  
 Residency and Year UNIVERSITY OF NORTH CAROLINA @ CHAPEL HILL - CHAPEL HILL, NC 2009  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 7432  
 License Date 9/4/1986  
 Name **GABRIEL, NOBLE MD**  
 Address 11 SUMMER ST STE 7, CHELMSFORD, MA, 01824-3064  
 Specialty OTO  
 Board Certified  
 School and Year of Graduation FAC MED UNIV AIN SHAMS EGYPT 1969  
 Internship and Year KINGS COUNTY HOSP CTR-BROOKLYN NY 1977  
 Residency and Year NEW YORK UNIV OF MED CTR-NEW YORK 1980  
 License Expiration Date **6/30/2016**  
 Remarks **Lapsed 6/30/99 - Reinstated 5/4/11**  
**6/8/12 - Settlement Agreement**

License Number 11401  
 License Date 9/5/2001  
 Name **GABRIELLE, CLAUDIA G MD**  
 Address BETH ISRAEL AT SALEM, NH, 32 STILES RD, STE 103SALEM, NH, 03079  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation BROWN UNIV SCH OF MED - PROVIDENCE, RI USA 1992  
 Internship and Year MEMORIAL HOSPITAL OF RHODE ISLAND/BROWN UNIV- PAWTUCKET, RI 1993  
 Residency and Year MEMORIAL HOSPITAL OF RHODE ISLAND/BROWN UNIV- PAWTUCKET, RI 1995  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 6204  
 License Date 5/14/1980  
 Name **GABRIELLI, ROBERT D MD**  
 Address PENACOOK FAMILY PHYSICIANS, 1 MERRIMACK STPENACOOK, NH, 03303-1455  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF SOUTHERN CALI-LOS ANGELES,CA USA 1977  
 Internship and Year LANCASTER GEN HOSP-LANCASTER,PA 1978  
 Residency and Year LANCASTER GEN HOSP-LANCASTER,PA 1980  
 License Expiration Date **6/30/2012**  
 Remarks

License Number	6442
License Date	8/6/1981
Name	<b>GABROY, JAMES B MD</b>
Address	1535 W WARM SPRINGS RD STE 135, HENDERSON, NV, 89014
Specialty	IM
Board Certified	IM
School and Year of Graduation	HAHNEMANN MEDICAL COLLEDGE OF PHILADELPHIA, PA USA 1973
Internship and Year	ST VINCENT HOSPITAL WORCESTER, MA 1973
Residency and Year	WORCESTER CITY HOSPITAL WORCESTER, MA 1975
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	14962
License Date	8/4/2010
Name	<b>GACHERI, SUSAN MD</b>
Address	ONE ELLIOT WAY, MANCHESTER, NH, 03103
Specialty	IM
Board Certified	IM
School and Year of Graduation	THOMAS JEFFERSON UNIVERSITY USA 2007
Internship and Year	THOMAS JEFFERSON UNIVERSITY - PHILADELPHIA, PA 2008
Residency and Year	THOMAS JEFFERSON UNIVERSITY - PHILADELPHIA, PA 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16269
License Date	8/7/2013
Name	<b>GAD, HEBA T MD</b>
Address	DHMC, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	P
Board Certified	P
School and Year of Graduation	AIN SHAMS UNIVERSITY EGYPT 2003
Internship and Year	UNIVERSITY OF MICHIGAN MEDICAL CENTER - ANN ARBOR, MI 2009
Residency and Year	UNIVERSITY OF MICHIGAN MEDICAL CENTER - ANN ARBOR, MI 2012
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12601
License Date	2/2/2005
Name	<b>GADBOIS, ALEXANDER E MD</b>
Address	250 PLEASANT ST, CONCORD, NH, 03301
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF MASS, WORCESTER MA US 1998
Internship and Year	STRONG MEMORIAL HOSP, ROCHESTER NY 1999
Residency and Year	STRONG MEMORIAL HOSP, ROCHESTER NY 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16306
License Date	9/4/2013
Name	<b>GADEY, GAUTAM MD</b>
Address	14 APPLE RIDGE WAY, E BRUNSWICK, NJ, 08816
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIV OF MEDICINE & DENTISTRY OF NJ USA 2006
Internship and Year	UMDNJ-ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK, NJ 2007
Residency and Year	UMDNJ-ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK, NJ 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12338
License Date	6/2/2004
Name	<b>GADSBY, MICHAEL O MD</b>
Address	88 ARLINGTON DR, PASADENA, CA, 91105-3108
Specialty	OPH
Board Certified	
School and Year of Graduation	UNIVERSITY OF CALIFORNIA, LOS ANGELES CA US 1992
Internship and Year	UCLA, TORRANCE CA 1993
Residency and Year	DREW MEDICAL CTR, LOS ANGELES CA 2001
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	14547
License Date	8/5/2009
Name	<b>GAETA, MIGUEL M MD</b>
Address	ELLIOT GEN SURGICAL SPECIALIST, 185 QUEEN CITY AVEMANCHESTER, NH, 03101-7100
Specialty	GS
Board Certified	GS
School and Year of Graduation	CHARLES R. DREW UNIVERSITY USA 2003
Internship and Year	WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 2004
Residency and Year	WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5815
License Date	9/1/1977
Name	<b>GAETJENS, ROBERT E MD</b>
Address	UNUM, 2211 CONGRESS STPORTLAND, ME, 04122
Specialty	OM
Board Certified	OM
School and Year of Graduation	STATE UNIV OF NEW YORK UPSTATE MEDICAL CENTER USA 1975
Internship and Year	UNIV OF KENTUCKY 1976
Residency and Year	UNIVERSITY OF KENTUCKY 1976
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 3354  
 License Date 3/9/1960  
 Name **GAGE, WILLIAM L MD**  
 Address 322 SHORE DR, LACONIA, NH, 03246  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1953  
 Internship and Year BOSTON CITY HOSPITAL 1954  
 Residency and Year BOSTON CITY HOSPITAL 1956  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 16036  
 License Date 3/6/2013  
 Name **GAGINA, MARIANNA MD**  
 Address THE MEMORIAL HOSPITAL (MWV HEALTHCARE ASSOC INC), 3073 WHITE MOUNTAIN HWYNO. CO  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation CHELYABINSK STATE MEDICAL INSTITUTE RUSSIA 1994  
 Internship and Year NEWARD BETH ISRAEL MEDICAL CENTER - NEWARD, NJ 2011  
 Residency and Year NEWARD BETH ISRAEL MEDICAL CENTER - NEWARD, NJ 2012  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 5332  
 License Date 5/15/1975  
 Name **GAGLIANO, ANGELO V MD**  
 Address , , ,  
 Specialty AN  
 Board Certified  
 School and Year of Graduation  
 Internship and Year  
 Residency and Year  
 License Expiration Date **6/30/1996**  
 Remarks

License Number 11531  
 License Date 3/6/2002  
 Name **GAGLIONE, JOSEPH I MD**  
 Address 1241 WOODLAND AVE, MT PLEASANT, SC, 20464  
 Specialty R  
 Board Certified R  
 School and Year of Graduation MEDICAL COLLEGE OF OHIO- TOLEDO, OH USA 1993  
 Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1994  
 Residency and Year UNIV OF MASSACHUSETTS MED CTR - WORCESTER, MA 1999  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	10302
License Date	6/3/1998
Name	<b>GAGNE, LISA J MD</b>
Address	DHMC-PATHOLOGY, 173A MIDDLE ST LANCASTER, NH, 03584
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF VERMONT COLL OF MED BURLINGTON,VT USA 1994
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1995
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1998
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	4814
License Date	8/18/1971
Name	<b>GAGNE, RONALD J MD</b>
Address	MANCHESTER FAMILY HLTH CTR, 57 WEBSTER ST UNIT 110 MANCHESTER, NH, 03104-2553
Specialty	FP
Board Certified	FP
School and Year of Graduation	CREIGHTON UNIV SCHOOL OF MEDICINE USA 1970
Internship and Year	KANSAS CITY GENERAL HOSPITAL - KANSAS CITY, MO 1971
Residency and Year	KANSAS CITY GENERAL HOSPITAL - KANSAS CITY, MO 1971
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	7236
License Date	12/5/1985
Name	<b>GAGNON, DAVID R MD</b>
Address	3 WATER VILLAGE ROAD, OSSIPEE, NH, 03864
Specialty	FP
Board Certified	FP
School and Year of Graduation	BROWN UNIV PROVIDENCE RI USA 1977
Internship and Year	MADIGAN ARMY MED CTR TACOMA WA 1978
Residency and Year	UNIV MA MED CTR WORCESTER MA 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>LAPSED FOR NONRENEWAL 6/30/13 RENEWED 8/19/13</b>

License Number	4013
License Date	3/14/1967
Name	<b>GAGNON, PAUL M MD</b>
Address	1865 MAIN ST, E HARTFORD, CT, 06108
Specialty	PD
Board Certified	
School and Year of Graduation	UNIV OF OTTAWA - ONTARIO, CANADA CANADA 1964
Internship and Year	SPRINGFIELD HOSPITAL - SPRINGFIELD, MA 1965
Residency and Year	SPRINGFIELD HOSPITAL - SPRINGFIELD, MA 1965
License Expiration Date	<b>6/30/2011</b>
Remarks	



License Number 3561  
 License Date 9/15/1962  
 Name **GAGNON, RAYMOND L MD**  
 Address 18 SPRINGFIELD ST, SPRINGFIELD, MA, 01107-1250  
 Specialty IM  
 Board Certified  
 School and Year of Graduation LAVAL UNIVERSITY- QUEBEC CANADA 1960  
 Internship and Year HOTEL-DIEU DE QUEBEC 1960  
 Residency and Year HOTEL-DIEU DE QUEBEC 1960  
 License Expiration Date **6/30/2004**  
 Remarks

License Number 10678  
 License Date 9/1/1999  
 Name **GAIDICI, FLORIN MD**  
 Address WESTCHESTER MED CTR, DEPT OF MED MUNGER PAVILIONVALHALLA, NY, 10595  
 Specialty IM  
 Board Certified  
 School and Year of Graduation INSTITUTE OF MED & PHARMACY BUCURESTI ROMANIA 1993  
 Internship and Year NEW YORK MEDICAL COLLEGE- VALHALLA, NY 1997  
 Residency and Year NEW YORK MEDICAL COLLEGE VALHALLA, NY 1998  
 License Expiration Date **6/30/2000**  
 Remarks

License Number 3815  
 License Date 7/29/1965  
 Name **GAIMARI, FRANK A MD**  
 Address 44 SCOTT AVE, NASHUA, NH, 03062-  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIV OF SASKATCHEWAN - CANADA CANADA 1961  
 Internship and Year ALBANY MEDICAL CENTER - ALBANY, NY 1962  
 Residency and Year PONTIAC GENERAL HOSPITAL - PONTIAC, MI 1965  
 License Expiration Date **6/30/2001**  
 Remarks **Deceased 12/17/2009**

License Number 11909  
 License Date 5/7/2003  
 Name **GAIRE, SUSAN R MD**  
 Address 15400 WATER OAK CT, PUNTA GORDA, FL, 33982  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation TEMPLE UNIV SCH OF MED - PHILADELPHIA, PA USA 1989  
 Internship and Year BROOKE ARMY MEDICAL CENTER - SAN ANTONIO, TX 1990  
 Residency and Year BROOKE ARMY MEDICAL CENTER - SAN ANTONIO, TX 1993  
 License Expiration Date **6/30/2013**  
 Remarks

License Number	15152
License Date	3/2/2011
Name	<b>GAISSERT, HENNING A MD</b>
Address	MASS GEN HOSP, 55 FRUIT ST BOSTON, MA, 02114
Specialty	TS
Board Certified	TS
School and Year of Graduation	TECHNICAL UNIVERSITY OF MUNICH GERMANY 1984
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1986
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11753
License Date	10/2/2002
Name	<b>GALANES, SARI K MD</b>
Address	MT ASCUTNEY HOSPITAL, 289 COUNTY RD WINDSOR, VT, 05089
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF VERMONT, BURLINGTON VT USA 1998
Internship and Year	UNIVERSITY OF VERMONT/FLETCHER ALLEN HEALTH CARE, BURLINGTON VT 2000
Residency and Year	UNIVERSITY OF VERMONT/FLETCHER ALLEN HEALTH CARE, BURLINGTON VT 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>lapsed 6/30/08 - reinstated 1/21/15</b>

License Number	16477
License Date	2/5/2014
Name	<b>GALASSO, ANDREA J DO</b>
Address	27 TAYLOR DR, SPRINGFIELD, VT, 05156
Specialty	IM
Board Certified	IM
School and Year of Graduation	NY COLLEGE OF OSTEOPATHIC MEDICINE USA 2005
Internship and Year	JACOBI MEDICAL CENTER-ALBERT EINSTEIN COM - BRONX, NY 2006
Residency and Year	JACOBI MEDICAL CENTER-ALBERT EINSTEIN COM - BRONX, NY 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10243
License Date	3/4/1998
Name	<b>GALATIS, DEAN J MD</b>
Address	ANESTHESIA ASSOCIATES PA, 1 PILLSBURY ST STE 202 CONCORD, NH, 03301
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV OF MICHIGAN MED SCH - ANN ARBOR, MI USA 1993
Internship and Year	ST JOSEPH MERCY HEALTH SYSTEMS - MI 1994
Residency and Year	MASS GENERAL HOSPITAL - MA 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	2489
License Date	9/12/1946
Name	<b>GALE, ROBERT G MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>8/5/1987</b>
Remarks	<b>DECEASED 8/5/87</b>

License Number	13099
License Date	6/7/2006
Name	<b>GALICKA-PISKORSKA, GRAZYNA MD</b>
Address	42 PARK ST, COLEBROOK, NH, 03576
Specialty	IM
Board Certified	
School and Year of Graduation	WROCLAW MED UNIVERSITY, WROCLAW POLAND POLAND 1968
Internship and Year	TUFTS-NEW ENGLAND MED CTR, BOSTON MA 1983
Residency and Year	TUFTS-NEW ENGLAND MED CTR, BOSTON MA 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13492
License Date	5/9/2007
Name	<b>GALKINA, ELENA B MD</b>
Address	SOUTHERN NH MEDICAL CTR, 29 NORTH WEST BLVD NASHUA, NH, 03063
Specialty	P
Board Certified	P
School and Year of Graduation	IRKUTSK STATE MEDICAL UNIV RUSSIA 1984
Internship and Year	CREEDMOOR PSYCHIATRIC CENTER - QUEENS VILLAGE, NY 11427 2004
Residency and Year	CREEDMOOR PSYCHIATRIC CENTER - QUEENS VILLAGE, NY 11427 2006
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	14499
License Date	7/1/2009
Name	<b>GALL, ROBERT C MD</b>
Address	15477 VENTURA BLVD LL, SHERMAN OAKS, CA, 91403
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV AUTONOMA DE GUADALAJARA MEXICA 1982
Internship and Year	WHITE MEMORIAL MEDICAL CENTER - LOS ANGELES, CA 1985
Residency and Year	WHITE MEMORIAL MEDICAL CENTER - LOS ANGELES, CA 1987
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	12256
License Date	4/7/2004
Name	<b>GALLACHER, BERNARD P MD</b>
Address	NHA, 808 RUSSELL PALMER RD STE 151KINGWOOD, TX, 77339
Specialty	AN
Board Certified	AN
School and Year of Graduation	MCGILL UNIVERSITY, MONTREAL QUEBEC CANADA US 1979
Internship and Year	UNIVERSITY OF TORONTO, TORONTO ONTARIO CANADA 1980
Residency and Year	DALHOUSIE UNIVERSITY, HALIFAX NOVA SCOTIA CANADA 1985
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	7989
License Date	10/12/1988
Name	<b>GALLAGHER, JOHN D MD</b>
Address	289 GOOSE POND RD, LYME, NH, 03768
Specialty	AN
Board Certified	AN
School and Year of Graduation	TUFTS UNIV SCH OF MED -BOSTON,MA USA 1978
Internship and Year	WATERBURY HOSP HLTH CTR-WATERBURY-CT 1979
Residency and Year	HOSP-UNIV OF PA-PHIL,PA 1981
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11020
License Date	8/2/2000
Name	<b>GALLAGHER, MAUREEN A MD</b>
Address	HAMPTON INTERNAL MEDICINE, 55 HIGH ST STE 201HAMPTON, NH, 03842
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF PITTSBURGH SCH - PITTSBURGH, PA USA 1997
Internship and Year	ALLEGHENY GENERAL HOSPITAL - PITTSBURGH, PA 1998
Residency and Year	ALLEGHENY GENERAL HOSPITAL - PITTSBURGH, PA 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15426
License Date	10/21/2011
Name	<b>GALLAGHER, SCOTT F MD</b>
Address	WOLFEBORO GEN SURGERY/HUGGINS HOS, 240 SOUTH MAIN ST STE LWOLFEBORO, NH, 03894
Specialty	GS
Board Certified	GS
School and Year of Graduation	OHIO STATE UNIVERSITY USA 1997
Internship and Year	UNIVERSITY OF SOUTH FLORIDA MEDICAL CENTER - TAMPA, FL 1998
Residency and Year	UNIVERSITY OF SOUTH FLORIDA MEDICAL CENTER - TAMPA, FL 2002
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	17263
License Date	9/2/2015
Name	<b>GALLAGHER, THOMAS C DO</b>
Address	601 RIVER RD, YARDLEY, PA, 19067-1906
Specialty	DR
Board Certified	DR
School and Year of Graduation	NEW YORK COLLEGE OF OSTEOPATHIC MEDICINE - NY USA 1982
Internship and Year	METROPOLITAN HOSPITAL- PHILADELPHIA, PA 1985
Residency and Year	UMDNJ SOM KENNEDY MEMORIAL HOSPITAL- STRATFORD, NJ 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10823
License Date	2/2/2000
Name	<b>GALLEN, JONATHAN S MD</b>
Address	ANESTHESIA AND PAIN SPECIALIST, 8 BREWER WAYHINGHAM, MA, 02043
Specialty	AN
Board Certified	AN
School and Year of Graduation	MEDICAL COLL OF GEORGIA SCH - AUGUSTA,GA USA 1981
Internship and Year	BOSTON UNIV MEDICAL CENTER - ROXBURY, MA 1982
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1986
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	14679
License Date	12/2/2009
Name	<b>GALLO, RALPH C MD</b>
Address	505 SUSSEX RD, WYNNEWOOD, PA, 19096
Specialty	PD
Board Certified	PD
School and Year of Graduation	TEMPLE UNIVERSITY USA 1974
Internship and Year	CHILDREN'S HOSPITAL OF PHILADELPHIA - PHILADELPHIA, PA 1975
Residency and Year	CHILDRENS HOSPITAL OF PHILADELPHIA - PHILADELPHIA, PA 1976
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/6/15</b>

License Number	12528
License Date	11/3/2004
Name	<b>GALLOWAY, JOHN A MD</b>
Address	37 SOUTH RD, (E CORNWALL)LITCHFIELD, CT, 06759
Specialty	GS
Board Certified	GS
School and Year of Graduation	VANDERBILT UNIVERSITY, NASHVILLE TN US 1962
Internship and Year	YALE-NEW HAVEN MED CTR, NEW HAVEN CT 1966
Residency and Year	YALE-NEW HAVEN MED CTR, NEW HAVEN CT 1967
License Expiration Date	<b>6/30/2008</b>
Remarks	<b>DECEASED 8/22/08</b>

License Number 2285  
 License Date 8/6/1941  
 Name **GALT, JESSE M MD**  
 Address , , ,  
 Specialty  
 Board Certified  
 School and Year of Graduation  
 Internship and Year  
 Residency and Year  
 License Expiration Date **4/28/1994**  
 Remarks **DECEASED 3/10/97**

License Number 8889  
 License Date 2/3/1993  
 Name **GALUCKI, SHIRLEY V MD**  
 Address 5 WASHINGTON PLACE, BEDFORD, NH, 03110  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation SUNY AT BUFFALO SCH OF MED & BIOMEDICALSC USA 1985  
 Internship and Year LANKENAU HOSPITAL - WYNNEWOOD PA 1989  
 Residency and Year LANKENAU HOSPITAL - WYNNEWOOD PA 1989  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14377  
 License Date 4/1/2009  
 Name **GALVIN, HANNAH K MD**  
 Address ATHENA HEALTH, INC, 311 ARSENAL STWATERTOWN, MA, 02472  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation HARVARD MEDICAL SCHOOL USA 2005  
 Internship and Year CHILDRENS MEMORIAL HOSPITAL - CHICAGO, IL 2006  
 Residency and Year CHILDRENS HOSPITAL - BOSTON, MA 2008  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11793  
 License Date 12/4/2002  
 Name **GAMBACH, JEFFREY R MD**  
 Address 5 COTTAGE CT, WHITE RIVE JCT, VT, 05001  
 Specialty R  
 Board Certified  
 School and Year of Graduation UNIV OF IOWA, IOWA CITY, IA USA 1998  
 Internship and Year UNIV OF VERMONT - FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1999  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2003  
 License Expiration Date **6/30/2003**  
 Remarks

License Number 12903  
 License Date 10/5/2005  
 Name **GANATRA, JYOTSOM B MD**  
 Address MEDICAL EYE CENTER, 250 RIVER RD MANCHESTER, NH, 03104-2420  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation UNIVERSITY OF CALIFORNIA, SAN FRANCISCO CA US 2000  
 Internship and Year ST LUKES-ROOSEVELT HOSP CTR, NEW YORK NY 2001  
 Residency and Year UNIVERSITY OF CALIFORNIA, SAN FRANCISCO CA 2004  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 15532  
 License Date 2/1/2012  
 Name **GANDHI, ASHISH D MD**  
 Address 198 MASS AVE ANNEX, N ANDOVER, MA, 01845  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation PRAMUKHSWAMI MEDICAL COLLEGE INDIA 1994  
 Internship and Year FLUSHING HOSPITAL MEDICAL CENTER - FLUSHING, NY 1998  
 Residency and Year FLUSHING HOSPITAL MEDICAL CENTER - FLUSHING, NY 2000  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9151  
 License Date 5/4/1994  
 Name **GANDHI, BRETT R MD**  
 Address NH GASTROENTEROLOGY, 88 MCGREGOR ST STE 302 MANCHESTER, NH, 03102-  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF NC AT CHAPEL HILL SCH OF MEDICINE USA 1989  
 Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER NY 1992  
 Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER NY 1992  
 License Expiration Date **6/30/2000**  
 Remarks

License Number 16346  
 License Date 10/2/2013  
 Name **GANDHI, SANJAY MD**  
 Address 351 S GREENLEAF ST STE E, PARK CITY, IL, 60085  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation NORTHWESTERN UNIVERSITY SCHOOL OF MEDICINE USA 1997  
 Internship and Year NORTHWESTERN UNIVERSITY PRENTICE WOMENS HOSPITAL - CHICAGO, IL 1998  
 Residency and Year NORTHWESTERN UNIVERSITY PRENTICE WOMENS HOSPITAL - CHICAGO, IL 2001  
 License Expiration Date **6/30/2015**  
 Remarks

License Number	11696
License Date	8/7/2002
Name	<b>GANELLI, RONALD R DO</b>
Address	400 N CENTER ST, EBENSBURG, PA, 15931
Specialty	GS
Board Certified	GS
School and Year of Graduation	DES MOINES UNIV - DES MOINES, IA USA 1964
Internship and Year	METROPOLITAN HOSPITAL - PHILADELPHIA, PA 1966
Residency and Year	UMDNJ-SOM-KENNEDY MEMORIAL HOSPITAL - CHERRY HILL, NJ 1969
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	11733
License Date	9/4/2002
Name	<b>GANEM, DEBORAH J MD</b>
Address	MEDICINE-PEDIATRICS OF NASHUA, 17 PROSPECT ST SUITE N103NASHUA, NH, 03060
Specialty	IM
Board Certified	IM
School and Year of Graduation	COLUMBIA UNIVERSITY COLL-NEW YORK, NY USA 1998
Internship and Year	RHODE ISLAND HOSPITAL- PROVIDENCE, RI 1999
Residency and Year	RHODE ISLAND HOSPITAL- PROVIDENCE, RI 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16218
License Date	7/3/2013
Name	<b>GANESHAPPA, KANCHANA MD</b>
Address	PO BOX 2104, NEW CASTLE, NH, 03854
Specialty	AN
Board Certified	AN
School and Year of Graduation	BAYLOR COLLEGE OF MEDICINE USA 2003
Internship and Year	JOHN PETER SMITH HOSPITAL - FORT WORTH, TX 2004
Residency and Year	BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9373
License Date	3/1/1995
Name	<b>GANG, KATHLEEN M MD</b>
Address	5161 HERMANTOWN RD, HERMANTOWN, MN, 55810
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF IL SCHOOL OF MEDICINE USA 1992
Internship and Year	EASTERN MAINE MEDICAL CENTER - BANGOR ME 1995
Residency and Year	EASTERN MAINE MEDICAL CENTER - BANGOR ME 1995
License Expiration Date	<b>6/30/1998</b>
Remarks	



License Number 9481  
 License Date 7/5/1995  
 Name **GANGAN JR, CELSO A MD**  
 Address 30 TALISMAN TERRACE, OSWEGO, NY, 13126  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF THE PHILIPPINES COLLEGE OF MEDICINE PHILIPPINES 1987  
 Internship and Year MEDICAL CENTER OF CENTRAL MASSACHUSETTS - WORCESTER MA 1995  
 Residency and Year MEDICAL CENTER OF CENTRAL MASSACHUSETTS - WORCESTER MA 1995  
 License Expiration Date **6/30/2001**  
 Remarks

License Number 16788  
 License Date 10/1/2014  
 Name **GANGAR, PAMELA MD**  
 Address 17 WOLF RD, LEBANON, NH, 03766  
 Specialty GS  
 Board Certified  
 School and Year of Graduation EASTERN VIRGINIA MEDICAL SCHOOL USA 2008  
 Internship and Year UNIVERSITY OF ILLINOIS COM @ CHICAGO - CHICAGO, IL 2009  
 Residency and Year UNIVERSITY OF ILLINOIS COM @ CHICAGO - CHICAGO, IL 2011  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 17163  
 License Date 7/1/2015  
 Name **GANGWANI, BHARTI K MD**  
 Address BOSTON CHILDRENS HOSP, 300 LONGWOOD AVE FEGAN 4BOSTON, MA, 02115  
 Specialty OPH  
 Board Certified  
 School and Year of Graduation B J MEDICAL COLLEGE INDIA 1999  
 Internship and Year BOSTON CHILDRENS HOSPITAL - BOSTON, MA 2009  
 Residency and Year BOSTON CHILDRENS HOSPITAL - BOSTON, MA 2011  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14452  
 License Date 6/3/2009  
 Name **GANJI, SRIVIVAS S MD**  
 Address INTRA-OP MONITORING SERVICES, 76 STARBRUSH CIRCOVINGTON, LA, 70433  
 Specialty N  
 Board Certified N  
 School and Year of Graduation ANDHRA UNIVERSITY INDIA 1966  
 Internship and Year UNIVERSITY OF ALABAMA @ BIRMINGHAM - BIRMINGHAM, AL 1973  
 Residency and Year UNIVERSITY OF ALABAMA @ BIRMINGHAM - BIRMINGHAM, AL 1974  
 License Expiration Date **6/30/2013**  
 Remarks

License Number	16219
License Date	7/3/2013
Name	<b>GANNON, LIAM G MD</b>
Address	COPLEY HOSPITAL, 528 WASHINGTON HIGHWAY MORRISVILLE, VT, 05661
Specialty	FP
Board Certified	FP
School and Year of Graduation	SAINT LOUIS UNIVERSITY SCHOOL OF MEDICINE USA 1997
Internship and Year	EAU CLAIRE FAMILY MEDICINE CLINIC - EAU CLAIRE, WI 1998
Residency and Year	EAU CLAIRE FAMILY MEDICINE CLINIC - EAU CLAIRE, WI 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11532
License Date	3/6/2002
Name	<b>GAONKAR, SAMEER N MD</b>
Address	ST ANTHONY HOSP, 401 W HOMER ST MICHIGAN CITY, IN, 46360
Specialty	FP
Board Certified	FP
School and Year of Graduation	KARNATIK UNIV - HUBLI KARNATAKA, INDIA INDIA 1987
Internship and Year	BRONX-LEBANON HOSPITAL - BRONX, NY 1995
Residency and Year	SACREDHART HOSPITAL - ALLENTOWN, PA 1998
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	11447
License Date	11/7/2001
Name	<b>GAPEN, CHRISTOPHER J MD</b>
Address	VISTA STAFFING SOLUTIONS, 675 EAST 2100 SO 390 SALT LAKE CITY, UT, 84106
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF IOWA - IOWA CITY, IA USA 1997
Internship and Year	UNIV OF WISCONSIN HOSPITAL - MADISON, WI 1998
Residency and Year	UNIV OF WISCONSIN HOSPITAL - MADISON, WI 2000
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	16638
License Date	6/4/2014
Name	<b>GARBER, ALAN C MD</b>
Address	DHMC, ONE MEDICAL CTR DR LEBANON, NH, 03756
Specialty	CCM
Board Certified	CCM
School and Year of Graduation	STATE UNIVERSITY OF NY HEALTH SCIENCE CTR USA 1982
Internship and Year	SUNY HEALTH SCIENCES CENTER - BROOKLYN, NY 1983
Residency and Year	SUNY HEALTH SCIENCES CENTER - BROOKLYN, NY 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 11368  
 License Date 9/5/2001  
 Name **GARBITELLI, VINCENT P MD**  
 Address , PO BOX 267WILLISTON PARK, NY, 11596-0267  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation LOYALA UNIV OF CHICAGO - MAYWOOD, IL USA 1977  
 Internship and Year WINTHROP-UNIV HOSPITAL - MINEOLA, NY 1978  
 Residency and Year WINTHROP-UNIV HOSPITAL - MINEOLA, NY 1980  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 16363  
 License Date 11/6/2013  
 Name **GARCIA LOPEZ DE VICTORIA, ELIZABETH MD**  
 Address 11011 MC CORMICK ROAD, SUITE 200HUNT VALLEY, FL, 21031  
 Specialty N  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF PUERTO RICO SCHOOL OF MEDICINE USA 1999  
 Internship and Year MADIGAN ARMY MEDICAL CENTER - TACOMA, WA 2000  
 Residency and Year MADIGAN ARMY MEDICAL CENTER - TACOMA, WA 2003  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12339  
 License Date 6/2/2004  
 Name **GARCIA, CARLOS E MD**  
 Address DIVISION OF CARDIAC SURGERY, CASE MED CTR 11100 EUCLID AVECLEAVELAND, OH, 44106-5011  
 Specialty TS  
 Board Certified TS  
 School and Year of Graduation UNIVERSITY OF UTAH, SALT LAKE CITY UT US 1978  
 Internship and Year OREGON UNIVERSITY, PORTLAND OR 1979  
 Residency and Year OREGON UNIVERSITY, PORTLAND OR 1984  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 11955  
 License Date 6/4/2003  
 Name **GARCIA, EDUARDO MD**  
 Address FOUNDATION NEUROLOGY, 29 NORTHWEST BLVDNASHUA, NH, 03061  
 Specialty N  
 Board Certified N  
 School and Year of Graduation UNIVERSITY OF MONTERREY - MONTERREY MEXICO 1997  
 Internship and Year BOSTON VETERANS AFFAIRS MEDICAL CENTER - JAMAICA PLAIN MA 1999  
 Residency and Year BOSTON UNIVERSITY SCHOOL OF MEDICINE - BOSTON MA 2002  
 License Expiration Date **6/30/2007**  
 Remarks

License Number 4201  
 License Date 4/16/1968  
 Name **GARCIA, EDWARD S MD**  
 Address 419 COOS ST, BERLIN, NH, 03570  
 Specialty U  
 Board Certified  
 School and Year of Graduation NATIONAL UNIV OF MEXICO, MEXICO CITY MEXICO 1961  
 Internship and Year ST BARNABAS MEDICAL CENTER - NEWARK, NJ 1963  
 Residency and Year ST BARNABAS MEDICAL CENTER - NEWARK, NJ 1964  
 License Expiration Date **6/30/2004**  
 Remarks

License Number 15296  
 License Date 7/6/2011  
 Name **GARCIA, LYDIA E MD**  
 Address FOUNDATION MEDICAL PARTNERS, 280 MAIN ST STE 131 NASHUA, NH, 03060  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation NORTHWESTERN UNIVERSITY MEDICAL SCHOOL USA 2006  
 Internship and Year NEW YORK UNIVERSITY MEDICAL CENTER - NY, NY 2007  
 Residency and Year NEW YORK UNIVERSITY MEDICAL CENTER - NY, NY 2010  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14378  
 License Date 4/1/2009  
 Name **GARCIA, MARGRET J MD**  
 Address LEE FAMILY PRACTICE, 65 CALEF HWY STE 200 LEE, NH, 03861-6703  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF THE PHILIPPINES PHILIPPINES 2003  
 Internship and Year PENN STATE UNIV/GOOD SAMARITAN HOSPITAL - LEBANON, PA 2006  
 Residency and Year PENN STATE UNIV/GOOD SAMARITAN HOSPITAL - LEBANON, PA 2008  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11697  
 License Date 8/7/2002  
 Name **GARCIA, NICHOLAS D MD**  
 Address CORE PHYSICIANS LLC, 3 ALUMNI DR, STE 201 EXETER, NH, 03833  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation CORNELL UNIV MEDICAL COLLEGE-NEW YORK, NY US 1995  
 Internship and Year NEW YORK HOSPITAL-NEW YORK, NY 1996  
 Residency and Year NEW YORK HOSPITAL-NEW YORK, NY 2000  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	12655
License Date	4/6/2005
Name	<b>GARCIA-RIVERA, RICARDO MD</b>
Address	11760 SW BIRD ROAD, STE 301MIAMI, FL, 33175
Specialty	N
Board Certified	N
School and Year of Graduation	AMERICAN UNIVERSITY OF THE CARIBBEAN, ST MAARTEN 1981
Internship and Year	UNIVERSITY OF MIAMI, MIAMI FL 1982
Residency and Year	TULANE UNIVERSITY, NEW ORLEANS LA 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13537
License Date	6/6/2007
Name	<b>GARCIA-SERRA, ALLIE M MD</b>
Address	607 RENAISSANCE LN, DELRAY BEACH, FL, 33483
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF ICLAHOMA USA 1999
Internship and Year	EMORY UNIV SCHOOL OF MEDICINE - ATLANTA, GA 2000
Residency and Year	J HILLIS MILLER HEALTH CENTER - GAINESVILLE , FL 2002
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	10330
License Date	7/1/1998
Name	<b>GARDNER, E BENJAMIN MD</b>
Address	CHOATE ROSEMARY HALL, 333 CHRISTIAN STWALLINGFORD, CT, 06492
Specialty	PD
Board Certified	PD
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1996
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER- LEBANON, NH 1997
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14796
License Date	4/7/2010
Name	<b>GARDNER, HENRY J MD</b>
Address	DARTMOUTH-HITCHCOCK CLINIC, 69 ISLAND ST STE CKEENE, NH, 03431
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF UTAH USA 1968
Internship and Year	UNIVERSITY OF UTAH HEALTH SCIENCE CENTER - SALT LAKE CITY, UT 1969
Residency and Year	MCKAY-DEE FAMILY PRACTICE CENTER - OGDEN, UT 1973
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	4657
License Date	2/16/1971
Name	<b>GARDNER, HOWARD M MD</b>
Address	N E NEUROLOGICAL ASSOC PC, 354 MERRIMACK ST BLDG 1LAWRENCE, MA, 01843
Specialty	NS
Board Certified	NS
School and Year of Graduation	UNIV OF VIRGINIA USA 1961
Internship and Year	N E MEDICAL CENTER HOSPITAL - BOSTON, MA 1962
Residency and Year	PRESBYTERRIAN HOSPITAL - NY, NY 1967
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12455
License Date	9/1/2004
Name	<b>GARDNER, MARY A MD</b>
Address	NORTHERN NH ORTHOPEDICS, PO BOX 2540NORTH CONWAY, NH, 03860
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIVERSITY OF CALIFORNIA, LOS ANGELES CA US 1989
Internship and Year	CLEVELAND CLINIC FOUNDATION, CLEVELAND OH 1994
Residency and Year	VANDERBILT UNIVERSITY, NASHVILLE TN 1995
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	11794
License Date	12/4/2002
Name	<b>GARDNER, TIMOTHY B MD</b>
Address	DHMC GASTROENTEROLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	GE
Board Certified	GE
School and Year of Graduation	UNIV OF CONNECTICUT SCH OF MED - FARMINGTON, CT USA 2000
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2001
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14379
License Date	4/1/2009
Name	<b>GAREY, MICHAEL K MD</b>
Address	1355 N 400 E, CENTERVILLE, UT, 84014
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIFORMED SERVICES UNIV OF HEALTH SCIENCES USA 1987
Internship and Year	KEESLER MEDICAL CENTER - KEESLER AFB, MD 1988
Residency and Year	
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	10993
License Date	7/5/2000
Name	<b>GARFINKLE, ANDREW M MD</b>
Address	LACONIA EYE & LASER CENTER, PO BOX 7625GILFORD, NH, 03249
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIV OF WASHINGTON SCH OF MED - SEATTLE, WA USA 1984
Internship and Year	MONTREAL GENERAL HOSPITAL - MONTREAL, CANADA 1985
Residency and Year	MC GILL UNIV - MONTREAL, CANADA 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11130
License Date	12/6/2000
Name	<b>GARG, ABHINAV MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03766
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF VIRGINIA SCH OF MED - CHARLOTTESVILLE, VA USA 1998
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1999
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	15872
License Date	10/3/2012
Name	<b>GARG, KABUL S MD</b>
Address	CARDIOLOGY & INTERNAL MED, 666 GEORGE STNEW HAVEN, CT, 06511
Specialty	CD
Board Certified	CD
School and Year of Graduation	GOVERNMENT MEDICAL COLLEGE PATIALA INDIA 1973
Internship and Year	ST LUKES HOSPITAL - CHESTERFIELD, MO 1978
Residency and Year	ST LUKES HOSPITAL - CHESTERFIELD, MO 1980
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16307
License Date	9/4/2013
Name	<b>GARG, MEENAKSHI MD</b>
Address	ST JOSPEH INTERNAL MED, 17 RIVERSIDE ST STE 202NASHUA, NH, 03062
Specialty	IM
Board Certified	IM
School and Year of Graduation	SANTOSH MEDICAL COLLEGE INDIA 2003
Internship and Year	BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 2008
Residency and Year	BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 2010
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	3588
License Date	2/1/1963
Name	<b>GARGER, WALTER N MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1991</b>
Remarks	

License Number	17264
License Date	9/2/2015
Name	<b>GARGIULO III, NICHOLAS J MD</b>
Address	PO BOX 528, COOPERSTOWN, NY, 13326-0528
Specialty	GS
Board Certified	GS
School and Year of Graduation	MT SINAI SCHOOL OF MEDICINE- NEW YORK, NY USA 1995
Internship and Year	ALBERT EINSTEIN COM - BRONX, NY 1996
Residency and Year	ALBERT EINSTEIN COM - BRONX, NY 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10616
License Date	7/7/1999
Name	<b>GARGIULO, ANTONIO R MD</b>
Address	BRIGHAM WOMENS HOSPITAL, 75 FRANCIS ST ASB-1BOSTON, MA, 02115
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	FAC OF MED SUR UNIV OF NAPLES ITALY 1989
Internship and Year	UNIV OF TEXAS MED SCH AT HOUSTON - HOUSTON, TX 1993
Residency and Year	UNIV OF TEXAS MED SCH AT HOUSTON - HOUSTON, TX 1994
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7412
License Date	8/14/1986
Name	<b>GARHART, SALLY J MD</b>
Address	SOUHEGAN OCCUPATIONAL MEDICINE, PO BOX 6274AMHERST, NH, 03031
Specialty	
Board Certified	IM
School and Year of Graduation	UNIV OF MO COLUMBIA SCH MED COLUMBIA MO USA 1983
Internship and Year	UNIV MA HOSP MED CTR WORCESTER MA 1984
Residency and Year	UNIV MA HOSP MED CTR WORCESTER MA 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number 13245  
 License Date 9/6/2006  
 Name **GARIBALDI, ABEL A MD**  
 Address SURGICAL ASSOCIATES, 580 ST JOHNSBURY RD STE DLITTLETON, NH, 03561  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation UNIV OF DE CHILE CHILE 1974  
 Internship and Year UNIV OF MINNESOTA -MINNEAPOLIS MN 1971  
 Residency and Year TEXAS A & M SCOTT & WHITE-TEMPLE TX 1975  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 14453  
 License Date 6/3/2009  
 Name **GARIN-LAFLAM, MONICA P MD**  
 Address DHMC-DEPT OF PEDIATRIC GASTRO, ONE MED CTR DRLEBANON, NH, 03756  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIVERSITY OF MIAMI USA 2001  
 Internship and Year UNIVERSITY OF MIAMI SCHOOL OF MEDICINE- MIAMI, FL 2002  
 Residency and Year UNIVERSITY OF MIAMI SCHOOL OF MEDICINE - MIAMI, ML 2004  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 13246  
 License Date 9/6/2006  
 Name **GARLIN, DEBRA L DO**  
 Address FAMILY PRACTICE OF MERRIMACK, 696 DW HWYMERRIMACK, NH, 03054  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation LAKE ERIE COLLEGE USA 2002  
 Internship and Year ST LUKES HOSPITAL-ALLENTOWN PA 2003  
 Residency and Year ST LUKES HOSPITAL-ALLENTOWN PA 2005  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13796  
 License Date 1/11/2008  
 Name **GARRA, BRIAN S MD**  
 Address WASHINGTON DC VA MED CTR/RADIO, 50 IRVING ST NWWASHINGTON, DC, 20422  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIV OF WASHINGTON USA 1976  
 Internship and Year UNIV OF UTAH SCHOOL OF MEDICINE - SALT LAKE CITY, UT 1977  
 Residency and Year UNIV OF UTAH SCHOOL OF MEDICINE - SALT LAKE CITY, UT 1980  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 13426  
 License Date 3/7/2007  
 Name **GARRELL, RONALD H MD**  
 Address MARLBORO RADIOLOGY ASSOC, 157 UNION ST MARLBORO, MA, 01752  
 Specialty R  
 Board Certified R  
 School and Year of Graduation TUFTS UNIV USA 1986  
 Internship and Year NEWTON-WELLESLEY HOSPITAL - NEWTON, MA 1987  
 Residency and Year NEW ENGLAND MEDICAL CTR - TUFTS UNIV - BOSTON, MA 1991  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 11242  
 License Date 5/2/2001  
 Name **GARRETSON, ADAM D MD**  
 Address HOOKSETT MEDICAL CENTER, 1256 HOOKSETT ROAD HOOKSETT, NH, 03106  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation VIRGINIA COMMONWEALTH UNIVERSITY USA 1997  
 Internship and Year LANCASTER GENERAL HOSPITAL - LANCASTER PA 1998  
 Residency and Year LANCASTER GENERAL HOSPITAL - LANCASTER PA 2000  
 License Expiration Date **6/30/2007**  
 Remarks

License Number 6042  
 License Date 5/3/1979  
 Name **GARRETT, LEE S MD**  
 Address VA OUTPATIENT CLINIC, 5420 HWY 70 W MOREHEAD CITY, NC, 28557  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation MC GILL UNIVERSITY MONTREAL USA 1976  
 Internship and Year ST JOSEPHS HOSPITAL - LONDON, ONTARIO 1977  
 Residency and Year CITY OF LONDON COUNTY OF MIDDLESEX - ONTARIO, CANADA 1978  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11213  
 License Date 4/4/2001  
 Name **GARRISON, CHARLES P MD**  
 Address 2205 CORPORATE PLAZA PKWY, STE 100 SMYRNA, GA, 30080  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation INDIANA UNIV - INDIANAPOLIS, IN USA 1977  
 Internship and Year EMORY UNIV SCH - ATLANTA, GA 1978  
 Residency and Year EMORY UNIV SCH - ATLANTA, GA 1981  
 License Expiration Date **6/30/2002**  
 Remarks

License Number	6064
License Date	6/11/1979
Name	<b>GARRISON, RICHARD C MD</b>
Address	6 MILLSTREAM DR, EXETER, NH, 03833
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1975
Internship and Year	MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1976
Residency and Year	MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1979
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6530
License Date	5/6/1982
Name	<b>GARSTKA, ALAN E MD</b>
Address	ELLIOT CARDIOVASCULAR CONSULT, 1 ELLIOT WAY STE 100MANCHESTER, NH, 03103-3545
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIV OF MASS SCH MED - WORCESTER, MA USA 1977
Internship and Year	ROCHESTER GENERAL HOSPITAL - ROCHESTER, NY 1978
Residency and Year	ROCHESTER GENERAL HOSPITAL - ROCHESTER, NY 1980
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16220
License Date	7/3/2013
Name	<b>GARVER, JENNIE V MD</b>
Address	178 CAROW ST, SUITE 250SPRINGFIELD, MA, 01104
Specialty	ORS
Board Certified	
School and Year of Graduation	UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE USA 2008
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5179
License Date	6/10/1974
Name	<b>GARVIN, WILLIAM F MD</b>
Address	NEBRASKA ORTHOPAEDIC & SPORTS, 575 S 70TH STE 200LINCOLN, NE, 68510
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	BOSTON UNIV SCHOOL OF MEDICINE USA 1972
Internship and Year	ALBANY MEDICAL CENTER - ALBANY, NY 1973
Residency and Year	ALBANY MEDICAL CENTER - ALBANY, NY 1974
License Expiration Date	<b>6/30/2008</b>
Remarks	Deceased 5/18/13

License Number	11910
License Date	5/7/2003
Name	<b>GASSERT JR, THOMAS H MD</b>
Address	585 MASSACHUSETTS AVE, ACTON, MA, 01720
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF NEW JERSEY - NEWARK, NJ USA 1992
Internship and Year	JOHNS HOPKINS BAYVIEW MEDICAL CENTER - BALTIMORE, MD 1993
Residency and Year	JOHNS HOPKINS BAYVIEW MEDICAL CENTER - BALTIMORE, MD 1994
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15873
License Date	10/3/2012
Name	<b>GASTINEAU, DENNIS A MD</b>
Address	MAYO CLINIC, 200 1ST ST SW ROCHESTER, MN, 55905
Specialty	IM
Board Certified	IM
School and Year of Graduation	MAYO MEDICAL SCHOOL USA 1978
Internship and Year	UNIVERSITY OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 1979
Residency and Year	UNIVERSITY OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 1981
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	14250
License Date	12/3/2008
Name	<b>GATES, JO ANN MD</b>
Address	CORE PHYSICIANS LLC - EPPING REGIONAL HEALTH CTR, 212 CALEF HIGHWAY EPPING, NH, 03042
Specialty	PD
Board Certified	PD
School and Year of Graduation	THOMAS JEFFERSON UNIV USA 2002
Internship and Year	CONNECTICUT CHILDRENS MEDICAL CENTER - HARTFORD, CT 2003
Residency and Year	CONNECTICUT CHILDRENS MEDICAL CENTER - HARTFORD, CT 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5740
License Date	6/13/1977
Name	<b>GATICALES, MARIA C MD</b>
Address	1 MOULTON AVE, GREENLAND, NH, 03840-
Specialty	P
Board Certified	
School and Year of Graduation	FAR EASTERN UNIVERSITY-MANILA PHILIPPINES PHILIPPINES 1964
Internship and Year	LUTHERAN MEDICAL CENTER-CLEVELAND OH 1971
Residency and Year	WORCESTER CITY HOSPITAL-WORCESTER MA 1972
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17109
License Date	6/3/2015
Name	<b>GATTEY, PHILIP H MD</b>
Address	103 BOULDER PT DR, PLYMOUTH, NH, 03264
Specialty	ORS
Board Certified	
School and Year of Graduation	UNIV OF SASKATCHEWAN COLLEGE OF MEDICINE CANADA 1980
Internship and Year	UNIVERSITY OF SASKATCHEWAN - SASKATOON, CANADA 1982
Residency and Year	UNIVERSITY OF SASKATCHEWAN - SASKATOON, CANADA 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7647
License Date	7/8/1987
Name	<b>GAUDET, CHARLES J MD</b>
Address	PISCATAQUA PLASTIC SURGERY PA, 330 BORTHWICK AVE STE 206PORTSMOUTH, NH, 03801-4174
Specialty	PS
Board Certified	PS
School and Year of Graduation	BROWN UNIV PROGRAM IN MEDICINE USA 1980
Internship and Year	UNIVERSITY HOSPITAL - BOSTON MA 1981
Residency and Year	ALBANY MEDICAL CENTER HOSPITAL - ALBANY NY 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	2986
License Date	9/9/1953
Name	<b>GAURON JR, EDMOND F MD</b>
Address	36 S MAIN ST PO BOX 1574, SEABROOK, NH, 03874-
Specialty	GP
Board Certified	
School and Year of Graduation	TUFTS UNIVERSITY USA 1952
Internship and Year	CENTRAL MAINE GENERAL HOSPITAL - LEWISTON, ME 1953
Residency and Year	CENTRAL MAINE GENERAL HOSPITAL - LEWISTON, ME 1953
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	10447
License Date	11/4/1998
Name	<b>GAUTHIER, NAOMI S MD</b>
Address	CHAD AT WDH, 789 CENTRAL AVEDOVER, NH, 03820
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF MASS MED CTR - WORCESTER, MA USA 1991
Internship and Year	UNIV OF CALIFORNIA DAVIS MEDICAL CENTER - SACRAMENTO, CA 1992
Residency and Year	UNIV OF CALIFORNIA DAVIS MEDICAL CENTER - SACRAMENTO, CA 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10784
License Date	12/1/1999
Name	<b>GAUTIER, MARC MD</b>
Address	DARTMOUTH HITCHCOCK MEDICAL, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1986
Internship and Year	PRESBYTERIAN HOSPITAL - NEW YORK, NY 1989
Residency and Year	PRESBYTERIAN HOSPITAL - NEW YORK, NY 1990
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12876
License Date	9/7/2005
Name	<b>GAVRIS, MIHAI F MD</b>
Address	CONCORD HOSP, 250 PLEASANT STCONCORD, NH, 03301
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF DIN CRAIOVA, CRAIOVA ROMANIA ROMANIA 1995
Internship and Year	EASTON HOSPITAL, EASTON PA 2000
Residency and Year	EASTON HOSPITAL, EASTON PA 2002
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	6167
License Date	3/6/1980
Name	<b>GAW JR, WILLIAM H MD</b>
Address	201 DRINKWATER RD, KENSINGTON, NH, 03833-5623
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	MED FAC DER UNIV GRAZ, GRAZ AUSTRIA 1976
Internship and Year	CITY HOSP. OF LEOBEN, AUSTRIA 1976
Residency and Year	BRIDGEPORT HOSP. BRIDGEPORT, CT 1980
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9947
License Date	3/5/1997
Name	<b>GAWOSKI, JOHN M MD</b>
Address	LAHEY CLINIC, 41 MALL RDBURLINGTON, MA, 01805
Specialty	CLP
Board Certified	PTH
School and Year of Graduation	MCGILL UNIV FAC OF MED MONTREAL CANADA CANADA 1978
Internship and Year	NEW ENGLAND MEDICAL CENTER HOSPITAL - MA 1980
Residency and Year	NEW ENGLAND DEACONESS HOSPITAL - MA 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 16906  
 License Date 1/21/2015  
 Name **GAYED, PETER MD**  
 Address 77 MEADOW RD, NORTHBOROUGH, MA, 01532  
 Specialty IM  
 Board Certified  
 School and Year of Graduation ASSIUT UNIVERSITY EGYPT 2006  
 Internship and Year CAPITAL HEALTH REGIONAL MEDICAL CENTER - TRENTON, NJ 2013  
 Residency and Year CAPITAL HEALTH REGIONAL MEDICAL CENTER - TRENTON, NJ 2015  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 5402  
 License Date 8/12/1975  
 Name **GAYLOR, MICHAEL S MD**  
 Address 56 UPLAND RD, WILLIAMSPORT, PA, 17701  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIV OF PITTSBURGH SCH OF MED - PA USA 1972  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1973  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1975  
 License Expiration Date **6/30/2007**  
 Remarks **5/15/97 DISIPLINARY ACTION REINSTATED 3/3/99**

License Number 15752  
 License Date 7/11/2012  
 Name **GAYNOR-KRUPNICK, DARLENE M DO**  
 Address MANCHESTER UROLOGY ASSOC, 4 ELLIOT WAY STE 200MANCHESTER, NH, 03103  
 Specialty U  
 Board Certified U  
 School and Year of Graduation NOVA SOUTHEASTERN UNIV COLLEGE OF MEDICINE USA 1997  
 Internship and Year UMDNJ SCHOOL OF OSTEOPATHIC MEDICINE - STRATFORD, NJ 1998  
 Residency and Year UMDNJ SCHOOL OF OSTEOPATHIC MEDICINE - STRATFORD, NJ 1999  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 7946  
 License Date 8/10/1988  
 Name **GEAGAN, KATHLEEN A MD**  
 Address MT ASCUTNEY HOSPITAL, 289 COUNTY RDWINDSOR, VT, 05089-  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1985  
 Internship and Year EASTERN VIRGINIA GRADUATE SCHOOL OF MEDICINE - NORFOLK VA 1988  
 Residency and Year EASTERN VIRGINIA GRADUATE SCHOOL OF MEDICINE - NORFOLK VA 1988  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	9852
License Date	10/2/1996
Name	<b>GEAR, JOSHUA L MD</b>
Address	, 20 LADD STPORTSMOUTH, NH, 03801
Specialty	CHP
Board Certified	P
School and Year of Graduation	UNIV OF ILLINOIS COLLEGE OF MEDICINE - CHICAGO, IL USA 1990
Internship and Year	UNIV OF ILLINOIS COLLEGE OF MEDICINE - CHICAGO, IL 1991
Residency and Year	YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13151
License Date	7/5/2006
Name	<b>GEBHARDT, MARK C MD</b>
Address	BETH ISRAEL DEACONESS MED CTR, 330 BROOKLINE AVE STONE MAN 10BOSTON, MA, 02215
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIV OF CINCINNATI USA 1975
Internship and Year	UNIV HEALTH CTR OF PITTSBURGH-PITTSBURGH, PA 1977
Residency and Year	UNIV HEALTH CTR OF PITTSBURGH-PITTSBURGH, PA 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11592
License Date	5/1/2002
Name	<b>GEDACHIAN, ROBERT K MD</b>
Address	CENTRAL MASS ALLERGY ASTHMA, 100 MLK JR BLVDWORCESTER, MA, 01608
Specialty	A
Board Certified	AI
School and Year of Graduation	UNIV OF VIRGINIA - CHARLOTTESVILLE, VA USA 1966
Internship and Year	SUNY HEALTH SCI CTR - SYRACUSE, NY 1967
Residency and Year	SCHNEIDER CHILDRENS HOSPITAL/LONG ISLAND JEWISH MEDICAL CENTER - NEW HYDE PARK, NY
License Expiration Date	<b>6/7/2015</b>
Remarks	Requested inactive 6/7/2015.

License Number	11309
License Date	7/11/2001
Name	<b>GEE-GOTT, LANA MD</b>
Address	SUMMIT MEDICAL GROUP, 220 COTTAGE STLITTLETON, NH, 03561
Specialty	FP
Board Certified	
School and Year of Graduation	EASTERN VIRGINIA MEDICAL SCHOOL USA 1998
Internship and Year	STANISLAUS RES PROGRAM/DRS MED CTR MODESTO CA 1999
Residency and Year	STANISLAUS RES PROGRAM/DRS MED CTR MODESTO CA 2000
License Expiration Date	<b>6/30/2002</b>
Remarks	



License Number 16270  
 License Date 8/7/2013  
 Name **GEFFE, KEVIN T DO**  
 Address 118 SANDHILL DR STE 203, MIDDLETOWN, DE, 19709  
 Specialty CCS  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2007  
 Internship and Year CHRISTIANA CARE HEALTH SERVICES - NEWARK, DE 2008  
 Residency and Year CHRISTIANA CARE HEALTH SERVICES - NEWARK, DE 2012  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12378  
 License Date 7/7/2004  
 Name **GEFFKEN, DOMINIC F MD**  
 Address CONCORD HOSP FAMILY HLTH CTR, 250 PLEASANT STCONCORD, NH, 03301  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF VERMONT, BURLINGTON VT US 1999  
 Internship and Year UNIVERSITY OF MA, WORCESTER MA 2000  
 Residency and Year UNIVERSITY OF MA, WORCESTER MA 2002  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 8632  
 License Date 9/4/1991  
 Name **GEGGEL, ROBERT L MD**  
 Address CHILDREN HOSPITAL, 300 LONGWOOD AVEBOSTON, MA, 02115  
 Specialty PDC  
 Board Certified PDC  
 School and Year of Graduation UNIV OF PENNSYLVANIA SCH OF MED - PHILA, PA USA 1978  
 Internship and Year CHILDREN'S HOSPITAL - BOSTON, MA 1979  
 Residency and Year CHILDREN'S HOSPITAL - BOSTON, MA 1981  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 8241  
 License Date 11/1/1989  
 Name **GEHR, GERALD MD**  
 Address DARTMOUTH-HITCHCOCK NASHUA, 2300 SOUTHWOOD DRIVENASHUA, NH, 03063-1818  
 Specialty HO  
 Board Certified HO  
 School and Year of Graduation BAYLOR COLL OF MED - HOUSTON, TX USA 1974  
 Internship and Year CARNEY HOSPITAL - BOSTON,MA 1975  
 Residency and Year UNIV HOSPITAL - BOSTON, MA 1979  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	14869
License Date	6/2/2010
Name	<b>GEHRIG, KATHRYN A MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	D
Board Certified	D
School and Year of Graduation	UNIVERSITY OF MINNESOTA USA 2007
Internship and Year	HENNEPIN COUNTY MEDICAL CENTER - MINNEAPOLIS, MN 2008
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	12377
License Date	7/7/2004
Name	<b>GEILING, JAMES A MD</b>
Address	VA MEDICAL CTR, 215 NORTH MAIN STWHITE RIVER JCT, VT, 05009
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIFORMED SERVICES UNIVERSITY, BETHESDA MD US 1982
Internship and Year	LETTERMAN ARMY MED CTR, TACOMA WA 1983
Residency and Year	LETTERMAN ARMY MED CTR, TACOMA WA 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7777
License Date	2/3/1988
Name	<b>GEIST, RICHARD F MD</b>
Address	13-19 STANHOPE ST APT 1A, BOSTON, MA, 02116-5127
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF PA SCH MED PHILADELPHIA PA USA 1975
Internship and Year	BOSTON CITY HOSP BOSTON MA 1976
Residency and Year	BOSTON CITY HOSP BOSTON MA 1978
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	9152
License Date	5/4/1994
Name	<b>GELB, DANIEL J MD</b>
Address	MONADNOCK COMMUNITY HOSP, 452 OLD STREET RD STE 302PETERBOROUGH, NH, 03458-
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	JEFFERSON MEDICAL COLLEGE USA 1987
Internship and Year	GEISINGER MEDICAL CENTER - DANVILLE PA 1991
Residency and Year	GEISINGER MEDICAL CENTER - DANVILLE PA 1991
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number 10836  
 License Date 2/2/2000  
 Name **GELETKA, SUSAN M MD**  
 Address 9275 W CALLA RD, CANFIELD, OH, 44406-9459  
 Specialty R  
 Board Certified R  
 School and Year of Graduation THOMAS JEFFERSON UNIV - PHILADELPHIA, PA USA 1980  
 Internship and Year WESTERN RESERVE HEALTHCARE - YOUNGSTOWN, OH 1981  
 Residency and Year WESTERN RESERVE HEALTHCARE - YOUNGSTOWN, OH 1984  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11734  
 License Date 9/4/2002  
 Name **GELFAND, BRIAN J MD**  
 Address BRIGHAM AND WOMEN'S HOSP, 75 FRANCIS ST BOSTON, MA, 02115  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation FINCH UNIVERSITY, NORTH CHICAGO IL USA 1991  
 Internship and Year MONTEFIORE MEDICAL CTR, BRONX, NY 1992  
 Residency and Year MAINE MEDICAL CTR, PORTLAND ME 1996  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 10081  
 License Date 8/6/1997  
 Name **GELFAND, STEVEN B MD**  
 Address NEUROPSYCHIATRIC ASSOC INC, 850 HOSPITAL RD STE 2200 INDIANA, PA, 15701  
 Specialty N  
 Board Certified P  
 School and Year of Graduation UNIV CETEC SCH OF MED SANTO DOMINGO DOMINIC REPUBLIC 1983  
 Internship and Year UNIV HOSPITAL-SUNY HLTH S C BROOKLYN - NY 1984  
 Residency and Year UNIV HOSPITAL-SUNY HLTH S C BROOKLYN - NY 1989  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 10423  
 License Date 10/7/1998  
 Name **GELLER, AARON S MD**  
 Address NASHUA PAIN MANGMNT CORP, EXIT 6 OFF BLDG 154 BROAD ST NASHUA, NH, 03049  
 Specialty PM  
 Board Certified PM  
 School and Year of Graduation UNIV OF PA SCH OF MED - PHILA, PA USA 1991  
 Internship and Year MERCY HOSPITAL OF PITTSBURGH - PITTSBURGH, PA 1992  
 Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1995  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	11698
License Date	8/7/2002
Name	<b>GELLER, ALEXANDER L MD</b>
Address	ROCHESTER INTERNAL MEDICINE, 6 HEALTHCARE DR STE 1 ROCHESTER, NH, 03867
Specialty	IM
Board Certified	IM
School and Year of Graduation	HABAROVSK STATE MED INSTITUTE IN RUSSIA RUSSIA 1980
Internship and Year	CARNEY HOSPITAL - BOSTON, MA 2000
Residency and Year	CARNEY HOSPITAL - BOSTON, MA 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15533
License Date	2/1/2012
Name	<b>GELLER, ANDREW I MD</b>
Address	EMORY REHABILITATION MEDICINE, 1441 CLIFTON RD NE #118 ATLANTA, GA, 30322
Specialty	PM
Board Certified	PM
School and Year of Graduation	UNIVERSITY MASSACHUSETTS MED SCHOOL USA 2008
Internship and Year	CARITAS CARNEY HOSPITAL - BOSTON, MA 2009
Residency and Year	EMORY UNIVERSITY HOSPITAL - ATLANTA, GA 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16037
License Date	3/6/2013
Name	<b>GELLIS, JANICE E MD</b>
Address	DARTMOUTH-HITCHCOCK MEDICAL CENTER, ONE MEDICAL CENTER DRIVE EBANON, NH, 03756
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF VT COLLEGE OF MEDICINE USA 1989
Internship and Year	FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1990
Residency and Year	BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14288
License Date	1/7/2009
Name	<b>GELMAN, JULIE C MD</b>
Address	, PO BOX 128 FRISCO, CO, 80443
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	GEORGE WASHINGTON UNIV USA 1992
Internship and Year	GEORGE WASHINGTON UNIV-WASHINGTON, DC 1993
Residency and Year	GEORGE WASHINGTON UNIV-WASHINGTON, DC 1996
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	12257
License Date	4/7/2004
Name	<b>GELSOMINI-GRUBER, RITA M MD</b>
Address	SEACOAST MENTAL HLTH CTR, 1145 SAGAMORE AVEPORTSMOUTH, NH, 03801
Specialty	CHP
Board Certified	P
School and Year of Graduation	UNIVERSITY OF ZURICH, ZURICH SWITZERLAND SWITZERLAND 1990
Internship and Year	UNIVERSITY OF HAWAII, HONOLULU HI 1996
Residency and Year	DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10387
License Date	9/2/1998
Name	<b>GEMERY, JOHN M MD</b>
Address	DHMC-RADIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF VERMONT - BURLINGTON, VT USA 1992
Internship and Year	FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1993
Residency and Year	FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15248
License Date	6/1/2011
Name	<b>GEMIGNANI, ANTHONY S MD</b>
Address	WRJ VA MED CTR, 215 N MAIN STWRJ, VT, 05009
Specialty	CD
Board Certified	CD
School and Year of Graduation	GEORGETOWN UNIVERSITY USA 2004
Internship and Year	UNIVERSITY OF CHICAGO MEDICAL CENTER - CHICAGO, IL 2005
Residency and Year	UNIVERSITY OF CHICAGO MEDICAL CENTER - CHICAGO, IL 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9362
License Date	2/1/1995
Name	<b>GEMIS, PAUL J MD</b>
Address	ANDOVER SURGICAL, 140 HAVERHILL STANDOVER, MA, 01810-
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY DE L'ETAT A LIEGE - FAC DE MED BELGIUM 1981
Internship and Year	UNIVERSITY OF MA MEDICAL CENTER - WORCESTER MA 1990
Residency and Year	UNIVERSITY OF MA MEDICAL CENTER - WORCESTER MA 1990
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	12061
License Date	9/3/2003
Name	<b>GEMMETT, STEPHEN M MD</b>
Address	THE CARDIOVASCULAR GRP, 19 OLD ROLLINSFORD RD, BLDG BDOVER, NH, 03820
Specialty	VS
Board Certified	VS
School and Year of Graduation	ALBANY MED COLLEGE,ALBANY NY US 1991
Internship and Year	RHODE ISLAND HOSPITAL, PROVIDENCE RI 1992
Residency and Year	RHODE ISLAND HOSPITAL, PROVIDENCE RI 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14163
License Date	9/3/2008
Name	<b>GENC, MEHMET R MD</b>
Address	BRIGHAM & WOMEN'S HOSP, 75 FRANCIS STBOSTON, MA, 02115
Specialty	MFM
Board Certified	OBG
School and Year of Graduation	ISTANBUL UNIV TURKEY 1994
Internship and Year	NEW YORK & PRESBYTERIAN HOSPITAL-CORNELL CAMPUS - NY, NY 1997
Residency and Year	NEW YORK & PRESBYTERIAN HOSPITAL-CORNELL CAMPUS - NY, NY 2000
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	15699
License Date	6/6/2012
Name	<b>GENDELMAN, VLAD MD</b>
Address	17777 VENTURA BLVD STE 100, ENCINO, CA, 91316
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIVERSITY OF CALIFORNIA USA 2004
Internship and Year	SUNY HEALTH SCIENCE CENTER @ BROOKLYN - BROOKLYN, NY 2006
Residency and Year	SUNY HEALTH SCIENCE CENTER @ BROOKLYN - BROOKLYN, NY 2010
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	6815
License Date	11/10/1983
Name	<b>GENDRON JR, ARTHUR L MD</b>
Address	HITCHCOCK CLINIC, 100 HITCHCOCK WAYMANCHESTER, NH, 03101
Specialty	FP
Board Certified	FP
School and Year of Graduation	BOSTON UNIV SCH MED -BOSTON,MA USA 1978
Internship and Year	JACKSON MEM HOSP-MIAMI,FL 1979
Residency and Year	U CT SCH MED INTEG PROG-FARMINGTON,CT 1981
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 8797  
 License Date 9/2/1992  
 Name **GENDRON, ANN M MD**  
 Address COOK CHILDREN'S PRIMARY CARE, 1300 W LANCASTER ST 101 FORT WORTH, TX, 76102  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1989  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER LEBANON - NH 1992  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER LEBANON - NH 1992  
 License Expiration Date **6/30/2000**  
 Remarks

License Number 8932  
 License Date 5/5/1993  
 Name **GENDRON, BARRY C DO**  
 Address SEACOAST AREA PHYSIATRY, 875 GREENLAND RD C-4 PORTSMOUTH, NH, 03801  
 Specialty PM  
 Board Certified PM  
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC USA 1989  
 Internship and Year UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY - ATLANTIC CITY NJ 1990  
 Residency and Year UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW ENGLAND - ATLANTIC CITY NJ 1993  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16108  
 License Date 5/1/2013  
 Name **GENDRON, VALERIE E MD**  
 Address CHESHIRE MEDICAL CENTER, 580-590 COURT ST KEENE, NH, 03431  
 Specialty N  
 Board Certified N  
 School and Year of Graduation UNIVERSITY OF VA SCHOOL OF MEDICINE USA 2008  
 Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2009  
 Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2012  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9110  
 License Date 2/2/1994  
 Name **GENEAREUX, STEPHEN H MD**  
 Address WELLS RIVER CLINIC, 65 MAIN ST WELLS RIVER, VT, 05081-  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1987  
 Internship and Year MEDICAL CENTER HOSPITAL OF VERMONT - BURLINGTON VT 1990  
 Residency and Year MEDICAL CENTER HOSPITAL OF VERMONT - BURLINGTON VT 1990  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	8933
License Date	5/5/1993
Name	<b>GENNARO, MARY-CATHERINE W DO</b>
Address	33 CROSS COUNTRY LN, PLYMOUTH, NH, 03264
Specialty	FP
Board Certified	FP
School and Year of Graduation	PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE USA 1987
Internship and Year	METROPOLITAN HOSPITAL-CENTRAL DIVISION - PHILADELPHIA PA 1988
Residency and Year	METROPOLITAN HOSPITAL-CENTRAL DIVISION - PHILADELPHIA PA 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8934
License Date	5/5/1993
Name	<b>GENNARO, VICTOR DO</b>
Address	ORTHOPEDIC SURGERY, 103 BOULDER POINT DRPLYMOUTH, NH, 03264
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE USA 1984
Internship and Year	METROPOLITAN HOSPITAL CENTRAL - PHILADELPHIA PA 1989
Residency and Year	METROPOLITAN HOSPITAL CENTRAL - PHILADELPHIA PA 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13344
License Date	12/6/2006
Name	<b>GENOVESE, VINCENT P MD</b>
Address	2007 BAY ST, TAUNTON, MA, 02780
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	ST LOUIS UNIV SCHOOL OF MEDICINE USA 1973
Internship and Year	ST LOUIS UNIV SCHOOL OF MEDICINE-ST LOUIS, MO 1974
Residency and Year	ST LOUIS UNIV SCHOOL OF MEDICINE 1975
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	6130
License Date	10/26/1979
Name	<b>GENS JR, JOHN P MD</b>
Address	8 REGINA RD, PORTSMOUTH, NH, 03801
Specialty	GS
Board Certified	GS
School and Year of Graduation	GEORGE WASHINGTON UNIV WASH,DC USA 1971
Internship and Year	GEORGE WASHINGTON HOSP. WASH,DC 1972
Residency and Year	GEORGE WASHINGTON HOSP. WASH,DC 1977
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number	13821
License Date	2/6/2008
Name	<b>GENTA, ROBERT M MD</b>
Address	MIRACA LIFE SCIENCES, 6655 MACARTHUR BLVD IRVING, TX, 75039
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF DEGLI STUDI DI TORINO ITALY 1971
Internship and Year	METROHEALTH MEDICAL CENTER - CLEVELAND, OH 1976
Residency and Year	METROHEALTH MEDICAL CENTER - CLEVELAND, OH 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13586
License Date	7/11/2007
Name	<b>GENTCHOS, CHRISTOPHER E MD</b>
Address	CONCORD ORTHOPAEDICS, 264 PLEASANT ST CONCORD, NH, 03301
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	GEORGETOWN UNIV USA 1997
Internship and Year	HUTZEL HOSPITAL - DETROIT, MI 1998
Residency and Year	HUTZEL HOSPITAL - DETROIT, MI 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13797
License Date	1/11/2008
Name	<b>GENTCHOS, GEORGE E MD</b>
Address	FAHC-RADIOLOGY DEPT, 111 COLCHESTER AVE BURLINGTON, VT, 05401
Specialty	R
Board Certified	R
School and Year of Graduation	GEORGETOWN UNIV USA 1996
Internship and Year	NAT'L NAVAL MEDICAL CENTER-BETHESDA, MD 1997
Residency and Year	UNIV OF VT COLLEGE OF MEDICINE - BURLINGTON, VT 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12877
License Date	9/7/2005
Name	<b>GENUARIO, JAMES W MD</b>
Address	DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty	ORS
Board Certified	
School and Year of Graduation	NORTHWESTERN UNIVERSITY, CHICAGO IL US 2003
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2004
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2006
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number 14918  
 License Date 7/7/2010  
 Name **GEORGE, ELAINA F MD**  
 Address 175 15TH ST NE #217, ATLANTA, GA, 30309  
 Specialty OTO  
 Board Certified OTO  
 School and Year of Graduation MT SINAI SCHOOL OF MEDICINE USA 1992  
 Internship and Year LENOX HILL HOSPITAL - NY, NY 1993  
 Residency and Year LENOX HILL HOSPITAL - NY, NY 1994  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 10709  
 License Date 10/8/1999  
 Name **GEORGE, KAREN E MD**  
 Address DHMC-OBGYN, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation OHIO STATE UNIVERSITY USA 1988  
 Internship and Year UNIVERSITY OF NEW MEXICO-ALBUQUERQUE,NM 1989  
 Residency and Year UNIVERSITY OF NEW MEXICO-ALBQUERQUE,NM 1992  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15658  
 License Date 5/2/2012  
 Name **GEORGE, MARION A MD**  
 Address ELLIOT PEDIATRICS & PRIMARY CARE, 15 FREETOWN RDRAYMOND, NH, 03077  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1992  
 Internship and Year MORRISTOWN MEMORIAL HOSPITAL - MORRISTOWN, NJ 1993  
 Residency and Year MORRISTOWN MEMORIAL HOSPITAL - MORRISTOWN, NJ 1996  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12298  
 License Date 5/5/2004  
 Name **GEORGE, SUZANNE MD**  
 Address COMMONWEALTH HEMATOLOGY-ONCOLO, ONE GENERAL ST LAMPREY 4LAWRENCE, MA, 01842  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF MASS, WORCESTER MA US 1995  
 Internship and Year UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL NC 1996  
 Residency and Year NEW ENGLAND MEDICAL CTR, BOSTON MA 1998  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 10785  
 License Date 12/1/1999  
 Name **GEORGIA, JEFFREY D MD**  
 Address , 76 CHAMPION CIRCLEPITTSBURG, NH, 03592  
 Specialty R  
 Board Certified R  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1981  
 Internship and Year NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1982  
 Residency and Year NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1996  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 6280  
 License Date 9/4/1980  
 Name **GEPHART, DALE S MD**  
 Address MT ASCUTNEY HOSPITAL, 289 COUNTY ROADWINDSOR, VT, 05089  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF SO. CAL.SCH OF MED. CA USA 1966  
 Internship and Year LA CO USC MED. CTR CA 1967  
 Residency and Year DARTMOUTH MED.SCH AFFIL HOSP. HANOVRRER,NH 1970  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 8613  
 License Date 7/17/1991  
 Name **GEPPERT, MARK J MD**  
 Address SEACOAST ORTHOPEDICS & SPORTS, 7 MARSH BROOK DR SOMERSWORTH, NH, 03878  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation NY UNIV SCH OF MED - NY, NY USA 1985  
 Internship and Year UMDNJ- ROBERT WOOD JOHNSON MED SCH - PISCATAWAY, NJ 1986  
 Residency and Year R WOOD JOHNSON UNIV HOSPITAL - NEW BRUNSWICK, NJ 1990  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16221  
 License Date 7/3/2013  
 Name **GERA, AAKANKSHA MD**  
 Address 25 PELHAM RD, STE 103, SALEM, NH, 03079  
 Specialty PD  
 Board Certified  
 School and Year of Graduation JAWAHARLAL NEHRU MEDICAL COLLEGE INDIA 2006  
 Internship and Year SAINT PETERS UNIVERSITY HOSPITAL - NEW BRUNSWICK, NJ 2011  
 Residency and Year SAINT PETERS UNIVERSITY HOSPITAL - NEW BRUNSWICK, NJ 2013  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	11735
License Date	9/4/2002
Name	<b>GERACE, JAMES E MD</b>
Address	C/O PRN, 7320 N DREAMY DRAW DRPHOENIX, AZ, 85020
Specialty	IM
Board Certified	IM
School and Year of Graduation	LOYOLA UNIVERSITY OF CHICAGO, MAYWOOD IL USA 1967
Internship and Year	UNITED HEALTH SERVICES HOSPITALS-WILSON HOSPITAL, JOHNSON CITY NY 1968
Residency and Year	BROOK ARMY MEDICAL CTR, SAN ANTONIO TX 1970
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	10679
License Date	9/1/1999
Name	<b>GERACI, ANTHONY C DO</b>
Address	GERACI MEDICAL SERVICES LLC, 45 BIRCH LANEMYRTLE BEACH, SC, 843-361-15
Specialty	IM
Board Certified	IM
School and Year of Graduation	NEW YORK COLL OF OSTEO MED -OLD WESTBURY, NY USA 1991
Internship and Year	UNESOM/SAINT MICHAEL'S MEDICAL CENTER - NEWARK, NJ 1992
Residency and Year	UNECOM/SAINT MICHAEL'S MEDICAL CENTER - NEWARK, NJ 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>lapsed 6/30/05 - reinstated 7/2/14</b>

License Number	12490
License Date	10/6/2004
Name	<b>GERALDEZ, PAUL I MD</b>
Address	NE INPATIENT SPEC, 120 WATER ST STE 404N ANDOVER, MA, 01845
Specialty	IM
Board Certified	IM
School and Year of Graduation	SOUTHWESTERN UNIVERSITY, PHILIPPINES PHILIPPINES 1992
Internship and Year	MOUNT VERNON HOSPITAL, MOUNT VERNON NY 1996
Residency and Year	MOUNT VERNON HOSPITAL, MOUNT VERNON NY 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>lapsed 6/30/08 - reinstated 10/3/12</b>

License Number	5768
License Date	7/1/1977
Name	<b>GERBER, PAUL D MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	HARVARD MEDICAL SCHOOL BOSTON USA 1972
Internship and Year	MOFFITT UNIV OF CALIF HOSPITAL SAN FRANCISCO 1973
Residency and Year	BETH ISREAL HOSPITAL 1976
License Expiration Date	<b>1/2/2002</b>
Remarks	<b>DECEASED 01/02/02</b>

License Number 7567  
 License Date 5/6/1987  
 Name **GERBER, SAMUEL D MD**  
 Address 14 RESEARCH PLACE, N CHELMSFORD, MA, 01863  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1980  
 Internship and Year MASSACHUSETTS GENERAL HOSPITAL, BOSTON MA 1981  
 Residency and Year MASSACHUSETTS GENERAL HOSPITAL, BOSTON MA 1982  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12786  
 License Date 7/6/2005  
 Name **GERCHMAN, ERIC M MD**  
 Address 373 ROCKY KNOLL RD, DENMARK, ME, 04022  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation ROSALIND FRANKLIN UNIVERSITY, NORTH CHICAGO IL USA 1995  
 Internship and Year LANCASTER GENERAL HOSPITAL, LANCASTER PA 1998  
 Residency and Year LANCASTER GENERAL HOSPITAL, LANCASTER PA 1998  
 License Expiration Date **6/30/2007**  
 Remarks

License Number 13745  
 License Date 11/7/2007  
 Name **GERDING, JOSEPH P MD**  
 Address SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200SOUTH PORTLAND, ME, 04106  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation UNIV OF ILLINOIS USA 2000  
 Internship and Year UNIV OF HAWAII JOHN A BURNS SCHOOL OF MEDICINE - HONOLULU, HI 2001  
 Residency and Year KAPIOLANI MEDICAL CENTER FOR WOMEN & CHILDREN - HONOLULU, HI 2002  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11353  
 License Date 8/1/2001  
 Name **GERHARD, GLENN S MD**  
 Address WEIS CENTER FOR RESEARCH, 100 NORTH ACADEMY AVEDANVILLE, PA, 17822-2600  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation PENNSYLVANIA STATE UNIV - HERSHEY, PA USA 1986  
 Internship and Year LANKANAU RESEARCH INSTITUTE - WYNNWOOD, PA 1987  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1990  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 16709  
 License Date 8/6/2014  
 Name **GERINGER, ALAN M MD**  
 Address CLINICAL ASSOC, 515 FAIRMOUNT AVETOWSON, MD, 21286  
 Specialty U  
 Board Certified U  
 School and Year of Graduation MEDICAL COLLEGE OF WISCONSIN USA 1976  
 Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1977  
 Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1978  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11448  
 License Date 11/7/2001  
 Name **GERKE, KATHERINE F MD**  
 Address VALLEY RADIOLOGIST PA, 243 ELM STCLAREMONT, NH, 03743  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation MEDICAL COLL OF OHIO - TOLEDO, OH USA 1980  
 Internship and Year MEDICAL COLLEGE OF OHIO - TOLEDO, OH 1981  
 Residency and Year MEDICAL COLLEGE OF OHIO - TOLEDO, OH 1982  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 15220  
 License Date 5/4/2011  
 Name **GERKE, PAUL W MD**  
 Address MEDICAL MISSION EXCHANGE INC, 24 COURTYARDHANOVER, NH, 03755  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation WEST VIRGINIA UNIVERSITY SCHOOL OF MEDICINE USA 1975  
 Internship and Year WEST VIRGINIA UNIVERSITY - CHARLESTON, WV 1976  
 Residency and Year UNIVERSITY OF TOLEDO - TOLEDO, OH 1977  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 6508  
 License Date 3/4/1982  
 Name **GERKEN, MADELINE E MD**  
 Address HOME HEALTH HOSPICE CARE, EXECUTIVE PARK DRMERRIMACK, NH, 03054  
 Specialty ON  
 Board Certified ON  
 School and Year of Graduation ALBANY MED COLL UNION UNIV-ALBANY,NY USA 1971  
 Internship and Year RHODE ISLAND HOSP-PROVIDENCE,RI 1972  
 Residency and Year RHODE ISLAND HOSP-PROVIDENCE,RI 1977  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	8554
License Date	6/5/1991
Name	<b>GERLING, BARBARA R MD</b>
Address	DHMC-CARDIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	CD
Board Certified	IM
School and Year of Graduation	UNIV OF S FLORIDA COLL OF MED - TAMPA, FL USA 1980
Internship and Year	NORTH SHORE UNIV HOSPITAL - MANHASSETT, NY 1981
Residency and Year	NORTH SHORE UNIV HOSPITAL - MANHASSETT, NY 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12062
License Date	9/3/2003
Name	<b>GERMAN, KENNETH D MD</b>
Address	2504 MADDINGTON DR, LAS VEGAS, NV, 89134
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	TEMPLE UNIVERSITY, PHILADELPHIA PA US 1965
Internship and Year	NAVAL HOSPITAL OAKLAND, BETHESDA MD 1966
Residency and Year	UNIVERSITY OF OKLAHOMA HEALTH SCIENCE CTR, OKLAHOMA CITY OK 1973
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	11660
License Date	7/3/2002
Name	<b>GERSHMAN, NATALIE L MD</b>
Address	GENY RESEARCH CORP, 1320 CENTRE ST STE 205NEWTON, MA, 02459
Specialty	P
Board Certified	P
School and Year of Graduation	MOSCOW MEDICAL & STOMATOLOGIC INSTITUTE - MOSCOW RUSSIA 1986
Internship and Year	ST ELIZABETH MEDICAL CENTER - BOSTON, MA 1995
Residency and Year	ST ELIZABETH MEDICAL CENTER - BOSTON, MA 1998
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	10208
License Date	1/7/1998
Name	<b>GERSON, LEON L MD</b>
Address	1521 N JANTZEN AVE #309, PORTLAND, OR, 97217
Specialty	P
Board Certified	P
School and Year of Graduation	MEHARRY MED COLL SCH OF MED - NASHVILLE,TN USA 1978
Internship and Year	NAVAL HOSPITAL - CA 1979
Residency and Year	NAVAL HOSPITAL - CA 1983
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	13708
License Date	10/3/2007
Name	<b>GERSON, STEPHEN N MD</b>
Address	12 CLEMATIS RD, LEXINGTON, MA, 02421
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF PITTSBURGH SCHOOL OF MED USA 1969
Internship and Year	NATIONAL PERSONNEL RECORDS CENTER, UNITED STATES PUBLIC HEALTH HOSPITALS - ST LOUIS,
Residency and Year	MCLEAN HOSPITAL - BELMONT, MA 1974
License Expiration Date	<b>9/21/2014</b>
Remarks	Deceased 9/21/14

License Number	7497
License Date	1/26/1987
Name	<b>GESLIEN, G ERIC MD</b>
Address	33 DEPOT RD, STRATHAM, NH, 03885
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF COLORADO - BOULDER, CO USA 1969
Internship and Year	MADIGAN ARMY MEDICAL CENTER - TACOMA, WA 1970
Residency and Year	WALTER REED MEDICAL EDUCATION CENTER - WASHINGTON, DC 1974
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5360
License Date	7/7/1975
Name	<b>GESSNER, JAMES S MD</b>
Address	ANTHESIA ASSOCIATES, 690 CANTON ST STE 200WESTWARD, MA, 02090
Specialty	AN
Board Certified	AN
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 1972
Internship and Year	DUKE UNIVERSITY MEDICAL CENTER 1973
Residency and Year	DUKE UNIVERSITY MEDICAL CENTER 1974
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5987
License Date	10/6/1978
Name	<b>GESSNER, WILLIAM J MD</b>
Address	COOS COUNTY FAMILY HEALTH, 2 BROADWAYGORHAM, NH, 03581
Specialty	FP
Board Certified	FP
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1975
Internship and Year	UNIVERSITY OF COLORADO MEDICAL CENTER- CO 1976
Residency and Year	UNIVERSITY OF COLORADO MEDICAL CENTER -CO 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	lapsed 6/30/90 - reinstated 4/4/12



License Number	6782
License Date	9/8/1983
Name	<b>GETTINGER, ANDREW MD</b>
Address	DEPT OF HEALTH AND HUMAN SERVICES, 355 E STREET SW SUITE 310WASHINGTON, DC, 20024
Specialty	AN
Board Certified	AN
School and Year of Graduation	DARTMOUTH MED SCH-HANOVER ,NH USA 1979
Internship and Year	HARTFORD HOSPITAL-HARTFORD,CT 1980
Residency and Year	HARTFORD HOSPITAL-HARTFOED,CT 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4581
License Date	7/16/1970
Name	<b>GEURKINK, NATHAN A MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	UNIV OF OKLAHOMA USA 1959
Internship and Year	UNIV HOSPITAL - OKLAHOMA CITY, OK 1960
Residency and Year	MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1966
License Expiration Date	<b>6/30/2008</b>
Remarks	Deceased 5/29/10

License Number	13959
License Date	5/7/2008
Name	<b>GEURTS, MAURICE A MD</b>
Address	GRACE COTTAGE HOSPITAL, ROUTE 35TOWNSHEND, VT, 05353
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV VAN AMSTERDAM NETHERLANDS 1993
Internship and Year	UNIV OF VERMONT COLLEGE OF MEDICINE - MILTON, VT 2001
Residency and Year	UNIV OF VERMONT COLLEGE OF MEDICINE - MILTON, VT 2003
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	13152
License Date	7/5/2006
Name	<b>GHAFARI, DAUOD MD</b>
Address	SOLANTIC URGENT CARE, 5915 NORMANDY BLVDJACKSONVILLE, FL, 32205
Specialty	FP
Board Certified	FP
School and Year of Graduation	NEW YORK MEDICAL COLLEGE USA 2000
Internship and Year	ST JOSEPH'S MEDICAL CTR-YONKERS NY 2001
Residency and Year	ST JOSEPH'S MEDICAL CTR-YONKERS NY 2003
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	15700
License Date	6/6/2012
Name	<b>GHANI, MUEEN DO</b>
Address	PARKLAND MED CTR, ONE PARKLAND DRDERRY, NH, 03038
Specialty	IM
Board Certified	IM
School and Year of Graduation	WESTERN UNIVERSITY OF HEALTH SCIENCES USA 2002
Internship and Year	BOTSFORD GENERAL HOSPITAL - FARMINGTON HILLS, MI 2003
Residency and Year	KAISER PERMANENTE MEDICAL CENTER - OAKLAND, CA 2007
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	15024
License Date	10/6/2010
Name	<b>GHANTA, KALYAN MD</b>
Address	DHMC, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty	CD
Board Certified	IM
School and Year of Graduation	GANDHI MEDICAL COLLEGE INDIA 2000
Internship and Year	ST FRANCIS HOSPITAL OF EVANSTON - EVANSTON, IL 2004
Residency and Year	ST FRANCIS HOSPITAL OF EVANSTON - EVANSTON, IL 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12299
License Date	5/5/2004
Name	<b>GHARIB, AHMED M MD</b>
Address	VRC, 5995 OPUS PKWY STE 200MINNETONKA, MN, 55343
Specialty	R
Board Certified	R
School and Year of Graduation	ALEXANDRIA UNIVERSITY, EGYPT EGYPT 1993
Internship and Year	UNIVERSITY OF WASHINGTON, SEATTLE WA 1998
Residency and Year	UNIVERSITY OF WASHINGTON, SEATTLE WA 1999
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	9770
License Date	7/3/1996
Name	<b>GHASSEMIAN, ALBERT M MD</b>
Address	289 MAIN ST, SALEM, NH, 03079-
Specialty	IM
Board Certified	CD
School and Year of Graduation	NATIONAL UNIV OF IRAN FAC OF MED TEHERAN JARJANI IRAN 1970
Internship and Year	ST VINCENTS MEDICAL CENTER - CT 1972
Residency and Year	CARNEY HOSPITAL - MA 1976
License Expiration Date	<b>6/30/2001</b>
Remarks	7/24/00 - ORDER FOR TEMPORARY SUSPENSION OF LICENSE 10/31/01 - SUSPENSION OF LICENSE 10/11/04 - Reciprocal Order of Permanent License Revocation

License Number	11911
License Date	5/7/2003
Name	<b>GHAZI, MAJID MD</b>
Address	DARTMOUTH-HITHCOCK MED CTR, ONE MEDICAL CTR DR PAIN CLINICLEBANON, NH, 03756-0001
Specialty	AN
Board Certified	
School and Year of Graduation	UNIV OF SAARLAND AT SAARBRUCKEN - GERMANY GERMANY 1994
Internship and Year	CARNEY HOSPITAL - BOSTON, MA 1999
Residency and Year	YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2002
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	12423
License Date	8/4/2004
Name	<b>GHIASUDDIN, SALMAN S MD</b>
Address	CLIPPER CARDIOVASCULAR ASSOC, 112A PARKER STNEWBURYPORT, MA, 01950
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIVERSITY OF PUNJAB, PAKISTAN PAKISTAN 1989
Internship and Year	ST LUKES-ROOSEVELT HOSP CTR, NEW YORK NY 1993
Residency and Year	ST LUKES-ROOSEVELT HOSP CTR, NEW YORK NY 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15659
License Date	5/2/2012
Name	<b>GHOLVE, PURUSHOTTAM A MD</b>
Address	FLOATING CHILDREN HOSP TUFTS MED CTR, 800 WASHINGTON ST 206BOSTON, MA, 02111
Specialty	ORS
Board Certified	
School and Year of Graduation	GRANT MEDICAL COLLEGE INDIA 1998
Internship and Year	CHILDREN'S HOSPITAL OF PHILADELPHIA - PHILADELPHIA, PA 2006
Residency and Year	CHILDREN'S HOSPITAL OF PHILADELPHIA - PHILADELPHIA, PA 2008
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	12743
License Date	6/1/2005
Name	<b>GHONIEM, AYMAM A MD</b>
Address	, PO BOX 10675TERRE HAUTE, IN, 47801
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF ALEXANDRIA, ALEXANDRIA EGYPT EGYPT 1997
Internship and Year	OUR LADY OF MERCY MED CTR, BRONX NY 1996
Residency and Year	NEW YORK MED COLLEGE, VALHALLA NY 2000
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	10617
License Date	7/7/1999
Name	<b>GHOSH, SHANTONU MD</b>
Address	COMMUNITY MEDICAL ASSOCIATES, 2625 MCNYANTOWN RDUNIONTOWN, PA, 15404
Specialty	IM
Board Certified	IM
School and Year of Graduation	MED COLL BURDWAN UNIV WEST BENGAL INDIA INDIA 1987
Internship and Year	HIGHLAND HOSPITAL OF ROCHESTER - ROCHESTER, NY 1997
Residency and Year	HIGHLAND HOSPITAL OF ROCHESTER - ROCHESTER, NY 1998
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	14194
License Date	10/1/2008
Name	<b>GHOSN, MAHA Y MD</b>
Address	D & Y, 6767 OLD MADISON PIKE SUITE 690HUNTSVILLE, AL, 35806
Specialty	IM
Board Certified	IM
School and Year of Graduation	ST GEORGE'S UNIV GRENADA 2003
Internship and Year	SETON HALL UNIV SCHOOL OF GRADUATE MEDICAL EDUCATION - SOUTH ORANGE, NJ 2004
Residency and Year	SETON HALL UNIV SCHOOL OF GRADUATE MEDICAL EDUCATION - SOUTH ORANGE, NJ 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15297
License Date	7/6/2011
Name	<b>GHUSHE, NEIL D MD</b>
Address	350 THIRD ST, APT 1605CAMBRIDGE, MA, 02142
Specialty	GS
Board Certified	
School and Year of Graduation	UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE USA 2005
Internship and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2006
Residency and Year	UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2011
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	12529
License Date	11/3/2004
Name	<b>GIAKOVIS-STERLING, ESTHIA K MD</b>
Address	ELLIOTT GEN SURG SPECIALISTS, 185 QUEEN CITY AVEMANCHESTER, NH, 03101
Specialty	GS
Board Certified	GS
School and Year of Graduation	ROSS UNIVERSITY, PORTSMOUTH DOMINICA DOMINICA 1998
Internship and Year	HOSPITAL OF ST RAPHAEL, NEW HAVEN CT 1999
Residency and Year	HOSPITAL OF ST RAPHAEL, NEW HAVEN CT 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16308
License Date	9/4/2013
Name	<b>GIBB, MATTHEW D MD</b>
Address	CARLE PHYSICIANS GROUP, 602 W UNIVERSITY AVEURBANA, IL, 61801
Specialty	IM
Board Certified	IM
School and Year of Graduation	ST LOUIS UNIVERSITY SCHOOL OF MEDICINE USA 1983
Internship and Year	NAVAL MEDICAL CENTER - PORTSMOUTH, VA 1984
Residency and Year	NAVAL MEDICAL CENTER - SAN DIEGO, CA 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9620
License Date	1/3/1996
Name	<b>GIBB, SAMUAL P MD</b>
Address	, , ,
Specialty	END
Board Certified	END
School and Year of Graduation	UNIVERSITY OF PENNSYLVANINA USA 1960
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1997</b>
Remarks	

License Number	10448
License Date	11/4/1998
Name	<b>GIBBONS, JOHN M MD</b>
Address	VA HOSP DEPT OF ORTHO, 215 N MAIN STWHITE RIVER JCT, VT, 05009
Specialty	ORS
Board Certified	
School and Year of Graduation	COLUMBIA UNIV COLL OF PHYSICIANS - NY, NY USA 1992
Internship and Year	COLUMBIA-PRESBYTERIAN MEDICAL CENTER - NEW YORK, NY 1993
Residency and Year	COLUMBIA UNIV - NEW YORK, NY 1994
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	7196
License Date	9/10/1985
Name	<b>GIBBS, DONALD C MD</b>
Address	191 PLANTATION SHORE DR, TAVERNIER, FL, 33070
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF MIAMI SCH MED-MIAMI,FL USA 1959
Internship and Year	MOUNT SINAI MED CTR-MIAMI,FL 1960
Residency and Year	JACKSON MEM HOSP-MIAMI,FL 1963
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	16754
License Date	9/3/2014
Name	<b>GIBBS, JAMES E MD</b>
Address	740 DUNLAWTON AVE, PORT ORANGE, FL, 32119
Specialty	FP
Board Certified	FP
School and Year of Graduation	JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE USA 1979
Internship and Year	UNIVERSITY HOSPITALS CASE MEDICAL CENTER - CLEVELAND, OH 1980
Residency and Year	UNIVERSITY HOSPITALS CASE MEDICAL CENTER - CLEVELAND, OH 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3730
License Date	10/2/1964
Name	<b>GIBBS, RAYMOND W MD</b>
Address	67 VERMONT ST, W ROXBURY, MA, 02132
Specialty	GS
Board Certified	GS
School and Year of Graduation	NEW YORK MEDICAL COLLEGE - NEW YORK, NY USA 1951
Internship and Year	WALTER REED GENERAL HOSPITAL - WASHINGTON, DC 1952
Residency and Year	VETERANS ADMINISTRATION - NEW HAVEN, CT 1957
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	12992
License Date	2/1/2006
Name	<b>GIBBS, STEPHEN D MD</b>
Address	VA MED CTR 173A, 1700 S LINCOLN AVELEBANON, VA, 17042
Specialty	D
Board Certified	D
School and Year of Graduation	CREIGHTON UNIVERSITY, OMAHA, NE US 1970
Internship and Year	WESTERN PENNSYLVANIA HOSP, PITTSBURGH PA 1971
Residency and Year	UNIVERSITY OF CHICAGO, CHICAGO IL 1984
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	15059
License Date	11/3/2010
Name	<b>GIBLIN, ERICA M MD</b>
Address	HOLY FAMILY HOSPITAL, 575 TURNPIKE ST STE 27NORTH ANDOVER, MA, 01845-5937
Specialty	GS
Board Certified	GS
School and Year of Graduation	STATE UNIVERSITY OF NEW YORK USA 2002
Internship and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2004
Residency and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2007
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number 7539  
 License Date 4/1/1987  
 Name **GIBSON, CHERYL A MD**  
 Address 1775 WILLISTON RD, SO BURLINGTON, VT, 05403  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIVERSITY OF VERMONT USA 1985  
 Internship and Year MEDICAL CENTER HOSPITAL-VT 1986  
 Residency and Year MEDICAL CENTER HOSPITAL 1987  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 6211  
 License Date 6/9/1980  
 Name **GIBSON, CLAUDIA C MD**  
 Address 33 EAST WILDER RD, W LEBANON, NH, 03784  
 Specialty CHN  
 Board Certified CHN  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1977  
 Internship and Year DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1978  
 Residency and Year DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1980  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 15104  
 License Date 1/5/2011  
 Name **GIBSON, DANIEL P MD**  
 Address DHMC- RADIOLOGY DEPT, ONE MED CTR DRLEBANON, NH, 03756  
 Specialty GS  
 Board Certified  
 School and Year of Graduation YALE UNIVERSITY USA 2005  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 10710  
 License Date 10/6/1999  
 Name **GIBSON, GLEN R MD**  
 Address DARTMOUTH MEDICAL CENTER, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty GS  
 Board Certified  
 School and Year of Graduation TUFTS UNIVERSITY-BOSTON,MA USA 1997  
 Internship and Year DARTMOUTH HITCHCOCK MEDICAL CTR-LEBANON,NH 1998  
 Residency and Year DARTMOUTH HITCHCOCK MEDICAL CTR-LEBANON,NH 1999  
 License Expiration Date **6/30/2003**  
 Remarks

License Number	12424
License Date	8/4/2004
Name	<b>GIBSON, PAMELA C MD</b>
Address	FLETCHER ALLEN HLTH CARE-PATH, 111 COLCHESTER AVEBURLINGTON, VT, 05401
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSITY OF VERMONT, BURLINGTON VT US 1990
Internship and Year	UNIVERSITY OF VERMONT, BURLINGTON VT 1991
Residency and Year	UNIVERSITY OF VERMONT, BURLINGTON VT 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10120
License Date	9/10/1997
Name	<b>GIEG, GORDON G MD</b>
Address	25 HEATH STAGE TERRACE, SHELBURNE FALLS, MA, 01370
Specialty	GP
Board Certified	
School and Year of Graduation	UNIV OF SASKATCHEWAN SASKATOON CANADA 1988
Internship and Year	UNIV OF SASKATCHEWAN PLAINS HOSPITAL - CANADA 1989
Residency and Year	UNIV OF SASKATCHEWAN PLAINS HOSPITAL- CANADA 1990
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	10851
License Date	3/28/2000
Name	<b>GIFFIN, CARL S MD</b>
Address	PUBLIC HEALTH SERVICES, PO BOX 93SAINT JOHN NB, , EL2-3XI
Specialty	OM
Board Certified	OM
School and Year of Graduation	DALHOUSIE UNIV -HALIFAX, NOVA SCOTIA NOVA SCOTIA 1980
Internship and Year	DALHOUSIE UNIV FAC OF MED - HALIFAX, NOVA SCOTIA CANADA 1981
Residency and Year	DALHOUSE UNIV FAC OF MED - HALIFAX, NOVA SCOTIA CANADA 1981
License Expiration Date	<b>6/30/2004</b>
Remarks	<b>3/10/00 ORDER OF CONDITIONAL APPROVAL</b>

License Number	12300
License Date	5/5/2004
Name	<b>GIFFIN, JOSEPH P MD</b>
Address	22 AUTUMN RIVER LN, OGUNQUIT, ME, 03907
Specialty	AN
Board Certified	AN
School and Year of Graduation	WEST VIRGINIA UNIVERSITY, MORGANTOWN WV US 1969
Internship and Year	NEW YORK MEDICAL COLLEGE, NEW YORK NY 1970
Residency and Year	ST VINCENTS HOSP, NEW YORK NY 1973
License Expiration Date	<b>11/28/2004</b>
Remarks	<b>DECEASED 11/28/04</b>



License Number	12993
License Date	2/1/2006
Name	<b>GIFFORD, ALEX H MD</b>
Address	DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PUD
Board Certified	IM
School and Year of Graduation	PENNSYLVANIA STATE UNIVERSITY, UNIVERSITY PARK PA US 2003
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2004
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13205
License Date	8/2/2006
Name	<b>GIFFORD, KIMBERLY A MD</b>
Address	DHMC - PEDIATRICS, ONE MED CTR DRLEBANON, NH, 03756
Specialty	PD
Board Certified	PD
School and Year of Graduation	PENNSYLVANIA STATE UNIV USA 2003
Internship and Year	CHILDRENS HOSPITAL AT DARTMOUTH, LEBANON, NH 2004
Residency and Year	CHILDRENS HOSPITAL AT DARTMOUTH, LEBANON, NH 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	2448
License Date	3/14/1946
Name	<b>GIFFORD, WILLIAM H MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>3/15/1997</b>
Remarks	<b>DECEASED 3/15/97</b>

License Number	10899
License Date	5/3/2000
Name	<b>GIGLIO, BARRY L MD</b>
Address	FAMILY CARE OF CONCORD, 248 PLEASANT STCONCORD, NH, 03301
Specialty	FP
Board Certified	FP
School and Year of Graduation	GEORGE WASHINGTON UNIVERSITY - WASHINGTON DC USA 1997
Internship and Year	NH DARTMOUTH FAMILY PRACTICE RESIDENCY - CONCORD NH 2000
Residency and Year	NH DARTMOUTH FAMILY PRACTICE RESIDENCY - CONCORD NH 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12379
License Date	7/7/2004
Name	<b>GILBERT, MICHAEL J MD</b>
Address	CONCORD GASTRONTOROLOGY, 60 COMMERCIAL ST STE 404CONCORD, NH, 03301
Specialty	IM
Board Certified	IM
School and Year of Graduation	THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA US 2002
Internship and Year	DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2003
Residency and Year	DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>LAPSED FOR NON-RENEWAL 6/30/06 REINSTATED 8/1/07</b>

License Number	16364
License Date	11/6/2013
Name	<b>GILBERT, SARAH E MD</b>
Address	CONVENIENT MD, 125 INDIAN ROCK RDWINDHAM, NH, 03087
Specialty	EM
Board Certified	
School and Year of Graduation	HAHNEMANN UNIVERSITY SCHOOL OF MEDICINE USA 1985
Internship and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 1986
Residency and Year	
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6460
License Date	10/6/1981
Name	<b>GILBERT, SIDNEY L MD</b>
Address	7831 MAXWELLTON RD, MOORSEVILLE, IN, 46158
Specialty	PD
Board Certified	PD
School and Year of Graduation	MED COLL OF VIRINGIA COMMONWEALTH UNIV-RICHMOND,VA USA 1976
Internship and Year	MED COLL OF VIRINGIA HOSP-RICHMOND,VA 1977
Residency and Year	MED COLL OF VIRINGIA HOSP-RICHMOND, VA 1979
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	5449
License Date	12/1/1975
Name	<b>GILBERT, WILLIAM K MD</b>
Address	35 WALKER ST, KITTERY, ME, 03904-1455
Specialty	FP
Board Certified	
School and Year of Graduation	UNIV OF PENNSYLVANIA SCHOOL OF MED USA 1970
Internship and Year	METHODIST HOSP GRAD MED CENTER INDIANAPOLIS 1971
Residency and Year	METHODIST HOSP GRAD MED CENTER INDIANAPOLIS 1973
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number 13153  
 License Date 7/5/2006  
 Name **GILCHRIST, BRIAN F MD**  
 Address 169 SO SHORE AVE, GORTON LONG PT, CT, 06340  
 Specialty GS  
 Board Certified PDS  
 School and Year of Graduation TUFTS UNIV USA 1984  
 Internship and Year ST ELIZABETHS MED CTR-BOSTON MA 1985  
 Residency and Year ST ELIZABETHS MEDICAL CENTER-BOSTON MA 1986  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 11499  
 License Date 2/6/2002  
 Name **GILL JR, PAUL G MD**  
 Address 15 SPRINGSIDE RD, MIDDLEBURY, VT, 05753  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIV OF ALABAMA- BIRMINGHAM, AL USA 1974  
 Internship and Year NORTHWESTERN UNIV MEDICAL SCHOOL - CHICAGO, IL 1976  
 Residency and Year NORTHWESTERN UNIV MEDICAL SCHOOL - CHICAGO, IL 1977  
 License Expiration Date **6/30/2012**  
 Remarks **LAPSED FOR NON-RENEWAL 6/30/02-----REINSTATED 6/1/06**

License Number 6683  
 License Date 4/7/1983  
 Name **GILL, DAVID H MD**  
 Address 84 CROSS ST, GARDNER, MA, 01440  
 Specialty P  
 Board Certified  
 School and Year of Graduation CASE WESTERN RESERVE UNIV SCH MED-OH USA 1973  
 Internship and Year WORCESTER STATE HOSP - WORCESTER, MA 1976  
 Residency and Year WORCESTER STATE HOSP- WORCESTER,MA 1976  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12301  
 License Date 5/5/2004  
 Name **GILL, DUNCAN Y MD**  
 Address DIRECTION BEHAVIORAL HEALTH, 5 PINE ST EXT 6 MILL ANX UNT BNASHUA, NH, 03060  
 Specialty CHP  
 Board Certified P  
 School and Year of Graduation SABA UNIVERSITY, SABA NETHERLANDS-ANTILLES NETHERLANDS 1999  
 Internship and Year UNIVERSITY OF CONNECTICUT, FARMINGTON CT 2002  
 Residency and Year INSTITUTE OF LIVING, HARTFORD CT 2004  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	10388
License Date	9/2/1998
Name	<b>GILL, KEVIN J MD</b>
Address	ELLIOT HOSP, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty	IM
Board Certified	IM
School and Year of Graduation	JEFFERSON MED COLL - PHILADELPHIA, PA USA 1980
Internship and Year	ST FRANCIS HOSPITAL & MEDICAL CENTER - HARTFORD, CT 1981
Residency and Year	ST FRANCIS HOSPITAL & MEDICAL CENTER - HARTFORD, CT 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10153
License Date	11/5/1997
Name	<b>GILL, LISA M DO</b>
Address	SOUTHERN NH REGIONAL MEDICAL, 8 PROSPECT STNASHUA, NH, 03062
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV OF NEW ENGLAND COLL OSTEO- ME USA 1987
Internship and Year	UNIV OF MEDICINE, DENTISTRY OF NEW JERSEY MEDICAL SCHOOL - NJ 1992
Residency and Year	UNIV OF MEDICINE, DENTISTRY OF NEW JERSEY MEDICAL SCHOOL - NJ 1992
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	3780
License Date	3/2/1965
Name	<b>GILLESPIE, GARRETT G MD</b>
Address	2127 OYSTER HARBORS, OSTERVILLE, MA, 02655-2495
Specialty	NS
Board Certified	NS
School and Year of Graduation	TUFTS UNIV MEDICAL SCHOOL - BOSTON, MA USA 1959
Internship and Year	BELLEVUE HOSPITAL - NEW YORK, NY 1960
Residency and Year	NEW ENGLAND CENTER - BOSTON, MA 1964
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9888
License Date	12/4/1996
Name	<b>GILLESPIE, JANA L MD</b>
Address	PO BOX 402, WALPOLE, NH, 03608
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF MINNESOTA MEDICAL SCHOOL MINNEAPOLIS, MN USA 1988
Internship and Year	RIVERSIDE MEDICAL CENTER-MINNESOTA 1991
Residency and Year	RIVERSIDE MEDICAL CENTER - MINNESOTA 1991
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	4805
License Date	6/3/1983
Name	<b>GILLESPIE, JOHN B MD</b>
Address	GARRISON MED PROF ASSOC, 770 CENTRAL AVEDOVER, NH, 03820-3469
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	JEFFERSON MEDICAL COLEGE - PA USA 1965
Internship and Year	THE READING HOSPITAL - READING, PA 1966
Residency and Year	HAHNEMANN HOSPITAL - PHILADELPHIA, PA 1969
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	10864
License Date	4/5/2000
Name	<b>GILLESPIE, PETER A MD</b>
Address	DARTMOUTH HITCHCOCK MEDICAL CT, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	PTH
Board Certified	
School and Year of Graduation	HAHNEMANN MEDICAL COLLEGE-PHILADELPHIA,PA USA 1995
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CTR-LEBANON,NH 1999
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CTR-LEBANON,NH 2000
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	5996
License Date	11/2/1978
Name	<b>GILLIE, EDWARD MD</b>
Address	484 CORAL AVE, MANCHESTER, NH, 03104-
Specialty	IM
Board Certified	IM
School and Year of Graduation	ALBANY MEDICAL COLLEGE OF UNION UNIV ALBANY, NY USA 1954
Internship and Year	ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1955
Residency and Year	ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1959
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	16309
License Date	9/4/2013
Name	<b>GILLIGAN, BRENDAN P MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	PD
Board Certified	PD
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 2010
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 16510  
 License Date 3/5/2014  
 Name **GILLIGAN, MICHAEL S MD**  
 Address ACUTE CARE SURGERY, 330 BORTHWICK AVE #200PORTSMOUTH, NH, 03801  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation ST GEORGE'S UNIVERSITY GRENADA 1981  
 Internship and Year BRIDGEPORT HOSPITAL - NEW HAVEN, CT 1982  
 Residency and Year BRIDGEPORT HOSPITAL - NEW HAVEN, CT 1986  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15438  
 License Date 11/2/2011  
 Name **GILLILAND, J DAVID MD**  
 Address DIVERSIFIED RADIOLOGY OF COLORADO, 1746 COLE BLVD #150LAKEWOOD, CO, 80401  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation UNIVERSITY OF TX HEALTH SCIENCE CTR @ SAN ANTONIA USA 1981  
 Internship and Year WILFORD HALL MEDICAL CENTER - LACKLAND AFB, TX 1982  
 Residency and Year WILFORD HALL MEDICAL CENTER - LACKLAND AFB, TX 1985  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 16007  
 License Date 2/6/2013  
 Name **GILLILAND, KELLY S DO**  
 Address THYROID CYTOPATHOLOGY PARTNERS, PA, PO BOLX 2386ROUND ROCK, TX, 78664  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation UNIVERSITY OF NORTH TEXAS HEALTH SCEINCE CENTER USA 2007  
 Internship and Year UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE - GAINESVILLE, FL 2008  
 Residency and Year UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE - GAINESVILLE, FL 2011  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11533  
 License Date 3/6/2002  
 Name **GILLIS, ZOE A MD**  
 Address WOMEN'S HLTH OF NASHUA VALLEY, 198 GROTON RD STE 3AYER, MA, 01432  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIV OF VERMONT - BURLINGTON, VT USA 1998  
 Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1999  
 Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2001  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	14837
License Date	5/5/2010
Name	<b>GILLOON, BENJAMIN A MD</b>
Address	UNIV OF WI - DEPT OF RADIOLOGY, 600 HIGHLAND AVEMADISON, WI, 53792
Specialty	R
Board Certified	
School and Year of Graduation	UNIV OF IOWA COLLEGE OF MEDICINE USA 2006
Internship and Year	DARTMOUTH HITCHCOCK MED CTR - LEBANON, NH 2009
Residency and Year	DARTMOUTH HITCHCOCK MED CTR - LEBANON NH 2011
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	14760
License Date	3/3/2010
Name	<b>GILLOON, CONSTANCE L MD</b>
Address	UNIV OF WI - DEPT OF ANESTHES, 600 HIGHLAND AVEMADISON, WI, 53792
Specialty	AN
Board Certified	
School and Year of Graduation	UNIVERSITY OF IOWA USA 2006
Internship and Year	IOWA METHODIST MEDICAL CENTER - DES MOINES, IA 2007
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	4947
License Date	2/12/1973
Name	<b>GILMOUR, DAVID P MD</b>
Address	126 DEPOT RD, HOLLIS, NH, 03049
Specialty	CD
Board Certified	CD
School and Year of Graduation	HARVARD MEDICAL SCHOOL, MA USA 1966
Internship and Year	BOSTON CITY HOSPITAL - BOSTON, MA 1967
Residency and Year	BOSTON CITY HOSPITAL - BOSTON, MA 1968
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	10303
License Date	6/3/1998
Name	<b>GILSON, THOMAS P MD</b>
Address	OCME, 520 FIRST AVENUE NEW YORK, NY, 10016
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	MED COLL OF PENNSYLVANIA USA 1988
Internship and Year	PENN STATE GEISINGER HLTH / HERSHEY MED CTR - HERSHEY, PA 1990
Residency and Year	UNIV OF CINCINNATI - CINCINNATI, OH 1994
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	7429
License Date	8/14/1986
Name	<b>GILSTON, RICHARD R MD</b>
Address	ST JOSEPH EMERGENCY ASSOC., 172 KINSLEY STNASHUA, NH, 03060-2013
Specialty	EM
Board Certified	EM
School and Year of Graduation	ALBANY MED COLL OF UNION UNIV ALBANY NY USA 1980
Internship and Year	ROCHESTER GEN HOSP ROCHESTER NY 1981
Residency and Year	HIGHLAND GEN HOSPITAL OAKLAND CA 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12575
License Date	1/5/2005
Name	<b>GINEVAN, KIM B MD</b>
Address	SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200SOUTH PORTLAND, ME, 04106
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	ALBERT EINSTEIN COLLEGE, BRONX NY US 1997
Internship and Year	BRIGHAM AND WOMENS HOSP, BOSTON MA 2000
Residency and Year	BRIGHAM AND WOMENS HOSP, BOSTON MA 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	3459
License Date	7/28/1961
Name	<b>GINGRAS, GERARD G MD</b>
Address	1875 ASHWOOD DR, AKRON, OH, 44313
Specialty	P
Board Certified	
School and Year of Graduation	UNIVERSITY OF OTTAWA- ONTARIO CANADA 1957
Internship and Year	ST THOMAS- OHIO 1958
Residency and Year	DUKE HOSPITAL- NC 1961
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	15570
License Date	3/7/2012
Name	<b>GINSBERG, EVAN M MD</b>
Address	NORTHEAST MEDICAL GROUP, 6 DEVINE STNORTH HAVEN, CT, 06473
Specialty	IM
Board Certified	IM
School and Year of Graduation	FAR EASTERN UNIV - NICANOR REYES MED FOUNDATION PHILIPPINES 1976
Internship and Year	HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 1978
Residency and Year	HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 1980
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	8043
License Date	3/1/1989
Name	<b>GINSBERG, MARTIN L MD</b>
Address	AMOSKEAG ANESTHESIA, ONE ELLIOT WAY STE 200MANCHESTER, NH, 03103-0350
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV OF VERMONT COLL OF MED - BURLINGTON, VT USA 1985
Internship and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1986
Residency and Year	0000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10501
License Date	2/3/1999
Name	<b>GINSBURG, ELIZABETH S MD</b>
Address	75 FRANCIS ST, ASB1-3-3254BOSTON, MA, 02115
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	MT SINAI SCH OF MED - NEW YORK, NY USA 1985
Internship and Year	BRIGHAM AND WOMEN'S HOSPITAL - BOSTON, MA 1986
Residency and Year	BRIGHAM AND WOMEN'S HOSPITAL - BOSTON, MA 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16460
License Date	1/8/2014
Name	<b>GINTER, HEIDI B MD</b>
Address	MRMS, 323 DERRY RDHUDSON, NH, 03051
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF MARYLAND USA 1997
Internship and Year	UNIVERSITY OF NORTH CAROLINA SCHOOL OF MEDICINE - CHAPEL HILL, NC 1998
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16823
License Date	11/6/2014
Name	<b>GINWALLA, RASHNA F MD</b>
Address	DHMC- SURG DEPT 4C, 1 MED CTR DRLEBANON, NH, 03756
Specialty	CCS
Board Certified	CCS
School and Year of Graduation	KECK SCHOOL OF MED OF THE UNIV OF SOUTHERN CALIFOR USA 2004
Internship and Year	TEMPLE UNIVERSITY HOSPITAL - PHILADELPHIA, PA 2005
Residency and Year	TEMPLE UNIVERSITY HOSPITAL - PHILADELPHIA, PA 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12063
License Date	9/3/2003
Name	<b>GIORDANI, MAURO MD</b>
Address	D H M C, 21 E HOLLIS STNASHUA, NH, 03060
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIVERSITY OF SOUTHERN CALIFORNIA, LOS ANGELES CA US 1984
Internship and Year	UNIVERSITY OF SOUTHERN CALIFORNIA, LOS ANGELES CA 1985
Residency and Year	UNIVERSITY OF SOUTHERN CALIFORNIA, LOS ANGELES CA 1989
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	15571
License Date	3/7/2012
Name	<b>GIORDANO, ANTHONY F MD</b>
Address	275 MAMMOTH ROAD SUITE 1, MANCHESTER, NH, 03109
Specialty	CHN
Board Certified	CHN
School and Year of Graduation	ALBERT EINSTEIN COLLEGE OF MEDICINE USA 2000
Internship and Year	JACOBI MEDICAL CENTER - BRONX, NY 2001
Residency and Year	JACOBI MEDICAL CENTER - BRONX, NY 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9095
License Date	1/5/1994
Name	<b>GIORGETTI, MICHAEL A MD</b>
Address	203 TURNPIKE ST, N ANDOVER, MA, 01845
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF WEST INDIES WEST INDIES 1977
Internship and Year	MC MASTER UNIVERSITY OF HEALTH SCIENCES - HAMILTON CANADA 1980
Residency and Year	MC MASTER UNIVERSITY OF HEALTH SCIENCES - HAMILTON CANADA 1980
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	14195
License Date	10/1/2008
Name	<b>GIOVAN, MICHAEL P MD</b>
Address	PLYMOUTH ORTHO & SPORTS MED, 16 HOSPITAL RDPLYMOUTH, NH, 03264
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	GEORGE WASHINGTON UNIV USA 2000
Internship and Year	MARICOPA MEDICAL CENTER - PHOENIX, AZ 2002
Residency and Year	MARICOPA MEDICAL CENTER - PHOENIX, AZ 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13538
License Date	6/6/2007
Name	<b>GIRASOLE, CHRISTOPHER R MD</b>
Address	MANCHESTER UROLOGY ASSOC, 4 ELLIOT WAY STE 200MANCHESTER, NH, 03103
Specialty	U
Board Certified	U
School and Year of Graduation	VANDERBILT UNIV SCHOOL OF MEDICINE USA 2002
Internship and Year	VANDERBILT UNIV MEDICAL CTR - NASHVILLE, TN 2003
Residency and Year	VANDERBILT UNIV MEDICAL CTR - NASHVILLE, TN 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10331
License Date	7/1/1998
Name	<b>GIRAULT, GISELE J MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	
Board Certified	AN
School and Year of Graduation	UNIV OF KANSAS SCHOOL OF MED - KANSAS CITY USA 1990
Internship and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1991
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1994
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	10158
License Date	11/5/1997
Name	<b>GIRGIS, JOSEPH A MD</b>
Address	1200 OLD YORK RD, ABINGTON, PA, 19001
Specialty	IM
Board Certified	
School and Year of Graduation	UNIV OF CAIRO FAC OF MED CAIRO EGYPT EGYPT 1991
Internship and Year	ABINGTON MEMORIAL HOSPITAL - PA 1998
Residency and Year	ABINGTON MEMORIAL HOSPITAL - PA 1998
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	13316
License Date	11/1/2006
Name	<b>GITTZUS, JENNIFER F MD</b>
Address	CH-INFECTIOUS DISEASE, 246 PLEASANT ST MEM BLDG STE 104CONCORD, NH, 03301
Specialty	ID
Board Certified	IM
School and Year of Graduation	UNIV OF CONNECTICUT USA 2002
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2003
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14196
License Date	10/1/2008
Name	<b>GJERDE, AMY M MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	AN
Board Certified	
School and Year of Graduation	UNIV OF MINNESOTA USA 2001
Internship and Year	REGIONS HOSPITAL-ST PAUL, MN 2002
Residency and Year	REGIONS HOSPITAL-ST PAUL, MN 2003
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	5916
License Date	6/12/1978
Name	<b>GLADSTONE, ALAN R MD</b>
Address	CORE CARDIOLOGY, 3 ALUMNI DR STE 101EXETER, NH, 03833-
Specialty	CD
Board Certified	IM
School and Year of Graduation	COLUMBIA UNIV COLLEGE OF PHYSICIANS - NEW YORK USA 1974
Internship and Year	ST LUKES HOSPITAL CENTER - NEW YORK, NY 1975
Residency and Year	PRESBYTERIAN HOSPITAL - NEW YORK, NY 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5917
License Date	6/12/1978
Name	<b>GLADSTONE, GWENDOLYN R MD</b>
Address	THE CARE PROGRAM, 9 BUZELL AVEEXETER, NH, 03833-2520
Specialty	PD
Board Certified	PD
School and Year of Graduation	COLUMBIA UNIV COLLEGE OF PHYSICIANS - NY USA 1975
Internship and Year	PRESBYTERIAN HOSPITAL - NEW YORK, NY 1976
Residency and Year	PRESBYTERIAN HOSPITAL - NEW YORK, NY 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13100
License Date	6/7/2006
Name	<b>GLADSTONE, LEONARD DO</b>
Address	1200 DALE AVE #147, MOUNTAIN VIEW, CA, 94040
Specialty	FP
Board Certified	FP
School and Year of Graduation	MIDWESTERN UNIVERSITY, DOWNERS GROVE IL US 1963
Internship and Year	TUCSON GENERAL OSTEOPATHIC HOSP, TUCSON AZ 1964
Residency and Year	UNIVERSITY HOSPITALS OF CLEVELAND, CLEVELAND OH 1976
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	5758
License Date	6/15/1977
Name	<b>GLASS, DONALD D MD</b>
Address	DHMC - ANESTHESIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	AN
Board Certified	AN
School and Year of Graduation	WEST VIRGINIA UNIVERSITY-MORGANTOWN WV USA 1966
Internship and Year	HLTH HOSPS U OF PITTSBURGH-PITTSBURGH PA 1967
Residency and Year	WEST VIRGINIA UNIVERSITY MED CTR-MORGANTOWN NY 1970
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15186
License Date	4/6/2011
Name	<b>GLASS, JONATHAN S MD</b>
Address	NAVAL MED CTR-DERMATOLOGY DEPT, 620 JOHN PAUL JONES CIRPORTSMOUTH, VA, 23708
Specialty	D
Board Certified	D
School and Year of Graduation	CORNELL UNIVERSITY MEDICAL COLLEGE USA 2003
Internship and Year	NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 2004
Residency and Year	UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - DALLAS, TX 2010
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>lapsed 6/30/13 - reinstated 1/21/15</b>

License Number	11534
License Date	3/6/2002
Name	<b>GLASS, RICHARD E MD</b>
Address	125 E 74TH ST, NEW YORK, NY, 10021
Specialty	P
Board Certified	P
School and Year of Graduation	JOHN HOPKINS UNIV - BALTIMORE, MD USA 1956
Internship and Year	BELLEVUE HOSPITAL -NEW YORK, NY 1957
Residency and Year	JACOBI MEDICAL CENTER - BRONX, NY 1962
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	6670
License Date	4/7/1983
Name	<b>GLASSMAN, ROLAND M MD</b>
Address	BEDFORD COMMON, 407 RIVERWAY PLBEDFORD, NH, 03110-6749
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	STATE UNIV OF NY DOWNSTATE COLL MED USA 1974
Internship and Year	NORTH SHORE UNIV HOSPITAL - MANHASSET, NY 1975
Residency and Year	WAYNE STATE UNIV AFFILIATED HOSPITAL - DETROIT, MI 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9153
License Date	5/4/1994
Name	<b>GLASSMAN, STUART J MD</b>
Address	GRANITE PHYSIATRY PLLC, 60 COMMERCIAL ST STE 303CONCORD, NH, 03301
Specialty	PM
Board Certified	PM
School and Year of Graduation	SUNY AT STONY BROOK HLTH SCI CTR STONY BROOK, NY USA 1989
Internship and Year	NEW YORK UNIV MEDICAL CTR BELLEVUE HOSP - NY 1990
Residency and Year	RUSK INSTITUTION OF REHAB MEDICINE - NEW YORK, NY 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10900
License Date	5/3/2000
Name	<b>GLATSTEIN, ISAAC Z MD</b>
Address	REPRODUCTIVE SCIENCE CTR, ONE FORBES RDLEXINGTON, MA, 02421
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	NEW YORK UNIVERSITY - NEW YORK NY USA 1988
Internship and Year	MOUNT SINAI SCHOOL OF MEDICINE - NEW YORK NY 1992
Residency and Year	BRIGHAM AND WOMEN'S HOSP - BOSTON MA 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9771
License Date	7/3/1996
Name	<b>GLATT, ANDREW H MD</b>
Address	CROWNPOINT HIS, CROWNPOINT, NM, 87313
Specialty	IM
Board Certified	IM
School and Year of Graduation	VA COMMONWEALTH UNIV MED COLL OF RICHMOND USA 1993
Internship and Year	MARY HITCHCOCK MEMORIAL HOSPITAL - NH 1996
Residency and Year	MARY HITCHCOCK MEMORIAL HOSPITAL - NH 1996
License Expiration Date	<b>6/30/2008</b>
Remarks	<b>7/10/03 - VOLUNTARILY NOT PRACTICING UNTIL CME'S ARE COMPLETE AND THE BOARD HAS RECEIVED A LETTER FROM HIS TREATING PHYSICIAN SAYING THAT HIS MEDICAL ISSUES HAVE BEEN RESOLVED. 10/2/03 - BOARD RECEIVED CME'S AND LETTER FROM TREATING PHYSICIAN. DR. GLATT'S MEDICAL LICENSE IS UNRESTRICTED. 3/13/07- Settlement Agreement.</b>

License Number	14197
License Date	10/1/2008
Name	<b>GLATZ, JENIFER A MD</b>
Address	DARTMOUTH HITCHOCK, 100 HITCHOCK WAYMANCHESTER, NH, 03104
Specialty	PD
Board Certified	PD
School and Year of Graduation	LOYOLA UNIV OF CHICAGO USA 2001
Internship and Year	MEDICAL COLLEGE OF WISCONSIN - MILWAUKEE, WI 2002
Residency and Year	MEDICAL COLLEGE OF WISCONSIN - MILWAUKEE, WI 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7117
License Date	6/6/1985
Name	<b>GLAZER, DEBORAH A MD</b>
Address	127 MASCOMA ST, LEBANON, NH, 03766-1130
Specialty	FP
Board Certified	FP
School and Year of Graduation	SUNY AT UPSTATE-SYRACUSE, NY USA 1982
Internship and Year	ST CLARES HOSPITAL-SCHENECTADY, NY 1983
Residency and Year	ST CLARES HOSPITAL-SCHENECTADY, NY 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	Settlement Agreement 5/10/02 Restriction Lifted 08/13/02

License Number	16038
License Date	3/6/2013
Name	<b>GLAZER, JAMES L MD</b>
Address	MEMORIAL ORTHOPEDICS - MEMORIAL HOSPITAL, 3073 WHITE MOUNTAIN HIGHWAYNORTH CON
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE USA 1999
Internship and Year	MAINE-DARTMOUTH FAMILY MEDICINE RESIDENCY - AUGUSTA, ME 2000
Residency and Year	MAINE-DARTMOUTH FAMILY MEDICINE RESIDENCY - AUGUSTA, ME 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15919
License Date	11/7/2012
Name	<b>GLAZIER, BURT J DO</b>
Address	26 MANCHESTER SQUARE #2, PORTSMOUTH, NH, 03801
Specialty	OM
Board Certified	
School and Year of Graduation	WESTERN UNIVERSITY OF HEALTH SCIENCES USA 1984
Internship and Year	ST JOSEPH NORTHEAST HEIGHTS GENERAL - ALBUQUERQUE, NM 1985
Residency and Year	
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6783
License Date	9/8/1983
Name	<b>GLEASON, DAVID C MD</b>
Address	, PO BOX 138W GROTON, MA, 01472-
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF MICHIGAN SCH MED-ANN ARBOR,MI USA 1960
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1961
Residency and Year	BRINGHAM-WOMANS HOSPITAL-BOSTON,MA 1964
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	14761
License Date	3/3/2010
Name	<b>GLEASON, NEIL R MD</b>
Address	DHMC-DEPT OF ANESTHESIOLOGY, ONE MED CTR DRLEBANON, NH, 03756
Specialty	AN
Board Certified	AN
School and Year of Graduation	STATE UNIVERSITY OF NEW YORK USA 2003
Internship and Year	SUNY @ STONY BROOK UNIVERSITY HOSPITAL - STONY BROOK, NY 2004
Residency and Year	NEW YORK PRESBYTERIAN HOSPITAL - NY, NY 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6698
License Date	7/1/1983
Name	<b>GLECKLER (REMINGTON), STEVEN S MD</b>
Address	, , ,
Specialty	P
Board Certified	
School and Year of Graduation	UNIVERSITY OF TEXAS USA 1979
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1997</b>
Remarks	<p>5/4/88 - Consent Order. On allegations of unprofessional conduct, the Board commenced an investigation which resulted in an offer of settlement which was approved by the Board. The licensee was reprimanded and his license was restricted for 3 years to require that a female receptionist be physically present in the reception area whenever female patients are treated, that records be maintained of all treatment and that another physician supervise the practice of the Respondent.</p> <p>(Also see action in 1991)</p> <p>Deceased 6/15/2002</p>

License Number	15981
License Date	1/9/2013
Name	<b>GLEESON, MICHAEL W MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 2010
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date	<b>6/30/2015</b>
Remarks	



License Number	14018
License Date	6/4/2008
Name	<b>GLEMBOCKI, DAVID J MD</b>
Address	11130 N TATUM BOULEVARD, STE 100PHOENIX, AZ, 85028
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	MEDICAL COLLEGE OF WISCONSIN USA 1997
Internship and Year	UNIV OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 1998
Residency and Year	UNIV OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 2002
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	15660
License Date	5/2/2012
Name	<b>GLENN, DOREY A MD</b>
Address	DHMC-PEDIATRICS, 1 MED CTR DRLEBANON, NH, 03756
Specialty	PD
Board Certified	
School and Year of Graduation	BEN-GURION UNIVERSITY OF THE NEGEV ISRAEL 2008
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	6412
License Date	6/18/1981
Name	<b>GLENNEY, CHRISTOPHER U MD</b>
Address	ST LUKE MEDICAL CENTER, 30 BRANNEN RDMILAN, NH, 03588
Specialty	GS
Board Certified	GS
School and Year of Graduation	TUFTS UNIV SCH MED-BOSTON,MA USA 1975
Internship and Year	BAYSIDE MED CTR-SPRINGFIELD,MA 1976
Residency and Year	BAYSIDE MED CTR-SPRINGFIELD,MA 1980
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8079
License Date	5/10/1989
Name	<b>GLENNON, JAMES R MD</b>
Address	CORE PHYSICAN SERVICES, 7 HOLLAND WAYEXETER, NH, 03842
Specialty	IM
Board Certified	IM
School and Year of Graduation	TUFTS UNIV SCHL OF MED BOSTON MA USA 1986
Internship and Year	NEWTON WELLESLEY HOSP NEWTON MA 1987
Residency and Year	NEWTON WELLESLEY HOSP NEWTON MA 1989
License Expiration Date	<b>3/22/2011</b>
Remarks	<b>DECEASED 3/22/11</b>

License Number 9111  
 License Date 2/2/1994  
 Name **GLICK, EUGENE A MD**  
 Address 9 LINDEN, YORK, ME, 03909  
 Specialty P  
 Board Certified  
 School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1961  
 Internship and Year CHARITY HOSPITAL - NEW ORLEANS LA 1962  
 Residency and Year BOSTON CITY HOSPITAL - BOSTON MA 1965  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 15343  
 License Date 8/3/2011  
 Name **GLICKMAN, JONATHAN N MD**  
 Address MIRACA LIFE SCIENCES, 320 NEEDHAM ST STE 200NEWTON, MA, 02464  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation WASHINGTON UNIVERSITY SCHOOL OF MEDICINE USA 1995  
 Internship and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 1996  
 Residency and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 1999  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13769  
 License Date 12/5/2007  
 Name **GLICKMAN, PETER L MD**  
 Address 450 E 20TH ST APT 08-H, NEW YORK, NY, 10009  
 Specialty R  
 Board Certified R  
 School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1999  
 Internship and Year LAHEY CLINIC - BURLINGTON, MA 2000  
 Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2004  
 License Expiration Date **6/30/2017**  
 Remarks **LAPESD FOR NONRENEWAL 6/30/15. RENEWED 7/15/15.**

License Number 8589  
 License Date 7/17/1991  
 Name **GLIDDEN, JANE L MD**  
 Address FOUNDATION IN PARTNERS, 116 SPIT BROOK RDNASHUA, NH, 03062  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation CASE WESTERN RESERVE UNIV - CLEVELAND, OH USA 1988  
 Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1989  
 Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1991  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	16310
License Date	9/4/2013
Name	<b>GLOTZBECKER, MICHAEL P MD</b>
Address	CHILDRENS HOSP / ORTHO DEPT, HUNNEWELL 2/300 LONGWOOD AVEBOSTON, MA, 02115
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIVERSITY OF PENNSYLVANIA SCHOOL OF MED USA 2004
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2005
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6385
License Date	5/12/1981
Name	<b>GLOVER, HILLEL F MD</b>
Address	P S C H BROOKLYN CLINIC, 1669 BEDFORD AVEBROOKLYN`, NY, 11225
Specialty	CHP
Board Certified	CHP
School and Year of Graduation	UNIVERSITY OF MIAMI USA 1967
Internship and Year	VET AFFAIRS MEDICAL CENTER - BROOKLYN, NY 1968
Residency and Year	HILLSIDE HOSPITAL - NEW YORK 1971
License Expiration Date	<b>6/30/2015</b>
Remarks	<b>lapsed 1/30/85 - reinstated 1/9/13</b>

License Number	13901
License Date	4/2/2008
Name	<b>GLOVER, KIM B MD</b>
Address	12341 QUILT PATCH LANE, BOWIE, ND, 20720
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF MARYLAND USA 1993
Internship and Year	HOWARD UNIV HOSPITAL - WASHINGTON, DC 1994
Residency and Year	GEORGE WASHINGTON UNV - WASHINGTON, DC 1998
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	14198
License Date	10/1/2008
Name	<b>GLOVER, SARAH T DO</b>
Address	DHMC - PRIMARY CARE GROUP, 2 PILLSBURY ST, SUITE 401CONCORD, NH, 03301
Specialty	IM
Board Certified	IM
School and Year of Graduation	PHILADELPHIA COLLEGE USA 2005
Internship and Year	PONTIAC OSTEOPATHIC HOSPITAL MEDICAL CENTER - PONTIAC, MI 2006
Residency and Year	PONTIAC OSTEOPATHIC HOSPITAL MEDICAL CENTER - PONTIAC, MI 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6250
License Date	7/7/1980
Name	<b>GLOWA, PATRICIA T MD</b>
Address	HEATER RD FAMILY MEDICINE, ONE MEDICAL CENTER DRLEBANON, NH, 03766
Specialty	FP
Board Certified	FP
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 1977
Internship and Year	HIGHLAND HOSPITAL - ROCHESTER NY 1978
Residency and Year	HIGHLAND HOSPITAL - ROCHESTER NY 1980
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6730
License Date	7/7/1983
Name	<b>GLYNN, MICHAEL J MD</b>
Address	, , ,
Specialty	N
Board Certified	
School and Year of Graduation	UNIVERSITY OF MADRID SPAIN 1977
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1991</b>
Remarks	

License Number	12258
License Date	4/7/2004
Name	<b>GLYNN, THOMAS P MD</b>
Address	REID HOSPITAL RADIOLOGY DEPT, 1401 CHESTER BLVD RICHMOND, IN, 74374
Specialty	R
Board Certified	R
School and Year of Graduation	OHIO STATE UNIVERSITY, COLUMBUS OH US 1971
Internship and Year	OHIO STATE UNIVERSITY, COLUMBUS OH 1972
Residency and Year	OHIO STATE UNIVERSITY, COLUMBUS OH 1975
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	11296
License Date	6/6/2001
Name	<b>GO, ROBERT JOSEPH S MD</b>
Address	5210 BAGBY AVE, APT 337 WACO, TX, 76711
Specialty	NEP
Board Certified	NEP
School and Year of Graduation	CEBU INSTITUTE OF MED - CEBU CITY, CEBU PHILIPPINES 1992
Internship and Year	FAIRVIEW HOSPITAL - CLEVELAND, OH 1997
Residency and Year	FAIRVIEW HOSPITAL - CLEVELAND, OH 1999
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	4755
License Date	8/15/1972
Name	<b>GO, TENG B MD</b>
Address	HITCHCOCK CLINIC, 590 COURT STKEENE, NH, 03431-1798
Specialty	IM
Board Certified	IM
School and Year of Graduation	COLLEGE OF MEDICINE UNIV OF PHILLIPPINES PHILIPPINES 1967
Internship and Year	MEDICAL STAFF OF NEWPORT HOSPITAL - NEWPORT, RI 1968
Residency and Year	CARNEY HOSPITAL - BOSTON, MA 1970
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	16167
License Date	6/5/2013
Name	<b>GODALE, HEATHER R MD</b>
Address	EMERGENCY MEDICINE PHYSICIANS, 4535 DRESSLER RD NWCANTON, OH, 44718
Specialty	EM
Board Certified	EM
School and Year of Graduation	NORTHEAST OHIO MEDICAL UNIVERSITY USA 2003
Internship and Year	AKRON GENERAL MEDICAL CENTER - AKRON,OH 2004
Residency and Year	AKRON GENERAL MEDICAL CENTER - AKRON,OH 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14500
License Date	7/1/2009
Name	<b>GODDEAU JR, RICHARD P DO</b>
Address	UNIV OF MA MED CTR-DEPT OF NEUROLOGY, 55 LAKE AVE NORTHWORCESTER, MA, 01655
Specialty	N
Board Certified	N
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND USA 2004
Internship and Year	ST VINCENT HOSPITAL - WORCESTER, MA 2005
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER - WORCESTER, MA 2008
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	7351
License Date	6/12/1986
Name	<b>GODEFROI, ROBERT C MD</b>
Address	24 YARDLEY RD, ANDOVER, MA, 01810
Specialty	GP
Board Certified	OM
School and Year of Graduation	UNIVERSITY OF MIAMI USA 1983
Internship and Year	NEW ENGLAND MED CTR 1984
Residency and Year	NEW ENGLAND MED CTR 1985
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	13427
License Date	3/7/2007
Name	<b>GODFREY, GERALD C MD</b>
Address	ONE JOHN MORGAN BLDG, 3620 HAMILTON WALKPHILADELPHIA, PA, 19104
Specialty	GS
Board Certified	GS
School and Year of Graduation	BROWN UNIV USA 1994
Internship and Year	NEW YORK & PRESBYTERIAN MEDICAL CTR(COLUMBIA CAMPUS) - NEW YORK, NY 1995
Residency and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6483
License Date	1/7/1982
Name	<b>GODIN, NICOLE MD</b>
Address	233 E 86TH ST, APT 20-ANEW YORK, NY, 10028
Specialty	IM
Board Certified	
School and Year of Graduation	UNIV OF PARIS SCH MED -PARIS FRANCE 1959
Internship and Year	ST ELIZABETH HOSP-COVINGTON,KY 1958
Residency and Year	UNIV HOSP -MADISON,WI 1964
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	14838
License Date	5/5/2010
Name	<b>GODINEZ, JUAN MD</b>
Address	946 GREAT PLAIN AVE #255, NEEDHAM, MA, 02492
Specialty	RO
Board Certified	RO
School and Year of Graduation	CIUDAD UNIVERSITY MEXICO 1980
Internship and Year	SOUND SHORE MEDICAL CENTER OF WESTCHESTER-NEW ROCHELLE, NY 1992
Residency and Year	UNIVERSITY OF CHICAGO CENTER FOR RADIATION THERAPY-CHICAGO, IL 1996
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	16907
License Date	1/21/2015
Name	<b>GODSHALK RUGGLES, ASHLEE N MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	GS
Board Certified	
School and Year of Graduation	JEFFERSON MEDICAL COLLEGE OF THOMAS JEFFERSON UNIV USA 2012
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10235
License Date	2/4/1998
Name	<b>GOE, ERIC A MD</b>
Address	HITCHCOCK CLINIC, 590 COURT STKEENE, NH, 03431-1798
Specialty	FP
Board Certified	FP
School and Year of Graduation	ALBANY MEDICAL COLLEGE - ALBANY, NY USA 1973
Internship and Year	JACKSON MEMORIAL HOSPITAL - MIAMI, FL 1974
Residency and Year	JACKSON MEMORIAL HOSPITAL - MIAMI, FL 1976
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	16222
License Date	7/3/2013
Name	<b>GOEL, VANDANA MD</b>
Address	92 3RD ST, MEDFORD, MA, 02155
Specialty	FP
Board Certified	
School and Year of Graduation	ADICHUNCHANAGIRI INSTITUTE - UNIV OF MYS INDIA 2002
Internship and Year	CONCORD HOSPITAL - CONCORD, NH 2009
Residency and Year	CONCORD HOSPITAL - CONCORD, NH 2011
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	11413
License Date	10/3/2001
Name	<b>GOESSEL, TRACEY K MD</b>
Address	CARE PROGRAMS, 2811 LORD BALTIMORE DRIVEBALTIMORE, MD, 21244
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF WISCONSIN MED SCH - MADISON, WI USA 1982
Internship and Year	NORTHWESTERN UNIV MEDICAL SCHOOL - CHICAGO, IL 1983
Residency and Year	NORTHWESTERN UNIV MEDICAL SCHOOL - CHICAGO, IL 1986
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	17214
License Date	8/5/2015
Name	<b>GOKHALE, SUMITA MD</b>
Address	PO BOX 2124, EAST GREENWICH, RI, 02818
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	MOTI LAL NEHRU MEDICAL COLLEGE, UNIV OF ALLAHABAD INDIA 1994
Internship and Year	UNIVERSITY OF TX MEDICAL BRANCH - GALVESTON, TX 1999
Residency and Year	UNIVERSITY OF TX MEDICAL BRANCH - GALVESTON, TX 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 12028  
 License Date 8/6/2003  
 Name **GOKHMAN, NINA MD**  
 Address 26 STONEYBROOK DR, NEWBURYPORT, MA, 01950  
 Specialty P  
 Board Certified P  
 School and Year of Graduation ST PETERSBURG STATE MED ACADEMY, ST PETERSBURG RUSSIA 1975  
 Internship and Year MEDICAL COLLEGE OF PA, PHILADELPHIA PA 1999  
 Residency and Year NEW ENGLAND MED CTR, BOSTON MA 2002  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 9772  
 License Date 7/3/1996  
 Name **GOLAN, LUBOR MD**  
 Address VONDROUSOVA 1196, 163-00 PRAGUE 6-REPY IICZECH REPUBLIC, , EUROPE  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV KARLOVA FAC OF GENERAL MEDICAL PRAHA CZECHOSLOVAKIA 1987  
 Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1997  
 Residency and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1997  
 License Expiration Date **6/30/2001**  
 Remarks

License Number 8914  
 License Date 4/7/1993  
 Name **GOLASKI, CONRAD DO**  
 Address DARTMOUTH PLACE PEQUOT BLDG, STE 202 49 STATE RD NORTH DARTMOUTH, MA, 02747  
 Specialty APM  
 Board Certified APM  
 School and Year of Graduation KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE USA 1974  
 Internship and Year NEW YORK COLLEGE OF OSTEOPATHIC MEDICINE - OLD WESTBURY NY 1975  
 Residency and Year MERIDIA HURON HOSPITAL - CLEVELAND OH 1976  
 License Expiration Date **6/30/2003**  
 Remarks

License Number 11593  
 License Date 5/1/2002  
 Name **GOLD, JEFFREY D MD**  
 Address LIBERTY VISION LASIK CTR, 2440 WHITNEY AVE HAMDEN, CT, 06518  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation UNIV OF TENNESSEE - MEMPHIS, TN USA 1968  
 Internship and Year BAPTIST MEMORIAL HOSPITAL - MEMPHIS, TN 1969  
 Residency and Year BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 1975  
 License Expiration Date **6/30/2008**  
 Remarks **REQUESTED INACTIVE 6/30/03---REINSTATED 8/4/04**



License Number	T2292
License Date	7/1/1990
Name	<b>GOLD, MARK E MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PS
Board Certified	
School and Year of Graduation	UNIVERSITY OF IRVINE USA 1984
Internship and Year	DHMC 1991
Residency and Year	DHMC 1992
License Expiration Date	<b>6/30/1992</b>
Remarks	

License Number	9154
License Date	5/4/1994
Name	<b>GOLD, MICHAEL M MD</b>
Address	, , ,
Specialty	OBG
Board Certified	
School and Year of Graduation	UNIVERSITY OF ROCHESTER - NY USA 1953
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1995</b>
Remarks	

License Number	6923
License Date	7/5/1984
Name	<b>GOLD, MICHAEL N MD</b>
Address	NASHUA PATHOLOGY, 1 PROSPECT ST 2ND FLNASHUA, NH, 03060-3921
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV DE L'ETAT A LIEGE FAC DE MED-LIEGE BELGIUM 1979
Internship and Year	BOSOTN CITY HOSP-BOSTON,MA 1980
Residency and Year	BOSTON CITY HOSP BOSTON,MA 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7982
License Date	10/5/1988
Name	<b>GOLD, SAMUEL C MD</b>
Address	835 HANOVER ST STE 304, MANCHESTER, NH, 03104-
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIV OF MARYLAND SCHOOL OF MEDICINE USA 1981
Internship and Year	BOSTON CITY HOSPITAL - BOSTON MA 1982
Residency and Year	NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON MA 1986 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9972
License Date	4/2/1997
Name	<b>GOLD, STANLEY R MD</b>
Address	FALMOUTH HOSP/SANDWICH URGENT, 2 JAN SEBASTIAN DR SANDWICH, MA, 02563
Specialty	EM
Board Certified	EM
School and Year of Graduation	NY UNIV SCHOOL OF MEDICINE - NY, NY USA 1963
Internship and Year	KINGS COUNTY HOSPITAL CENTER - NY 1964
Residency and Year	LENOX HILL HOSPITAL - NY 1966
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	11369
License Date	9/5/2001
Name	<b>GOLDBERG, CRAIG R MD</b>
Address	ST PETERS SPINE & NEUROSURGERY, 1182 TROY-SCHENECTADY RD STE 100 LATHAM, NY, 12110
Specialty	NS
Board Certified	NS
School and Year of Graduation	UNIV OF CHICAGO PRITZKER SCH - CHICAGO, IL USA 1995
Internship and Year	NEW YORK MEDICAL COLLEGE AT WESTCHESTER MED CTR - VALHALLA, NY 1996
Residency and Year	NEW YORK MEDICAL COLLEGE AT WESTCHESTER MED CTR - VALHALLA, NY 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11310
License Date	7/11/2001
Name	<b>GOLDBERG, DAVID J MD</b>
Address	100 MCGREGOR ST, MANCHESTER, NH, 03102-3770
Specialty	CD
Board Certified	CD
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1993
Internship and Year	YALE NEW HAVEN MEDICAL CENTER WATERBURY/ NEW HAVEN CT 1996
Residency and Year	YALE NEW HAVEN MEDICAL CENTER/NEW HAVEN CT 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14130
License Date	8/6/2008
Name	<b>GOLDBERG, JOSHUA B MD</b>
Address	DHMC - GENERAL SURGERY, 1 MED CTR DR LEBANON, NH, 03756
Specialty	GS
Board Certified	
School and Year of Graduation	ALBERT EINSTEIN COLLEGE USA 2006
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11272
License Date	6/6/2001
Name	<b>GOLDBERG, MATTHEW J DO</b>
Address	LEE FAMILY PRACTICE, 65 CALEF HWY STE 200LEE, NH, 03861
Specialty	FPS
Board Certified	FP
School and Year of Graduation	PHILADELPHIA COLL OF OSTEOPATHIC MED-PA USA 1998
Internship and Year	FLORIDA HOSPITAL EAST ORLANDO - ORLANDO, FL 1999
Residency and Year	FLORIDA HOSPITAL EAST ORLANDO- ORLANDO, FL 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6241
License Date	7/3/1980
Name	<b>GOLDBERG, NORMAN C MD</b>
Address	NORTHEAST DERMATOLOGY ASSOC, 401 ANDOVER ST STE 101NORTH ANDOVER, MA, 01845
Specialty	D
Board Certified	D
School and Year of Graduation	BOSTON UNIV SCHOOL MEDICINE - BOSTON, MA USA 1975
Internship and Year	HARTFORD HOSPITAL - HARTFORD, CT 1976
Residency and Year	MAYO GRAD SCHOOL OF MEDICINE - ROCHESTER, MN 1979
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6111
License Date	9/6/1979
Name	<b>GOLDBERG, RONALD I MD</b>
Address	MERRIMACK MED CTR, 62 BROWN ST STE 404HAVERHILL, MA, 01830-
Specialty	FP
Board Certified	
School and Year of Graduation	BOSTON UNIV SCHOOL MEDICINE - BOSTON, MA USA 1962
Internship and Year	BEVERLY HOSPITAL - BEVERLY, MA 1963
Residency and Year	BOSTON CITY HOSPITAL - BOSTON, MA 1968
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14622
License Date	10/7/2009
Name	<b>GOLDBERG, STEPHEN A MD</b>
Address	LITTLETON REGIONAL HOSPITAL, 600 ST JOHNSBURY RDLITTLETON, NH, 03561
Specialty	IM
Board Certified	IM
School and Year of Graduation	SACKLER SCHOOL OF MEDICINE USA 2004
Internship and Year	BETH ISRAEL MEDICAL CENTER - NY, NY 2005
Residency and Year	BETH ISRAEL MEDICAL CENTER - NY, NY 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13317
License Date	11/1/2006
Name	<b>GOLDBERG, YEVSEY M MD</b>
Address	NAVAL HOSPITAL CAMP PENDLETON, SANTA MARGARITA RD 6TH FLRCAMP PENDLETON, CA, 9205
Specialty	IM
Board Certified	IM
School and Year of Graduation	ROSALIND FRANKLIN UNIV OF MEDICINE & SCIENCE USA 1998
Internship and Year	WATERBURY HOSPITAL HEALTH CENTER - WATERBURY, CT 2001
Residency and Year	MEDICAL COLLEGE OF GEORGIA-AUGUSTA, GA 2004
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	9482
License Date	7/5/1995
Name	<b>GOLDBLATT, WARREN S MD</b>
Address	EYESIGHT OPHTHALMIC SERVICES, 155 BORTHWICK AVE STE 200 EASTPORTSMOUTH, NH, 03801
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	NY UNIV SCHOOL OF MEDICINE USA 1990
Internship and Year	VETERANS AFFAIRS MEDICAL CENTER - NEW YORK NY 1991
Residency and Year	LOUISIANA STATE UNIVERSITY SCHOOL OF MEDICINE - NEW ORLEANS LA 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5001
License Date	6/11/1973
Name	<b>GOLDEN, DAVID MD</b>
Address	VALLEGATA 2A, 0454 OSLO, , NORWAY
Specialty	IM
Board Certified	IM
School and Year of Graduation	WASHINGTON UNIVERSITY-ST LOUIS MO USA 1968
Internship and Year	CORNELL UNIERSITY-NEW YORK NY 1970
Residency and Year	UNIVERSITY OF CALIFORNIA-SAN FRANCISCO CA 1972
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11992
License Date	7/2/2003
Name	<b>GOLDEN, EILEEN C MD</b>
Address	47 MORNING SONG, HUDSON, OH, 44236
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	MEDICAL COLLEGE OF OHIO- TOLEDO, OH USA 1997
Internship and Year	METROHEALTH MEDICAL CENTER - CLEVELAND, OH 1998
Residency and Year	METROHEALTH MEDICAL CENTER - CLEVELAND, OH 2001
License Expiration Date	<b>6/30/2007</b>
Remarks	<b>7/11/06 - Settlement Agreement</b>

License Number	12102
License Date	10/1/2003
Name	<b>GOLDEN, KENNETH H MD</b>
Address	MERRIMACK VALLEY COUNSELING ASSOCIATION, 39 SIMON ST ZANASHUA, NH, 03060
Specialty	P
Board Certified	P
School and Year of Graduation	SOUTHWESTERN UNIVERSITY, CEBU CITY CEBU PHILIPPINE PHILIPPINES 1981
Internship and Year	ST FRANCIS MEDICAL CTR, PITTSBURGH PA 1985
Residency and Year	ST FRANCIS MEDICAL CTR, PITTSBURGH PA 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13284
License Date	10/4/2006
Name	<b>GOLDENBERG, ELIE A MD</b>
Address	DARTMOUTH HITCHCOCK CLINIC, 253 PLEASANT STCONCORD, NH, 03301
Specialty	GS
Board Certified	GS
School and Year of Graduation	PONCE SCHOOL OF MED, PUERTO RICO PUERTO RICO 1999
Internship and Year	NY HOSPITAL MED CTR, FLUSHING NY 2000
Residency and Year	NY HOSPITAL MED CTR, FLUSHING NY 2004
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	13539
License Date	6/6/2007
Name	<b>GOLDENBERG, MATTHEW N MD</b>
Address	UNIFORMED SVS U-DEPT OF PSYCH, 4301 JONES BRIDGEBETHESDA, MD, 20814
Specialty	P
Board Certified	P
School and Year of Graduation	YALE UNIV USA 2003
Internship and Year	UNIV OF NORTH CAROLINA SCHOOL OF MED - CHAPEL HILL, NC 2004
Residency and Year	UNIV OF NORTH CAROLINA SCHOOL OF MED - CHAPEL HILL, NC 2006
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	12699
License Date	5/4/2005
Name	<b>GOLDENSON, ROBIN P MD</b>
Address	BRIGHAM & WOMEN'S HOSP-RADIOLO, 5TH FL 850 BOYLSTON STCHESTNUT HILL, MA, 02446
Specialty	R
Board Certified	R
School and Year of Graduation	YALE UNIVERSITY, NEW HAVEN CT US 1992
Internship and Year	BETH ISRAEL DEACONESS MED CTR, BOSTON MA 1993
Residency and Year	BETH ISRAEL DEACONESS MED CTR, BOSTON MA 1995
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number 7377  
 License Date 6/12/1986  
 Name **GOLDFARB, STEVEN R MD**  
 Address , , ,  
 Specialty IM  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF ROME ROME 1983  
 Internship and Year  
 Residency and Year  
 License Expiration Date **6/30/1993**  
 Remarks

License Number 14342  
 License Date 3/4/2009  
 Name **GOLDFISCHER, EVAN R MD**  
 Address PREMIER MEDICAL GROUP, 1 COLUMBIA ST STE 390POUGHKEEPSIE, NY, 12601  
 Specialty U  
 Board Certified U  
 School and Year of Graduation CORNELL UNIV USA 1992  
 Internship and Year UNIV OF CHICAGO HOSPITALS - CHICAGO, IL 1993  
 Residency and Year UNIV OF CHICAGO HOSPITALS - CHICAGO, IL 1997  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12491  
 License Date 10/6/2004  
 Name **GOLDING, ALLAN C MD**  
 Address ENDOCRINE SURGERY - MEMORIAL PHYSICIANS GROUP, 1150 N 25TH STREETHOLLYWOOD, FL, 3  
 Specialty END  
 Board Certified END  
 School and Year of Graduation DALHOUSIE UNIVERSITY, HALIFAX NOVA SCOTIA CANADA US 1996  
 Internship and Year EMORY UNIVERSITY, ATLANTA GA 1997  
 Residency and Year EMORY UNIVERSITY, ATLANTA GA 1999  
 License Expiration Date **6/30/2016**  
 Remarks **LAPSED FOR NONRENEWAL 6/30/14**  
**RENEWED 8/8/14**

License Number 14164  
 License Date 9/3/2008  
 Name **GOLDMAN KLINGLER, ANGELA P MD**  
 Address FAMILY TREE HEALTH CARE, 2 EAST MAIN ST UNIT 2WARNER, NH, 03278  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation SOUTHERN ILLINOIS UNIV USA 2004  
 Internship and Year CONCORD HOSPITAL - CONCORD, NH 2006  
 Residency and Year CONCORD HOSPITAL - CONCORD, NH 2008  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	14584
License Date	9/2/2009
Name	<b>GOLDMAN, JAMES M MD</b>
Address	CONCORD EYE CARE, 248 PLEASANT ST STE 1600CONCORD, NH, 03301
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIVERSITY OF ROCHESTER - ROCHESTER, NY USA 2002
Internship and Year	UNITY HEALTH SYSTEM - ROCHESTER, NY 2003
Residency and Year	NORTHWESTERN UNIVERSITY MEDICAL SCHOOL - CHICAGO, IL 2006
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	11562
License Date	4/3/2002
Name	<b>GOLDMAN, SAMUEL J DO</b>
Address	ELLIOT SENIOR HEALTH PHYSICIAN, 138 WEBSTER STMANCHESTER, NH, 03101
Specialty	IM
Board Certified	IMG
School and Year of Graduation	NOVA SO EASTERN UNIV - FT LAUDERDALE, FL USA 1997
Internship and Year	BROOKDALE UNIV HOSP - BROOKLYN, NY 1998
Residency and Year	STATEN ISLAND UNIV HOSPITAL - STATEN ISLAND, NY 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8661
License Date	12/4/1991
Name	<b>GOLDMINZ, DAVID MD</b>
Address	NORTHEAST DERMATOLOGY ASSOC, 401 ANDOVER ST STE 101 NO ANDOVER, MA, 01845
Specialty	D
Board Certified	D
School and Year of Graduation	BOSTON UNIVERSITY UNITED STATES 1983
Internship and Year	MONTEFIORE HOSPITAL MEDICAL CENTER BRONX - NEW YORK 1984
Residency and Year	YALE-NEW HAVEN MEDICAL CENTER NEW HAVEN - CONNECTICUT 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6509
License Date	3/4/1982
Name	<b>GOLDNER, WAYNE L MD</b>
Address	150 TARRYTOWN RD, MANCHESTER, NH, 03103-
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF PENN SCH MED-PHIL,PA USA 1978
Internship and Year	BAYSTATE MED CTR-SPRINGFIELD,MA 1979
Residency and Year	BAYSTATE MED CTR-SPRINGFIELD,MA 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15344
License Date	8/3/2011
Name	<b>GOLDOBIN, OLGA P MD</b>
Address	UNIV OF PITTSBURGH, DEPT OF ANESTHESIOLOGY, 3471 FIFTH AVE, STE 910PITTSBURGH, PA, 1521
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF VERMONT USA 2007
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11091
License Date	10/4/2000
Name	<b>GOLDSHEIN, MARK G MD</b>
Address	ASSOCIATED RADIOLOGISTS PA, 8 EAST PEARL STNASHUA, NH, 03060
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF ROCHESTER SCH OF MED - ROCHESTER, NY USA 1978
Internship and Year	NEW ENGLAND DEACONESS HOSPITAL/HARVARD MEDICAL SCH - BOSTON, MA 1979
Residency and Year	NEW ENGLAND DEACONESS HOSPITAL/HARVARD MEDICAL SCH- BOSTON, MA 1980
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15187
License Date	4/6/2011
Name	<b>GOLDSTEIN, ARI B MD</b>
Address	VISTA STAFFING, 275 E 200 SSALT LAKE CITY, UT, 84111
Specialty	IM
Board Certified	
School and Year of Graduation	THOMAS JEFFERSON UNIVERSITY USA 2007
Internship and Year	UNIVERSITY OF ILLINOIS HOSPITAL & CLINICS _ CHICAGO, IL 2008
Residency and Year	MOUNT SINAI HOSPITAL - NEW YORK, NY 2010
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	16109
License Date	5/1/2013
Name	<b>GOLLAPUDI, SAI N MD</b>
Address	PELHAM HEALTHCARE ASSOCIATES, 49 ATWOOD ROAD PO BOX 434PELHAM, NH, 03076
Specialty	FP
Board Certified	
School and Year of Graduation	GUNTUR MEDICAL COLLEGE INDIA 2005
Internship and Year	HENNEPIN COUNTY MEDICAL CENTER - MINNEAPOLIS, MN 2011
Residency and Year	HENNEPIN COUNTY MEDICAL CENTER - MINNEAPOLIS, MN 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number 5757  
 License Date 6/13/1977  
 Name **GOLODNER, LAWRENCE MD**  
 Address , PO BOX 563YORK, ME, 03909-0563  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation TULANE UNIVERSITY-NEW ORLEANS LA USA 1954  
 Internship and Year STATE UNIVERSITY KINGS COLLEGE HOSP-BROOKLYN NY 1955  
 Residency and Year MOUNT SINAI HOSPITAL-NEW YORK NY 1958  
 License Expiration Date **6/30/1999**  
 Remarks **DECEASED 2/9/09**

License Number 10045  
 License Date 7/2/1997  
 Name **GOLOSARSKY, BORIS MD**  
 Address SJ INTERNAL MEDICINE, 17 RIVERSIDE ST STE 202NASHUA, NH, 03062  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation ODESSA MEDICAL INSTITUTE- OSESSA, UKRAINE UKRAINE 1982  
 Internship and Year JEWISH HOSPITAL OF CINN-OH 1997  
 Residency and Year JEWISH HOSPITAL OF CINCINNATI - OH 1997  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10024  
 License Date 6/4/1997  
 Name **GOLYAN, FARADOON D DO**  
 Address DARTMOUTH HITCHCOCK MEDICAL CT, ONE MEDICAL CTR DRLEBANON, NH, 03756  
 Specialty CD  
 Board Certified  
 School and Year of Graduation NEW YORK COLLEGE OF OSTEOPATHIC MED-NY USA 1990  
 Internship and Year BETH ISRAEL MEDICAL CENTER-NY 1994  
 Residency and Year ROBERT PACKER HOSPITAL-PA 1997  
 License Expiration Date **6/30/1999**  
 Remarks

License Number 16008  
 License Date 2/6/2013  
 Name **GOMBERG, BRUCE F MD**  
 Address GRANITE STATE ORTHOPEDICS, 17 PROSPECT STNASHUA, NH, 03060-3923  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE USA 1996  
 Internship and Year WEST VIRGINIA UNIVERSITY SCHOOL OF MEDICINE - MORGANTOWN, WV 1997  
 Residency and Year WEST VIRGINIA UNIVERSITY SCHOOL OF MEDICINE - MORGANTOWN, WV 1997  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10389  
 License Date 9/2/1998  
 Name **GOMES, HEIDI S MD**  
 Address TEXAS CHILDRENS HOSPITAL, 6701 FANNIN ST CC-1210HOUSTON, TX, 77030-2399  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIV OF ALABAMA - BIRMINGHAM, AL USA 1995  
 Internship and Year TULANE UNIV MEDICAL CENTER - NEW ORLEANS, LA 1996  
 Residency and Year TULANE UNIV MEDICAL CENTER - NEW ORLEANS, LA 1997  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 15661  
 License Date 5/2/2012  
 Name **GOMEZ, JACKELINE MD**  
 Address WENTWORTH DOUGLASS PHYS CORP, 10 MEMBERS WAY STE 301DOVER, NH, 03820  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF PUERTO RICO SCHOOL OF MEDICINE USA 1992  
 Internship and Year GUTHRIE/ROBERT PACKER HOSPITAL - SAYRE, PA 1993  
 Residency and Year GREENVILLE HOSPITAL SYSTEM - GREENVILLE, SC 1995  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16068  
 License Date 4/3/2013  
 Name **GONZALES, CALLE A MD**  
 Address NEONATOLOGY - PEDIATRIC HOSPITALISTS, 8 PROSPECT STNASHUA, NH, 03060-3925  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE USA 1989  
 Internship and Year BAYLOR COLLEGE OF MEDICINE - HOUSTON,TX 1990  
 Residency and Year BAYLOR COLLEGE OF MEDICINE - HOUSTON,TX 1991  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13154  
 License Date 7/5/2006  
 Name **GONZALES, RICARDO A MD**  
 Address DARTMOUTH-HITCHCOCK, 100 HITCHCOCK WAYMANCHESTER, NH, 03104  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation VANDERBILT UNIV USA 2000  
 Internship and Year JOHNS HOPKINS UNIV-BALTIMORE MD 2001  
 Residency and Year JOHNS HOPKINS UNIV-BALTIMORE MD 2005  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	11311
License Date	7/11/2001
Name	<b>GONZALEZ, ANGELICA ROSARIO J MD</b>
Address	SJ INTERNAL MEDICINE, 17RIVERSIDE ST STE 202NASHUA, NH, 03062
Specialty	RHU
Board Certified	RHU
School and Year of Graduation	UNIVERSITY OF THE PHILIPPINES COLLEGE OF MED PHILIPPINES 1992
Internship and Year	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE FARMINGTON CT 1995
Residency and Year	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE FARMINGTON CT 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9079
License Date	11/3/1993
Name	<b>GONZALEZ, JORGE L MD</b>
Address	DHMC - PATHOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE USA 1985
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1986
Residency and Year	BETH ISRAEL HOSPITAL - BOSTON MA 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16271
License Date	8/7/2013
Name	<b>GONZALEZ, KARYLL D MD</b>
Address	MAINE MEDICAL CENTER, 22 BRAMHALL STPORTLAND, ME, 04102
Specialty	IM
Board Certified	
School and Year of Graduation	ROSS UNIVERSITY DOMINICA 2011
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	15534
License Date	2/1/2012
Name	<b>GOOD, KATRINA S DO</b>
Address	SO MAINE MED CTR, 1 MED CTR DRBIDDEFORD, ME, 04005
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND USA 2004
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2007
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 3319  
 License Date 9/15/1959  
 Name **GOODALL JR, EDWIN B MD**  
 Address , , ,  
 Specialty  
 Board Certified  
 School and Year of Graduation  
 Internship and Year  
 Residency and Year  
 License Expiration Date **8/22/1999**  
 Remarks **Deceased 2/08/99**

License Number 11243  
 License Date 5/2/2001  
 Name **GOODKIN, GREGORY M MD**  
 Address CORE PHYSICIANS LLC, 3 ALUMNI DR STE 101 EXETER, NH, 03833  
 Specialty IM  
 Board Certified CD  
 School and Year of Graduation NEW YORK UNIVERSITY USA 1995  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1996  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1998  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10252  
 License Date 4/1/1998  
 Name **GOODLIN, SARAH J MD**  
 Address DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CTR DR LEBANON, NH, 03756-0001  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation DARTMOUTH HITCHCOCK MEDICAL SCHOOL USA 1980  
 Internship and Year DEPT OF VETERANS AFFAIRS-LOS ANGELES-CA 1981  
 Residency and Year DEPT OF VETERANS AFFAIRS -LOS ANGELES, CA 1983  
 License Expiration Date **6/30/1999**  
 Remarks

License Number 15408  
 License Date 10/5/2011  
 Name **GOODMAN, BRIAN T MD**  
 Address MERCY PAIN MANAGEMENT, 3501 WE KNIGHT DR FT SMITH, AR, 72903  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation UNIVERSITY OF ARKANSAS COLLEGE OF MEDICINE USA 2003  
 Internship and Year VANDERBILT UNIVERSITY SCHOOL OF MEDICINE - NASHVILLE, TN 2004  
 Residency and Year VANDERBILT UNIVERSITY SCHOOL OF MEDICINE - NASHVILLE, TN 2007  
 License Expiration Date **6/30/2013**  
 Remarks

License Number	6878
License Date	5/10/1984
Name	<b>GOODMAN, DAVID C MD</b>
Address	DHMC - PEDIATRICS, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PD
Board Certified	PD
School and Year of Graduation	STATE UNIV OF NY UPSTATE COLL MED CTR-NY USA 1981
Internship and Year	JOHNS HOPKINS HOSP-BALTIMORE,MD 1982
Residency and Year	JOHNS HOPKINS HOSP-BALTIMORE,MD 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8840
License Date	11/4/1992
Name	<b>GOODMAN, JORY F MD</b>
Address	9730 WILSHIRE BLVD STE 216A, BEVERLY HILLS, CA, 90212
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF SOUTHERN CALIFORNIA USA 1976
Internship and Year	CEDARS-SINAI MEDICAL CENTER LOS ANGELES - CALIFORNIA 1977
Residency and Year	CEDARS-SINAI MEDICAL CENTER LOS ANGELES - CALIFORNIA 1979
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	10945
License Date	6/7/2000
Name	<b>GOODMAN, MICHAEL J MD</b>
Address	5024 OAK PARK CIR, ATLANTA, GA, 30324
Specialty	RO
Board Certified	
School and Year of Graduation	INDIANA UNIV SCH - INDIANAPOLIS, IN USA 1986
Internship and Year	BALL MEMORIAL HOSPITAL - MUNCIE, IN 1987
Residency and Year	INDIANA UNIV SCH OF MED - INDIANAPOLIS, IN 1990
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	9374
License Date	3/1/1995
Name	<b>GOODMAN, WILLIAM H MD</b>
Address	CMO CATHOLIC MEDICAL CTR, 100 MCGREGOR ST, STE GMANCHESTER, NH, 03102
Specialty	PUD
Board Certified	PUD
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1989
Internship and Year	THE JOHNS HOPKINS HOSPITAL - BALTIMORE MD 1992
Residency and Year	BRIGHAM & WOMENS HOSPITAL - BOSTON MA 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11193
License Date	3/7/2001
Name	<b>GOODNEY, PHILIP P MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	VS
Board Certified	VS
School and Year of Graduation	UNIV OF CONNECTICUT SCH MED - FARMINGTON, CT USA 1999
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4918
License Date	10/31/1972
Name	<b>GOODSTEIN, RICHARD K MD</b>
Address	BAYER CORPORATION, 400 MORGAN LANEWEST HAVEN, CT, 06516
Specialty	P
Board Certified	
School and Year of Graduation	GEORGE WASHINGTON UNIV SCHOOL OF MEDICINE, DC USA 1965
Internship and Year	EDWARD W SPARROW HOSPITAL - LASING, MI 1966
Residency and Year	MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1972 1972
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	13587
License Date	7/11/2007
Name	<b>GOODWIN IV, ANDREW J MD</b>
Address	UNIV. OF VERMONT - MEDICAL CENTER, 111 COLCHESTER AVEBURLINGTON, VT, 05401
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF VERMONT USA 2003
Internship and Year	FLETCHER ALLEN HEALTHCARE UNIV OF VT - BURLINGTON, VT 2004
Residency and Year	FLETCHER ALLEN HEALTHCARE UNIV OF VT - BURLINGTON, VT 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9220
License Date	7/6/1994
Name	<b>GOODWIN, DOUGLAS W MD</b>
Address	DHMC-RADIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty	R
Board Certified	R
School and Year of Graduation	CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE USA 1987
Internship and Year	MEDICAL CENTER HOSPITAL - BURLINGTON VT 1988
Residency and Year	UNIVERSITY HOSPITALS - CLEVELAND OH 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14680
License Date	12/2/2009
Name	<b>GOODWIN, ISAK A MD</b>
Address	DEPT OF PLASTIC SERG - UNIV OF UT HEALTH SCIENCES, 30 NORTH 1900 EAST 3B400SALT LAKE CIT
Specialty	GS
Board Certified	
School and Year of Graduation	DREXEL UNIVERSITY USA 2007
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13202
License Date	8/2/2006
Name	<b>GOODWIN, KIMBERLY A MD</b>
Address	MEMORIAL HOSPITAL, 3073 WHITE MTN HWYNORTH CONWAY, NH, 03860
Specialty	EM
Board Certified	EM
School and Year of Graduation	ALBERT EINSTEIN COLLEGE OF MEDICINE USA 1990
Internship and Year	ST VINCENTS HOSPITAL & MED CTR- NY, NY 1992
Residency and Year	ST VINCENTS HOSPITAL & MED CTR-NY, NY 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14289
License Date	1/7/2009
Name	<b>GOODWIN, SYLVIA T MD</b>
Address	167 WEBER HILL RD, CARMEL, NY, 10512
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF MIAMI USA 1991
Internship and Year	UNIV OF SOUTH FLORIDA - TAMPA, FL 1992
Residency and Year	UNIV OF SOUTH FLORIDA - TAMPA, FL 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>lapsed 6/30/11 - reinstated 6/6/12</b>

License Number	14501
License Date	7/1/2009
Name	<b>GOOS, SAMUEL D MD</b>
Address	ADULT & PEDIATRIC DERMATOLOGY, 526 MAIN STREET SUITE 302ACTON, MA, 01720
Specialty	D
Board Certified	D
School and Year of Graduation	YALE UNIVERSITY USA 1985
Internship and Year	UNIVERSITY HOSPITAL/BOSTON CITY HOSPITAL - BOSTON, MA 1986
Residency and Year	TUFTS NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 5784  
 License Date 7/7/1977  
 Name **GOOZE, JAY B MD**  
 Address 9 MEADOW RD, DURHAM, NH, 03824  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation UNIV OF PENNSYLVANA SCHOOL OF MEDICINE USA 1971  
 Internship and Year GREENWICH HOSPITAL GREENWICH 1972  
 Residency and Year PRESBY UNIV PA MEDICAL CENTER 1976  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11449  
 License Date 11/7/2001  
 Name **GOPAL, ALOK MD**  
 Address VA MEDICAL CENTER, 215 N MAIN STWHITE RIVER JCT, VT, 05009  
 Specialty CCA  
 Board Certified AN  
 School and Year of Graduation UNIV OF DELHI DILSHAD GARDEN - NEW DELHI, INDIA INDIA 1990  
 Internship and Year METROPOLITAN HOSPITAL CENTER - NEW YORK, NY 1997  
 Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2000  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 11535  
 License Date 3/6/2002  
 Name **GOPAL, MEENAKSHI MD**  
 Address DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CTR DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF DELHI - NEW DELHI, INDIA INDIA 1992  
 Internship and Year METROPOLITAN HOSPITAL CENTER - NEW YORK, NY 1998  
 Residency and Year METROPOLITAN HOSPITAL CENTER - NEW YORK, NY 2000  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 14319  
 License Date 2/4/2009  
 Name **GOPAL, PUSHPA MD**  
 Address 31 LOWELL RD, WINDHAM, NH, 03087  
 Specialty IM  
 Board Certified  
 School and Year of Graduation BANGALORE UNIV INDIA 1987  
 Internship and Year CARITAS ST ELIZABETHS MEDICAL CENTER-BOSTON, MA 1995  
 Residency and Year CARITAS ST ELIZABETHS MEDICAL CENTER-BOSTON, MA 1996  
 License Expiration Date **6/30/2011**  
 Remarks



License Number	14019
License Date	6/4/2008
Name	<b>GORADIA, DHAWAL A MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF TEXAS USA 2001
Internship and Year	UNIV OF WASHINGTON MEDICAL CENTER - SEATTLE, WA 2002
Residency and Year	UNIV OF WASHINGTON MEDICAL CENTER - SEATTLE, WA 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3368
License Date	6/8/1960
Name	<b>GORAN, ARNOLD MD</b>
Address	ARNOLD GORAN, MD PLLC, PO BOX 227STAATSBURG, NY, 12580-0227
Specialty	NS
Board Certified	NS
School and Year of Graduation	UNIVERSITY OF VERMONT USA 1958
Internship and Year	BRONX MUNICIPAL HOSPITAL CENTER 1959
Residency and Year	MARY HITCHCOCK MEMORIAL HOSPITAL- HANOVER NH 1959
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14020
License Date	6/4/2008
Name	<b>GORANSON, LORI L MD</b>
Address	19250 SW 65TH AVE, STE 300TUALAHN, OR, 97062
Specialty	OBG
Board Certified	
School and Year of Graduation	OREGON UNIV USA 2004
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER-LEBANON, NH 2005
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER-LEBANON, NH 2007
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	8158
License Date	7/12/1989
Name	<b>GORAYEB, MARC J E MD</b>
Address	3 SAINT CYR DR, HAMPTON, NH, 03842
Specialty	EM
Board Certified	EM
School and Year of Graduation	MCGILL UNIV FACT OF MED MONTREAL QUEBEC CANADA 1981
Internship and Year	CHARITY HOSP OF LA NEW ORLEANS LA 1982
Residency and Year	DENVER GEN HOSP DNEVER CO 1984
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7736
License Date	11/4/1987
Name	<b>GORDAN, VICTOR MD</b>
Address	VA MEDICAL CENTER, SMYTH RDMANCHESTER, NH, 03104-7004
Specialty	IM
Board Certified	IM
School and Year of Graduation	FIRST LENINGRAD MED INST ROMANIA 1958
Internship and Year	WESTCHESTER COUNTY HOSP-NY 1975
Residency and Year	MCKEEPORT HOSP-PA 1976
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8777
License Date	8/5/1992
Name	<b>GORDON, JOSEPH R MD</b>
Address	107 NEWTOWN RD STE 2C, DANBURY, CT, 06810
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF CHICAGO PRITZKER SCHOOL OF MEDICINE USA 1981
Internship and Year	KINGS COUNTY HOSPITAL CENTER                      BROOKLYN - NEW YORK 1982
Residency and Year	KINGS COUNTY HOSPITAL CENTER                      BROOKLYN - NEW YORK 1983
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	5058
License Date	8/6/1973
Name	<b>GORDON, MELVIN J MD</b>
Address	459 DUDLEY RD, NEWTON CENTER, MA, 02459
Specialty	PD
Board Certified	PD
School and Year of Graduation	TUFTS UNIVERSITY-BOSTON MA USA 1949
Internship and Year	THE MEMORIAL HOSP-WORCESTER MA 1950
Residency and Year	NEW ENGLAND MED CTR HOSP-BOSTON MA 1952
License Expiration Date	<b>6/30/2007</b>
Remarks	<b>Deceased 7/5/14</b>

License Number	7839
License Date	5/4/1988
Name	<b>GORDON, PHILIP E MD</b>
Address	37 MONAHANSETT RD, MASHPEE, MA, 02649
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF COLORADO SCH MED - DENVER, CO USA 1970
Internship and Year	ST LUKES-ROOSEVELT HOSPITAL CENTER - NY, NY 1971
Residency and Year	ST LUKES-ROOSEVELT HOSPITAL CENTER - NY, NY 1975
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	8657
License Date	12/4/1991
Name	<b>GORDON, ROBERT MD</b>
Address	RR2 BOX 15, COLEBROOK, NH, 03576-9502
Specialty	TS
Board Certified	TS
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1966
Internship and Year	COOK COUNTY HOSPITAL CHICAGO IL 1967
Residency and Year	UNIVERSITY CINCINNATI HOSPITAL CINCINNATI OH 1968
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	5691
License Date	4/7/1977
Name	<b>GORDON, ROBERT D MD</b>
Address	MERRIMACK MED CTR, 696 DANIEL WEBSTER HWYMERRIMACK, NH, 03054
Specialty	D
Board Certified	D
School and Year of Graduation	UNIV OF VERMONT USA 1973
Internship and Year	PENN STATE UNIV HP - M S HERSHEY MEDICAL CENTER - HERSHEY, PA 1974
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 1977
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>LAPSED FOR NON-RENEWAL 6/30/95. REINSTATED 3/4/09.</b>

License Number	8459
License Date	11/7/1990
Name	<b>GORDON, STUART R MD</b>
Address	DHMC-GASTROENTEROLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	GE
Board Certified	GE
School and Year of Graduation	COLUMBIA UNIV COLL OF PHYSICIANS - NY, NY USA 1988
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1989
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13588
License Date	7/11/2007
Name	<b>GORECHLAD, JOHN W MD</b>
Address	DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty	GS
Board Certified	
School and Year of Graduation	UNIV OF NEW JERSEY USA 2005
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	13456
License Date	4/4/2007
Name	<b>GORECKI, NATALIA MD</b>
Address	HOSPITELIST PROGRAM, 8 PROSPECT STNASHUA, NH, 03060
Specialty	IM
Board Certified	IM
School and Year of Graduation	YAROSLAVL STATE MEDICAL ACADEMY RUSSIA 1984
Internship and Year	CAPITAL HEALTH SYSTEM FULD CAMPUS-TRENTON, NJ 2005
Residency and Year	CAPITAL HEALTH SYSTEM FULD CAMPUS-TRENTON, NJ 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10046
License Date	7/2/1997
Name	<b>GORELIK, BRONIE MD</b>
Address	575 TURNPIKE ST #28, N ANDOVER, MA, 01845
Specialty	PD
Board Certified	PD
School and Year of Graduation	LENINGRAD PEDIATRIC MED INSTITUTE-LENINGRAD RUSSIAN 1978
Internship and Year	CHILDREN'S HOSPITAL - BOBRUISK USSR 1979
Residency and Year	THE BROOKLYN HOSPITAL CENTER - BROOKLYN, NY 1996
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	RT057
License Date	7/9/1997
Name	<b>GORELIK, LYUBOV Y MD</b>
Address	DHMC, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	N
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>4/15/1998</b>
Remarks	

License Number	10424
License Date	10/7/1998
Name	<b>GORHAM, JAMES D MD</b>
Address	DART MED SCHOOL-PATHOLOGY HB7600, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	NEW YORK UNIV SCH OF MED - NY, NY USA 1992
Internship and Year	WASHINGTON UNIV/BARNES-JEWISH HOSPITAL - ST LOUIS, MO 1993
Residency and Year	WASHINGTON UNIV/BARNEW-JEWISH HOSPITAL - ST LOUIS, MO 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9676
License Date	4/3/1996
Name	<b>GORIN, DANIEL R MD</b>
Address	SOUTHEASTERN SURGICAL ASSOC, 105 PARK STHYANNIS, MA, 02601
Specialty	VS
Board Certified	VS
School and Year of Graduation	UNIV OF CONNECTICUT SCHOOL OF MEDICINE USA 1988
Internship and Year	ST FRANCIS HOSPITAL MEDICAL CENTER - HARTFORD, CT 1991
Residency and Year	BOSTON UNIV MEDICAL CTR - BOSTON, MA 1996
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	13285
License Date	10/4/2006
Name	<b>GORLIN, ANDREW W MD</b>
Address	VISTA STAFFING, 675 EAST 2100 SOUTH STE 390SALT LAKE CITY, UT, 84106
Specialty	EM
Board Certified	
School and Year of Graduation	COLUMBIA UNIVERSITY, NY NY US 2001
Internship and Year	STATE UNIVERSITY OF NEW YORK, BROOKLYN NY 2002
Residency and Year	STATE UNIVERSITY OF NEW YORK, BROOKLYN NY 2005
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	4895
License Date	2/29/1972
Name	<b>GORLIN, RICHARD MD</b>
Address	MT SINAI MEDICAL CENTER, 5TH AVE & 100 STNEW YORK, NY, 10029
Specialty	IM
Board Certified	IM
School and Year of Graduation	HARVARD MED SCHOOL-BOSTON MA USA 1948
Internship and Year	PETER BENT BRIGHAM HOSP-BOSTON MA 1949
Residency and Year	PETER BENT BRIGHAM HOSP-BOSTON MA 1954
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	7680
License Date	8/5/1987
Name	<b>GORMAN, GARY D MD</b>
Address	, , ,
Specialty	US
Board Certified	
School and Year of Graduation	UNIVERSITY OF CONNECTICUT USA 1982
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1996</b>
Remarks	

License Number	7197
License Date	9/10/1985
Name	<b>GORMAN, JOHN C MD</b>
Address	NASHUA RHEUMATOLOGY, 17 PROSPECT ST.NASHUA, NH, 03060-
Specialty	IM
Board Certified	RHU
School and Year of Graduation	WASHINGTON UNIVERSITY - ST LOUIS, MO USA 1974
Internship and Year	THE JEWISH HOSPITAL - ST LOUIS, MO 1975
Residency and Year	THE JEWISH HOSPITAL - ST LOUIS, MO 1977
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11500
License Date	2/6/2002
Name	<b>GORMAN, TIMOTHY E DO</b>
Address	CONCORD HOSPITAL PATHOLOGY, 250 PLEASANT STCONCORD, NH, 03301
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	KIRKSVILLE COLL - KIRKSVILLE, MO USA 1995
Internship and Year	OHIO STATE UNIV MEDICAL CENTER - COLUMBUS, OH 1996
Residency and Year	OHIO STATE UNIV MEDICAL CENTER - COLUMBUS, OH 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9038
License Date	9/1/1993
Name	<b>GORMLEY, ELIZABETH A MD</b>
Address	DHMC- DEPT OF UROLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty	U
Board Certified	U
School and Year of Graduation	UNIVERSITY OF SASKATCHEWAN COLLEGE OF MEDICINE CANADA 1986
Internship and Year	MEMORIAL UNIVERSITY - ST JOHN'S NEWFOUNDLAND 1987
Residency and Year	MEMORIAL UNIVERSITY - ST JOHN'S NEWFOUNDLAND 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10467
License Date	12/2/1998
Name	<b>GORRAFA, ALY A MD</b>
Address	OB/GYN, 454 MCDOWELL STWELCH, WV, 24801
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	FACULTY OF MED UNIV OF ALEXANDRIA - EGYPT EGYPT 1957
Internship and Year	HIGHLAND HOSPITAL - ROCHESTER, NY 1969
Residency and Year	HIGHLAND HOSPITAL - ROCHESTER, NY 1970
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	17265
License Date	9/2/2015
Name	<b>GORSKE, ANDREW C MD</b>
Address	472 CHAPMAN RD, KEENE, NH, 03431
Specialty	GE
Board Certified	GE
School and Year of Graduation	DUKE UNIVERSITY SCHOOL OF MEDICINE - DURHAM, NC USA 1995
Internship and Year	WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1996
Residency and Year	WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9802
License Date	8/7/1996
Name	<b>GORSULOWSKY, DAVID C MD</b>
Address	39210 STATE ST STE 218, FREMONT, CA, 94538-
Specialty	D
Board Certified	D
School and Year of Graduation	LOUISIANA STATE UNIV SCHOOL OF MED IN SHREVEPORT USA 1980
Internship and Year	HENRY FORD HOSPITAL - MI 1981
Residency and Year	UNIV OF MICHIGAN HOSPITAL - MI 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11244
License Date	5/2/2001
Name	<b>GORVINE, JEFFREY MD</b>
Address	HARVARD VANGUARD MEDICAL ASSOC, 20 WALL ST BURLINGTON, MA, 01803
Specialty	IM
Board Certified	IM
School and Year of Graduation	NEW YORK MEDICAL COLLEGE USA 1986
Internship and Year	RHODE ISLAND HOSPITAL - PROVIDENCE RI 1987
Residency and Year	RHODE ISLAND HOSPITAL - PROVIDENCE RI 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9448
License Date	6/7/1995
Name	<b>GOSSELIN, BENOIT J MD</b>
Address	DHMC OTOLARYNGOLOGY, ONE MEDICAL CENTER DR, CLINIC 4 FLEBANON, NH, 03756
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	UNIVERSITY OF OTTAWA CANADA 1988
Internship and Year	OTTAWA CIVIC HOSPITAL, OTTAWA ONTARIO CANADA 1989
Residency and Year	UNIVERSITY OF OTTAWA, OTTAWA ONTARIO CANADA 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9622
License Date	1/3/1996
Name	<b>GOSSMAN, DAVID E MD</b>
Address	LAHEY CARDIOLOGY C/O P. O'CONNELL, 8 PROSPECT STNASHUA, NH, 03061
Specialty	CD
Board Certified	IM
School and Year of Graduation	MI STATE UNIV COLLEGE OF HUMAN MEDICINE E LANDING USA 1981
Internship and Year	ST JOSEPH MERCY HOSPITAL - C MC AULEY ANN ARBOR, MI 1982
Residency and Year	CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 1987
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>LAPSED FOR NON-RENEWAL 6/30/99. REINSTATED ON 10/1/08.</b>

License Number	6092
License Date	8/3/1979
Name	<b>GOTH, PETER C MD</b>
Address	, , ,
Specialty	GS
Board Certified	
School and Year of Graduation	UNIVERSITY OF TULANE IN LOUISIANA USA 1972
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1989</b>
Remarks	

License Number	12456
License Date	9/1/2004
Name	<b>GOTTFREDSEN, LEA A DO</b>
Address	BRIARWOOD PRIMARY CARE, 6 HEALTHCARE DR, STE 2ROCHESTER, NH, 03867
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME US 1993
Internship and Year	UNIVERSITY OF MA, WORCESTER MA 1994
Residency and Year	UNIVERSITY OF MA, WORCESTER MA 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16710
License Date	8/6/2014
Name	<b>GOTTLIEB, GEOFFREY J MD</b>
Address	STRATA DX, 1 CRANBERRY HILL STE 303LEXINGTON, MA, 02421
Specialty	D
Board Certified	D
School and Year of Graduation	CORNELL UNIVERSITY USA 1976
Internship and Year	NEW YORK & PRESBYTERIAN HOSPITAL - NY, NY 1977
Residency and Year	NEW YORK & PRESBYTERIAN HOSPITAL - NY, NY 1979
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	9803
License Date	8/7/1996
Name	<b>GOTTLIEB, PHILIP D MD</b>
Address	SPECIALIZED HLTH MNGT INC, 246 WALNUT STNEWTON, MA, 02460
Specialty	P
Board Certified	P
School and Year of Graduation	NEW YORK MEDICAL COLLEGE VALHALLA, NY USA 1972
Internship and Year	VET AFFAIRS MEDICAL CENTER - MA 1974
Residency and Year	NEW ENGLAND MEDICAL CENTER HOSPITAL - MA 1977
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16166
License Date	6/5/2013
Name	<b>GOUBERT, ANA M MD</b>
Address	LAMPREY HEALTH CENTER, 128 STATE RT 27RAYMOND, NH, 03077
Specialty	FP
Board Certified	FP
School and Year of Graduation	STATE UNIVERSITY OF NEW YORK USA 2010
Internship and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2011
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	3284
License Date	3/11/1959
Name	<b>GOUCHOE, BERNARD A MD</b>
Address	LAHEY-HITCHCOCK CLINIC, 253 PLEASANT STCONCORD, NH, 03301-2593
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF VERMONT HEALTH COLLEGE UNITED STATES 1954
Internship and Year	WORCESTER CITY HOSPITAL 1955
Residency and Year	MARY FLETCHER HOSPITAL 1958
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	10711
License Date	10/6/1999
Name	<b>GOUGELET, ROBERT M MD</b>
Address	STATE OF NH DHHS - DIV PUBLIC HEALTH, HAZEN DRIVECONCORD, N, 03301
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF NEW MEXICO-ALBUQUERQUE,NM USA 1983
Internship and Year	OHIO STATE UNIVERSITY -COLUMBUS,OH 1984
Residency and Year	OHIO STATE UNIVERSITY-COLUMBUS,OH 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4360
License Date	3/5/1969
Name	<b>GOULD, AUBREY V MD</b>
Address	15 A WINDSOR CT, KEENE, NH, 03431
Specialty	GP
Board Certified	
School and Year of Graduation	SUNY-HLTH SCI CTR AT BROOKLYN, NY USA 1945
Internship and Year	ST LUKES-ROOSEVELT - NY 1945
Residency and Year	ST JOHN'S EPISC HOSPITAL - NY 1946
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	10390
License Date	9/2/1998
Name	<b>GOULD, DAVID A MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF PITTSBURGH - PITTSBURGH, PA USA 1996
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR- LEBANON, NH 1997
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11131
License Date	12/6/2000
Name	<b>GOULD, PETER J DO</b>
Address	ST JOSEPH HOSP, 172 KINSLEY STNASHUA, NH, 03061
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF NEW ENGLAND COLL - BIDDEFORD, ME USA 1989
Internship and Year	BASSETT HEALTHCARE-UTICA - UTICA, NY 1990
Residency and Year	BASSETT HEALTHCARE-UTICA - UTICA, NY 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11057
License Date	9/6/2000
Name	<b>GOUMAS, DOUGLAS M MD</b>
Address	THE ORTHOPEDIC CENTER, 17 RIVERSIDE ST STE 101NASHUA, NH, 03062
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIV OF CONNECTICUT SCH - FARMINGTON, CT USA 1994
Internship and Year	UNIV OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON, CT 1995
Residency and Year	UNIV OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON, CT 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11194
License Date	3/7/2001
Name	<b>GOURIN, CHRISTINE G MD</b>
Address	MEDICAL COLLEGE OF GA, 1120 15TH ST BP 4109AUGUSTA, GA, 30912
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	STATE UNIV OF NY HLTH CTR-BROOKLYN, NY USA 1990
Internship and Year	UNIV OF VERMONT-FLETCHER ALLEN HLTH CTR- BURLINGTON, VT 1991
Residency and Year	UNIV OF VERMONT-FLETCHER ALLEN HLTH CTR - BURLINGTON, VT 1992
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	15409
License Date	10/5/2011
Name	<b>GOURLEY, BRETT L MD</b>
Address	DHMC, ONE MEDICAL CENTER DRLEBANON, NH, 03766
Specialty	IM
Board Certified	IM
School and Year of Graduation	OREGON HEALTH & SCIENCE UNIVERSITY SCHOOL OF MEDIC USA 2008
Internship and Year	FAIRVIEW/UNIVERSITY MEDICAL CENTER - MINNEAPOLIS, MN 2009
Residency and Year	FAIRVIEW/UNIVERSITY MEDICAL CENTER - MINNEAPOLIS, MN 2011
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	13622
License Date	8/1/2007
Name	<b>GOVINDARAJU, KALYANI P MD</b>
Address	NASHUA RHEUMATOLOGY, 17 PROSPECT ST.NASHUA, NH, 03060
Specialty	RHU
Board Certified	RHU
School and Year of Graduation	ANDHRA UNIV INDIA 1998
Internship and Year	NEWTON-WELLESLEY HOSPITAL - NEWTON LOWER FALLS, MA 2003
Residency and Year	NEWTON-WELLESLEY HOSPITAL - NEWTON LOWER FALLS, MA 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17058
License Date	5/6/2015
Name	<b>GOWANI, NAUSHEEN MD</b>
Address	5405 BENTROSE DR, MCKINNEY, TX, 75070
Specialty	IM
Board Certified	IM
School and Year of Graduation	DOW MEDICAL COLLEGE, UNIV OF KARACHI PAKISTAN 2001
Internship and Year	TEXAS TECH UNIV HEALTH SCIENCES CENTER - AMARILLO, TX 2005
Residency and Year	TEXAS TECH UNIV HEALTH SCIENCES CENTER - AMARILLO, TX 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	3058
License Date	3/9/1955
Name	<b>GOYETTE, CHARLES H MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1996</b>
Remarks	

License Number	10576
License Date	6/2/1999
Name	<b>GRABER, MARTHA L MD</b>
Address	DHMC/HYPERTENSION, ONE MEDICAL CENTER DRLEBANON, NH, 03756-0001
Specialty	NEP
Board Certified	NEP
School and Year of Graduation	UNIV OF LONDON - ENGLAND ENGLAND 1983
Internship and Year	UNIV OF CALIFORNIA- SAN FRANCISCO, CA 1988
Residency and Year	UNIV OF CALIFOARNIA -SAN FRANCISCO, CA 1990
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7566
License Date	5/6/1987
Name	<b>GRACE, MICHAEL P MD</b>
Address	LITTLETON REGIONAL HOSPITAL, 600 ST JOHNSBURY RDLITTLETON, NH, 03561
Specialty	ON
Board Certified	ON
School and Year of Graduation	GEORGETOWN UNIV SCH OF MED - WASHINGTON DC USA 1976
Internship and Year	ST VINCENT'S HOSPITAL - NY 1977
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1982
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	4906
License Date	8/18/1972
Name	<b>GRACIANO, JOSEPH M MD</b>
Address	DOVER INTERNAL MEDICINE & GERI, 10 MEMBERS WAYDOVER, NH, 03820-2529
Specialty	IM
Board Certified	IM
School and Year of Graduation	GEORGETOWN UNIV - WASHINGTON, DC USA 1969
Internship and Year	ALBANY MEDICAL CENTER - ALBANY, NY 1970
Residency and Year	ALBANY MEDICAL CENTER - ALBANY, NY 1970
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 4782  
 License Date 5/25/1971  
 Name **GRAF, FRANK A MD**  
 Address 152 COURT ST, STE 2PORTSMOUTH, NH, 03801-4416  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation TUFTS UNIV, MA USA 1964  
 Internship and Year GENESEE HOSPITAL - ROCHESTER, NY 1965  
 Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1971  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 8159  
 License Date 7/12/1989  
 Name **GRAFF, WILLIAM C MD**  
 Address NEW ENGLAND HEART INSTITUTE, 100 MCGREGOR STMANCHESTER, NH, 03102  
 Specialty CD  
 Board Certified CD  
 School and Year of Graduation UNIV RENE DESCARTES UER COCHIN-PORT -PARIS FRANCE 1982  
 Internship and Year ST BARNABAS MED CTR-LIVINGTON,NJ 1984  
 Residency and Year ALBANY MED CTR-ALBANY,NY 1989  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 3410  
 License Date 12/23/1960  
 Name **GRAFFAGNINO, PAUL N MD**  
 Address PO BOX 443, 11 COLLEGE HILLWOODSTOCK, VT, 05091-  
 Specialty CHP  
 Board Certified CHP  
 School and Year of Graduation TULANE UNIVERSITY SCHOOL OF MEDICINE- LA USA 1951  
 Internship and Year NEW HAVEN COMMUNITY HOSPITAL 1952  
 Residency and Year INSTITUTE OF LIVING- HARTFORD CT 1956  
 License Expiration Date **6/30/1998**  
 Remarks

License Number 10824  
 License Date 2/2/2000  
 Name **GRAFTON, KIMBERLY P MD**  
 Address DHMC-GENERAL SURGERY, ONE MEDICAL CTR DRLEBANON, NH, 03756  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation UNIV OF SO CALIFORNIA - LOS ANGELES, CA USA 1988  
 Internship and Year UNIV OF SO CALIFORNIA - LOS ANGELES, CA 1989  
 Residency and Year KAISER PERMANENTE MEDICAL CENTER - LOS ANGELES, CA 1990  
 License Expiration Date **6/30/2008**  
 Remarks

License Number	10805
License Date	1/5/2000
Name	<b>GRAFTON, SCOTT T MD</b>
Address	DARTMOUTH COLLEGE, 6162MOORE HALLHANOVER, NH, 03755
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF SO CA SCH OF MED - LOS ANGELES,CA USA 1984
Internship and Year	UNIV OF ARIZONA HLTH SCI CENTER - TUCSON, AZ 1985
Residency and Year	UNIV OF WASHINGTON SCH OF MED - SEATTLE, WA 1988
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	13902
License Date	4/2/2008
Name	<b>GRAGEDA, MELISSA R MD</b>
Address	ELMHURST HOSPITAL CENTER, 79-01 BROADWAYELMHURST, NY, 11373
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF SANTO TOMAS PHILIPPINES 2002
Internship and Year	ELMHURST HOSPITAL CENTER - ELMHURST, NY 2006
Residency and Year	ELMHURST HOSPITAL CENTER - ELMHURST, NY 2007
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	6276
License Date	8/25/1980
Name	<b>GRAHAM JR, JOHN M MD</b>
Address	CEDARS-SINAI MEDICAL CENTER, 444 S SAN VICENTE BLVD #1001LOS ANGELES, CA, 90048-4165
Specialty	MG
Board Certified	MG
School and Year of Graduation	MEDICAL COLLEGE OF SOUTH CAROLINA USA 1975
Internship and Year	CHILDRENS HOSPITAL MEDICAL CENTER - BOSTON MA 1976
Residency and Year	CHILDRENS HOSPITAL MEDICAL CENTER - BOSTON MA 1978
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	14919
License Date	7/7/2010
Name	<b>GRAHAM, JAMES A MD</b>
Address	DHMC - RADIOLOGY, 1 MED CTR DRLEBANON, NH, 03756
Specialty	DR
Board Certified	R
School and Year of Graduation	MARSHALL UNIVERSITY USA 2006
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14548
License Date	8/5/2009
Name	<b>GRAHAM, LIMOR D MD</b>
Address	43 WEST BLVD RD, NEWTON, MA, 02459
Specialty	AN
Board Certified	
School and Year of Graduation	BOSTON UNIVERSITY USA 2001
Internship and Year	CARITAS ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 2003
Residency and Year	CARITAS ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 2006
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	14706
License Date	1/6/2010
Name	<b>GRAHAM, LYDIA M MD</b>
Address	3322 CASA ROSA, CORPUS CHRISTI, TX, 78411
Specialty	FP
Board Certified	FP
School and Year of Graduation	BAYLOR COLLEGE USA 1979
Internship and Year	MCLENNAN COUNTY MEDICAL EDUCATION & RESEARCH FOUNDATION - WACO, TX 1980
Residency and Year	CHRISTUS SPOHN MEMORIAL HOSPITAL - CORPUS CHRISTI, TX 1984
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	16789
License Date	10/1/2014
Name	<b>GRAHAM, RICHARD W MD</b>
Address	108 N MAIN ST, WRJ, VT, 05001
Specialty	U
Board Certified	U
School and Year of Graduation	VIRGINIA COMMONWEALTH UNIV SCHOOL OF MED USA 1979
Internship and Year	UNIVERSITY OF CALIFORNIA - SAN FRANCISCO, CA 1980
Residency and Year	UNIVERSITY OF CALIFORNIA - SAN FRANCISCO, CA 1981
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13345
License Date	12/6/2006
Name	<b>GRAHAM, SHERRY A MD</b>
Address	, 46 WOBUM STREANDING, MA, 01843
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV MASSACHUSETTS MED SCHOOL USA 2000
Internship and Year	LAWRENCE FAMILY PRACTICE RESIDENCY-LAWRENCE, MA 2001
Residency and Year	LAWRENCE FAMILY PRACTICE RESIDENCY- LAWRENCE, MA 2003
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	9375
License Date	3/1/1995
Name	<b>GRAICHEN, DANA F MD</b>
Address	272 COTTAGE ST, SANFORD, ME, 04073
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1983
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1984
Residency and Year	BAYLOR COLLEGE OF MEDICINE - HOUSTON TX 1991
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	10468
License Date	12/2/1998
Name	<b>GRAMATOVICI, MIRELA MD</b>
Address	BARNERT HOSP, 680 BROADWAYPATERSON, NJ, 07514-1472
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	INSTITUTE OF MED , PHARMACY BUCHAREST ROMANIA 1966
Internship and Year	QUEEN'S UNIV FACULTY OF HEALTH SCIENCE- KINGSTON ONTARIO, CANADA 1985
Residency and Year	QUEEN'S UNIV FACULTY OF HEALTH SCIENCE - KINGSTON ONTARIO, CANADA 1987
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	11170
License Date	2/7/2001
Name	<b>GRANAHAN, EILEEN MD</b>
Address	DHMC, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	D
Board Certified	PD
School and Year of Graduation	UNIV OF ROCHESTER SCH OF MED - ROCHESTER, NH USA 1998
Internship and Year	YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1999
Residency and Year	YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15753
License Date	7/11/2012
Name	<b>GRANDE, DONALD J MD</b>
Address	MYSTIC VALLEY DERM ASSOC, 92 MONTVALE AVE STE 3000STONEHAM, MA, 02180
Specialty	D
Board Certified	D
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICNE USA 1973
Internship and Year	MALSOLM GROW MEDICAL CENTER-ANDREWS AFB, MD 20331 1974
Residency and Year	MALSOLM GROW MEDICAL CENTER-ANDREWS AFB, MD 20331 1976
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	6661
License Date	3/3/1983
Name	<b>GRANDGEORGE, STEVEN R MD</b>
Address	BEDFORD MEDICAL PARK, 5 WASHINGTON PLACEBEDFORD, NH, 03110-6715
Specialty	AI
Board Certified	AI
School and Year of Graduation	UNIV IF IOWA COLL MED -IOWA CITY,IA USA 1980
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1981
Residency and Year	DARTMOUTH-HITCHCOCK MED CTRHANOVER,NH 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	
License Number	11273
License Date	6/6/2001
Name	<b>GRANOK, ALEXANDER B MD</b>
Address	INFECT DISEASE ASSOC/TRAV MED, 399 DANIEL WEBSTER HWYMERRIMACK, NH, 03054
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF NEW MEXICO SCH - ALBUQUERQUE, NM NEW MEXICO 1992
Internship and Year	WASHINGTON UNIV SCH OF MED- ST LOUIS, MO 1993
Residency and Year	WASHINGTON UNIV SCH OF MED - ST LOUIS, MO 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	
License Number	5428
License Date	9/9/1975
Name	<b>GRANT, HENRY T H MD</b>
Address	170 BELKNAP POINT RD, UNIT 34GILFORD, NH, 03246
Specialty	AN
Board Certified	AN
School and Year of Graduation	NEW YORK MED COLL - NEW YORK USA 1960
Internship and Year	NAVAL HOSPITAL - PORTSMOUTH, NH 1961
Residency and Year	PRESBYTERIAN HOSPITAL - NEW YORK 1969
License Expiration Date	<b>6/30/2005</b>
Remarks	<b>DECEASED 12-17-11</b>
License Number	17002
License Date	4/1/2015
Name	<b>GRANT, JIHAN A MD</b>
Address	450 CLARKSON AVE, NEUROLOGY DEPTBROOKLYN, NY, 11203
Specialty	N
Board Certified	
School and Year of Graduation	HOWARD UNIVERSITY COLLEGE OF MEDICINE USA 2011
Internship and Year	SUNY DOWNSTATE MEDICAL CENTER - BROOKLYN, NY 2012
Residency and Year	SUNY DOWNSTATE MEDICAL CENTER - BROOKLYN, NY 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	2996
License Date	11/3/1953
Name	<b>GRANT, JOSEPH L MD</b>
Address	, PO BOX 285NORWICH, VT, 05055-0285
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF PENNSYLVANIA USA 1946
Internship and Year	UNIVERSITY OF PENNSYLVANIA HOSPITAL -PHILADELPHIA PA 1947
Residency and Year	UNIVERSITY OF PA HOSPITAL - PHILADELPHIA, PA 1950
License Expiration Date	<b>6/30/2002</b>
Remarks	Deceased 2/16/2007

License Number	9376
License Date	3/1/1995
Name	<b>GRANT, MARK A DO</b>
Address	620 BYRON RD, HOWELL, MI, 48843
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEO MED USA 1990
Internship and Year	PROVIDENCE HOSPITAL - SOUTHFIELD MI 1992
Residency and Year	PROVIDENCE HOSPITAL - SOUTHFIELD MI 1992
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	12861
License Date	9/7/2005
Name	<b>GRANT, PENNY MD</b>
Address	BUTLER CHILD ADVOCACY CENTER, 3314 STEUBEN AVEBRONX, NY, 10467
Specialty	PD
Board Certified	PD
School and Year of Graduation	NEW YORK MEDICAL COLLEGE, VALHALLA NY US 1984
Internship and Year	NEW YORK & PRESBYTERIAN, CORNELL CAMPUS, NEW YORK NY 1986
Residency and Year	JACKSON MEMORIAL HOSP., MIAMI FL 1987
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	8056
License Date	3/29/1989
Name	<b>GRANT, PHILIP W MD</b>
Address	ASSOCIATED RADIOLOGISTS, 8 E PEARL STNASHUA, NH, 03060-9029
Specialty	DR
Board Certified	DR
School and Year of Graduation	BOSTON UNIV SCH OF MED - BOSTON, MA USA 1983
Internship and Year	FRAMINGHAM UNION HOSPITAL - FRAMINGHAM, MA 1984
Residency and Year	BOSTON CITY HOSPITAL - BOSTON, MA 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12544
License Date	12/1/2004
Name	<b>GRANT, STEPHEN B MD</b>
Address	20 PLEASANT ST, WEST LEBANON, NH, 03784
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF COLORADO, BOULDER CO US 2002
Internship and Year	FLETCHER ALLEN HEALTH CARE, BURLINGTON VT 2003
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2004
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	10982
License Date	6/29/2000
Name	<b>GRASS, WILLIAM S MD</b>
Address	BRATTLEBORO RETREAT, ANNA MARSH LNBURLINGTON, VT, 05301
Specialty	P
Board Certified	
School and Year of Graduation	UNIVERSITY OF VERMONT - BURLINGTON VT USA 1994
Internship and Year	FLETCHER ALLEN HEALTH CARE - BURLINGTON VT 1995
Residency and Year	FLETCHER ALLEN HEALTH CARE - BURLINGTON VT 2000
License Expiration Date	<b>6/30/2002</b>
Remarks	<b>6/20/00 - ORDER OF CONDITIONAL APPROVAL</b>

License Number	4700
License Date	6/12/1972
Name	<b>GRASSI, ROBERT M MD</b>
Address	25 BLACKBERRY LN, WOLFEBORO, NH, 03894
Specialty	PD
Board Certified	PD
School and Year of Graduation	GEORGETOWN UNIVERSITY-WASHINGTON DC USA 1967
Internship and Year	SAINT VINCENT HOSP-WORCESTER MA 1968
Residency and Year	CHILDREN'S HOSP-WASHINGTON DC 1972
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	10618
License Date	7/7/1999
Name	<b>GRASSO, JOSEPH S DO</b>
Address	101 COTTAGE ST, LITTLETON, NH, 03561
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF NEW ENGLAND COLL OF OSTEO - ME USA 1991
Internship and Year	FLORIDA HOSPITAL EAST ORLANDO - ORLANDO, FL 1992
Residency and Year	FLORIDA HOSPITAL EAST ORLANDO- ORLANDO, FL 1994
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 12414  
 License Date 7/7/2004  
 Name **GRAUBERT, DANIEL A MD**  
 Address PAINCARE, 15 TOWN WEST RDPLYMOUTH, NH, 03264  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation NEW YORK UNIV SCH OF MED - NEW YORK, NY USA 1985  
 Internship and Year ST BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 1986  
 Residency and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 1989  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 8080  
 License Date 5/10/1989  
 Name **GRAVES JR, GARRETT V MD**  
 Address MHM CORRECTIONAL SRV, 105 PLEASANT STCONCORD, NH, 03302-1806  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIVERISTY DE LILLE II - FRANCE FRANCE 1980  
 Internship and Year MAIMONIDES MED CTR-BROOKLYN 1983  
 Residency and Year LONG ISLAND JEWISH MED CTR 1985  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15982  
 License Date 1/9/2013  
 Name **GRAVES, SARA C MD**  
 Address REGIONAL HOSPITAL, ORTHO DEPT JACKSON STST PAUL, MN, 55116  
 Specialty ORS  
 Board Certified  
 School and Year of Graduation KECK SCHOOL OF MEDICINE OF THE UNIV OF S CALIFORNI USA 2008  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 17003  
 License Date 4/1/2015  
 Name **GRAY JR, PHILLIP J MD**  
 Address 100 BLOSSOM ST, COX 3BOSTON, MA, 02114  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation JOHNS HOPKINS UNIVERSITY USA 2009  
 Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2010  
 Residency and Year HARVARD RADIATION ONCOLOGY PROGRAM - BOSTON, MA 2014  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	14707
License Date	1/6/2010
Name	<b>GRAY, DAVID M MD</b>
Address	WENTWORTH DOUGLASS HOSP, 789 CENTRAL AVEDOVER, NH, 03820
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	STATE UNIVERSITY OF NEW YORK USA 2003
Internship and Year	FLETCHER ALLEN HEALTHCARE UNIVERSITY OF VT - BURLINGTON, VT 2006
Residency and Year	FLETCHER ALLEN HEALTHCARE UNIVERSITY OF VT - BURLINGTON, VT 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7057
License Date	4/4/1985
Name	<b>GRAY, LAWRENCE N MD</b>
Address	ATLANTIC PLASTIC SURGERY CENTER, 100 GRIFFIN RD STE BPORTSMOUTH, NH, 03801
Specialty	PS
Board Certified	PS
School and Year of Graduation	INDIANA UNIV SCH MED -INDIANAPOLIS,IN USA 1979
Internship and Year	UNIV HOSP INC-BOSTON,MA 1982
Residency and Year	LOYOLA UNIV MED CTR 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>11/07/00 - SETTLEMENT AGREEMENT</b>

License Number	11274
License Date	6/6/2001
Name	<b>GRAY, PETER A MD</b>
Address	1424 VONPHISTER ST, KEY WEST, FL, 33040
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV OF MISSOURI SCH OF MED- COLUMBIA, MO USA 1969
Internship and Year	SWEDISH MEDICAL CENTER- SEATTLE, WA 1970
Residency and Year	UNIV OF MISSOURI-COLUMBIA - COLUMBIA, MO 1973
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	11245
License Date	5/2/2001
Name	<b>GRAY, YULIA MD</b>
Address	AMERIPATH/CUTANESUS PATHOLOGY, 7730 FIRST PLACE STE AOAKWOOD VILLAGE, OH, 44146
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	U OF MEDICINE & DENTISTRY NJ ROBERT WOOD JOHNSON USA 1995
Internship and Year	LEMUEL SHATTUCK HOSPITAL - JAMAICA PLAIN MA 1996
Residency and Year	LEMUEL SHATTUCK HOSPITAL - JAMAICA PLAIN MA 2000
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number 6590  
 License Date 7/15/1982  
 Name **GRAZIANO, MARK F MD**  
 Address 22 SHAPLEIGH RD, KITTERY, ME, 03904-1455  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF VERMONT COLL MED-BURLINGTON, VT USA 1979  
 Internship and Year FRAMINGHAM UNION HOSPITAL - FRAMINGHAM, MA 1980  
 Residency and Year UNIV OF CONNECTICUT - FARMINGTON, CT 1982  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 15377  
 License Date 9/7/2011  
 Name **GREATOREX, DAVID R MD**  
 Address SEACOAST RADIOLOGY, 2 WASHINGTON ST., STE 329DOVER, NH, 03820-6420  
 Specialty R  
 Board Certified R  
 School and Year of Graduation GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 1992  
 Internship and Year DWIGHT DAVID EISENHOWER ARMY MEDICAL CENTER - FORT GORDON, GA 1993  
 Residency and Year TRIPLER ARMY MEDICAL CENTER - HONOLULU, HI 1997  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11594  
 License Date 5/1/2002  
 Name **GREELEY, JAMES M MD**  
 Address 15553 MARTINMEADOW DR, LITHIA, FL, 33547  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation MEDICAL UNIV OF SOUTH CAROLINA - CHARLESTON, SC USA 1974  
 Internship and Year UNIV OF SOUTH CAROLINA-PALMETTO RICHLAND MEMORIAL HOSPITAL - COLUMBIA, SC 1975  
 Residency and Year UNIV OF SOUTH CAROLINA-PALMETTO RICHLAND MEMORIAL HOSPITAL - COLUMBIA, SC 1978  
 License Expiration Date **6/30/2006**  
 Remarks **DECEASED**

License Number 15701  
 License Date 6/6/2012  
 Name **GREEN III, WAVERLY S MD**  
 Address NORTH COUNTRY PULMONARY, 580 ST JOHNSBURY RD STE ALITTLETON, NH, 03561  
 Specialty PCC  
 Board Certified PCC  
 School and Year of Graduation VA COMMONWEALTH UNIV SCHOOL OF MEDICINE USA 1987  
 Internship and Year VIRGINIA COMMONWEALTH UNIVERSITY HEALTH SYSTEM - RICHMOND, VA 1988  
 Residency and Year VIRGINIA COMMONWEALTH UNIVERSITY HEALTH SYSTEM - RICHMOND, VA 1990  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	11912
License Date	5/7/2003
Name	<b>GREEN, ALAN I MD</b>
Address	DHMC/DEPT PSYCHIATRY, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	P
Board Certified	P
School and Year of Graduation	JOHNS HOPKINS UNIV SCH - BALTIMORE, MD USA 1969
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1970
Residency and Year	NATIONAL INSTITUTE OF MENTAL HEALTH - BETHESDA, MD 1971
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5783
License Date	7/7/1977
Name	<b>GREEN, ALAN J MD</b>
Address	22 CHESTER ST, NASHUA, NH, 03064
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	JEFFERSON MEDICAL COLLOGE OF THOMAS JEFFERSON USA 1970
Internship and Year	WILMINGTON MEDICAL CENTER WILMINGTON 1971
Residency and Year	WILMINGTON MEDICAL CENTER WILMINGTON 1976
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7681
License Date	8/5/1987
Name	<b>GREEN, DAVID F MD</b>
Address	CONCORD UROLOGY PA, 246 PLEASANT ST STE G2CONCORD, NH, 03301
Specialty	U
Board Certified	U
School and Year of Graduation	PENNSYLVANIA STATE UNIV COLL OF MED USA 1979
Internship and Year	YALE NEW HAVENHOSP-NEW HAVEN 1980
Residency and Year	YALE NEW HAVEN HOSP-NEW HAVEN,CT 1981
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5816
License Date	9/1/1977
Name	<b>GREEN, DAVID JAMES M MD</b>
Address	, , ,
Specialty	FP
Board Certified	
School and Year of Graduation	UNIVERSITY OF LONDON LONDON 1964
Internship and Year	
Residency and Year	
License Expiration Date	<b>4/20/1984</b>
Remarks	4/20/1984 - Order of the NH Board of Medicine orders that David J.M. Green's license to practice medicine in the State of NH is revoked indefinitely, effective immediately.

License Number	10647
License Date	8/4/1999
Name	<b>GREEN, DOUGLAS E MD</b>
Address	UNIV OF UTAH DEPT OF RADIOLOGY, 50 N MEDICAL DR #1A71SALT LAKE CITY, UT, 84132
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF VT COLL OF MED - BURLINGTON, VT USA 1991
Internship and Year	FLETCHER ALLEN HLTH CARE - BURLINGTON, VT 1992
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1993
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	9698
License Date	5/1/1996
Name	<b>GREEN, EDMON L MD</b>
Address	, PO BOX 14189MORRISTOWN, TN, 37814
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF MISSISSIPPI, JACKSON MS USA 1966
Internship and Year	MEMORIAL MEDICAL CENTER-SAVANNAH GA 1967
Residency and Year	UNIVERSITY OF MISSISSIPPI-JACKSON MS 1970
License Expiration Date	<b>6/30/1999</b>
Remarks	<b>DECEASED 12/03/2008</b>

License Number	3907
License Date	4/22/1966
Name	<b>GREEN, HOWARD H MD</b>
Address	73 ALLEN FARM LN, CONCORD, MA, 01742
Specialty	IM
Board Certified	IM
School and Year of Graduation	HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1959
Internship and Year	MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1960
Residency and Year	DARTMOUTH AFFILIATED HOSPITAL - HANOVER, NH 1965
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	9155
License Date	5/4/1994
Name	<b>GREEN, JEFFREY S MD</b>
Address	931 HIGHLAND BLVD STE 3340, BOZEMAN, MT, 59715
Specialty	CHP
Board Certified	CHP
School and Year of Graduation	CREIGHTON UNIVERSITY SCHOOL OF MEDICINE USA 1989
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1992
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTTER - LEBANON NH 1994
License Expiration Date	<b>6/30/1998</b>
Remarks	



License Number	9018	
License Date	8/4/1993	
Name	<b>GREEN, JOAN M MD</b>	
Address	725 SOLAR WAY, BOZEMAN, MT, 59715	
Specialty	CHP	
Board Certified	P	
School and Year of Graduation	CREIGHTON UNIVERSITY USA 1989	
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER	LEBANON, NH 1992
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER	LEBANON, NH 1993
License Expiration Date	<b>6/30/1998</b>	
Remarks		

License Number	13155	
License Date	7/5/2006	
Name	<b>GREEN, MARK D MD</b>	
Address	C/O WEST BRIDGE, 275 MYSTIC AVEMEDFORD, MA, 02155	
Specialty	P	
Board Certified	P	
School and Year of Graduation	UNIV OF LONDON UNITED KINGDOM 1993	
Internship and Year	NEW YORK & PRESBYTERIAN HOSPITAL-NY, NY 1996	
Residency and Year	NEW YORK & PRESBYTERIAN HOSPITAL-NY, NY 1999	
License Expiration Date	<b>6/30/2012</b>	
Remarks		

License Number	2535	
License Date	11/25/1946	
Name	<b>GREEN, MAURICE E MD</b>	
Address	, , ,	
Specialty		
Board Certified		
School and Year of Graduation		
Internship and Year		
Residency and Year		
License Expiration Date	<b>7/19/1988</b>	
Remarks	<b>DECEASED 7/19/88</b>	

License Number	5782	
License Date	7/7/1977	
Name	<b>GREEN, REBECCA S MD</b>	
Address	22 CHESTER ST, NASHUA, NH, 03064	
Specialty	OBG	
Board Certified	OBG	
School and Year of Graduation	OHIO STATE UNIV COLLOGE OF MEDICINE COLUMBUS USA 1973	
Internship and Year	WILMINGTON MEDICAL CENTER 1974	
Residency and Year	WILMINGTON MEDICAL CENTER 1976	
License Expiration Date	<b>6/30/2015</b>	
Remarks		

License Number	6396
License Date	6/4/1981
Name	<b>GREEN, RONALD L MD</b>
Address	HANOVER PSYCHIATRY, 23 S MAIN ST STE 2BHANOVER, NH, 03755
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF VT COLL OF MED,BURLINGTON,VT USA 1968
Internship and Year	DARTMOUTH MED SCH AFFIL HOSP,HANOVER,NH 1969
Residency and Year	DARTMOUTH MED SCH AFFIL HOSP,HANOVER,NH 1972
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14199
License Date	10/1/2008
Name	<b>GREEN, STEPHANIE K MD</b>
Address	45 GERALD RD, MARBLEHEAD, MA, 01945
Specialty	PLM
Board Certified	
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 1988
Internship and Year	BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1989
Residency and Year	BRIGHAM & WOMEN'S HOSPITAL-BOSTON, MA 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15792
License Date	8/1/2012
Name	<b>GREEN, TERESA D MD</b>
Address	NORTH COUNTRY PULMONOLOGY & SLEEP MEDICINE, 580 ST JOHNSBURY RD SUITE ALITTLETON,
Specialty	IM
Board Certified	IM
School and Year of Graduation	VA COMMONWEALTH UNIVERSITY SCHOOL OF MEDICINE USA 1991
Internship and Year	VA COMMONWEALTH UNIVERSITY HEALTH SYSTEM - RICHMOND, VA 1992
Residency and Year	VA COMMONWEALTH UNIVERSITY HEALTH SYSTEM - RICHMOND, VA 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5708
License Date	5/5/1977
Name	<b>GREENBERG, EDWIN R MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CTR DRLEBANON, NH, 03756-0001
Specialty	IM
Board Certified	IM
School and Year of Graduation	WESTERN RESERVE SCHOOL OF MEDICINE-CLEVELAND OH USA 1969
Internship and Year	MARY I BASSETT HOSPITAL-COOPERSTOWN NY 1970
Residency and Year	DARTMOUTH MEDICAL SCHOOL-HANOVER NH 1975
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	7903
License Date	7/6/1988
Name	<b>GREENBERG, ELLIOT B MD</b>
Address	, , ,
Specialty	OBG
Board Certified	
School and Year of Graduation	HAHNEMANN UNIVERSITY IN PENNSYLVANIA USA 1984
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1996</b>
Remarks	

License Number	9121
License Date	3/2/1994
Name	<b>GREENBERG, JONATHAN A MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	AN
Board Certified	AN
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1988
Internship and Year	MT SINAI SCHOOL OF MEDICINE - NEW YORK NY 1992
Residency and Year	ALLEGHENY GENERAL HOSPITAL - PITTSBURGH PA 1994
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	7080
License Date	5/2/1985
Name	<b>GREENBERG, MARK L MD</b>
Address	DHMC/CARDIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	ICE
Board Certified	ICE
School and Year of Graduation	BROWN UNIVERSITY-PROVIDENCE, RI USA 1979
Internship and Year	GRADY MEMORIAL HOSPITAL-ATLANTA, GA 1980
Residency and Year	EMORY UNIVERSITY AFFIL HOSPITALS-ATLANTA, GA 1982
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14920
License Date	7/7/2010
Name	<b>GREENBERG, RONNY R DO</b>
Address	VALLEY REGIONAL HOSPITAL, 243 ELM STCLAREMONT, NH, 03743
Specialty	FP
Board Certified	FP
School and Year of Graduation	NOVA SOUTHEASTERN UNIVERSITY USA 1990
Internship and Year	BOTSFORD GENERAL HOSPITAL - FARMINGTON HILLS, MI 1991
Residency and Year	UNIVERSITY OF MIAMI/JACKSON MEMORIAL MEDICAL CENTER, MIAMI, FL 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12425
License Date	8/4/2004
Name	<b>GREENBERG, TODD D MD</b>
Address	PROSCAN, 5400 KENNEDY AVE CINCINNATI, OH, 45213
Specialty	R
Board Certified	R
School and Year of Graduation	CASE WESTERN RESERVE UNIVERSITY, CLEVELAND OH US 1997
Internship and Year	LOUISIANA STATE UNIVERSITY, NEW ORLEANS LA 1998
Residency and Year	INDIANA UNIVERSITY, INDIANAPOLIS IN 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5296
License Date	2/14/1975
Name	<b>GREENBERGER, JOEL S MD</b>
Address	UNIV OF PITTSBURGH PHYSICIANS, 200 LOTHROP ST PITTSBURG, PA, 15213
Specialty	R
Board Certified	R
School and Year of Graduation	HARVARD MEDICAL SCHOOL - MA USA 1971
Internship and Year	BOSTON CITY HOSPITAL - BOSTON, MA 1972
Residency and Year	JOINT CENTER FOR RADIATION THERAPY HARVARD MEDICAL SCHOOL - BOSTON, MA 1975
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10944
License Date	6/7/2000
Name	<b>GREENBLATT, JESSE F MD</b>
Address	BASSETT HEALTHCARE OFF MED EDU, 1 ATWELL RD COOPERSTOWN, NY, 13326
Specialty	PH
Board Certified	PH
School and Year of Graduation	UNIV OF COLORADO - DENVER, CO USA 1991
Internship and Year	BASSETT HEALTHCARE- COOPERSTOWN, NY 1992
Residency and Year	SCHOOL OF HYGIENE AND PUBLIC HEALTH - BALTIMORE, MD 1994
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	15410
License Date	10/5/2011
Name	<b>GREENBLATT, JONATHAN P MD</b>
Address	ELLIOT CARDIOVASCULAR CONSULT, 1 ELLIOT WAY STE 100 MANCHESTER, NH, 03103
Specialty	CD
Board Certified	CD
School and Year of Graduation	ALBERT EINSTEIN COLLEGE OF MEDICINE OF YESHIVA UNI USA 1995
Internship and Year	LONG ISLAND JEWISH MEDICAL CENTER - NEW HYDE PARK, NY 1999
Residency and Year	MOUNT SINAI SCHOOL OF MEDICINE - NY, NY 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4525
License Date	1/8/1970
Name	<b>GREENE, ANDREW F MD</b>
Address	725 E OSCEOLA ST, STUART, FL, 34994-2343
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1967
Internship and Year	MEDICAL COLLEGE OF VIRGINIA HOSPITAL - RICHMOND,VA 1968
Residency and Year	MEDICAL COLLEGE OF VIRGINIA HOSPITAL - RICHMOND,VA 1969
License Expiration Date	<b>6/30/2004</b>
Remarks	Deceased 6/3/10

License Number	12426
License Date	8/4/2004
Name	<b>GREENE, ANSHULA G MD</b>
Address	UT MEDICAL FOUNDATION, 6431 FANNIN ST STE J1L-310HOUSTON, TX, 77030
Specialty	PD
Board Certified	
School and Year of Graduation	UNIVERSITY OF TEXAS, SAN ANTONIO TX US 2001
Internship and Year	UNIVERSITY OF TEXAS HEALTH SCIENCE CTR, HOUSTON TX 2003
Residency and Year	UNIVERSITY OF TEXAS HEALTH SCIENCE CTR, HOUSTON TX 2004
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	11536
License Date	3/6/2002
Name	<b>GREENE, ARTHUR J MD</b>
Address	1000 S LENOLA RD, STE 105MAPLE SHADE, NJ, 08052-1630
Specialty	R
Board Certified	R
School and Year of Graduation	SAINT LOUIS UNIV - ST LOUIS, MO USA 1981
Internship and Year	WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1982
Residency and Year	WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14549
License Date	8/5/2009
Name	<b>GREENE, HENRY R MD</b>
Address	EXETER HOSPITAL, 5 ALUMNI DRIVEEXETER, NH, 03833
Specialty	HO
Board Certified	HO
School and Year of Graduation	UNIVERSITY OF CALIFORNIA USA 1969
Internship and Year	UNIVERSITY OF SOUTHERN CALIFORNIA- LOS ANGELES, CA 1970
Residency and Year	UNIVERSITY OF SOUTHERN CALIFORNIA-LOS ANGELES, CA 1973
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11450
License Date	11/7/2001
Name	<b>GREENE, JUSTINE L MD</b>
Address	10221 WATERIDGE CR, SAN DIEGO, CA, 92126
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF TEXAS - GALVESTON, TX USA 1987
Internship and Year	UNIV OF CALIFORNIA IRVINE MEDICAL CENTER - ORANGE, CA 1988
Residency and Year	UNIV OF CALIFORNIA IRVINE MEDICAL CENTER - ORANGE, CA 1990
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12701
License Date	5/4/2005
Name	<b>GREENE, MICHAEL R MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	HEM
Board Certified	
School and Year of Graduation	UNIVERSITY OF CT, FARMINGTON CT US 2000
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2001
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2003
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	8555
License Date	6/5/1991
Name	<b>GREENFIELD, JEFFREY R DO</b>
Address	GORDON MEDICAL ASSOCIATES, 3471 REGIONALS PKWYSANTA ROSA, CA, 95403
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF N.E.-COLLEGE OF OSTEOPATHY USA 1985
Internship and Year	EGLIN AIR FORCE BASE 1986
Residency and Year	EGLIN AIR FORCE BASE 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10025
License Date	6/4/1997
Name	<b>GREENLAW, ADRIENNE R MD</b>
Address	LAKE REGION RADIOLOGY, 85 SPRING ST STE 101LACONIA, NH, 03246
Specialty	DR
Board Certified	R
School and Year of Graduation	NEW YORK MEDICAL COLLEGE-NY USA 1991
Internship and Year	UNIVERSITY IF CALIFORNIA-DAVIS MEDICAL CENTER,CA 1996
Residency and Year	UNIVERSITY OF CALIFORNIA-DAVIS MEDICAL CENTER-CA 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10583
License Date	6/2/1999
Name	<b>GREENOUGH, GLEN P MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	N
Board Certified	N
School and Year of Graduation	UNIV OF MASS MED SCH - WORCESTER, MA USA 1994
Internship and Year	SAINT VINCENT HOSPITAL - WORCESTER, MA 1995
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7871
License Date	6/8/1988
Name	<b>GREENSPAN, HAROLD Z MD</b>
Address	HARVARD VANGUARD ASSOC, 291 INDEPENDENCE DRWEST ROXBURY, MA, 02467
Specialty	
Board Certified	IM
School and Year of Graduation	UNIV OF VERMONT COLLEGE OF MEDICINE USA 1985
Internship and Year	GRADUATE HOSPITAL OF THE UNIV OF PENNSYLVANIA, PHILADEPHIA, PA 1986
Residency and Year	GRADUATE HOSPITAL OF THE UNIV OF PENNSYLVANIA, PHILADEPHIA, PA 1988
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	13011
License Date	3/1/2006
Name	<b>GREENSPAN, JOSHUA L MD</b>
Address	AMERICAN PAIN INSTITUTE, 14 MANCHESTER SQUARE, STE 290PORTSMOUTH, NH, 03801
Specialty	AN
Board Certified	AN
School and Year of Graduation	STATE UNIVERSITY OF NY, BROOKLYN NY US 1994
Internship and Year	DANBURY HOSPITAL, DANBURY CT 1995
Residency and Year	NY AND PRESBYTERIAN HOSP (CORNELL CAMPUS), NEW YORK NY 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9449
License Date	6/7/1995
Name	<b>GREENSTEIN, DAVID S MD</b>
Address	NORTHEAST DERMATOLOGY ASSOC, 3 DUNDEE PARK STE 202BANDOVER, MA, 01810
Specialty	D
Board Certified	D
School and Year of Graduation	UNIVERSITY OF PENNSYLVANIA USA 1991
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL, BOSTON MA 1992
Residency and Year	BOSTON UNIVERSITY MEDICAL CENTER, BOSTON MA 1995
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	11246
License Date	5/2/2001
Name	<b>GREENSTON, MATHEW J MD</b>
Address	PALMERSTON NORTH HOSPITAL, 50 RUAHINE ST - ROSLYNPELMERSTON NORTH, , NZ 4410
Specialty	EM
Board Certified	EM
School and Year of Graduation	GEORGE WASHINGTON UNIVERSITY USA 1998
Internship and Year	KING/DREW MEDICAL CENTER - LOS ANGELES CA 1999
Residency and Year	KING/DREW MEDICAL CENTER - LOS ANGELES CA 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7762
License Date	1/6/1988
Name	<b>GREENWALD, PHYLLIS L MD</b>
Address	AETNA BEHAVIORAL HEALTH, 1425 UNION MTG RDBLUE BELL, PA, 19422
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF MARYLAND SCH MED - BALTIMORE, MD USA 1978
Internship and Year	UNIV OF MARYLAND HOSPITAL - BALTIMORE, MD 1979
Residency and Year	UNIV OF MARYLAND HOSPITAL - BALTIMORE, MD 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12259
License Date	4/7/2004
Name	<b>GREEN-WRZESINSKI, TAMARA J MD</b>
Address	BRISTOL HOSPITAL, PO BOX 977BRISTOL, CT, 06011
Specialty	PD
Board Certified	
School and Year of Graduation	UNIVERSITY OF NEW YORK, SYRACUSE NY US 2001
Internship and Year	CHILDRENS HOSPITAL AT DARTMOUTH, LEBANON NH 2002
Residency and Year	CHILDRENS HOSPITAL AT DARTMOUTH, LEBANON NH 2003
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	13623
License Date	8/1/2007
Name	<b>GREER, DAVID M MD</b>
Address	MASS GENERAL HOSPITAL, 15 PARKMAN ST WAC 729JBOSTON, MA, 02114
Specialty	N
Board Certified	N
School and Year of Graduation	UNIV OF FLORIDA USA 1995
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1996
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1999
License Expiration Date	<b>6/30/2011</b>
Remarks	



License Number	14320
License Date	2/4/2009
Name	<b>GREER, LAURA M MD</b>
Address	ALICE PECK DAY HOSPITAL, 10 ALICE PECK DAY DRIVELEBANON, NH, 03766
Specialty	PD
Board Certified	PD
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 2006
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13156
License Date	7/5/2006
Name	<b>GREER, SARAH E MD</b>
Address	10 HOPE FERRY RD, HANOVER, NH, 03755
Specialty	GS
Board Certified	GS
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2003
Internship and Year	DHMC-LEBANON NH 2004
Residency and Year	DHMC-LEBANON NH 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10363
License Date	8/5/1998
Name	<b>GREGG JR, JAMES A MD</b>
Address	CATHOLIC MEDICAL CTR, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF MASS MED SCHOOL - WORCESTER, MA USA 1984
Internship and Year	ST VINCENT HOSPITAL - WORCESTER, MA 1985
Residency and Year	MEDICAL UNIVERSITY OF SOUTH CAROLINA - CHARLESTON, SC 1986
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	12029
License Date	8/6/2003
Name	<b>GREGG, MAUREEN E MD</b>
Address	1232 EVERETT AVE, LOUISVILLE, KY, 40204
Specialty	FP
Board Certified	FP
School and Year of Graduation	U OF LOUISVILLE, LOUISVILLE KY US 1981
Internship and Year	ALTOONA HOSPITAL, ALTOONA PA 1982
Residency and Year	ALTOONA HOSPITAL, ALTOONA PA 1984
License Expiration Date	<b>6/30/2017</b>
Remarks	Lapsed for non-renewal 6/30/05.. Reinstated 1/6/10

License Number	10137
License Date	10/1/1997
Name	<b>GREGORY, PEGGY J MD</b>
Address	AGELESS LASER & SKIN CARE, 297 DANIEL WEBSTER HWY SUITE 4MERRIMACK, NH, 03054
Specialty	OBG
Board Certified	
School and Year of Graduation	TUFTS UNIV SCH OF MED - BOSTON, MA USA 1993
Internship and Year	ABINGTON MEMORIAL HOSPITAL - PA 1997
Residency and Year	ABINGTON MEMORIAL HOSPITAL-PA 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16579
License Date	5/7/2014
Name	<b>GREINER JR, RICHARD G MD</b>
Address	101 LYNN DR, GUILFORD, CT, 06437
Specialty	EM
Board Certified	EM
School and Year of Graduation	PENNSYLVANIA STATE UNIVERSITY COLLEGE OF MEDICINE USA 2004
Internship and Year	UPMC MEDICAL EDUCATION - PITTSBURGH, PA 2005
Residency and Year	UPMC MEDICAL EDUCATION - PITTSBURGH, PA 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9804
License Date	8/7/1996
Name	<b>GREINER, PETER M DO</b>
Address	3182 MARIA LINDEN DR, ROCKFORD, IL, 61114
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF OSTEO MED HLTH SCIENCE COLL OSTEO MED USA 1967
Internship and Year	DAVENPORT OSTEO HOSPITAL - DAVENPORT, IA 1968
Residency and Year	YORK MEMORIAL HOSPITAL - YORK, PA 1972
License Expiration Date	<b>6/10/2013</b>
Remarks	<b>Deceased 6/10/13</b>

License Number	9623
License Date	1/3/1996
Name	<b>GRENIER, MICHELLE A MD</b>
Address	6 HAMPTON RD, EXETER, NH, 03833-
Specialty	PDC
Board Certified	PD
School and Year of Graduation	EASTERN VA MED SCH OF THE MED COLL OF HAMPTON RD USA 1988
Internship and Year	THE JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1991
Residency and Year	CHILDRENS NATIONAL MEDICAL CENTER - WASHINGTON, DC 1994
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	8500
License Date	3/6/1991
Name	<b>GRESSITT, STEVAN E MD</b>
Address	PO BOX 308, ENFIELD, NH, 03748-
Specialty	P
Board Certified	P
School and Year of Graduation	MED UNIV OF SC COLL OF MED-CHARLESTON, SC USA 1975
Internship and Year	MEDICAL UNIV SOUTH CAROLINA HOSPITAL - CHARLESTON, SC 1976
Residency and Year	MASS GENERAL HOSPITAL - BOSTON, MA 1979
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	7904
License Date	7/6/1988
Name	<b>GRICH, PAMELA L MD</b>
Address	VA MEDICAL CENTER, 718 SMYTH RDMANCHESTER, NH, 03104
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF PA SCH MED - PHILA, PA USA 1984
Internship and Year	THE GRADUATE HOSPITAL - PHILA, PA 1985
Residency and Year	THE GRADUATE HOSPITAL - PHILA, PA 1987
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9156
License Date	5/4/1994
Name	<b>GRIEF, SAMUEL N MD</b>
Address	U I C DEPT OF FAM MED, 1919 TAYLOR ST MC 663CHICAGO, IL, 60612
Specialty	FP
Board Certified	FP
School and Year of Graduation	MC GILL UNIVERSITY CANADA 1989
Internship and Year	SIR MORTIMER B DAVIS JEWISH GENERAL HOSPITAL - MONTREAL CANADA 1991
Residency and Year	SIR MORTIMER B DAVIS JEWISH GENERAL HOSPITAL - MONTREAL CANADA 1994
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	8526
License Date	5/8/1991
Name	<b>GRIEVER JR, WILLIAM G MD</b>
Address	42 ROUND HILL RD, KINGSTON, MA, 02364
Specialty	FP
Board Certified	FP
School and Year of Graduation	BOSTON UNIV SCH OF MED - BOSTON, MA USA 1988
Internship and Year	LANCASTER GENERAL HOSPITAL - LANCASTER, PA 1991
Residency and Year	LANCASTER GENERAL HOSPITAL - LANCASTER, PA 1991
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	4838
License Date	9/24/1971
Name	<b>GRIFFIN III, GEORGE E MD</b>
Address	, , ,
Specialty	GS
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>7/12/1994</b>
Remarks	<b>VOLUNTARY SURRENDER 7/12/94</b>

License Number	16311
License Date	9/4/2013
Name	<b>GRIFFIN, CLAIRE L MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	GS
Board Certified	
School and Year of Graduation	UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE USA 2008
Internship and Year	UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE - GAINESVILLE, FL 2009
Residency and Year	UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE - GAINESVILLE, FL 2013
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	16069
License Date	4/3/2013
Name	<b>GRIFFIN, JOHN P MD</b>
Address	ADVANTAGE WOUND CARE, 863 N DOUGLAS ST STE 100EL SEGUNDO, CA, 90245
Specialty	GS
Board Certified	GS
School and Year of Graduation	JEFFERSON COLLEGE USA 2001
Internship and Year	MORRISTOWN MEMORIAL HOSPITAL - MORRISTOWN, NJ 2002
Residency and Year	MORRISTOWN MEMORIAL HOSPITAL - MORRISTOWN, NJ 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17164
License Date	7/1/2015
Name	<b>GRIFFIN, MATTHEW P MD</b>
Address	11250 S WESTERN AVE, CHICAGO, IL, 60643
Specialty	IM
Board Certified	IM
School and Year of Graduation	ST CHRISTOPHER IBA MAR DIOP COLLEGE OF MEDICINE SENEGAL 2007
Internship and Year	GEORGE WASHINGTON UNIVERSITY - WASHINGTON, DC 2008
Residency and Year	RHODE ISLAND HOSPITAL BROWN UNIVERISTY - PROVIDENCE, RI 2010
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14870
License Date	6/2/2010
Name	<b>GRIFFIN, SUSANNE M MD</b>
Address	ELLIOT HOSP-EMERGENCY DEPT, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty	EM
Board Certified	EM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2007
Internship and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2008
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10555
License Date	5/5/1999
Name	<b>GRIFFITHS, ELZBIETA B MD</b>
Address	MT AUBURN HOSP, 330 MT AUBURN STCAMBRIDGE, MA, 02138
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF MASS MED SCH - WORCESTER, MA USA 1988
Internship and Year	UNIV OF MASS - WORCESTER, MA 1990
Residency and Year	UNIV OF MASS - WORCESTER, MA 1994
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	5661
License Date	1/6/1977
Name	<b>GRIFFITHS, WALTER J MD</b>
Address	81 WESTMINSTER TERR, BELLOWS FALLS, VT, 05101-1475
Specialty	FP
Board Certified	FP
School and Year of Graduation	STATE UNIV OF NEW YORK UPSTATE MED CENTER USA 1973
Internship and Year	ST JOSEPHS HOSPITAL CENTER 1974
Residency and Year	ST JOSEPHS HOSPITAL HEALTH CENTER 1974
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>8/5/11 - Settlement Agreement</b> <b>1/21/14 - Order Restoring Unrestricted License</b>

License Number	11595
License Date	5/1/2002
Name	<b>GRIGGS, ROLAND C MD</b>
Address	7739 E BROADWAY STE 360, TUCSON, AZ, 85710
Specialty	FP
Board Certified	FP
School and Year of Graduation	OHIO STATE UNIV COLL - COLUMBUS, OH USA 1982
Internship and Year	MCKAY-DEE HOSPITAL CENTER - OGDEN, UT 1983
Residency and Year	MCKAY-DEE HOSPITAL CENTER - OGDEN, UT 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3514
License Date	5/25/1962
Name	<b>GRIGGS, WALTER C MD</b>
Address	7 PINE DR, HANOVER, NH, 03755-1617
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE USA 1952
Internship and Year	UNIVERSITY OF VIRGINIA HOSPITAL- VA 1953
Residency and Year	THE PRESBYTERIAN HOSPITAL- NY 1961
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	12656
License Date	4/6/2005
Name	<b>GRIJALVA, GALO A MD</b>
Address	1651 HERITAGE LAKE DR, CENTERVILLE, OH, 45458
Specialty	GS
Board Certified	GS
School and Year of Graduation	WEST VIRGINIA UNIVERSITY, MORGANTOWN WV US 1992
Internship and Year	UNIVERSITY OF OKLAHOMA, TULSA OK 1993
Residency and Year	BROOKDALE UNIVERSITY, BROOJLYN NY 1994
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	16365
License Date	11/6/2013
Name	<b>GRILL, MARIE F MD</b>
Address	MAYO CLINIC, 5777 E MAYO BLVD PHOENIX, AZ, 85054
Specialty	N
Board Certified	
School and Year of Graduation	GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 2006
Internship and Year	BANNER GOOD SAMARITAN MEDICAL CENTER - PHOENIX, AZ 2007
Residency and Year	SAINT JOSEPHS HOSPITAL AND MEDICINE - PHOENIX, AZ 2010
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11624
License Date	6/5/2002
Name	<b>GRILLO, JENNIFER A MD</b>
Address	N E NEUROLOGICAL ASSOC PC, 354 MERRIMACK ST BLDG1 LAWRENCE, MA, 01843
Specialty	N
Board Certified	N
School and Year of Graduation	TUFTS UNIV SCH OF MED - BOSTON, MA USA 1997
Internship and Year	LAHEY CLINIC - BURLINGTON, MA 1998
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5610
License Date	9/8/1976
Name	<b>GRILLO, PETER J MD</b>
Address	NEW ENGLAND NEUROLOGICAL, 354 MERRIMACK ST LAWRENCE, MA, 01843
Specialty	NS
Board Certified	NS
School and Year of Graduation	HARVARD MED HOSPITAL USA 1969
Internship and Year	UNIV OF KANSAS MED CENTER 1970
Residency and Year	BOSTON CITY HOSPITAL 1971
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9624
License Date	1/3/1996
Name	<b>GRIMES, CHARLES K MD</b>
Address	MAINE MEDICAL CENTER, 22 BRAMHALL ST PORTLAND, ME, 04102-
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF KANSAS MEDICAL CENTER SCH OF MEDICINE USA 1977
Internship and Year	MAINE MEDICAL CENTER- PORTLAND, ME 1978
Residency and Year	CHILDRENS HOSPITAL - BOSTON, MA 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9188
License Date	6/1/1994
Name	<b>GRIMM, ARTHUR R MD</b>
Address	, PO BOX 369 CANAAN, NH, 03741
Specialty	GS
Board Certified	GS
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 1961
Internship and Year	ST LUKES-ROOSEVELT HOSPITAL - NEW YORK NY 1962
Residency and Year	ST LUKES-ROOSEVELT HOSPITAL - NEW YORK NY 1968
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	16863
License Date	12/3/2014
Name	<b>GRIMM, MICHAEL A MD</b>
Address	1355 BLAIRSTONE DR, VIENNA, VA, 22182
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF S FLORIDA COLLEGE OF MEDICINE USA 1993
Internship and Year	UNIVERSITY OF MARYLAND MEDICAL SYSTEM - BALTIMORE, MD 1994
Residency and Year	UNIVERSITY OF MARYLAND MEDICAL SYSTEM - BALTIMORE, MD 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 16447  
 License Date 1/8/2014  
 Name **GRIMME, JOHN D MD**  
 Address RAYS, 2315 W 28TH AVE EUGENE, OR, 97405  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE USA 1999  
 Internship and Year GOOD SAMARITAN HOSPITAL/TRIHEALTH - CINCINNATI, OH 2000  
 Residency and Year UNIVERSITY OF NORTH CAROLINA HOSPITALS - CHAPEL HILL, NC 2004  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15153  
 License Date 3/2/2011  
 Name **GRISSON II, RICKY D MD**  
 Address 1660 SOUTH COLUMBIAN WAY #113, SEATTLE, WA, 98109  
 Specialty PTH  
 Board Certified  
 School and Year of Graduation HARVARD MEDICAL SCHOOL USA 2007  
 Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2008  
 Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2010  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 16667  
 License Date 7/2/2014  
 Name **GRISWOLD, SOPHIE C MD**  
 Address DHMC, 1 MED CTR DR LEBANON, NH, 03756  
 Specialty AN  
 Board Certified  
 School and Year of Graduation JOHN HOPKINS UNIV SCHOOL OF MEDICINE USA 2009  
 Internship and Year ALAMEDA COUNTY MEDICAL CENTER - HIGHLAND HOSP - OAKLAND, CA 2010  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13346  
 License Date 12/6/2006  
 Name **GRITS AVAGE, REGINA L MD**  
 Address 76 SUNSET RD, BARRE, VT, 05641  
 Specialty AN  
 Board Certified  
 School and Year of Graduation UNIV OF OKLAHOMA HEALTH SCIENCE CTR USA 1997  
 Internship and Year UNIV OF VIRGINIA HOSPITALS-CHARLOTTESVILLE, VA 1998  
 Residency and Year MASSACHUSETTS GENERAL HOSPITAL-BOSTON, MA 2005  
 License Expiration Date **6/30/2010**  
 Remarks



License Number	7118
License Date	6/6/1985
Name	<b>GROBMAN, JOHN M MD</b>
Address	ORTHOPEDIC PROF ASSN, 14 MAPLE ST STE 100GILFORD, NH, 03246
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	SOUTHWESTERN MEDICAL SCHOOL-DALLAS, TX USA 1980
Internship and Year	YALE NEW HAVEN HOSPITAL-NEW HAVEN, CT 1981
Residency and Year	YALE NEW HAVEN HOSPITAL-NEW HAVEN, CT 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11275
License Date	6/6/2001
Name	<b>GROEN, GERRIT P MD</b>
Address	WEEKS MEMORIAL HOSP, 175 MIDDLE STLANCASTER, NH, 03584
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	BAYLOR COLLEGE OF MEDICINE - HOUSTON, TX USA 1963
Internship and Year	PHILADELPHIA GENERAL HOSPITAL - PHILADELPHIA, PA 1964
Residency and Year	HENRY FORD HOSPITAL - DETROIT, MI 1976
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	6344
License Date	3/5/1981
Name	<b>GROENKE, MICHAEL J MD</b>
Address	, PO BOX 637LACONIA, NH, 03247-
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF PENNSYLVANIA SCH OF MED-PHIL,PA USA 1974
Internship and Year	UNIV HOSP-CLEVELAND,OH 1975
Residency and Year	UNIV HOSP-CLEVELAND,OH 1978
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14550
License Date	8/5/2009
Name	<b>GROFF, ADAM C MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF PENNSYLVANIA USA 2006
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14502
License Date	7/1/2009
Name	<b>GROFF, TRICIA L MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF PENNSYLVANIA USA 2006
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10712
License Date	10/6/1999
Name	<b>GROGAN, PATRICIA J MD</b>
Address	CNR GRANBY & SHARPE ST, STE K2063 KINGSTOWN STVINCENTWEST INDIES, ,
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF NEW YORK-NY USA 1985
Internship and Year	UNIVERSITY OF CONNECTCUT HEALTH CENTER-FARMINGTON,CT 1986
Residency and Year	UCSD MEDICAL CENTER-LAJOLLA,CA 1990
License Expiration Date	<b>6/30/2003</b>
Remarks	1/9/02 - Decision and Order.

License Number	8703
License Date	4/1/1992
Name	<b>GRONDIN, MARYLYN V MD</b>
Address	GASTROENTEROLOGY PROF ASSOC, 330 BORTHWICK AVE STE 311PORTSMOUTH, NH, 03801
Specialty	GE
Board Certified	GE
School and Year of Graduation	LA SALLE UNIVERSITY SCHOOL OF MEDICINE MEXICO 1978
Internship and Year	BRIDGEPORT HOSPITAL BRIDGEPORT - CONNECTICUT 1981
Residency and Year	BRIDGEPORT HOSPITAL BRIDGEPORT - CONNECTICUT 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7789
License Date	3/9/1988
Name	<b>GROSS, BRIAN H MD</b>
Address	201 BROOKSBY VILLAGE DR, #331PEABODY, MA, 01960
Specialty	AN
Board Certified	AN
School and Year of Graduation	WASHINGTON UNIV SCH MED -ST LOUIS,MO USA 1965
Internship and Year	UNION MEM HOSP-BALTIMORE MD 1966
Residency and Year	MASS GEN HOSP-BOSTON,MA 1968
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	12457
License Date	9/1/2004
Name	<b>GROSS, NEIL D MD</b>
Address	152 LYNNWAY STE 26, LYNN, MA, 01902
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	YALE UNIVERSITY, NEW HAVEN CT US 1981
Internship and Year	HENRY FORD HOSPITAL, DETROIT ME 1983
Residency and Year	UNIVERSITY OF MICHIGAN, ANN ARBOR MI 1986
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	16543
License Date	4/2/2014
Name	<b>GROSS, THOMAS W MD</b>
Address	293 DENNETT ST, PORTSMOUTH, NH, 03801
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF MEDICINE & DENTISTRY OF NJ USA 1985
Internship and Year	UCSF FRESNO CENTER FOR MEDICAL EDUCATION - FRESNO, CA 1986
Residency and Year	JOHNS HOPKINS UNIV - BALTIMORE, MD 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13589
License Date	7/11/2007
Name	<b>GROSSMAN, ALEXANDRA M MD</b>
Address	VA MEDICAL CENTER, 215 N MAIN STWHITE RIVER JUNCTION, VT, 05009
Specialty	IM
Board Certified	IM
School and Year of Graduation	GEORGE WASHINGTON UNIV USA 2003
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5444
License Date	11/6/1975
Name	<b>GROSSMAN, I WILLIAM MD</b>
Address	308 WATERMAN RD, EAST DUMMERSTON, VT, 05346
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF MARYLAND USA 1960
Internship and Year	MT SINAI HOSPITAL - NY, NY 1961
Residency and Year	MT SINAI HOSPITAL - NY, NY 1963
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	7712
License Date	9/2/1987
Name	<b>GROSSMAN, MICHAEL J MD</b>
Address	565 TURNPIKE ST STE 74, N ANDOVER, MA, 01845
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	GEORGETOWN UNIV SCH MED - WASHINGTON,DC USA 1977
Internship and Year	NORTH SHORE UNIV HOSPITAL - MANHASSET, NY 1978
Residency and Year	NORTH SHORE UNIV HOSPITAL - MANHASSET, NY 1981
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	13666
License Date	9/5/2007
Name	<b>GROVER, KATHERINE B DO</b>
Address	68 CAT MOUSAM RD, KENNEBUNK, ME, 04043
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF NEW ENGLAND USA 2000
Internship and Year	LONG BEACH MEMORIAL MEDICAL CENTER - LONG BEACH, CA 2001
Residency and Year	ST JOHNS EPISCOPAL HOSPITAL-SOUTH SHORE - FAR ROCKAWAY, NY 2002
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	16448
License Date	1/8/2014
Name	<b>GROVER, NITA N MD</b>
Address	PAIN CARE, 255 S ROUTE 108SOMERSWORTH, NH, 03878
Specialty	AN
Board Certified	AN
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1999
Internship and Year	NORTHWESTERN UNIVERSITY - CHICAGO, IL 2001
Residency and Year	UNIVERSITY OF MICHIGAN HOSPITALS - ANN ARBOR, IL 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11058
License Date	9/6/2000
Name	<b>GRUBER, DAVID M MD</b>
Address	ANDOVER DERMATOLOGY, 29 STILES RD STE 303SALEM, NH, 03079
Specialty	D
Board Certified	D
School and Year of Graduation	MCGILL UNIV FAC OF MED- MONTREAL CANADA USA 1992
Internship and Year	EVANSTON NORTHWESTERN HLTHCARE - EVANSTON, IL 1993
Residency and Year	EVANSTON NORTHWESTERN HLTHCARE - EVANSTON, IL 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11736
License Date	9/4/2002
Name	<b>GRUBER, LISA K MD</b>
Address	PEDIATROCS/EMERGENCY MEDICINE, 1 GENERAL ST/LAWRENC GEN HOSPILAWRENCE, MA, 01842
Specialty	PD
Board Certified	PD
School and Year of Graduation	FINCH UNIVERSITY, NORTH CHICAGO IL USA 1997
Internship and Year	LUTHERAN GENERAL CHILDRENS HOSPITAL, PARK RIDGE IL 1998
Residency and Year	LUTHERAN GENERAL CHILDRENS HOSPITAL, PARK RIDGE IL 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10946
License Date	6/7/2000
Name	<b>GRUBER, MICHAEL P MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756-0001
Specialty	IM
Board Certified	
School and Year of Graduation	UNIV OF NEBRASKA - OMAHA, NE USA 1998
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1999
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2000
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	11312
License Date	7/11/2001
Name	<b>GRUCHOT, SHANON H MD</b>
Address	LONDONDERRY PEDIATRICS, 25 BUTTRICK RD BLDG ELONDONDERRY, NH, 03053
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF TENNESSEE AT MEMPHIS USA 1998
Internship and Year	LEBONHEUR CHILDRENS MEDICAL CENTER MEMPHIS TN 1999
Residency and Year	LEBONHEUR CHILDRENS MEDICAL CENTER MEMPHIS TN 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12380
License Date	7/7/2004
Name	<b>GRUDINSKAS JR, BENJAMIN J MD</b>
Address	AMOSKEAG ANESTHESIA, ONE ELLOIT WAYMANCHESTER, NH, 03103
Specialty	AN
Board Certified	AN
School and Year of Graduation	LOYOLA UNIVERSITY OF CHICAGO, MAYWOOD IL US 2000
Internship and Year	RHODE ISLAND HOSP, PROVIDENCE RI 2001
Residency and Year	BRIGHAM AND WOMENS HOSP, BOSTON MA 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14993
License Date	9/1/2010
Name	<b>GRUENBERG, DAVID A MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	TUFTS UNIVERSITY USA 2005
Internship and Year	FLETCHER ALLEN HEALTH CARE UNIVERSITY OF VT - BURLINGTON, VT 2006
Residency and Year	FLETCHER ALLEN HEALTH CARE UNIVERSITY OF VT - BURLINGTON, VT 2008
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	15439
License Date	11/2/2011
Name	<b>GUARDIA III, CHARLES F MD</b>
Address	ASSOCIATED NEUROLOGISTS, PC, 69 SAND PIT RD, STE 300DANBURY, CT, 06810
Specialty	N
Board Certified	N
School and Year of Graduation	STATE UNIVERSITY OF NEW YORK USA 2008
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13860
License Date	3/5/2008
Name	<b>GUARDIANO, ROBERT A DO</b>
Address	CHESHIRE MED CTR/DH-KEENE, 51 RAILROAD ST 2ND FLKEENE, NH, 03431
Specialty	D
Board Certified	D
School and Year of Graduation	UNIV OF NEW ENGLAND USA 1998
Internship and Year	NAVAL MEDICAL CENTER - PORTSMOUTH, VA 1999
Residency and Year	NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13861
License Date	3/5/2008
Name	<b>GUARDIANO, SHERRY A DO</b>
Address	CHESHIRE MED CTR/DH-KEENE, 590 COURT STKEENE, NH, 03431
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF NEW ENGLAND USA 1998
Internship and Year	EASTERN VIRGINIA GRADUATE SCHOOL OF MEDICINE - NORFOLK, VA 1999
Residency and Year	EASTERN VIRGINIA GRADUATE SCHOOL OF MEDICINE - NORFOLK, VA 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12260
License Date	4/7/2004
Name	<b>GUARNACCIA, JOSEPH R DO</b>
Address	ELLIOT HOSP-MERRIMACK EMER PHY, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME US 2000
Internship and Year	UNIVERSITY OF MA, WORCESTER MA 2001
Residency and Year	ST LUKES HOSP, BETHLEHEM PA 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10425
License Date	10/7/1998
Name	<b>GUARNACCIA, MICHAEL M MD</b>
Address	BRIGHAM & WOMEN'S HOSP, 75 FRANCIS STBOSTON, MA, 02115
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	CASE WESTERN RESERVE UNIV SCH OF MED- OH USA 1991
Internship and Year	NEW YORK HOSPITAL - NEW YORK, NY 1992
Residency and Year	NEW YORK HOSPITAL - NEW YORK, NY 1995
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	15025
License Date	10/6/2010
Name	<b>GUDDETI, PALLAVI MD</b>
Address	100 HITCHCOCK WAY, MANCHESTER, NH, 03104
Specialty	END
Board Certified	END
School and Year of Graduation	GANDHI MEDICAL COLLEGE INDIA 2002
Internship and Year	ROGER WILLIAMS GENERAL HOSPITAL - PROVIDENCE, RI 2005
Residency and Year	ROGER WILLIAMS GENERAL HOSPITAL - PROVIDENCE, RI 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9948
License Date	3/5/1997
Name	<b>GUDMAN, JONATHAN T MD</b>
Address	1620 S W TAYLOR 300, PORTLAND, OR, 97205
Specialty	AN
Board Certified	AN
School and Year of Graduation	OREGON HLTH SCI UNIV SCHO OF MED PORTLAND USA 1981
Internship and Year	MAINE MEDICAL CENTER - ME 1982
Residency and Year	BRIGHTAM & WOMEN'S HOSPITAL - MA 1986
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	14321
License Date	2/4/2009
Name	<b>GUERIN, STEPHEN J MD</b>
Address	DHMC - DEPT OF RADIOLOGY, ONE MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIV OF MASSACHUSETTS USA 2004
Internship and Year	ST VINCENT HOSPITAL - WORCESTER, MA 2005
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15901
License Date	10/3/2012
Name	<b>GUERRE, JENNY MD</b>
Address	LA STATE UNIVERSITY NEUROPHYSIOLOGY DEPT, 1542 TULANE AVENUE NEW ORLEANS, LA, 70130
Specialty	N
Board Certified	N
School and Year of Graduation	UNIVERSITE D'ETAT D'HAITI HAITI 1999
Internship and Year	UNITY HEALTH SYSTEM - ROCHESTER, NY 2007
Residency and Year	UNITY HEALTH SYSTEM - ROCHESTER, NY 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10994
License Date	7/5/2000
Name	<b>GUEST, RACHEL M MD</b>
Address	SO NH MEDICAL CENTER, 8 PROSPECT ST NICHUNASHUA, NH, 03060
Specialty	PD
Board Certified	PD
School and Year of Graduation	DARTMOUTH MED SCH - LEBANON, NH USA 1994
Internship and Year	ST LOUIS CHILDREN'S HOSPITAL - ST LOUIS, MO 1997
Residency and Year	ST LOUIS CHILDREN'S HOSPITAL - ST LOUIS, MO 1999
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	13101
License Date	6/7/2006
Name	<b>GUGINO, LAVERNE D MD</b>
Address	SENTIENT MEDICAL SYSTEMS, 11011 MCCORMICK RD HUNT VALLEY, MD, 21031
Specialty	AN
Board Certified	AN
School and Year of Graduation	MEDICAL COLLEGE OF GA, AUGUSTA GA US 1978
Internship and Year	THE TORONTO HOSPITAL, TORONTO ONTARIO CANADA 1979
Residency and Year	UNIVERSITY OF WESTERN ONTARIO, LONDON ONTARIO CANADA 1980
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	12458
License Date	9/1/2004
Name	<b>GUGLIELMO, MARIA A MD</b>
Address	UPPER VALLEY NEUROLOGY NEUROSU, 106 HANOVER STLEBANON, NH, 03766
Specialty	NS
Board Certified	NS
School and Year of Graduation	BROWN UNIVERSITY, PROVIDENCE RI US 1992
Internship and Year	RHODE ISLAND HOSP, PROVIDENCE RI 1993
Residency and Year	BROWN UNIVERSITY, PROVIDENCE RI 1998
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	12340
License Date	6/2/2004
Name	<b>GUIBORD, RONALD S MD</b>
Address	SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200SOUTH PORTLAND, ME, 04106
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSITY OF MASS, WORCESTER MA US 1993
Internship and Year	UNIVERSITY OF VERMONT, BURLINGTON VT 1997
Residency and Year	UNIVERSITY OF VERMONT, BURLINGTON VT 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17059
License Date	5/6/2015
Name	<b>GUILFOYLE, MARK F DO</b>
Address	274 TURNPIKE RD, JEFFERSON, NH, 03853
Specialty	DR
Board Certified	DR
School and Year of Graduation	MICHIGAN STATE UNIV COLLEGE OF OSTEOPATHIC MED USA 1984
Internship and Year	MICHIGAN OSTEOPATHIC MEDICAL CENTER - DETROIT, MI 1985
Residency and Year	DETROIT OSTEOPATHIC HOSP/BI-COUNTY COMMUNITY HOSP - WARREN, MI 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14454
License Date	6/3/2009
Name	<b>GULL III, MARSHALL A MD</b>
Address	DHMC - DEPT OF DERMATOLOGY, ONE MED CTR DRLEBANON, NH, 03756
Specialty	D
Board Certified	D
School and Year of Graduation	MEDICAL COLLEGE OF GEORGIA USA 1973
Internship and Year	LETTERMAN ARMY MEDICAL CENTER - TACOMA, WA 1974
Residency and Year	LETTERMAN ARMY MEDICAL CENTER - TACOMA, WA 1979
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14380
License Date	4/1/2009
Name	<b>GUILL, MARGARET F MD</b>
Address	DHMC, 1 MEDICAL CTR DRLEBANON, NH, 03756-0001
Specialty	PD
Board Certified	PD
School and Year of Graduation	MEDICAL COLLEGE OF GEORGIA USA 1972
Internship and Year	MEDICAL COLLEGE OF GEORGIA - AUGUSTA, GA 1973
Residency and Year	KAISER FOUNDATION HOSPITAL - SAN FRANCISCO, CA 1978
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8869
License Date	12/2/1992
Name	<b>GUILLOT, ANN P MD</b>
Address	UNIV OF VT, ALUMNI DR A 121BURLINGTON, VT, 05405-0068
Specialty	PD
Board Certified	PD
School and Year of Graduation	JEFFERSON MEDICAL COLLEGE USA 1974
Internship and Year	MEDICAL CENTER HOSPITAL IN VERMONT BURLINGTON - VERMONT 1975
Residency and Year	MEDICAL CENTER HOSPITAL IN VERMONT BURLINGTON - VERMONT 1977
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	8390
License Date	7/11/1990
Name	<b>GUILTINAN, MATTHEW J MD</b>
Address	CHESHIRE MEDICAL CENTER, 580 COURT STKEENE, NH, 03431
Specialty	IM
Board Certified	IM
School and Year of Graduation	UMDNJ-NEW JERSEY MED SCH-NEWARK,NJ USA 1986
Internship and Year	ST ELIZABETH HOSP-BOSTON,MA 1989
Residency and Year	ST ELIZABETH'S HOSP-BOSTON,MA 1989
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13428
License Date	3/7/2007
Name	<b>GUIMARAES, PEDRO D MD</b>
Address	1035 PEACH ST SUITE 201, PO BOX 14209SAN LUIS OBISPO, CA, 93401
Specialty	P
Board Certified	P
School and Year of Graduation	FACULDADE DE MEDICINA DE MARILIA BRAZIL 1974
Internship and Year	MEDICAL COLLEGE OF PENNSYLVANIA - PHILADELPHIA, PA 1990
Residency and Year	MEDICAL COLLEGE OF PENSYLVANIA - PHILADELPHIA, PA 1992
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	11956
License Date	6/4/2003
Name	<b>GUIRGUES, ASHRAF F MD</b>
Address	3714 GUARDIAN AVE, MOREHEAD CITY, NC, 28557
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIVERSITY OF PITTSBURGH - PITTSBURGH PA USA 1997
Internship and Year	WAYNE STATE UNIVERSITY/DETROIT MEDICAL CENTER - DETROIT MI 1998
Residency and Year	WAYNE STATE UNIVERSITY/DETROIT MEDICAL CENTER - DETROIT MI 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9344
License Date	1/11/1995
Name	<b>GUIRY, COLLEEN P MD</b>
Address	10 JONES RD, MILFORD, NH, 03055-
Specialty	FP
Board Certified	FP
School and Year of Graduation	MT SINAI SCHOOL OF MEDICINE USA 1987
Internship and Year	TRIPLER ARMY MEDICAL CENTER - HONOLULU HI 1988
Residency and Year	MADIGAN ARMY MEDICAL CENTER - TACOMA WA 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8441
License Date	10/10/1990
Name	<b>GULDEMOND, THEODORE A DO</b>
Address	WINCHESTER HOSP-FAM MED CTR, 500 SALEM STWILMIINGTON, MA, 01887
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF OSTEO MED AND HEALTH-DES MOINES USA 1980
Internship and Year	DETROIT OSTEOP HOSP-MI 1981
Residency and Year	DETROIT OSTEOP HOSP-MI 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14251
License Date	12/3/2008
Name	<b>GULIZIA, JAMES M MD</b>
Address	MIRACA LIFE SCIENCES, 6655 MACARTHUR BLVDIRVING, TX, 75063
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF NEBRASKA USA 1994
Internship and Year	BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1995
Residency and Year	BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12459
License Date	9/1/2004
Name	<b>GULUR, PRASANNA V MD</b>
Address	DARTMOUTH-HITCHCOCK NASHUA, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty	IM
Board Certified	GE
School and Year of Graduation	MAULANA AZAD COLLEGE, NEW DELHI, DELHI INDIA INDIA 1998
Internship and Year	STATE UNIVERSITY OF NEW YORK, BROOKLYN NY 1999
Residency and Year	STATE UNIVERSITY OF NEW YORK, BROOKLYN NY 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5970
License Date	8/22/1978
Name	<b>GUNDERSON, PAUL L MD</b>
Address	190 GROTON RD, AYER, MA, 01432-
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	CORNELL UNIV MEDICAL COLLEGE - NY USA 1967
Internship and Year	UNIV OF MINNESOTA HOSPITAL - MINNEAPOLIS, MN 1968
Residency and Year	MASS EYE & EAR INFIRMARY - BOSTON, MA 1975
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	9087
License Date	12/2/1993
Name	<b>GUNDY, DAVID H MD</b>
Address	NEW HAMPSHIRE ORTHOPAEDICS CTR, 900 WASHINGTON PLACEBEDFORD, NH, 03110
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	CORNELL UNIVERSITY MEDICAL COLLEGE USA 1967
Internship and Year	UNIVERSITY OF MN HOSPITAL CLINIC - MINNEAPOLIS MN 1968
Residency and Year	BRIGHAM AND WOMEN'S HOSPITAL - BOSTON MA 1972
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8242
License Date	11/1/1989
Name	<b>GUNN, ALAN R MD</b>
Address	RR 2 BOX 208E, CTR RUTLAND, VT, 05736
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF TEXAS MED SCH AT SAN ANTONIA USA 1981
Internship and Year	UMDNJ NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 1982
Residency and Year	UMDNJ-NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 1983
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number 13862  
 License Date 3/5/2008  
 Name **GUNNING, MICHELE M MD**  
 Address 458 OLD STREET RD STE 202, PETERBOROUGH, NH, 03458  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIV OF AUTONOMA DE GUADALAJARA MEXICA 2001  
 Internship and Year RICHMOND UNIV MEDICAL CENTER - STATEN ISLAND, NY 2003  
 Residency and Year RICHMOND UNIV MEDICAL CENTER - STATEN ISLAND, NY 2006  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12103  
 License Date 10/1/2003  
 Name **GUNSHER, SHARON I MD**  
 Address CONCORD SURGICAL ASSOCIATES, 246 PLEASANT ST MEM BLDG 205CONCORD, NH, 03301  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation UNIVERSITY OF MICHIGAN, ANN ARBOR MI US 1992  
 Internship and Year UNIVERSITY HOSPITALS OF CLEVELAND, CLEVELAND OH 1993  
 Residency and Year UNIVERSITY HOSPITALS OF CLEVELAND, CLEVELAND OH 1997  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13903  
 License Date 4/2/2008  
 Name **GUNTURU, KRISHNA S MD**  
 Address YALE NEW HAVEN HOSP, NEW HAVEN, CT, 06501  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation ANDHRA UNIV INDIA 2004  
 Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006  
 Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 12964  
 License Date 12/7/2005  
 Name **GUO, YING MD**  
 Address 145 E 32ND ST, 10TH FLOORNEW YORK, NY, 10016  
 Specialty DMP  
 Board Certified DMP  
 School and Year of Graduation CHINA MEDICAL UNIVERSITY, PEOPLES REP OF CHINA CHINA 1983  
 Internship and Year THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA 1986  
 Residency and Year THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA 1998  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	10995
License Date	7/5/2000
Name	<b>GUPTA, KARUNA L MD</b>
Address	ALICE PECK DAY MEMORIAL HOSP, 125 MASCOMA STLEBANON, NH, 03766
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF OTTAWA SCH OF MED - OTTAWA ONTARIO CANADA 1998
Internship and Year	MCGILL UNIV - MONTREAL QUEBEC CANADA 1999
Residency and Year	MCGILL UNIV - MONTREAL QUEBEC CANADA 2000
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	15506
License Date	1/4/2012
Name	<b>GUPTA, NEERA MD</b>
Address	FOUNDATION MEDICAL PARTNERS, 116 SPIT BROOK RDNASHUA, NH, 03062
Specialty	IM
Board Certified	IM
School and Year of Graduation	DELHI UNIVERSITY INDIA 1992
Internship and Year	WYCKOFF HEIGHTS MEDICAL CENTER - BROOKLYN, NY 2005
Residency and Year	UPMC SHADYSIDE HOSPITAL - PITTSBURGH, PA 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12787
License Date	7/6/2005
Name	<b>GUPTA, RAJAN MD</b>
Address	DHMC, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	GS
Board Certified	GS
School and Year of Graduation	BOSTON UNIVERSITY, BOSTON MA USA 1991
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER, LEBANON NH 1994
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER, LEBANON NH 1997
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	14343
License Date	3/4/2009
Name	<b>GUPTA, ROOPALI MD</b>
Address	315 WEST 33RD ST 18J, NEW YORK, NY, 10001
Specialty	IM
Board Certified	
School and Year of Graduation	MEDICAL UNIV OF SILESIA POLAND 2002
Internship and Year	PRINCE GEORGES HOSPITAL CENTER - CHEVERLY, MD 2003
Residency and Year	PRINCE GEORGES HOSPITAL CENTER - CHEVERLY, MD 2005
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	15440
License Date	11/2/2011
Name	<b>GUPTA, SANJAY MD</b>
Address	FOUNDATION MEDICAL PARTNERS, 268 MAIN STNASHUA, NH, 03060
Specialty	GS
Board Certified	GS
School and Year of Graduation	ALL INDIA INSTITUTE OF MEDICAL SCIENCES INDIA 1989
Internship and Year	BRONX-LEBANONHOSPITAL CENTER - BRONX, NY 2002
Residency and Year	BRONX-LEBANONHOSPITAL CENTER - BRONX, NY 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15662
License Date	5/2/2012
Name	<b>GUPTA, SHWETA MD</b>
Address	590 COURT STREET, KEENE, NH, 03431
Specialty	PCC
Board Certified	PCC
School and Year of Graduation	MAULANA AZAD MEDICAL COLLEGE, UNIV OF DELHI INDIA 2005
Internship and Year	ALBERT EINSTEIN MEDICAL CENTER - PHILADELPHIA, PA 2007
Residency and Year	ALBERT EINSTEIN MEDICAL CENTER - PHILADELPHIA, PA 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15026
License Date	10/6/2010
Name	<b>GUPTA, SURYA N MD</b>
Address	ELLIOT HLTH SYSG/PED NEUROLOGY, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty	N
Board Certified	
School and Year of Graduation	INSTITUTE OF MEDICAL SCIENCES BANARA HINDU UNIV INDIA 1983
Internship and Year	LINCOLN MEDICAL & MENTAL HEALTH CENTER - BRONX, NY 1993
Residency and Year	LINCOLN MEDICAL & MENTAL HEALTH CENTER - BRONX, NY 1994
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	16168
License Date	6/5/2013
Name	<b>GURBUZ, AHMET T MD</b>
Address	423 E. PINEHURST TRAIL, DAKOTA DUNES, SD, 57049
Specialty	TS
Board Certified	TS
School and Year of Graduation	HACETTEPE UNIVERSITY TURKEY 1989
Internship and Year	EXEMPLA SAINT JOSEPH HOSPITAL - DENVER, CO 1992
Residency and Year	EXEMPLA SAINT JOSEPH HOSPITAL - DENVER, CO 1996
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	11370
License Date	9/5/2001
Name	<b>GURIEN, ANDREW M MD</b>
Address	11275 TRINITY PL, NAPLES, FL, 34114
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF MINNESOTA MED SCH - MINNEAPOLIS, MN USA 1993
Internship and Year	UNIV OF VERMONT- BURLINGTON, VT 1994
Residency and Year	UNIV OF ARIZONA - TUCSON, AZ 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/9/15.</b>

License Number	11313
License Date	7/11/2001
Name	<b>GURKA, JOSEPH P DO</b>
Address	289 MAIN ST, SALEM, NH, 03079
Specialty	IM
Board Certified	IM
School and Year of Graduation	KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE USA 1997
Internship and Year	ST VINCENT HOSPITAL WORCESTER MA 1998
Residency and Year	ST VINCENT HOSPITAL WORCESTER MA 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7947
License Date	8/10/1988
Name	<b>GURVITS, TAMARA V MD</b>
Address	VA RESEARCH SERVICE, 718 SMYTH RD 151MANCHESTER, NH, 03104-7004
Specialty	P
Board Certified	P
School and Year of Graduation	FIRST LENINGRAD MED INSTITUTE- LENINGRAD USSR 1958
Internship and Year	UNIV LOUISVILLE AFFILIATED HOSPITAL - LOUISVILLE, KY 1982
Residency and Year	MICHIGAN STATE UNIV ASSOCIATED HOSPITAL - EAST LANSING, MI 1985
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	15411
License Date	10/5/2011
Name	<b>GUSEV, JULIA MD</b>
Address	EASTERN VIRGINIA MEDICAL SCHOOL, 721 FAIFAX AVE SUITE 200NORFOLK, VA, 23517
Specialty	D
Board Certified	
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 2009
Internship and Year	CARITAS CARNEY HOSPITAL - BOSTON, MA 2010
Residency and Year	UNIVERSITY OF PITTSBURGH - PITTSBURGH, PA 2011
License Expiration Date	<b>6/30/2013</b>
Remarks	



License Number	14921
License Date	7/7/2010
Name	<b>GUSEVA, NINA MD</b>
Address	SOUTHERN NH ENDOCRINOLOGY, 29 NORTHWEST BLVDNASHUA, NH, 03063
Specialty	END
Board Certified	IM
School and Year of Graduation	ST PETERSBURG STATE PEDIATRIC MEDICAL ACA RUSSIA 1994
Internship and Year	CAPITAL HEALTH SYSTEM HELENE FULD CAMPUS - TRENTON, NJ 2005
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2008
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	5045
License Date	7/17/1973
Name	<b>GUSTAVSON JR, PAUL F MD</b>
Address	ROCKINGHAM COUNTY NURSING HOME, 117 NORTH ROADBRENTWOOD, NH, 03833
Specialty	GP
Board Certified	
School and Year of Graduation	COLUMBIA UNIVERSITY-NEW YORK CITY NY USA 1970
Internship and Year	SAN FRANCISCO GENERAL HOSP-SAN FRANCISCO CA 1971
Residency and Year	SAN FRANCISCO GENERAL HOSPITAL - SAN FRANCISCO, CA 1971
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13822
License Date	2/6/2008
Name	<b>GUTHRIE, ELLEN H MD</b>
Address	MED REVIEW INSTITUTE OF AMERIC, 2875 S DECKER LAKE DR STE 550SALT LAKE CITY, UT, 84119
Specialty	IM
Board Certified	IM
School and Year of Graduation	COLUMBIA UNIV USA 1984
Internship and Year	UNIV OF UTAH MEDICAL CENTER-SALT LAKE CITY, UT 1985
Residency and Year	UNIV OF UTAH MEDICAL CENTER-SALT LAKE CITY, UT 1987
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	4884
License Date	1/20/1972
Name	<b>GUTHRIE, ROBERT (ROBIN) A W MD</b>
Address	34 MILFORD ST, BROOKLINE, NH, 03033
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	VICTORIA UNIV OF MANCHESTER ENGLAND 1959
Internship and Year	HOPE HOSPITAL - ENGLAND 1960
Residency and Year	BANGOUR GENERAL HOSPITAL - BROXBURN, W LOTHIAN 1967
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	15479
License Date	12/7/2011
Name	<b>GUTHRIE, SHAUNA L MD</b>
Address	CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty	FP
Board Certified	
School and Year of Graduation	DREXEL UNIVERSITY USA 2009
Internship and Year	CONCORD HOSPITAL - CONCORD, NH 2010
Residency and Year	CONCORD HOSPITAL - CONCORD, NH 2011
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	15298
License Date	7/6/2011
Name	<b>GUTIERREZ, JOSE R MD</b>
Address	NASHOBA VALLEY MEDICAL CENTER, 200 GROTON RDAYER, MA, 01432
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSIDAD IBEROAMERICANA DOMINICAN REPUBLIC 2001
Internship and Year	CABRINI MEDICAL CENTER - EULESS, TX 2005
Residency and Year	CABRINI MEDICAL CENTER - EULESS, TX 2008
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	7540
License Date	4/1/1987
Name	<b>GUTIERREZ, RICARDO G MD</b>
Address	2 MEDICAL CENTER DR, STE 512SPRINGFIELD, MA, 01107-1273
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	VOLL MAOR DE NUESTRO SINORA DEL ROSARIO COLUMBIA-SA 1974
Internship and Year	OHIO VALLEY MEDICAL CENER 1977
Residency and Year	ST VINCENT MEDICAL CENTER 1980
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	11414
License Date	10/3/2001
Name	<b>GUTMANN, EDWARD J MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	ALBERT EINSTEIN COLL OF MED - BRONX, NY USA 1983
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON,MA 1984
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON,MA 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 12030  
 License Date 8/6/2003  
 Name **GUTNER, ROGER N MD**  
 Address LACONIA CLINIC, 724 MAIN ST PO BOX 637LACONIA, NH, 03247  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation RUSH MEDICAL COLLEGE, CHICAGO IL US 1974  
 Internship and Year RUSH-PRESBYTERIAN-ST LUKES MED CTR, CHICAGO IL 1975  
 Residency and Year RUSH-PRESBYTERIAN-ST LUKES MED CTR, CHICAGO IS 1977  
 License Expiration Date **6/30/2017**  
 Remarks **6/15/12 - Settlement Agreement**

License Number 12198  
 License Date 1/7/2004  
 Name **GUTSTEIN, LAURIE L MD**  
 Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344  
 Specialty R  
 Board Certified R  
 School and Year of Graduation NORTHWESTERN UNIVERSITY, CHICAGO IL US 1985  
 Internship and Year EVANSTON NORTHWESTERN HEALTHCARE, EVANSTON IL 1986  
 Residency and Year NORTHWESTERN UNIVERSITY, CHICAGO IL 1990  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13457  
 License Date 4/4/2007  
 Name **GUY, DARREN A DO**  
 Address CORE PHYSICIANS, 7 HOLLAND WAYEXETER, NH, 03833  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIV OF NEW ENGLAND USA 2003  
 Internship and Year CLEVELAND CLINIC FOUNDATION-CLEVELAND, OH 2004  
 Residency and Year CLEVELAND CLINIC FOUNDATION-CLEVELAND, OH 2006  
 License Expiration Date **6/30/2017**  
 Remarks **Lapsed 6/30/11 - Reinstated 3/7/12**

License Number 5684  
 License Date 3/8/1977  
 Name **GUZZI, LORETTA DO**  
 Address 294 RTE 101 GREELY POINT, UNIT E5 POB 1205AMHERST, NH, 03031-1205  
 Specialty OM  
 Board Certified  
 School and Year of Graduation CHICAGO COLLEGE OF OSTEOPATHIC MEDICINE- USA 1967  
 Internship and Year PONTIAC OSTEOPATHIC HOSPITAL 1968  
 Residency and Year ZIEGER OSTEOPATHIC HOSPITAL - MICHIGAN 1970  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	16009
License Date	2/6/2013
Name	<b>GWINN, DAVID E MD</b>
Address	WALTER REED NAT'L MIL MED CTR, 8901 WISCONSIN AVE BLDG 19 WRNMMCBETHESDA, MD, 208
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIFORMED SERVICES UNIV OF THE HEALTH SCIENCES USA 1998
Internship and Year	WALTER REED NATIONAL MILITARY MEDICAL CENTER - BETHESDA, MD 1999
Residency and Year	WALTER REED NATIONAL MILITARY MEDICAL CENTER - BETHESDA, MD 2004
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	10449
License Date	11/4/1998
Name	<b>HAAN, CONSTANCE K MD</b>
Address	ACGME, 515 NO STATE ST - STE 2000CHICAGO, IL, 60654
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF S DAKOTA SCH MED - VERMILLION, SD USA 1983
Internship and Year	BOSTON UNIV MEDICAL CENTER - BOSTON,MA 1984
Residency and Year	BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6176
License Date	3/12/1980
Name	<b>HAAS, LEON C MD</b>
Address	100 MC GREGOR ST, MANCHESTER, NH, 03102
Specialty	EM
Board Certified	EM
School and Year of Graduation	BOSTON UNIV SCHOOL OF MEDICINE BOSTON, MA USA 1978
Internship and Year	BERKSHIRE MEDICAL CENTER PITTSFIELD MA 1979
Residency and Year	BERKSHIRE MEDICAL CENTER PITTSFIELD MA 1980
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15874
License Date	10/3/2012
Name	<b>HABEEB, MURTUZA H MD</b>
Address	14321 OAKWOOD CT, ORLAND PARK, IL, 60462
Specialty	GS
Board Certified	GS
School and Year of Graduation	ROSS UNIVERSITY DOMINICA 2002
Internship and Year	WESTERN RESERVE CARE SYSTEM - YOUNGSTOWN, OH 2003
Residency and Year	MOUNT SINAI HOSPITAL MEDICAL CENTER - CHICAGO, IL 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>lapsed 6/30/14-reinstated 5/6/15</b>

License Number	12492
License Date	10/6/2004
Name	<b>HABIB-BEIN, NADIA F MD</b>
Address	VAPHS PATHOLOGY & LAB MEDICINE, 6 UNIVERSITY DR C 132L-UPITTSBURG, PA, 15240
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSITY OF CAIRO, CAIRO EGYPT EGYPT 1980
Internship and Year	WAYNE STATE UNIVERSITY, DETROIT MI 1992
Residency and Year	DANBURY HOSPITAL, DANBURY CT 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5084
License Date	9/18/1973
Name	<b>HABIF, THOMAS P MD</b>
Address	330 BORTHWICK AVE STE 303, PORTSMOUTH, NH, 03801-4101
Specialty	D
Board Certified	D
School and Year of Graduation	TUFTS SCHOOL OF MEDICINE-BOSTON MA USA 1969
Internship and Year	ST ELIZABETH'S HOSP-BRIGHTON MA 1970
Residency and Year	MARY HITCHCOCK MEMORIAL HOSP-HANOVER NH 1973
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5774
License Date	7/7/1977
Name	<b>HACKER, PETER S MD</b>
Address	INTERNAL MEDICINE ASSOC OF NASHUA, 280 MAIN ST., STE 210NASHUA, NH, 03060-3910
Specialty	IM
Board Certified	IM
School and Year of Graduation	COLUMBIA COLLEGE OF P&S-NEW YORK CITY NY USA 1973
Internship and Year	UNIVERSITY HOSPITAL-ANN ARBOR MI 1974
Residency and Year	UNIVERSITY HOSPITAL-ANN ARBOR MI 1977
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9189
License Date	6/1/1994
Name	<b>HACKER, RICHARD K MD</b>
Address	132 CASSIE DR, NORWICH, NY, 13815
Specialty	FP
Board Certified	FP
School and Year of Graduation	BOSTON UNIVERSITY MEDICAL SCHOOL USA 1984
Internship and Year	NAVAL HOSPITAL SAN DIEGO - SAN DIEGO CA 1985
Residency and Year	MEDICAL COLLEGE OF VIRGINIA HOSPITAL - RICHMOND VA 1994
License Expiration Date	<b>6/30/2006</b>
Remarks	<p>8/11/03 Settlement Agreement</p> <p>9/10/03 - 10/10/03 license suspended      2/17/04 - Order Amending Settlement Agreement dated 8/11/03</p> <p>6/3/05 - Order lifting Restrictions of License. License is current and unrestricted.</p>

License Number	11171
License Date	2/7/2001
Name	<b>HACKETT, SHARON L MD</b>
Address	NVRH-DERMATOLOGY, HOSPITAL DRST JOHNSBURY, VT, 05819-0905
Specialty	D
Board Certified	
School and Year of Graduation	MCMASTER UNIV SCH OF MED- HAMILTON ONTARIO CANADA 1979
Internship and Year	MCGILL UNIV - MONTREAL QUEBEC, CANADA 1980
Residency and Year	MCGILL UNIV - MONTREAL QUEBEC, CANADA 1981
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	3679
License Date	3/11/1964
Name	<b>HACKETT, THOMAS RICHARD P MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1992</b>
Remarks	

License Number	9483
License Date	7/5/1995
Name	<b>HACOBIAN, ASTEGHIK MD</b>
Address	INTERVENTIONAL SPINE MEDICINE, 944 CALEF HIGHWAYBARRINGTON, NH, 03825
Specialty	AN
Board Certified	AN
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1990
Internship and Year	NORTH SHORE UNIVERSITY HOSPITAL - MANHASSET NY 1991
Residency and Year	BETH ISRAEL HOSPITAL - BOSTON MA 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15378
License Date	9/7/2011
Name	<b>HACOBIAN, MELKON MD</b>
Address	CONCORD CARDIAC ASSOC, 246 PLEASANT ST STE 103CONCORD, NH, 03301
Specialty	CD
Board Certified	CD
School and Year of Graduation	TABRIZ UNIVERSITY OF MEDICAL SCIENCES IRAN 1994
Internship and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2005
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2007
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number 12935  
 License Date 11/2/2005  
 Name **HADDAD, CHRISTOPHER E MD**  
 Address , PO BOX 170NORTH GRAFTON, MA, 01536  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation BOSTON UNIVERSITY, BOSTON MA US 1996  
 Internship and Year UNIVERSITY OF MASS MED SCHOOL, WORCESTER MA 1997  
 Residency and Year UNIVERSITY OF MASS MED SCHOOL, WORCESTER MA 1999  
 License Expiration Date **6/30/2007**  
 Remarks

License Number 7029  
 License Date 1/10/1985  
 Name **HADDAD, EDUARDO S MD**  
 Address RIVERSIDE NEPHROLOGY PC, 140 HAVERHILL ST, DOCTORS PARK 1ANDOVER, MA, 01810  
 Specialty IM  
 Board Certified NEP  
 School and Year of Graduation UNIV FEDDE RIO DE JANETIRO BRAZIL 1975  
 Internship and Year JACKSON MEM HOSP-MIAMI,FL 1977  
 Residency and Year MASS GEN HOSP-BOSTON,MA 1981  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16864  
 License Date 12/3/2014  
 Name **HADDAD, ZIYAD K MD**  
 Address 21785 FILIGREE CT STE 101, ASBURN, VA, 20147  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 1997  
 Internship and Year INOVA FAIRFAX HOSPITAL - FALLS CHURCH, VA 1998  
 Residency and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2002  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16409  
 License Date 12/4/2013  
 Name **HADDOCK, MICHAEL G MD**  
 Address MAYO CLINIC, 200 1ST ST SWROCHESTER, MN, 55905  
 Specialty RO  
 Board Certified RO  
 School and Year of Graduation UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE USA 1989  
 Internship and Year INTERMOUNTAIN MEDICAL CENTER - MURRAY, UT 1990  
 Residency and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 1994  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14131  
 License Date 8/6/2008  
 Name **HADJIEV, TONI T MD**  
 Address CONCORD HOSPITAL, 250 PLEASANT ST CONCORD, NH, 03301  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation MEDICAL UNIV OF SOFIA BULGARIA 2003  
 Internship and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 2006  
 Residency and Year BERSHIRE MEDICAL CENTER - PITTSFIELD, MA 2008  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9484  
 License Date 7/5/1995  
 Name **HADLEY, MARK A MD**  
 Address 2 1/2 BEACON ST, CONCORD, NH, 03301  
 Specialty R  
 Board Certified R  
 School and Year of Graduation GEORGTOWN UNIV SCH OF MED - WASHINGTON USA 1990  
 Internship and Year STRONG MEMORIAL HOSPITAL - NY 1991  
 Residency and Year STRONG MEMORIAL HOSPITAL - NY 1995  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9834  
 License Date 9/4/1996  
 Name **HADLEY, SUSAN K MD**  
 Address COMMUNITY HEALTH CENTER, ONE MEDICAL CENTER DR LEBANON, NH, 03756  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF ARIZONA COLLEGE OF MEDICINE - TUCSON USA 1991  
 Internship and Year A EINSTEIN COLLEGE M YESHIVA UNIV - NY 1994  
 Residency and Year A EINSTEIN COLLEGE M-YESHIVA UNIV - NY 1994  
 License Expiration Date **6/30/1999**  
 Remarks

License Number 11754  
 License Date 10/2/2002  
 Name **HAEGER, ELISABETH B MD**  
 Address HARBOR HOMES, INC, 45 HIGH ST NASHUA, NH, 03060  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF MASSACHUSETTS, WORCESTER MA USA 1986  
 Internship and Year UNIVERSITY OF CALIFORNIA, SAN DIEGO CA 1987  
 Residency and Year UNIVERSITY OF CALIFORNIA, SAN DIEGO CA 1989  
 License Expiration Date **6/30/2016**  
 Remarks



License Number	11625
License Date	6/5/2002
Name	<b>HAENICK, MICHAEL F MD</b>
Address	SEACOAST AREA PHYSIATRY, 875 GREENLAND RD C-4PORTSMOUTH, NH, 03801
Specialty	PM
Board Certified	PM
School and Year of Graduation	WAYNE STATE UNIV SCH OF MED-DETROIT, MI USA 1996
Internship and Year	WILLIAM BEAUMONT HOSPITAL - ROYAL OAK, MI 1997
Residency and Year	SINAI HOSPITAL - DETROIT, MI 2000
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	7461
License Date	11/12/1986
Name	<b>HAFEZ, HISHAM M MD</b>
Address	HEALTHY PERSPECTIVE INNOV MENTAL HLTH SVCS, PUC, 30 TEMPLE ST., STE 105NASHUA, NH, 030
Specialty	P
Board Certified	P
School and Year of Graduation	ALEXANDRIA UNIVERSITY FACULTY - ALEXANDRIA, EGYPT EGYPT 1974
Internship and Year	NY MC/WESTCHESTER CO MEDICAL CENTER-VALHALLA,NY 1978
Residency and Year	NY MC/WESTCHESTER CO MEDICAL CENTER - VALHALLA, NY 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10556
License Date	5/5/1999
Name	<b>HAFFNER, ARTHUR B MD</b>
Address	FAMILY HEALTH MATTERS OF SALEM, 23 STILES RDSALEM, NH, 03079
Specialty	FP
Board Certified	
School and Year of Graduation	UNIV OF CALIFORNIA LOS ANGELES-LOS ANGELES,CA USA 1971
Internship and Year	LOS ANGELES COUNTY-MEDICAL CENTER - LOS ANGELES, CA 1972
Residency and Year	NONE- DID ONLY ONE YEAR
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6558
License Date	6/24/1993
Name	<b>HAFNER, KARL F MD</b>
Address	98 N 2ND ST, FULTON, NY, 13069-1254
Specialty	FP
Board Certified	FP
School and Year of Graduation	STATE UNIVERRSITY OF NEW YORK UPSTATE COLL OF MED USA 1979
Internship and Year	WASHINGTON ADVENTIST HOSPITAL - TAKOMA PARK MD 1980
Residency and Year	NEW ENGLAND MEMORIAL HOSPITAL - STONEHAM MA 1982
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9963
License Date	4/2/1997
Name	<b>HAGAN, JOSEPH M MD</b>
Address	CONCENTRA, 1278 WILLOW STMANCHESTER, NH, 03103
Specialty	AN
Board Certified	AN
School and Year of Graduation	HAHNEMANN UNIV SCH OF MED - PHILA, PA USA 1973
Internship and Year	HAHNEMANN UNIV HOSPITAL - PA 1974
Residency and Year	NATIONAL NAVAL MEDICAL CENTER - MD 1984
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13798
License Date	1/11/2008
Name	<b>HAGBERG, ROBERT C MD</b>
Address	HARTFORD HEALTHCARE MED GROUP - CARDIAC SURGERY, 85 SEYMOUR ST STE 919HARTFORD, C
Specialty	TS
Board Certified	TS
School and Year of Graduation	STANFORD UNIV USA 1988
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1989
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1991
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	16272
License Date	8/7/2013
Name	<b>HAGEDORN, BRETT A MD</b>
Address	SUMMIT RADIOLOGY, PO BOX 80070FT WAYNE, IN, 46898-0070
Specialty	DR
Board Certified	DR
School and Year of Graduation	INDIANA UNIVERSITY SCHOOL OF MEDICINE USA 1993
Internship and Year	OAKWOOD HEALTHCARE SYSTEM - OAKWOOD HOSPITAL - DEARBORN, MI 1994
Residency and Year	OAKWOOD HEALTHCARE SYSTEM - OAKWOOD HOSPITAL - DEARBORN, MI 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9699
License Date	5/1/1996
Name	<b>HAGGARTY, JOHN B MD</b>
Address	LAKEWOOD RANCH MED CTR, 8330 LAKEWOOD RANCH BLVDBRADENTON, FL, 34202
Specialty	FP
Board Certified	FP
School and Year of Graduation	QUEEN'S UNIVERSITY-KINGSTON ONTARIO CANADA 1986
Internship and Year	UNIVERSITY OF WESTERN ONTARIO-ONTARIO CANADA 1987
Residency and Year	UNIVERSITY OF WESTERN ONTARIO-ONTARIO CANADA 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 4366  
 License Date 4/7/1969  
 Name **HAGNER, SAMUEL B MD**  
 Address 123 MADBURY RD, DURHAM, NH, 03824-  
 Specialty P  
 Board Certified P  
 School and Year of Graduation TEMPLE UNIV SCHOOL OF MEDICINE - PHILA, PA USA 1954  
 Internship and Year GERMANTOWN HOSPITAL - PHILA, PA 1955  
 Residency and Year TEMPLE UNIV HOSPITAL - PHILA, PA 1958  
 License Expiration Date **6/30/2003**  
 Remarks

License Number 15081  
 License Date 12/1/2010  
 Name **HAIDER, YASMEEN MD**  
 Address QUEST DIAGNOSTICS, 14225 NEWBROOK DRCHANTILLY, VA, 20153  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation UNIVERSITY OF THE PUNJAB PAKISTAN 1967  
 Internship and Year UNIVERSITY OF MARYLAND MEDICAL SYSTEM - BALTIMORE, MD (5/1/68 - 9/30/69) 1969  
 Residency and Year UNIVERSITY OF MARYLAND MEDICAL SYSTEM - BALTIMORE, MD (7/1/74 - 6/30/75) 1975  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14455  
 License Date 6/3/2009  
 Name **HAIGHT, KRISTA N MD**  
 Address EYE ASSOC OF NORTHERN NE, 1290 HOSP DR STE 5ST JOHNSBURY, VT, 05819  
 Specialty OPH  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF VERMONT USA 2005  
 Internship and Year BASSETT HEALTHCARE - COOPERSTOWN, NY 2006  
 Residency and Year MILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 2009  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 17004  
 License Date 4/1/2015  
 Name **HAILE, MORGAN C MD**  
 Address RAYS, 13737 NOEL RD STE 1600DALLAS, TX, 75240  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation TULANE UNIVERSITY SCHOOL OF MEDICINE USA 2007  
 Internship and Year TULANE UNIVERSITY MEDICAL CENTER - NEW ORLEANS, LA 2008  
 Residency and Year TULANE UNIVERSITY MEDICAL CENTER - NEW ORLEANS, LA 2012  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 7520  
 License Date 3/4/1987  
 Name **HAILE, ROBERT M MD**  
 Address 959 BRIGHTON AVE, PORTLAND, ME, 04102  
 Specialty PM  
 Board Certified PM  
 School and Year of Graduation UNIV OF VERMONT COLL MED-BURLINGTON,VT USA 1980  
 Internship and Year NEW ENGLAND MED CTR HOSP-BOSTON,MA 1981  
 Residency and Year NEW ENGLAND MED CTR HOSP-BOSTON,MA 1983  
 License Expiration Date **6/30/2003**  
 Remarks

License Number 8738  
 License Date 6/3/1992  
 Name **HAILS, KELLEY A MD**  
 Address 114 CORPORATE DR, PORTSMOUTH, NH, 03801  
 Specialty EM  
 Board Certified  
 School and Year of Graduation JEFFERSON MEDICAL COLLEGE USA 1987  
 Internship and Year MICHIGAN STATE UNIVERSITY CENTER EAST LANSING - MICHIGAN 1988  
 Residency and Year EDWARD W SPARROW HOSPITAL LANSING - MICHIGAN 1990  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 7541  
 License Date 4/1/1987  
 Name **HAINES, JEFFREY M MD**  
 Address 174 CONCORD ST STE 160, PETERBOROUGH, NH, 03458  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIV OF MEDICINE & DENTISTRY-NJ USA 1984  
 Internship and Year UMDNJ MED SCHOOL 1985  
 Residency and Year DARTMOUTH HITCHCOCK MED CTR 1989  
 License Expiration Date **6/30/2017**  
 Remarks **4/04/01 - Settlement Agreement 7/8/03 - Order Removing Restrictions**

License Number 16580  
 License Date 5/7/2014  
 Name **HAITZ, KASSIE A MD**  
 Address DHMC, 1 MED CTR DRLEBANON, NH, 03756  
 Specialty D  
 Board Certified  
 School and Year of Graduation UB, SUNY SCHOL OF MEDICINE & BIOMEDICAL SCIENCE USA 2009  
 Internship and Year ERIE COUNTY MEDICAL CENTER - BUFFALO, NY 2010  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9904  
 License Date 1/8/1997  
 Name **HAJARE, SUNITA A MD**  
 Address MILFORD PEDIATRICS, 327 WEST STMILFORD, MA, 01757  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIV OF BOMBAY INDIA 1983  
 Internship and Year CHILDRENS HOSPITAL - CORPUS CHRISTI, TX 1987  
 Residency and Year UNIV TEXAS MEDICAL BRANCH HOSPITAL - TX 1990  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9729  
 License Date 6/5/1996  
 Name **HAJDENBERG, JULIO J MD**  
 Address PASCO PINELLAS CANCER CENTER, 5347 MAIN ST STE 203NEW PORT RICHEY, FL, 34652  
 Specialty IM  
 Board Certified ON  
 School and Year of Graduation UNIVERSITY DE BUENOS AIRES-BUENOS AIRES ARGENTINA ARGENTINA 1990  
 Internship and Year COOPER HOSPITAL-CAMDEN NJ 1994  
 Residency and Year NEW ENGLAND DEACONESS HOSP-BOSTON MA 1997  
 License Expiration Date **6/30/1999**  
 Remarks

License Number 12983  
 License Date 1/4/2006  
 Name **HAJDUK, MATTHEW J MD**  
 Address ELLIOT PEDIATRICS AT WINDHAM, 5 INDUSTRIAL DR UNIT B WINDHAM, NH, 03087  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIV OF MASSACHUSETTS USA 2003  
 Internship and Year CONNECTICUT CHILDRENS MEDICAL CTR, HARTFORD CT 2004  
 Residency and Year CONNECTICUT CHILDRENS MEDICAL CTR, HARTFORD CT 2006  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 4419  
 License Date 4/22/1969  
 Name **HAJJAR, BARBARA A MD**  
 Address CAPE CODDER CONDOMINIUM, 28 CAPE CODDER RD UNIT 109FALMOUTH, MA, 02540  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation WOMAN'S MEDICAL COLLEGE OF PA - PHILA, PA USA 1965  
 Internship and Year ROOSEVELT HOSPITAL - NEW YORK, NY 1966  
 Residency and Year ROOSEVELT HOSPITAL - NEW YORK, NY 1969  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	14252
License Date	12/3/2008
Name	<b>HAKIMIAN, ROGER R MD</b>
Address	FOUNDATION ONCOLOGY HEMATOLOGY, 10 PROSPECT ST STE 202NASHUA, NH, 03060
Specialty	HO
Board Certified	HO
School and Year of Graduation	UNIV ST JOSEPH LEBANON 1997
Internship and Year	ERIE COUNTY MEDICAL CENTER - BUFFALO, NY 1999
Residency and Year	ERIE COUNTY MEDICAL CENTER - BUFFALO, NY 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9396
License Date	4/5/1995
Name	<b>HAKMILLER, KARL V MD</b>
Address	APPLEDORE MEDICAL GROUP, 330 BORTHWICK AVE 101PORTSMOUTH, NH, 03801-
Specialty	IM
Board Certified	IM
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1987
Internship and Year	MAINE MEDICAL CENTER - PORTLAND ME 1988
Residency and Year	MAINE MEDICAL CENTER - PORTLAND ME 1990
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	14191
License Date	10/1/2008
Name	<b>HALABY, CLAUDIA MD</b>
Address	WINTHROP UNIVERSITY HOSPITAL, 120 MINEOLA BLVD STE 210MINEOLA, NY, 11501
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV DE MEDICINA SI FARMACIE CAROL DAVILA ROMANIA 1998
Internship and Year	ELMHURST HOSPITAL CENTER - ELMHURST, NY 2006
Residency and Year	ELMHURST HOSPITAL CENTER - ELMHURST, NY 2008
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	10750
License Date	11/3/1999
Name	<b>HALDIPUR, NAMRATA V MD</b>
Address	MOUNTAIN HELATH SERVICES, 2 BROADWAY STGORHAM, NH, 03581
Specialty	IM
Board Certified	IM
School and Year of Graduation	KEMPEGOWDA INSTITUTE OF MEDICAL SCIENCES-INDIA INDIA 1992
Internship and Year	BRONX-LEBANON HOSPITAL-BRONX,NY 1996
Residency and Year	BRONX -LEBANON HOSPITAL-BRONX,NY 1999
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	13318
License Date	11/1/2006
Name	<b>HALE-HOVAN, LINDA E MD</b>
Address	TAKECARE HEALTH SYSTEM/BAE SYS, 65 SPITBROOK RD NHQ02-1101NASHUA, NH, 03060
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF MINNESOTA MEDICAL SCHOOL-MINNEAPOLIS USA 1992
Internship and Year	HEALTHEAST CREDENTIALING-ST PAUL, MN 1993
Residency and Year	WEST JERSY-MEMORIAL FAMILY PRACTICE RESIDENCY - VOORHEES, NJ 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11957
License Date	6/4/2003
Name	<b>HALES, MARIESA A MD</b>
Address	DARTMOUTH-HITCHCOCK-KEENE, 590 COURT STKEENE, NH, 03431
Specialty	FP
Board Certified	
School and Year of Graduation	UNIVERSITY OF MARYLAND - BALTIMORE MD USA 2000
Internship and Year	ST JOSEPHS HOSPITAL HEALTH CENTER - SYRACUSE NY 2001
Residency and Year	ST JOSEPHS HOSPITAL HEALTH CENTER - SYRACUSE NY 2003
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	7808
License Date	4/6/1988
Name	<b>HALEY, JOHN J MD</b>
Address	NEW IPSWICH FAMILY MED, PO BOX 259NEW IPSWICH, NH, 03071
Specialty	FP
Board Certified	FP
School and Year of Graduation	TUFTS UNIV SCH MED - BOSTON, MA USA 1982
Internship and Year	THE ALTOONA HOSPITAL - ALTOONA, PA 1983
Residency and Year	THE ALTOONA HOSPITAL - ALTOONA, PA 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15221
License Date	5/4/2011
Name	<b>HALEY, TIMOTHY M DO</b>
Address	SOUTHERN MAINE MED CTR, BIDDEFORD, ME, 04005
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC M USA 1987
Internship and Year	CRANSTON GENERAL HOSPITAL - CRANSTON, RI 1988
Residency and Year	EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14132
License Date	8/6/2008
Name	<b>HALL, ALDEN W MD</b>
Address	DHMC-DEPT OF HOSPITAL MEDICINE, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	GEORGETOWN UNIV USA 2001
Internship and Year	GEORGETOWN UNIV HOSPITAL-WASHINGTON - DC 2002
Residency and Year	GEORGETOWN UNIV HOSPITAL - WASHINGTON, DC 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10842
License Date	3/1/2000
Name	<b>HALL, BRADFORD S MD</b>
Address	CONCORD EYECARE, 248 PLEASANT ST #1600CONCORD, NH, 03301
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1996
Internship and Year	BASSETT HEALTHCARE - COOPERSTOWN, NY 1997
Residency and Year	UNIV OF MICHIGAN MEDICAL SCHOOL - ANN ARBOR, MI 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11014
License Date	7/12/2000
Name	<b>HALL, CHRISTOPHER P MD</b>
Address	1038 FRANCIS ST, WALA WALA, WA, 99362
Specialty	PD
Board Certified	
School and Year of Graduation	OREGON HEALTH SCIENCES UNIVERSITY - PORTLAND OR USA 1997
Internship and Year	MAINE MEDICAL CENTER - PORTLAND ME 1998
Residency and Year	MAINE MEDICAL CENTER - PORTLAND ME 2000
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	8218
License Date	9/6/1989
Name	<b>HALL, DAVID N MD</b>
Address	DARTMOUTH HITCHCOCK KEENE, 590 COURT STKEENE, NH, 03431-1798
Specialty	IM
Board Certified	IM
School and Year of Graduation	BROWN UNIV PROGRAM IN MED - PROVIDENCE, RI USA 1986
Internship and Year	THE MIRIAM HOSPITAL - PROVIDENCE, RI 1987
Residency and Year	THE MIRIAM HOSPITAL - PROVIDENCE, RI 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number	6559
License Date	6/24/1982
Name	<b>HALL, EDWARD B MD</b>
Address	DARTMOUTH-HITCHCOCK NASHUA, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF COLORADO SCH MED - DENVER, CO USA 1979
Internship and Year	HUNTERDON MEDICAL CENTER - FLEMINGTON, NJ 1980
Residency and Year	HUNTERDON MEDICAL CENTER - FLEMINGTON, NJ 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15188
License Date	4/6/2011
Name	<b>HALL, JASON A MD</b>
Address	MEDICAL EYE CENTER, 250 RIVER RDMANCHESTER, NH, 03104
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIVERSITY OF TOLEDO COLLEGE OF MEDICINE USA 2006
Internship and Year	CLARIAN METHODIST HOSPITAL OF INDIANA - INDIANAPOLIS, IN 2007
Residency and Year	INDIANA UNIVERSITY HOSPITAL - INDIANAPOLIS, IN 2010
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11993
License Date	7/2/2003
Name	<b>HALL, LEILA T MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PD
Board Certified	
School and Year of Graduation	UNIV OF COLORADO - DENVER, CO USA 2000
Internship and Year	CHILDRENS HOSPITAL AT DARTMOUTH - LEBANON, NH 2001
Residency and Year	CHILDRENS HOSPITAL AT DARTMOUTH - LEBANON, NH 2003
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	3585
License Date	1/9/1963
Name	<b>HALL, LELAND W MD</b>
Address	1 MINK DR, HANOVER, NH, 03755
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIV OF OREGON - EUGENE,OR USA 1955
Internship and Year	MINNEAPOLIS GENERAL HOSPITAL - MINNEAPOLIS, MN 1956
Residency and Year	VETERANS ADMINISTRATION HOSPITAL - MINNEAPOLIS, MN 1963
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	14344
License Date	3/4/2009
Name	<b>HALL, SHARYNN D MD</b>
Address	ST JOSEPH HOSP, 172 KINSLEY STNASHUA, NH, 03061
Specialty	HO
Board Certified	IM
School and Year of Graduation	UNIV OF CONNECTICUT USA 1997
Internship and Year	ST MARYS HOSPITAL - WATERBURY, CT 1998
Residency and Year	ST MARYS HOSPITAL - WATERBURY, CT 2000
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	16581
License Date	5/7/2014
Name	<b>HALL, THOMAS K MD</b>
Address	407 LIVERMORE AVE, STATEN ISLAND, NY, 10314
Specialty	IM
Board Certified	IM
School and Year of Graduation	ST GEORGE'S UNIVERSITY GRENADA 1981
Internship and Year	CONEY ISLAND HOSPITAL - BROOKLYN, NY 1982
Residency and Year	CONEY ISLAND HOSPITAL - BROOKLYN, NY 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8310
License Date	5/9/1990
Name	<b>HALLER, LINDA J MD</b>
Address	PLYMOUTH OBGYN, 16 HOSPITAL RDPLYMOUTH, NH, 03264
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF CALIFORNIA-IRVINE CA USA 1986
Internship and Year	MED CTR HOSP-BURLINGTON,VT 1987
Residency and Year	MED CTR HOSP-BURLINGTON,VT 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12702
License Date	5/4/2005
Name	<b>HALLONQUIST, HEIDI MD</b>
Address	189 NORTH MAIN ST, CONCORD, NH, 03301
Specialty	GYN
Board Certified	GYN
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL, LEBANON NH US 2001
Internship and Year	BRIGHAM AND WOMENS HOSP, BOSTON MA 2002
Residency and Year	BRIGHAM AND WOMENS HOSP, BOSTON MA 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16273
License Date	8/7/2013
Name	<b>HALLORAN, KYLENE E MD</b>
Address	DHMC, 1 MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty	AN
Board Certified	
School and Year of Graduation	YALE UNIVERSITY USA 2009
Internship and Year	GREENWICH HOSPITAL ASSOC - GREENWICH, CT 2010
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6561
License Date	6/24/1982
Name	<b>HALLOWELL, CHRISTIAN MD</b>
Address	DARTMOUTH-HITCHCOCK CLINIC, 253 PLEASANT STCONCORD, NH, 03301-2593
Specialty	PD
Board Certified	PD
School and Year of Graduation	DARTMOUTH MED SCHOOL - HANOVER, NH USA 1973
Internship and Year	UNIV NEW MEXICO HOSPITAL - ALBUQUERQUE, NM 1975
Residency and Year	UNIV NEW MEXICO HOSPITAL - ALBUQUERQUE, NM 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11044
License Date	9/6/2000
Name	<b>HALLQUIST, ROBIN A MD</b>
Address	529 RT 3 SOUTH, STE 11TWIN MOUNTAIN, NH, 03595
Specialty	FP
Board Certified	FP
School and Year of Graduation	CREIGHTON UNIV SCH OF MED - OMAHA, NE USA 1998
Internship and Year	CREIGHTON UNIV - OMAHA, NE 1999
Residency and Year	CREIGHTON UNIV - OMAHA, NE 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>6/10/14 - Settlement Agreement</b>

License Number	8351
License Date	6/6/1990
Name	<b>HALSEY, DAVID A MD</b>
Address	CT VALLEY ORTHOPAEDICS, PO BOX 2003SPRINGFIELD, VT, 05156
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UMDNJ-ROBT WOOD JOHNSON MED SCH-NJ USA 1985
Internship and Year	MED CTR HOSP-VT 1986
Residency and Year	MED CTR HOSP-VT 1989
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	15222
License Date	5/4/2011
Name	<b>HAMADE, SAM MD</b>
Address	VA MEDICAL CENTER, 830 CHALKSTONE AVE PROVIDENCE, RI, 02908
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSIDAD IBEROAMERICANA DOMINICAN REPUBLIC 2002
Internship and Year	SUNY UPSTATE MEDICAL UNIVERSITY - SYRACUSE, NY 2004
Residency and Year	SUNY UPSTATE MEDICAL UNIVERSITY - SYRACUSE, NY 2006
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	10680
License Date	9/1/1999
Name	<b>HAMBY, LEIGH S MD</b>
Address	VA DEPT ATLANTA NETWORK OFFICE, 2200 CENTURY PKWY STE 260 ATLANTA, GA, 30345
Specialty	GS
Board Certified	GS
School and Year of Graduation	EMORY UNIV SCH OF MED- ATLANTA, GA USA 1988
Internship and Year	UNIV OF KENTUCKY MEDICAL CENTER - LEXINGTON, KY 1989
Residency and Year	UNIV OF KENTUCKY MEDICAL CENTER - LEXINGTON, KY 1994
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	9336
License Date	12/7/1994
Name	<b>HAMER, LOUIS M MD</b>
Address	DARTMOUTH-HITCHCOCK MEDICAL CT, 1 MEDICAL CTR DR LEBANON, NH, 03766-
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF PA SCHOOL OF MEDICINE USA 1988
Internship and Year	TEMPLE UNIVERSITY HOSPITAL - PHILADELPHIA PA 1989
Residency and Year	TEMPLE UNIVERSITY HOSPITAL - PHILADELPHIA PA 1991
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	15249
License Date	6/1/2011
Name	<b>HAMID, TARIQ MD</b>
Address	RHODE ISLAND HOSPITAL, 593 EDDY ST PROVIDENCE, RI, 02903
Specialty	FP
Board Certified	FM
School and Year of Graduation	NISHTAR MEDICAL COLLEGE, BAHUDDIN ZAKARIA UNIV PAKISTAN 1999
Internship and Year	BRONX LEBANON HOSPITAL CENTER - BRONX, NY 2008
Residency and Year	CONEMAUGH VALLEY MEMORIAL HOSPITAL - JOHNSTOWN, PA 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	3082
License Date	7/25/1955
Name	<b>HAMILL, ROBERT M MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>5/29/1989</b>
Remarks	

License Number	13045
License Date	4/5/2006
Name	<b>HAMILL, TRACY MD</b>
Address	2211 CONGRESS ST, C310PORTLAND, ME, 04122
Specialty	FP
Board Certified	FP
School and Year of Graduation	VANDERBILT UNIV-NASHVILLE TN USA 1996
Internship and Year	SOUTHERN REGIONAL AHEC FAMILY MEDICINE PROGRAM-FAYETTEVILLE NC 1997
Residency and Year	SOUTHERN REGIONAL AHEC FAMILY MEDICINE PROGRAM-FAYETTEVILLE NC 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3707
License Date	7/9/1964
Name	<b>HAMILTON, CHARLES H MD</b>
Address	, PO BOX 369JAFFREY, NH, 03452-
Specialty	GP
Board Certified	
School and Year of Graduation	TUFTS UNIV MEDICAL SCHOOL - BOSTON, MA USA 1956
Internship and Year	NEW ENGLAND CENTER - BOSTON, MA 1957
Residency and Year	WORCESTER CITY HOSPITAL - WORCESTER, MA 1964
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	5235
License Date	9/12/1974
Name	<b>HAMILTON, GERALD L MD</b>
Address	53 CARTER HILL RD, CONCORD, NH, 03301
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	COLUMBIA UNIV - NY USA 1966
Internship and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1967
Residency and Year	PRESBYTERIAN HOSPITAL - NY, NY 1972
License Expiration Date	<b>6/30/2002</b>
Remarks	<b>DECEASED 8/21/2011</b>

License Number	8944
License Date	5/5/1993
Name	<b>HAMILTON, MARK MD</b>
Address	RIDGEWOOD ASSSOC IN INTERNAL, 368 RIVER STSPRINGFIELD, VT, 05156-2242
Specialty	IM
Board Certified	IM
School and Year of Graduation	SUNNY HLTH SCI CTR - BROOKLYN, NY USA 1974
Internship and Year	ERIE MEDICAL CENTER - BUFFALO, NY 1975
Residency and Year	ERIE MEDICAL CENTER - BUFFALO, NY 1977
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	16070
License Date	4/3/2013
Name	<b>HAMILTON, RACHEL R DO</b>
Address	MEMORIAL HOSPITAL, NORTH CONWAY, NH,
Specialty	FP
Board Certified	
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND USA 2009
Internship and Year	CONCORD HOSPITAL - CONCORD, NH 2011
Residency and Year	CONCORD HOSPITAL - CONCORD, NH 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7352
License Date	6/12/1986
Name	<b>HAMILTON, WILLIAM K MD</b>
Address	1ST MEDICAL GROUP ISGOBO, 45 PINE STLANGLEY AFB, VA, 23655
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	WEST UNIV SCHOOL OF MED-MORGANTOWN WVA USA 1979
Internship and Year	USAF MEDICAL CENTER - ANDREWS AIR FORCE BASE - WASHINGTON, DC 1980
Residency and Year	MIAMI VALLEY HOSPITAL - DAYTON, OH 1984
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	9247
License Date	8/3/1994
Name	<b>HAMMER III, CHARLES J MD</b>
Address	NORTHEASTERN VT REGIONAL HOSP, 580 ST JOHNSBURY RD., STE BLITTLETON, NH, 03561
Specialty	D
Board Certified	D
School and Year of Graduation	UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE USA 1987
Internship and Year	UNIVERSITY OF MICHIGAN HOSPITAL - ANN ARBOR MI 1989
Residency and Year	OREGON HEALTH SCIENCE UNIVERSITY HOSPITAL - PORTLAND OR 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5918
License Date	6/12/1978
Name	<b>HAMMOND, DENIS B MD</b>
Address	DENIS B HAMMOND, MD, 194 N AMHERST RDBEDFORD, NH, 03110
Specialty	HEM
Board Certified	HEM
School and Year of Graduation	TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1973
Internship and Year	E. J. MEYER MEMORIAL HOSPITAL - BUFFALO, NY 1974
Residency and Year	MASS GENERAL HOSPITAL - BOSTON, MA 1977
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17165
License Date	7/1/2015
Name	<b>HAMMOND, LISA M MD</b>
Address	400 STUART ST STE 16G, BOSTON, MA, 02116
Specialty	AN
Board Certified	
School and Year of Graduation	MT SINAI SCHOOL OF MEDICINE USA 2010
Internship and Year	BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2011
Residency and Year	BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2014
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16223
License Date	7/3/2013
Name	<b>HAMMOND, WILLIAM A MD</b>
Address	PO BOX 44, HARTFORD, VT, 05047
Specialty	IM
Board Certified	
School and Year of Graduation	FLORIDA STATE UNIVERSITY USA 2010
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	14963
License Date	8/4/2010
Name	<b>HAMMOUR, TAREK MD</b>
Address	SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200S PORTLAND, ME, 04106
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSITY OF DAMASCUS SYRIA 2003
Internship and Year	HENRY FORD HOSPITAL - DETROIT, MI 2006
Residency and Year	HENRY FORD HOSPITAL - DETROIT, MI 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16366
License Date	11/6/2013
Name	<b>HAMPERS, DOUGLAS A MD</b>
Address	10531 4S COMMONS DR, SUITE 521SAN DIEGO, CA, 92127
Specialty	ORS
Board Certified	
School and Year of Graduation	THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 1998
Internship and Year	UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE - PITTSBURGH, PA 1999
Residency and Year	UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE - PITTSBURGH, PA 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9805
License Date	8/7/1996
Name	<b>HAMPERS, MARCUS J MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	CCM
Board Certified	CCM
School and Year of Graduation	SUNY-HLTH SCIENCE CTR AT SYRACUSE COLL OF MED USA 1994
Internship and Year	MARY-HITCHCOCK MEMORIAL HOSPITAL - NH 1997
Residency and Year	MARY HITCHCOCK MEMORIAL HOSPITAL-NH 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15126
License Date	2/2/2011
Name	<b>HANAFEE, WENDY J MD</b>
Address	1106 DRUID RD S, SUITE 302CLEARWATER, FL, 33756
Specialty	R
Board Certified	R
School and Year of Graduation	MICHIGAN STATE UNIVERSITY USA 1992
Internship and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1993
Residency and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10530
License Date	4/7/1999
Name	<b>HAND, CHRISTINE M MD</b>
Address	LONDONDERRY FAMILY PRACTICE, 6 BUTTRICK RD STE 102LONDONDERRY, NH, 03053
Specialty	FP
Board Certified	FP
School and Year of Graduation	TUFTS UNIV SCH OF MED - BOSTON, MA USA 1996
Internship and Year	MALDEN HOSPITAL FAMILY PRACTICE RESIDENCY- MALDEN, MA 1997
Residency and Year	MALDEN HOSPITAL FAMILY PRACTICE RESIDENCY - MALDEN, MA 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number	8368
License Date	6/6/1990
Name	<b>HAND, JOHN M MD</b>
Address	CENTRAL NH COMM MENTAL HEALTH, PO BOX 2032CONCORD, NH, 03302-2032
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF VIRGINIA SCHOOL OF MEDICAL CHARLOTTESVILLE USA 1988
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER HANOVER, NH 1989
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER HANOVER, NH 1989
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	15535
License Date	2/1/2012
Name	<b>HAND, MATTHEW M DO</b>
Address	ELLIOTT PED NEPHROLOGY, 275 MAMMOTH RD STEMANCHESTER, NH, 03109
Specialty	PD
Board Certified	PD
School and Year of Graduation	MIDWESTERN UNIVERSITY DOWNERS GROVE USA 1989
Internship and Year	GEISINGER HEALTH SYSTEM - DANVILLE, PA 1991
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5977
License Date	9/7/1978
Name	<b>HAND, THOMAS G MD</b>
Address	56 PISCATAQUA ST, BOX 221NEW CASTLE, NH, 03854
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	DALHOUSIE UNIV HALIFAX - NOVA SCOTIA NOVA SCOTIA 1971
Internship and Year	UNIV OF TORONTO SUNNYBROOK HOSPITAL 1972
Residency and Year	UNIV OF TORONTO 1975
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12530
License Date	11/3/2004
Name	<b>HANDA, ASHIMA MD</b>
Address	FOUNDATION MEDICAL PARTNERS, 8 PROSPECT STNASHUA, NH, 03060
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF DELHI, NEW DELHI, DELHI INDIA INDIA 1994
Internship and Year	ST LUKES-ROOSEVELT HOSP CTR, NEW YORK NY 2002
Residency and Year	ST LUKES-ROOSEVELT HOSP CTR, NEW YORK NY 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13319
License Date	11/1/2006
Name	<b>HANDE, RASHMI MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF MARYLAND USA 1999
Internship and Year	CHRISTIANA CARE HEALTH SYSTEM-CHRISTANA HOSPITAL - NEWARK, DE 2000
Residency and Year	ALBANY MEDICAL CENTER- ALBANY, NY 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4747
License Date	8/15/1972
Name	<b>HANDELMAN, JEREMY H MD</b>
Address	, , ,
Specialty	IM
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1997</b>
Remarks	<b>DECEASED</b>

License Number	6784
License Date	9/8/1983
Name	<b>HANDELSMAN, ALIX MD</b>
Address	RIVER RD PEDIATRICS, 58 HAWTHORNE DRBEDFORD, NH, 03110-6747
Specialty	PD
Board Certified	PD
School and Year of Graduation	YALE UNIV SCHOOL MEDICINE - NEW HAVEN, CT USA 1980
Internship and Year	CHILDRENS HOSPITAL NATIONAL MEDICAL CENTER - WASHINGTON, DC 1981
Residency and Year	CHILDRENS HOSPITAL NATIONAL MEDICAL CENTER - WASHINGTON,DC 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11747
License Date	10/2/2002
Name	<b>HANDLER, BRUCE MD</b>
Address	3800 N LAKE SHORE DR #3E, CHICAGO, IL, 60613-3313
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF CHICAGO STRITCH SCH OF MED - MAYWOOD, IL USA 1974
Internship and Year	MAYO GRADUATE SCH OF MEDICINE - ROCHESTER, MN 1975
Residency and Year	MAYO GRADUATE SCH OF MEDICINE - ROCHESTER, MN 1976
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	16169
License Date	6/5/2013
Name	<b>HANDLER, STEVEN E DO</b>
Address	4275 E LA PALOMA DR, TUCSON, AZ, 85718
Specialty	DR
Board Certified	DR
School and Year of Graduation	NY COLLEGE OF OSTEOPATHIC MEDICINE USA 1990
Internship and Year	THE METHODIST HOSPITAL - BROOKLYN, NY 1991
Residency and Year	PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE - PHILADELPHIA, PA 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14223
License Date	11/5/2008
Name	<b>HANEKAMP, JOHN S MD</b>
Address	MASS GEN HOSP-EAST, BLDG 149-9019 13 STBOSTON, MA, 02129
Specialty	IM
Board Certified	
School and Year of Graduation	UNIV OF MASSACHUSETTS USA 2000
Internship and Year	ST VINCENT HOSPITAL-WORCESTER, MA 2001
Residency and Year	ST VINCENT HOSPITAL-WORCESTER, MA 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12602
License Date	2/2/2005
Name	<b>HANISSIAN, JEFFREY A MD</b>
Address	VALLEY REGIONAL HOSPITAL, 243 ELM STREETCLAREMONT, NH, 03743
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA PA US 1999
Internship and Year	NEW YORK UNIVERSITY, NEW YORK NY 2000
Residency and Year	CAMBRIDGE HOSPITAL, CAMBRIDGE MA 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9485
License Date	7/5/1995
Name	<b>HANISSIAN, PAUL D MD</b>
Address	DHMC-OBGYN, ONE MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	ROBERT W JOHNSON MEDICAL CENTER USA 1991
Internship and Year	MAINE MEDICAL CENTER - PORTLAND ME 1995
Residency and Year	MAINE MEDICAL CENTER - PORTLAND ME 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9835
License Date	9/4/1996
Name	<b>HANKE, NORA E MD</b>
Address	42 LEADMINE RD, SOUTHAMPTON, MA, 01073
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF OTAGO MEDICAL SCHOOL DUNEDIN NEW ZEALAND ZEALAND 1988
Internship and Year	RHODE ISLAND HOSP-PROVIDENCE,RI 1995
Residency and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1995
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	10713
License Date	10/6/1999
Name	<b>HANKIN, LAWRENCE G MD</b>
Address	SEAPOINT FAMILY PRACTICE, 139 STATE RDKITTERY, ME, 13904
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF NEW YORK HEALTH SCIENCE CTR-BROOKLYN USA 1968
Internship and Year	NEW ENGLAND MEDICAL CENTER-BOSTON,MA 1969
Residency and Year	NEW ENGLAND MEDICAL CENTER-BOSTON,MA 1970
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	13493
License Date	5/9/2007
Name	<b>HANKINS, ANNA C MD</b>
Address	DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty	PD
Board Certified	
School and Year of Graduation	UNIV OF MARYLAND USA 2004
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER-LEBANON, NH 2005
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER-LEBANON, NH 2006
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	15663
License Date	5/2/2012
Name	<b>HANLEY, BRIAN F MD</b>
Address	DH - NASHUA, 208 ROBINSON RDHUDSON, NH, 03051
Specialty	FP
Board Certified	
School and Year of Graduation	ST MATTHEWS UNIVERSITY CAYMAN ISLANDS 2005
Internship and Year	LOUISIANA STATE UNIVERSITY (BOGALUSA) PROGRAM - NEW ORLEANS, LA 2008
Residency and Year	LOUISIANA STATE UNIVERSITY (BOGALUSA) PROGRAM - NEW ORLEANS, LA 2011
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number 12965  
 License Date 12/7/2005  
 Name **HANLON, ANN M MD**  
 Address RALPH JOHNSON VA, 109 BEE STCHARLESTON, SC, 29404  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF VERMONT, BURLINGTON VT US 1982  
 Internship and Year EASTERN MAINE MEDICAL CTR, BANGOR ME 1983  
 Residency and Year EASTERN MAINE MEDICAL CTR, BANGOR ME 1985  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 14071  
 License Date 7/9/2008  
 Name **HANLON, LARA C MD**  
 Address BEDFORD COMMONS OB/GYN, 201 RIVERWAY PLBEDFORD, NH, 03110  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2001  
 Internship and Year UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2002  
 Residency and Year UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NH 2005  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13540  
 License Date 6/6/2007  
 Name **HANLON, STEPHEN U MD**  
 Address CATHOLIC MEDICAL CENTER, 100 MCGREGOR STMANCHESTER, NH, 03102  
 Specialty CD  
 Board Certified CD  
 School and Year of Graduation GEORGETOWN UNIV USA 1993  
 Internship and Year DAVID GRANT USAF MEDICAL CENTER - TRAVIS AFB, CA 1994  
 Residency and Year DAVID GRANT USAF MEDICAL CENTER - TRAVIS AFB, CA 1996  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11276  
 License Date 6/6/2001  
 Name **HANLON, TERRANCE G MD**  
 Address ROCKINGHAM INT MEDICAL CARE, 58 ISLAND PND RD STE 3ATKINSON, NH, 03811  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON, MA USA 1989  
 Internship and Year UNIV OF MASS MED SCH - WORCESTER, MA 1990  
 Residency and Year UNIV OF MASS MED SCH - WORCESTER, MA 1992  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 4203  
 License Date 4/16/1968  
 Name **HANNA, WASSFY M MD**  
 Address 278 LAFAYETTE RD, PORTSMOUTH, NH, 03801  
 Specialty P  
 Board Certified CHP  
 School and Year of Graduation CAIRO INIV EGYPT 1957  
 Internship and Year METHROOLITAN STATE HOSPITAL - WALTHAM, MA 1966  
 Residency and Year METROPOLITAN STATE HOSPITAL - WALTHAM, MA 1967  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 5544  
 License Date 7/1/1976  
 Name **HANNON, ROBERT C MD**  
 Address SALEM RADIOLOGY, 23 STILES RDSALEM, NH, 03079-2859  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MED BURLINGTON USA 1968  
 Internship and Year NEW YORK STATE 1969  
 Residency and Year GEORGETOWN UNIVERSITY HOSPITAL 1974  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15793  
 License Date 8/1/2012  
 Name **HANOWELL, ERNEST J DO**  
 Address YORK HOSPITAL, 15 HOSPITAL DRYORK, ME, 03909  
 Specialty GS  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2003  
 Internship and Year YORK HOSPITAL - YORK, PA 2004  
 Residency and Year GRADUATE HOSPITAL - PHILADELPHIA, PA 2007  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15875  
 License Date 10/3/2012  
 Name **HANOWELL, JENNIFER C DO**  
 Address BOSTON CHILDREN'S HOSPITAL, 10 CENTENNIAL DRPEABODY, MA, 02190  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2003  
 Internship and Year WALTER REED ARMY MEDICAL CENTER - BETHESDA, MD 2004  
 Residency and Year WALTER REED ARMY MEDICAL CENTER - BETHESDA, MD 2006  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	11626
License Date	6/5/2002
Name	<b>HANRAHAN, MELISSA B MD</b>
Address	WESTSIDE HEALTHCARE, 15 AIKEN AVEFRANKLIN, NH, 03235
Specialty	FP
Board Certified	FP
School and Year of Graduation	HAHNEMANN SCH OF MED - PHILADELPHIA, PA USA 1996
Internship and Year	WILLIAMSPORT HOSPITAL - WILLIAMSPORT, PA 1997
Residency and Year	WILLIAMSPORT HOSPITAL - WILLIAMSPORT, PA 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11277
License Date	6/6/2001
Name	<b>HANSBERRY, MARK T MD</b>
Address	243 ELM ST, DEPT OF RADIOLOGYCLAREMONT, NH, 03743
Specialty	R
Board Certified	R
School and Year of Graduation	TUFTS UNIV SCH OF MED - BOSTON, MA USA 1995
Internship and Year	YORK HOSPITAL - YORK, PA 1996
Residency and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11059
License Date	9/6/2000
Name	<b>HANSEN, DEBORAH R MD</b>
Address	DARTMOUTH-HITCHCOCK KEENE, 590 COURT STKEENE, NH, 03431
Specialty	PD
Board Certified	PD
School and Year of Graduation	UPSTATE UNIV OF NEW YORK - SYRACUSE NY USA 1998
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1999
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11314
License Date	7/11/2001
Name	<b>HANSEN, GREGORY J MD</b>
Address	CHESHIRE MEDICAL CTR, 580 COURT STKEENE, NH, 03431
Specialty	FP
Board Certified	FP
School and Year of Graduation	SUNY HEALTH SCIENCES CENTER SYRACUSE NY USA 1998
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER LEBANON NH 1999
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER LEBANON NH 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 6294  
 License Date 9/17/1980  
 Name **HANSEN, H ROGER MD**  
 Address 19 BARN RD, PO BOX 399SPOFFORD, NH, 03462  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation JEFFERSON MED COLL THOMAS JEFFERSON UNIV USA 1969  
 Internship and Year DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1970  
 Residency and Year DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1973  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 10391  
 License Date 9/2/1998  
 Name **HANSFORD, JOEL C MD**  
 Address ST JOSEPH HOSPITAL, 166 KINSLEY ST SUITE 203NASHUA, NH, 03060  
 Specialty EM  
 Board Certified FP  
 School and Year of Graduation INDIANA UNIV SCH - INDIANAPOLIS, IN USA 1989  
 Internship and Year CARILION HEALTH SYSTEM - ROANOKE, VA 1990  
 Residency and Year CARILION HEALTH SYSTEM - ROANOKE, VA 1992  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11849  
 License Date 3/5/2003  
 Name **HANSON, CHARLES D MD**  
 Address 52 PARK ST, ORONO, ME, 04473  
 Specialty P  
 Board Certified P  
 School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1969  
 Internship and Year SWEDISH MEDICAL CENTER - SEATTLE, WA 1974  
 Residency and Year HOSPITAL OF THE UNIV OF PENNSYLVANIA- PHILADELPHIA, PA 1978  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11278  
 License Date 6/6/2001  
 Name **HANSON, KIMBERLY E MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty GP  
 Board Certified  
 School and Year of Graduation NORTHWESTERN UNIV SCH MED-CHICAGO,IL USA 1998  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1999  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2001  
 License Expiration Date **6/30/2002**  
 Remarks



License Number 12261  
 License Date 4/7/2004  
 Name **HANSPETERSEN, JEFFREY T MD**  
 Address 336 ADAMS ST, #8DORCHESTER, MA, 02122  
 Specialty FP  
 Board Certified  
 School and Year of Graduation LOMA LINDA UNIVERSITY, LOMA LINDA CA US 2000  
 Internship and Year NH DARTMOUTH FAMILY PRACTICE, CONCORD NH 2001  
 Residency and Year NH DARTMOUTH FAMILY PRACTICE, CONCORD NH 2003  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 14224  
 License Date 11/5/2008  
 Name **HAQ, AINUN MD**  
 Address 102 SHORE DR, STE 303WELSLEY, MA, 01605  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation CHITTAGONG MEDICAL COLLEGE BANGLADESH 1997  
 Internship and Year FOREST HILLS HOSPITAL-FOREST HILLS, NY 2005  
 Residency and Year FOREST HILLS HOSPITAL-FOREST HILLS, NY 2007  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 9836  
 License Date 9/4/1996  
 Name **HARBAUGH, KIMBERLY S MD**  
 Address PENN ST/HERSHEY MED CTR-NEURO, MAIL CODE H110 PO BOX 850HERSHEY, PA, 17033-0850  
 Specialty NS  
 Board Certified NS  
 School and Year of Graduation UNIV OF CA SAN DIEGO SCHOOL OF MEDICINE LA JOLLA USA 1990  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1991  
 Residency and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1996  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 7149  
 License Date 7/10/1985  
 Name **HARBAUGH, ROBERT E MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty NS  
 Board Certified NS  
 School and Year of Graduation PENNSYLVANIA STATE UNIVERSITY COLLEGE-HERSHEY, PA USA 1978  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CTR-HANOVER, NH 1979  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CTR-HANOVER, NH 1985  
 License Expiration Date **6/30/2005**  
 Remarks

License Number	14503
License Date	7/1/2009
Name	<b>HARDER, ADAM T MD</b>
Address	ORTHOPAEDICS NORTHEAST, 29 STILES RD #102SALEM, NH, 03079-5802
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	TUFTS UNIVERSITY USA 2003
Internship and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2004
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6465
License Date	10/30/1981
Name	<b>HARDIGAN, KENNETH R MD</b>
Address	, , ,
Specialty	IM
Board Certified	
School and Year of Graduation	UNIVERSITY OF ROCHESTER, NY USA 1978
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1989</b>
Remarks	

License Number	14922
License Date	7/7/2010
Name	<b>HARDIN, CARL W MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF TEXAS USA 1981
Internship and Year	UNIVERSITY OF SOUTHERN CALIFORNIA - LOS ANGELES, CA 1982
Residency and Year	UNIVERSITY OF UTAH SCHOOL OF MEDICINE - LOS ANGELES, CA 1986
License Expiration Date	<b>5/9/2015</b>
Remarks	Requested inactive 5-9-2015.

License Number	14504
License Date	7/1/2009
Name	<b>HARDIN, DAVID R MD</b>
Address	111 PINE CT, JOHNSON CITY, TN, 37601
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIVERSITY OF TENNESSEE USA 1986
Internship and Year	UNIVERSITY OF TENNESSEE - MEMPHIS, TN 1987
Residency and Year	UNIVERSITY OF SOUTH ALABAMA MEDICAL CENTER - MOBILE, AL 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16639
License Date	6/4/2014
Name	<b>HARDING, CHRISTINA A MD</b>
Address	32 GARRISON ST #50306, BOSTON, MA, 02116
Specialty	IM
Board Certified	
School and Year of Graduation	GEORGE WASHINGTON UNIV SCHOOL OF MEDICINE USA 2011
Internship and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2012
Residency and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7266
License Date	2/6/1986
Name	<b>HARDY ARSNOW, MARCIA MD</b>
Address	HUGGINS HOSP, S MAIN ST BOX 912WOLFEBORO, NH, 03894
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF MA SCH MED WORCESTER MA USA 1983
Internship and Year	BERKSHIRE MED CTR PITTSFIELD MA 1984
Residency and Year	BERKSHIRE MED CTR PITTSFIELD MA 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8221
License Date	9/6/1989
Name	<b>HARDY, MARION J DO</b>
Address	33 NASON RD, PO BOX 429HAMPTON FALLS, NH, 03844
Specialty	IM
Board Certified	IM
School and Year of Graduation	KIRKSVILLE COLL OF OSTEOPATHIC MED- MO USA 1966
Internship and Year	HOSPITAL OF MAINE - ME 1967
Residency and Year	HOSPITAL OF MAINE - ME 1968
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15379
License Date	9/7/2011
Name	<b>HARDY, PAUL M MD</b>
Address	HARDY HEALTHCARE PLLC, 186 VALLEY RDDUBLIN, NH, 03444
Specialty	N
Board Certified	N
School and Year of Graduation	UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE USA 1972
Internship and Year	METHODIST HOSPITAL - HOUSTON, TX 1973
Residency and Year	UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1975
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8890
License Date	2/3/1993
Name	<b>HARDY, R IAN MD</b>
Address	FERTILITY CENTERS NEW ENGLAND, 20 POND MEADOW DRREADING, MA, 01867-
Specialty	REN
Board Certified	REN
School and Year of Graduation	UNIVERSITY OF CINCINNATI - CINCINNATI, OH USA 1988
Internship and Year	CHRIST HOSPITAL - CINCINNATI OH 1989
Residency and Year	STANFORD UNIVERSITY HOSPITAL - STANFORD CA 1990
License Expiration Date	<b>4/23/2014</b>
Remarks	4/23/14 Order of Emergency License Suspension and Notice of Hearing. 5/9/14 - Voluntary Surrender of License

License Number	12545
License Date	12/1/2004
Name	<b>HARDY, SETH M MD</b>
Address	MAINE GENERAL MEDICAL CTR, 35 MEDICAL CENTER PKWYAUGUSTA, ME, 04330
Specialty	DR
Board Certified	R
School and Year of Graduation	MEDICAL COLLEGE OF OHIO, TOLEDO OH US 2000
Internship and Year	LOYOLA UNIVERSITY MED CTR, MAYWOOD IL 2001
Residency and Year	LAHEY CLINIC MED CTR, BURLINGTON MA 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12381
License Date	7/7/2004
Name	<b>HARE, NATHANIEL D MD</b>
Address	ALLERGY PARTNERS OF LYNCHBURG, 3619 OLD FOREST RDLynchburg, VA, 24502
Specialty	AI
Board Certified	AI
School and Year of Graduation	EASTERN VIRGINIA MED SCHOOL, NORFOLD VA US 2001
Internship and Year	DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2002
Residency and Year	DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2003
License Expiration Date	<b>6/30/2014</b>
Remarks	LAPSED FOR NON-RENEWAL ON 6/3/06... REINSTATED ON 5/7/08

License Number	11415
License Date	10/3/2001
Name	<b>HARE, SUSAN M MD</b>
Address	142 CALEF HILL ROAD, TILTON, NH, 03276
Specialty	IM
Board Certified	IM
School and Year of Graduation	ST GEORGE'S UNIV SCH OF MED- BAY SHORE, NY USA 1996
Internship and Year	WEST VIRGINIA UNIV HOSPITAL - MORGANTOWN, WV 1998
Residency and Year	WEST VIRGINIA UNIV HOSPITAL - MORGANTOWN, WV 2001
License Expiration Date	<b>9/8/2010</b>
Remarks	7/8/10 - Preliminary Agreement for Practice Restrictions. 9/8/10 - Settlement Agreement. 5/6/11 - Final Decision, Docket 11-01 5/10/11 - Final Decision, Docket 11-04 7/11/11 - Final Decision, Docket 11-06

License Number	11958
License Date	6/4/2003
Name	<b>HARESCH, JOHN W MD</b>
Address	809 COLINGTON DR, KILL DEVIL HILLS, NC, 27948
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF NC AT CHAPEL HILL - CHAPEL HILL NC USA 2000
Internship and Year	MOUNTAIN AREA HEALTH EDUCATION FOUNDATION - ASHEVILLE NC 2001
Residency and Year	MOUNTAIN AREA HEALTH EDUCATION FOUNDATION - ASHEVILLE NC 2003
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	9730
License Date	6/5/1996
Name	<b>HARGES, PAMELA L MD</b>
Address	430 SOUTH RD, HOLDEN, MA, 01520
Specialty	PD
Board Certified	PD
School and Year of Graduation	BOWMAN GRAY SCHOOL OF MEDICINE-WINSTON-SALEM NC USA 1985
Internship and Year	UNIVERSITY OF CONNECTICUT-FARMINGTON CT 1988
Residency and Year	NEW ENGLAND MEDICAL CENTER-BOSTON MA 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15060
License Date	11/3/2010
Name	<b>HARISH, AMITHA MD</b>
Address	WENTWORTH DOUGLASS HOSPITAL, 789 CENTRAL AVEDOVER, NH, 03820
Specialty	AI
Board Certified	AI
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 2004
Internship and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2005
Residency and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13320
License Date	11/1/2006
Name	<b>HARKER, PHENTON T MD</b>
Address	CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty	FP
Board Certified	FP
School and Year of Graduation	OHIO STATE UNIV USA 2001
Internship and Year	CONCORD HOSPITAL-CONCORD, NH 2004
Residency and Year	CONCORD HOSPITAL-CONCORD, NH 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3035
License Date	9/8/1954
Name	<b>HARKINSON, PAUL M MD</b>
Address	180 SHAW ST, MANCHESTER, NH, 03104-2760
Specialty	IM
Board Certified	
School and Year of Graduation	TUFTS UNIVERSITY USA 1948
Internship and Year	EASTERN MAINE GENERAL 1949
Residency and Year	VETERANS ADMINISTRATION HOSPITAL 1954
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	16865
License Date	12/3/2014
Name	<b>HARKNESS, JAMES R MD</b>
Address	MGH, 55 FRUIT ST GRB 800BOSTON, MA, 02114
Specialty	CD
Board Certified	CD
School and Year of Graduation	JOHN HOPKINS UNIVERSITY SCHOOL OF MEDICINE USA 2006
Internship and Year	BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 2007
Residency and Year	BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11060
License Date	9/6/2000
Name	<b>HARLAND, DAWN L MD</b>
Address	DHMC - GEN INTERNAL MED, ONE MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF COLORADO SCH OF MED - DENVER, CO USA 1996
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1997
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6019
License Date	3/6/1979
Name	<b>HARNISH, STEPHEN N MD</b>
Address	, , ,
Specialty	P
Board Certified	
School and Year of Graduation	UNIVERSITY OF NEW MEXICO USA 1976
Internship and Year	
Residency and Year	
License Expiration Date	<b>12/16/1996</b>
Remarks	

License Number	9041
License Date	9/1/1993
Name	<b>HARNSBERGER, JEFFREY R MD</b>
Address	DARTMOUTH HITCHCOCK -MANCHESTE, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty	CRS
Board Certified	GS
School and Year of Graduation	MEDICAL COLLEGE OF OHIO USA 1987
Internship and Year	ST LOUIS UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS MO 1993
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9378
License Date	3/1/1995
Name	<b>HAROUTUNIAN, HARRY L MD</b>
Address	13 GRAND SUMIT WAY, PO BOX 207WEST DOVER, VT, 05356
Specialty	FP
Board Certified	FP
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 1973
Internship and Year	ALBANY MEDICAL CENTER HOSPITAL - ALBANY NY 1974
Residency and Year	ALBANY MEDICAL CENTER HOSPITAL - ALBANY NY 1974
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	9854
License Date	10/2/1996
Name	<b>HARPER, DIANE M MD</b>
Address	501 EAST BROADWAY, SUITE 240LOUISVILLE, KY, 40202
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF KANSAS MEDICAL CENTER - KANSAS CITY, KS USA 1986
Internship and Year	UNIV OF KANSAS MEDICAL CENTER - KANSAS CITY, KS 1986
Residency and Year	UNIV OF KANSAS MEDICAL CENTER - KANSAS CITY, KS 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16970
License Date	3/4/2015
Name	<b>HARPER, KATHLEEN A DO</b>
Address	519 PINE ST, DOVER FOXCROFT, ME, 04426
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND OF OSTEOPATHIC MEDICINE USA 1987
Internship and Year	HUMANA HOSPITAL PALM BEACHES - WEST PALM BEACH, FL 1988
Residency and Year	ST VINCENTS MEDICAL CENTER - BRIDGEPORT, CT 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 4702  
 License Date 6/12/1972  
 Name **HARPER, PAUL J MD**  
 Address 1A COMMONS DR STE 5, LONDONDERRY, NH, 03053  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation NEW JERSEY COLLEGE OF MED-NEWARK NJ USA 1969  
 Internship and Year SAGINAW AFFILIATED HOSP-SAGINAW MI 1970  
 Residency and Year SAGINAW AFFILIATED HOSPITAL - SIGINAW, MI 1970  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 8199  
 License Date 8/9/1989  
 Name **HARPER, SUSAN N MD**  
 Address VA HOSPITAL, RADIOLOGY DEPARTMENTWHITE RIVER JCT, VT, 05001  
 Specialty R  
 Board Certified R  
 School and Year of Graduation DARTMOUTH MED SCH - HANOVER, NH USA 1984  
 Internship and Year WILLIAM BEAUMONT HOSPITAL - ROYAL OAK, MI 1985  
 Residency and Year MT AUBURN HOSPITAL - CAMBRIDGE, MA 1990  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 17215  
 License Date 8/5/2015  
 Name **HARREL III, NICHOLAS D MD**  
 Address PO BOX 73453, PHOENIX, AZ, 85050  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation UNIVERSITY OF TX MEDICAL SCHOOL @ SAN ANTONIO USA 2008  
 Internship and Year MARICOPA MEDICAL CENTER - PHOENIX, AZ 2009  
 Residency and Year MARICOPA MEDICAL CENTER - PHOENIX, AZ 2014  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13334  
 License Date 11/1/2006  
 Name **HARRELL III, ROBERT L MD**  
 Address SEACOAST THORACIC ASSOC, 750 CENTRAL AVE STE IDOVER, NH, 03820  
 Specialty TS  
 Board Certified TS  
 School and Year of Graduation DUKE UNIV USA 1990  
 Internship and Year MT SINAI HOSPITAL MEDICAL CENTER - CHICAGO, IL 1991  
 Residency and Year MT SINAI HOSPITAL MEDICAL CENTER - CHICAGO, IL 1993  
 License Expiration Date **6/30/2014**  
 Remarks



License Number	10619
License Date	7/7/1999
Name	<b>HARRIGAN, DEBORAH A MD</b>
Address	SKYHAVEN INTERNAL MEDICINE, 6 HEALTHCARE DR STE 2 ROCHESTER, NH, 03867
Specialty	FP
Board Certified	FP
School and Year of Graduation	TUFTS UNIV SCH OF MED - BOSTON, MA USA 1996
Internship and Year	THE FAMILY PRACTICE RESIDENCY PROGRAM- DANVERS, MA 1997
Residency and Year	THE FAMILY PRACTICE RESIDENCY PROGRAM-DANVERS, MA 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6755
License Date	8/4/1983
Name	<b>HARRIGAN, EDMUND P MD</b>
Address	PFIZER INC, 235 E 42ND ST 235-10-1 NEW YORK, NY, 10017
Specialty	N
Board Certified	N
School and Year of Graduation	UNIV OF MASS SCH MED-WORCHESTER, MA USA 1979
Internship and Year	BERKSHIRE MED CTR-PITTSFIELD, MA 1980
Residency and Year	UNIV HOSP INC-BOSTON, MA 1983
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	16908
License Date	1/21/2015
Name	<b>HARRINGTON, HEIDI M MD</b>
Address	ATLANTIC PLASTIC SURGERY, 100 GRIFFIN RD PORTSMOUTH, NH, 03801
Specialty	PS
Board Certified	PS
School and Year of Graduation	DREXEL UNIVERSITY USA 2005
Internship and Year	LOMA LINDA UNIVERSITY MEDICAL CENTER - LOMA LINDA, CA 2006
Residency and Year	LOMA LINDA UNIVERSITY MEDICAL CENTER - LOMA LINDA, CA 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12700
License Date	5/4/2005
Name	<b>HARRINGTON, MOLLY H MD</b>
Address	DARTMOUTH-HITCHCOCK MANCHESTER, 5 WASHINGTON PLACE BEDFORD, NH, 03110
Specialty	PD
Board Certified	PD
School and Year of Graduation	STATE UNIVERSITY OF NEW YORK, BUFFALO NY US 1999
Internship and Year	MAINE MEDICAL CTR, PORTLAND ME 2000
Residency and Year	MAINE MEDICAL CTR, PORTLAND ME 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7809
License Date	4/6/1988
Name	<b>HARRINGTON, ROBERT H MD</b>
Address	MARSH BROOK PROF CENTER, 7 MARSH BROOK DRIVESOMERSWORTH, NH, 03878
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIV OF VERMONT COLL MED - BURLINGTON, VT USA 1979
Internship and Year	NAVAL HOSPITAL - SAN DIEGO, CA 1980
Residency and Year	NAVAL HOSPITAL - BETHESDA, MD 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	
License Number	11247
License Date	5/2/2001
Name	<b>HARRINGTON, SHAWN P MD</b>
Address	MONADNOCK ORTHOPAEDICS ASSOC, 458 OLD STREET RD STE 200PETERBOROUGH, NH, 03458
Specialty	PM
Board Certified	PM
School and Year of Graduation	UNIVERSITY OF FLORIDA USA 1996
Internship and Year	CARILION HEALTH SYSTEM-ROANOKE MEMORIAL HOSPITAL - ROANOKE VA 1997
Residency and Year	MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER MN 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	
License Number	16010
License Date	2/6/2013
Name	<b>HARRINGTON, WILLIAM N MD</b>
Address	THERAPATH PATHOLOGY, 545 WEST 45TH ST 7TH FLNEW YORK, NY, 10036
Specialty	NP
Board Certified	NP
School and Year of Graduation	COLUMBIA UNIV COLLEGE OF PHYSICIANS & SURGEONS USA 1982
Internship and Year	NEW YORK & PRESBYTERIAN HOSPITAL - NY, NY 1983
Residency and Year	NEW YORK & PRESBYTERIAN HOSPITAL - NY, NY 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	
License Number	11755
License Date	10/2/2002
Name	<b>HARRIS, BRENT T MD</b>
Address	11525 SPRINGRIDGE RD, POTOMAC, MD, 20854
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	GEORGETOWN UNIVERSITY SCHOOL OF MED, WASHINGTON DC USA 1995
Internship and Year	STANFORD UNIVERSITY, STANFORD CA 1996
Residency and Year	STANFORD UNIVERSITY, STANFORD CA 1999
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number 12576  
 License Date 1/5/2005  
 Name **HARRIS, BURTON H MD**  
 Address DIV OF PEDIATRIC SURGERY, 111 E 210 STBRONX, NY, 10467  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation UNIVERSITY OF NEW YORK, BROOKLYN NY US 1965  
 Internship and Year STATE UNIVERSITY OF NEW YORK, BROOKLYN NY 1966  
 Residency and Year STATE UNIVERSITY OF NEW YORK, BROOKLYN NY 1973  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 8590  
 License Date 7/17/1991  
 Name **HARRIS, DAVID S MD**  
 Address 719 PROVIDENCE ESTATE DR, E MOBILE, AL, 36695  
 Specialty U  
 Board Certified U  
 School and Year of Graduation LOYOLA UNIV OF CHICAGO STRITCH-MAYWOOD,IL USA 1985  
 Internship and Year NEW ENGLAND DEACONESS HOSPITAL - BOSTON, MA 1986  
 Residency and Year NEW ENGLAND DEACONESS HOSPITAL - BOSTON, MA 1988  
 License Expiration Date **6/30/1998**  
 Remarks

License Number 8798  
 License Date 9/2/1992  
 Name **HARRIS, DORA R MD**  
 Address 148 MARYLAND RD, PLATTSBURGH, NY, 12901  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIVERSITY OF TORONTO CANADA 1961  
 Internship and Year TORONTO EAST GENERAL AND ORTHOPEDIC HOSPITAL TORONTO - CANADA 1962  
 Residency and Year CHILDRENS HOSPITAL OF PITTSBURGH PITTSBURGH - PENNSYLVANIA 1964  
 License Expiration Date **6/30/2006**  
 Remarks **DECEASED 1/22/2015**

License Number 14585  
 License Date 9/2/2009  
 Name **HARRIS, LAURA G MD**  
 Address SEACOAST PATHOLOGY INC, 1 HAMPTON RD STE 208EXETER, NH, 03833  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation BOSTON UNIVERSITY - BOSTON, MA USA 2002  
 Internship and Year BOSTON MEDICAL CENTER - BOSTON, MA 2003  
 Residency and Year BETH ISRAEL DEACONESS MEDICA CENTER - EAST CAMPUS - BOSTON, MA 2008  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 5668  
 License Date 1/14/1977  
 Name **HARRIS, MARK S MD**  
 Address 331 UPPER PLAIN, BRADFORD, VT, 05033-0729  
 Specialty PD  
 Board Certified  
 School and Year of Graduation GEORGETOWN UNIVERSITY-WASHINGTON DC USA 1974  
 Internship and Year DARTMOUTH MEDICAL SCHOOL-HANOVER NH 1975  
 Residency and Year DARTMOUTH MEDICAL SCHOOL-HANOVER NH 1976  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 16071  
 License Date 4/3/2013  
 Name **HARRIS, MATTHEW J DO**  
 Address LAKES REGION ANESTHESIOLOGY, 80 HIGHLAND ST LACONIA, NH, 03246  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2009  
 Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2010  
 Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2013  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 6345  
 License Date 3/5/1981  
 Name **HARRIS, PETER Q MD**  
 Address 3301 ROUTE 66, BLDG B STE 106 NEPTUNE, NJ, 07753  
 Specialty P  
 Board Certified P  
 School and Year of Graduation CASE WESTERN UNIVERSITY, CLEVELAND OH US 1975  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 1976  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 1978  
 License Expiration Date **6/30/2017**  
 Remarks **10/16/87 LAPSED FOR NON RENEWAL //REINSTATED 9/1/04**

License Number 7615  
 License Date 6/3/1987  
 Name **HARRIS, ROBERT D MD**  
 Address DHMC/RADIOLOGY, 1 MEDICAL CENTER DR LEBANON, NH, 03756  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation UNIV OF VERMONT COLL MED - BURLINGTON, VT USA 1982  
 Internship and Year MASS GENERAL HOSPITAL - BOSTON, MA 1984  
 Residency and Year UNIV HOSPITAL - SEATTLE, WA 1987  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	15189
License Date	4/6/2011
Name	<b>HARRIS, RUSSELL H MD</b>
Address	EMCARE INC, 100 WITMER RD #220HORSHAM, PA, 19044
Specialty	EM
Board Certified	EM
School and Year of Graduation	TEMPLE UNIVERSITY SCHOOL OF MEDICINE USA 1981
Internship and Year	NAVAL MEDICAL CENTER - PORTSMOUTH, VA 1982
Residency and Year	
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14839
License Date	5/5/2010
Name	<b>HARRIS, STEPHEN L MD</b>
Address	RADIATION ONCOLOGY ASSOC, PA, 11 N SOUTHWOOD DRNASHUA, NH, 03063
Specialty	RO
Board Certified	RO
School and Year of Graduation	INDIANA UNIVERSITY USA 2005
Internship and Year	CLARIAN METHODIST HOSPITAL OF INDIANA - INDIANAPOLIS, IN 2006
Residency and Year	UNIVERSITY OF NORTH CAROLINA SCHOOL OF MEDICINE-CHAPEL HILL, NC 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6066
License Date	6/11/1979
Name	<b>HARRISON, HOWARD D MD</b>
Address	, , ,
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	NEW YORK MEDICAL COLLEGE USA 1961
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1996</b>
Remarks	

License Number	10648
License Date	8/4/1999
Name	<b>HARRISON, JOHN W MD</b>
Address	KAYENTA HEALTH CTR-COUNSELING, PO BOX 368KAYENTA, AZ, 86033
Specialty	CHP
Board Certified	
School and Year of Graduation	NEW YORK MED COLL - VALHALLA, NY USA 1957
Internship and Year	OHIO STATE UNIV HOSP - COLUMBUS, OH 1961
Residency and Year	CHILD GUIDANCE CTR - SAINT PAUL, MN 1973
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	10516
License Date	3/3/1999
Name	<b>HARRISON, THOMAS L DO</b>
Address	1444 SO OWASSO AVE, TULSA, OK, 74120
Specialty	R
Board Certified	R
School and Year of Graduation	OKLAHOMA UNIV COLL OF OSTEO MED-TULSA OK USA 1977
Internship and Year	UNITED STATES PUBLIC HLT SERVICE HOSPITAL - SAN FRANCISCO, CA 1978
Residency and Year	COLUMBIA TULSA REGIONAL MEDICAL CENTER - TULSA, OK 1984
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	16755
License Date	9/3/2014
Name	<b>HARRIST, TERENCE J MD</b>
Address	STRATA PATHOLOGY SER, 1 CRANBERRY HILL #303LEXINGTON, MA, 02421
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	EMORY UNIVERSITY SCHOOL OF MEDICINE USA 1974
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1975
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15702
License Date	6/6/2012
Name	<b>HART SILVEIRA, SHARON A MD</b>
Address	DH-NASHUA, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 2008
Internship and Year	BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2009
Residency and Year	BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12104
License Date	10/1/2003
Name	<b>HART, COLEEN E MD</b>
Address	3 ADAM SMITH SQUARE, WOODBROOK TRINIDADWEST INDIES, ,
Specialty	IM
Board Certified	
School and Year of Graduation	CEBU DOCTORS COLLEGE, CEBU CITY PHILIPPINES PHILIPPINES 1999
Internship and Year	ST JOSEPHS HOSPITAL, PATERSON NJ 2002
Residency and Year	ST JOSEPHS HOSPITAL, PATERSON NJ 2003
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	13799
License Date	1/11/2008
Name	<b>HART, JAMES C MD</b>
Address	BIDMC, 330 BROKLINE AVE SPAN 219BOSTON, MA, 02215
Specialty	IM
Board Certified	IM
School and Year of Graduation	ROSALIND FRANKLIN UNIV USA 2005
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	16072
License Date	4/3/2013
Name	<b>HART, MELISSA A MD</b>
Address	DHMC - DEPT HOSPITAL MEDICINE, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	UNIVERSITY OF QUEENSLAND AUSTRALIA 2009
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	3393
License Date	9/17/1960
Name	<b>HART, WILLIAM R MD</b>
Address	13 EMERSON AVE, PO BOX 159HAMPSTEAD, NH, 03841-2265
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY COLLEGE IRELAND 1959
Internship and Year	ELLIS HOSPITAL- NY 1960
Residency and Year	ELLIS HOSPITAL - NY 1960
License Expiration Date	<b>6/30/2010</b>
Remarks	9/2/10 - Voluntary Surrender of License.

License Number	12262
License Date	4/7/2004
Name	<b>HARTFORD, ALAN C MD</b>
Address	DHMC-RADIATION ONCOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	R
Board Certified	R
School and Year of Graduation	HARVARD MEDICAL SCHOOL, BOSTON MA US 1992
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CTR, BOSTON MA 1993
Residency and Year	MASS GENERAL HOSP, BOSTON MA 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7287
License Date	3/6/1986
Name	<b>HARTMAN JR, A FREDERICK MD</b>
Address	C/O MANAGEMENT SCIENCES HEALTH, 220 RIVERS EDGE DRMEDFORD, MA, 02155
Specialty	FP
Board Certified	GPM
School and Year of Graduation	TEMPLE UNIV SCH MED - PHILADELPHIA, PA USA 1969
Internship and Year	ST MARY'S HOSPITAL MEDICAL CENTER - SAN FRANCISCO, CA 1970
Residency and Year	SAN FRANCISCO GENERAL HOSITAL - CA 1976
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10751
License Date	11/3/1999
Name	<b>HARTMAN, GREGG S MD</b>
Address	DHMC - ANESTHESIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	AN
Board Certified	AN
School and Year of Graduation	CORNELL UNIVERSITY MEDICAL COLLEGE-NY USA 1983
Internship and Year	UNIVERSITY OF ROCHESTER MEDICAL CENTER-ROCHESTER,NY 1984
Residency and Year	NEW YORK PRESBYTERIAN HOSPITAL-NY 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10681
License Date	9/1/1999
Name	<b>HARTMAN, JINNY K MD</b>
Address	DHMC-ANESTHESIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	AN
Board Certified	AN
School and Year of Graduation	MOUNT SINAI SCH OF MED - NY, NY USA 1991
Internship and Year	ST LUKE'S-ROOSEVELT HOSPITAL CTR -NEW YORK, NY 1992
Residency and Year	NEW YORK PRESBYTERIAN HOSPITAL - NEW YORK, NY 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13286
License Date	10/4/2006
Name	<b>HARTMAN, KAREN E MD</b>
Address	3A PROSPECT ST, LEBANON, NH, 03766
Specialty	IM
Board Certified	
School and Year of Graduation	UNIVERSITY OF OKLAHOMA, OKLAHOMA CITY OK US 2003
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2004
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2006
License Expiration Date	<b>6/30/2008</b>
Remarks	



License Number 14623  
 License Date 10/7/2009  
 Name **HARTMAN, MICHAEL J MD**  
 Address 500 ARCADE AVE SUITE 110, ELKHART, IN, 46514  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation INDIANA UNIVERSITY USA 1994  
 Internship and Year HENRY FORD HOSPITAL- DETROIT, MI 1996  
 Residency and Year HENRY FORD HOSPITAL - DETROIT, MI 1999  
 License Expiration Date **6/30/2017**  
 Remarks

License Number D0009  
 License Date  
 Name **HARTMAN, TED E MD**  
 Address , PO BOX 121BARNET, VT, 05821  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF VIRGINIA USA 1979  
 Internship and Year ANDERSON AREA MEDICAL CENTER - ANDERSON SC 1980  
 Residency and Year ANDERSON AREA MEDICAL CENTER - ANDERSON SC 1982  
 License Expiration Date **9/9/2003**  
 Remarks **DENIAL OF LICENSE**

License Number 15794  
 License Date 8/1/2012  
 Name **HARTMAN, TYLER K MD**  
 Address DHMC, ONE MEDICAL CENTER DRIVELEBANON, NH, 03766  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation KIGEZI INTERNATIONAL SCHOOL OF MEDICINE UNITED KINGDOM 2004  
 Internship and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 2005  
 Residency and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 2007  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15832  
 License Date 9/5/2012  
 Name **HARTMAN-HEANEY, TIPTON H DO**  
 Address ELLIOT HOSPITAL, ONE ELLIOT WAYMANCHESTER, NH, 03103  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation NEW YORK COLLEGE OF OSTEOPATHIC MEDICINE USA 2006  
 Internship and Year MARY IMOGENE BASSETT HOSPITAL - COOPERSTOWN, NY 2007  
 Residency and Year MARY IMOGENE BASSETT HOSPITAL - COOPERSTOWN, NY 2010  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	15621
License Date	4/4/2012
Name	<b>HARTSHORN, ALENDIA L MD</b>
Address	MISSION NEUROLOGY ASSOCIATES, 890 HENDERSONVILLE RD, SUITE 200ASHEVILLE, NC, 28803
Specialty	N
Board Certified	
School and Year of Graduation	EAST TENNESSEE STATE UNIV USA 2009
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	15507
License Date	1/4/2012
Name	<b>HARTY, JAMES I MD</b>
Address	5815 ORION RD, LOUISVILLE, KY, 40222
Specialty	U
Board Certified	U
School and Year of Graduation	ROYAL COLLEGE OF SURGEONS IRELAND 1969
Internship and Year	JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE - BALTIMORE, MD 1973
Residency and Year	JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE - BALTIMORE, MD 1977
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	12105
License Date	10/1/2003
Name	<b>HARVEY, ROBERT P MD</b>
Address	7180 E ORCHARD RD #208, ENGLEWOOD, CO, 80111
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF COLORADO, DENVER CO US 1969
Internship and Year	ARROWHEAD REGIONAL MEDICAL CTR, COLTON CA 1970
Residency and Year	ARROWHEAD REGIONAL MEDICAL CTR, COLTON CA 1975
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	11913
License Date	5/7/2003
Name	<b>HASBROUCK, DOUGLAS J MD</b>
Address	MEDICAL REVIEW INSTITUTE, 2875 S DECKER LAKE DR #550SALT LAKE CITY, UT, 84119
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF MINNESOTA MED SCH - MINNEAPOLIS, MN USA 1981
Internship and Year	FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1982
Residency and Year	FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1983
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	16971
License Date	3/4/2015
Name	<b>HASEER KOYA, HAYAS MD</b>
Address	HUGGINS HOSPITAL, 240 SO MAIN STWOLFEBORO, NH, 03894
Specialty	IM
Board Certified	
School and Year of Graduation	GOVERNMENT MEDICAL COLLEGE TRIVANDRUM INDIA 2008
Internship and Year	SUNY UPSTATE MEDICAL UNIVERSITY - SYRACUSE, NY 2013
Residency and Year	SUNY UPSTATE MEDICAL UNIVERSITY - SYRACUSE, NY 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7388
License Date	7/3/1986
Name	<b>HASEMAN, DAVID B MD</b>
Address	VALLEY RADIOLOGIST, 243 ELM STCLAREMONT, NH, 03743
Specialty	R
Board Certified	R
School and Year of Graduation	EASTERN VA MED SCHOOL NORFOLK VA USA 1979
Internship and Year	WALTER REED MED CTR WASHINGTON DC 1980
Residency and Year	WALTERREED MED CTR WASHINGTON DC 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15572
License Date	3/7/2012
Name	<b>HASHMI, RAZIA S MD</b>
Address	THE WELLPOINT COMPANIES INC, 108 LEIGUS ROADWALLINGFORD, CT, 06492
Specialty	FP
Board Certified	FP
School and Year of Graduation	JAWAHARLAL INST OF POSTGRADUATE MED EDUCATION & RE INDIA 1984
Internship and Year	LUTHERAN MEDICAL CENTER - BROOKLYN, NY 1987
Residency and Year	LUTHERAN MEDICAL CENTER - BROOKLYN, NY 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10121
License Date	9/10/1997
Name	<b>HASKELL, CAROLYN DO</b>
Address	TEWKSBURY MEDICAL GROUP, 600 CLARK RDTEWKSBURY, MA, 01876
Specialty	FP
Board Certified	FP
School and Year of Graduation	NY COLL OF OSTEO MED OLD WESTBURY, NY USA 1991
Internship and Year	LONG BEACH MEMORIAL HOSPITAL - LONG BEACH, NY 1992
Residency and Year	PENINSULA GENERAL HOSPITAL - FAR ROCKAWAY, NY 1994
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	3551
License Date	9/20/1962
Name	<b>HASSAN, KAMEL J MD</b>
Address	202N TRENTON ST #3, ARLINGTON, VA, 22203
Specialty	AN
Board Certified	AN
School and Year of Graduation	GEORGETOWN UNIVERSITY- WASHINGTO DC USA 1952
Internship and Year	US NAVAL HOSPITAL- BETHESDA MD 1953
Residency and Year	GEORGETOWN HOSPITAL- WASHINGTON DC 1957
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	2699
License Date	9/9/1948
Name	<b>HASSERJIAN, PAUL Y MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>10/16/1992</b>
Remarks	<b>DECEASED 10/16/92</b>

License Number	9418
License Date	5/3/1995
Name	<b>HASSETT, WILLIAM E MD</b>
Address	DOVER FAMILY PRACTICE, 10 MEMBERS WAY STE 203DOVER, NH, 03820-
Specialty	FP
Board Certified	FP
School and Year of Graduation	GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 1988
Internship and Year	UNIVERSITY OF COLORADO-DENVER,CO 1991
Residency and Year	UNIVERSITY OF COLORADO, DENVER CO 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12106
License Date	10/1/2003
Name	<b>HASSON, RICHARD M MD</b>
Address	401 HAWTHORNE LN STE 110-121, CHARLOTTE, NC, 28204
Specialty	R
Board Certified	R
School and Year of Graduation	TULANE UNIVERSITY, NEW ORLEANS LA US 1993
Internship and Year	UNIVERSITY HEALTH CTR OF PITTSBURGH, PITTSBURGH PA 1994
Residency and Year	CLEVELAND CLINIC FOUNDATION, CLEVELAND OH 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 3813  
 License Date 7/28/1965  
 Name **HASTINGS, ELLIOT P MD**  
 Address 1 WILD ACRES RD, GILFORD, NH, 03246  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation BOSTON UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1960  
 Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1961  
 Residency and Year DARTMOUTH AFFILIATED - HANOVER, NH 1965  
 License Expiration Date **6/30/2007**  
 Remarks **DECEASED 4/24/09**

License Number 15536  
 License Date 2/1/2012  
 Name **HATCHER, THERESA S DO**  
 Address WEATHERBY HEALTHCARE, 6451 N FEDERAL HWY STE 800FT LAUDERDALE, FL, 33308  
 Specialty EM  
 Board Certified FP  
 School and Year of Graduation OHIO UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINE USA 1985  
 Internship and Year OUCOM - ST JOSEPH HEALTH CENTER - EASTLAND - WARREN, OH 1986  
 Residency and Year CREIGHTON UNIVERSITY - OMAHA, NE 1988  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14762  
 License Date 3/3/2010  
 Name **HATHAWAY, JESSICA A MD**  
 Address DHMC-DEPT OF ANESTHESIOLOGY, ONE MED CTR DRLEBANON, NH, 03756  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2005  
 Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2006  
 Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2009  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14681  
 License Date 12/2/2009  
 Name **HATHCOCK, STEPHEN A MD**  
 Address UAMS, 4301 W MARKHAM ST, SLOT 508LITTLE ROCK, AR, 72205  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF ARKANSAS USA 1989  
 Internship and Year GEORGETOWN UNIVERSITY HOSPITAL - WASHINGTON, DC 1990  
 Residency and Year UNIVERSITY OF ARKANSAS COLLEGE OF MEDICINE - LITTLE ROCK, AR 1991  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 3895  
 License Date 2/3/1966  
 Name **HATOUM, KHALIL MD**  
 Address SEVEN OLD POST RD, HARWICH, MA, 02645-  
 Specialty FP  
 Board Certified  
 School and Year of Graduation UNIV OF BORDEAUX - FRANCE FRANCE 1963  
 Internship and Year BOOTH MEMORIAL HOSPITAL - FLUSHING, NY 1964  
 Residency and Year BOOTH MEMORIAL HOSPITAL - FLUSHING, NY 1965  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9190  
 License Date 6/1/1994  
 Name **HATTAMER, STEVEN J MD**  
 Address SO NH MEDICAL CENTER, 8 PROSPECT STNASHUA, NH, 03060  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation UNIVERSITY OF KANSAS SCHOOL OF MEDICINE USA 1992  
 Internship and Year TRUMAN MEDICAL CENTER WEST - KANSAS CITY MO 1993  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1996  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14763  
 License Date 3/3/2010  
 Name **HATTAN, ERIN T MD**  
 Address LRGH SLEEP LAB, 15 MAPLE AVEGILFORD, NH, 03249  
 Specialty SM  
 Board Certified SM  
 School and Year of Graduation BROWN UNIVERSITY USA 2003  
 Internship and Year JEWISH GENERAL HOSPITAL - QUEBEC, CANADA 2004  
 Residency and Year MONTREAL NEUROLOGICAL INSTITUTE-MCGILL UNIV - QUEBEC, CANADA 2008  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 5079  
 License Date 9/14/1973  
 Name **HATTAN, RICHARD F MD**  
 Address , BOX 105 618 RTE 4SALISBURY, NH, 03268  
 Specialty CHP  
 Board Certified CHP  
 School and Year of Graduation ST LOUIS UNIVERSITY-ST LOUIS MO USA 1963  
 Internship and Year SAN JOAQUIN STATE HOSP-STOCKTON CA 1964  
 Residency and Year NEW YORK HOSP-WHITE PLAINS NY 1966  
 License Expiration Date **6/30/2015**  
 Remarks

License Number	9700
License Date	5/1/1996
Name	<b>HAUGH, CONNOR J MD</b>
Address	NEW ENGLAND HEART INSTITUTE, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty	ICE
Board Certified	ICE
School and Year of Graduation	VANDERBILT UNIVERSITY TN USA 1989
Internship and Year	NEW ENGLAND MEDICAL CENTER BOSTON 1990
Residency and Year	NEW ENGLAND MEDICAL CENTER BOSTON 1972
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11699
License Date	8/7/2002
Name	<b>HAUSER, BRYAN S MD</b>
Address	UNUM - HO3, 2211 CONGRESS STPORTLAND, ME, 04122
Specialty	FP
Board Certified	FP
School and Year of Graduation	NEW YORK MEDICAL COLLEGE- VALHALLA, NY USA 1998
Internship and Year	BETH ISRAEL MEDICLAL CENTER-NEW YORK,NY 1999
Residency and Year	BETH ISREAL MEDICAL CENTER-NEW YORK,NY 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15959
License Date	12/5/2012
Name	<b>HVALESHKO, DMYTRO M MD</b>
Address	330 BORTHWICK AVE, SUITE 308PORTSMOUTH, NH, 03801
Specialty	GS
Board Certified	
School and Year of Graduation	CERNOVICKIJ MEDICAL INSTITUTE UKRAINE 1998
Internship and Year	UNIVERSITY OF ALABAMA HOSPITAL - BIRMINGHAM, AL 2011
Residency and Year	UNIVERSITY OF ALABAMA HOSPITAL - BIRMINGHAM, AL 2013
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14624
License Date	10/7/2009
Name	<b>HAVIDICH, JEANA E MD</b>
Address	DHMC-ANESTHESIA DEPT, 1 MED CTR DRLEBANON, NH, 03756
Specialty	AN
Board Certified	AN
School and Year of Graduation	NORTHEASTERN OHIO UNIVERSITY USA 1993
Internship and Year	MEDICAL UNIVERSITY OF SOUTH CAROLINA - CHARLESTON, SC 1995
Residency and Year	MEDICAL UNIVERSITY OF SOUTH CAROLINA - CHARLESTON, SC 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 15299  
 License Date 7/6/2011  
 Name **HAWASLI, HAZEM MD**  
 Address DHMC-RADIOLOGY DEPT, 1 MED CTR DRLEBANON, NH, 03756  
 Specialty DR  
 Board Certified  
 School and Year of Graduation MOREHOUSE SCHOOL OF MEDICINE USA 2007  
 Internship and Year ST JOHN HOSPITAL & MEDICAL CTR - DETROIT, MI 2008  
 Residency and Year ST JOSEPH MERCY OAKLAND- PONTIAC, MI 2009  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 14072  
 License Date 7/9/2008  
 Name **HAWKINS, MATTHEW J MD**  
 Address ESSEX ORTHO/OPTIMA SPORTS MED, 16 PELHAM RDSALEM, NH, 03079  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation GEORGETOWN UNIV 2002 2002  
 Internship and Year GEORGETOWN UNIV MEDICAL CENTER-WASHINGTON, DC 2003  
 Residency and Year GEORGETOWN UNIV MEDICAL ENTER-WASHINGTON, DC 2007  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13157  
 License Date 7/5/2006  
 Name **HAWKINS, RANDY K MD**  
 Address 4 WRIGHT ACRES RD, BEDFORD, NH, 03110  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation GEORGETOWN UNIV USA 1989  
 Internship and Year NAVAL HOSPITAL OAKLAND-BETHESDA, MD 1990  
 Residency and Year UNIV OF FLORIDA-GAINESVILLE,FL 1996  
 License Expiration Date **6/30/2016**  
 Remarks **11/17/10 - Settlement Agreement**

License Number 8752  
 License Date 7/1/1992  
 Name **HAWKINS, RICHARD B MD**  
 Address 1480 JOHN FITCH HIGHWAY, FITCHBURG, MA, 01420-  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation UNIVERSITY OF PA SCHOOL OF MEDICINE USA 1969  
 Internship and Year HOSPITAL UNIVERSITY OF PENNSYLVANIA PHILADELPHIA - PENNSYLVANIA 1970  
 Residency and Year BRIGHAM & WOMEN'S HOSPITAL BOSTON - MASSACHUSETTS 1971  
 License Expiration Date **12/24/2004**  
 Remarks **Sent Letter, Retired 12/24/04**  
**7/11/05 - Settlement Agreement**



License Number 8161  
 License Date 7/12/1989  
 Name **HAWKINS, ROBERT E MD**  
 Address 887 CONGRESS ST STE 400, PORTLAND, ME, 04102  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation ALBANY MED COLL OF UNION UNIV-ALBANY, NY USA 1982  
 Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1983  
 Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1987  
 License Expiration Date **6/30/2017**  
 Remarks **LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/2/15**

License Number 11596  
 License Date 5/1/2002  
 Name **HAWTHORNE, CATHERINE G MD**  
 Address 516 E NIZHONI BLVD, GALLOP, NM, 87301  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation UNIV OF VERMONT COLL- BURLINGTON, VT USA 1973  
 Internship and Year MILLARD FILLMORE GATES CIR HOSPITAL - BUFFALO, NY 1974  
 Residency and Year MILLARD FILLMORE GATES CIR HOSPITAL - BUFFALO, NY 1975  
 License Expiration Date **6/30/2010**  
 Remarks **7/9/09- Settlement Agreement**

License Number 11092  
 License Date 10/4/2000  
 Name **HAY, JAMES R MD**  
 Address CAROLINAS CTR -MGMNT OF PAIN, 1330 BOILING SPRINGS RD STE 2700SPARTANBURG, SC, 29303  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation UNIV OF KANSAS- KANSAS CITY, KS USA 1986  
 Internship and Year WESTERN RESERVE CARE SYSTEM/ NORTHSIDE MEDICAL CENTER - YOUNGTOWN, OH 1987  
 Residency and Year WESTERN RESERVE CARE SYSTEM/ NORTHSIDE MEDICAL CENTER - YOUNGTOWN, OH 1988  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11248  
 License Date 5/2/2001  
 Name **HAYEK, ANTOINETTE G MD**  
 Address HITCHCOCK CLINIC-BEDFORD, 25 SO RIVER ROADBEDFORD, NH, 03110  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation NORTHEASTERN OHIO UNIVERSITY USA 1998  
 Internship and Year MAYO GRADUATE SCHOOL OF MEDICINE - JACKSONVILLE FL 2000  
 Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - JACKSONVILLE FL 2001  
 License Expiration Date **6/30/2005**  
 Remarks

License Number	6437
License Date	8/10/1981
Name	<b>HAYES JR, FRANCIS E MD</b>
Address	CONCORD FAMILY MEDICINE, 18 FOUNDRY ST STE 201CONCORD, NH, 03301-5421
Specialty	FP
Board Certified	FP
School and Year of Graduation	TIFTS UNIV OF MED-BOSTON,MA USA 1978
Internship and Year	DUKE UNIV MED CTR-DURHAM,NC 1979
Residency and Year	DUKE UNIV MED CTR-DURHAM,NC 1981
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11597
License Date	5/1/2002
Name	<b>HAYES JR, JOSEPH R MD</b>
Address	ELLIOT HOSP-HOSPITALIST PROGRA, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty	IM
Board Certified	IM
School and Year of Graduation	NEW YORK MEDICAL COLLEGE - VALHALLA, NY USA 1997
Internship and Year	UNIV OF COLORADO MED SCH - DENVER, CO 1988
Residency and Year	UNIV OF COLORADO MED SCH - DENVER, CO 2000
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	17166
License Date	7/1/2015
Name	<b>HAYES, CHRISTI A MD</b>
Address	DHMC - DEPT OF HEMATOLOGY/ONCOLOGY, 1 MEDICAL CTR DRLEBANON, NH, 03766
Specialty	IM
Board Certified	IM
School and Year of Graduation	ST GEORGES UNIVERSITY GRENADA 2007
Internship and Year	SUNY HEALTH SCIENCE CENTER - BROOKLYN, NY 2008
Residency and Year	SUNY HEALTH SCIENCE CENTER - BROOKLYN, NY 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15795
License Date	8/1/2012
Name	<b>HAYES, DAVID L MD</b>
Address	MAYO CLINIC, 200 1ST ST SWROCHESTER, MN, 55905
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIV OF MISSOURI-KANSAS CITY SCHOOL OF MED USA 1976
Internship and Year	MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 1978
Residency and Year	MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 1979
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 8162  
 License Date 7/12/1989  
 Name **HAYES, HAMILTON R MD**  
 Address 239 MIDDLE RD, BYFIELD, MA, 01922  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation MC GILL UNIV FAC OF MED-MONTREAL CANADA 1966  
 Internship and Year BEVERLY HOSP-BEVERLY,MA 1967  
 Residency and Year MASS GEN HOSP-BOSTON,MA 1974  
 License Expiration Date **6/30/1998**  
 Remarks

License Number 17005  
 License Date 4/1/2015  
 Name **HAYES, WILLIAM B MD**  
 Address 4617 BRIAR HAVEN RD, FORT WORTH, TX, 76109  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation UNIVERSITY OF TX SOUTHWESTERN MEDICAL CENTER USA 1994  
 Internship and Year BAYLOR UNIVERSITY MEDICAL CENTER - DALLAS, TX 1995  
 Residency and Year UNIVERSITY OF TX SOUTHWESTERN MEDICAL CENTER 1997  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12164  
 License Date 12/3/2003  
 Name **HAYMAN, JAMES A MD**  
 Address U OF MICHIGAN DEPT OF RADIATIO, 1500 E MED CTR DR UH-B2C490-10ANN ARBOR, MI, 48104  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIVERSITY OF CHICAGO, CHICAGO IL US 1991  
 Internship and Year EVANSTON NORTHWESTERN HEALTHCARE, EVANSTON IL 1992  
 Residency and Year JOINT CTR FOR RADIATION THERAPY, BOSTON MA 1996  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 16511  
 License Date 3/5/2014  
 Name **HAYNAL, WILLIAM B MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty P  
 Board Certified  
 School and Year of Graduation LOMA LINDA UNIVERSITY SCHOOL OF MEDICINE USA 2011  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER- LEBANON, NH 2012  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER- LEBANON, NH 2014  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	10584
License Date	6/2/1999
Name	<b>HAYTER, MICHAEL G MD</b>
Address	ROCHESTER HILL FAMILY PRACTICE, 5 WHITEHALL RDROCHESTER, NH, 03867
Specialty	FP
Board Certified	FP
School and Year of Graduation	DALHOUSIE UNIV FAC OF MED - HALIFAx, CANADA CANADA 1995
Internship and Year	UNIV OF WESTERN ONTARIO FACULTY OF MED - LONDON, ONTARIO CANADA 1996
Residency and Year	UNIV OF WESTERN ONTARIO FACULTY OF MED - LONDON, ONTARIO CANADA 1997
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	12531
License Date	11/3/2004
Name	<b>HAYTON, ANNE S MD</b>
Address	SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200SOUTH PORTLAND, ME, 04106
Specialty	R
Board Certified	R
School and Year of Graduation	BROWN UNIVERSITY, PROVIDENCE RI US 1986
Internship and Year	BERKSHIRE MED CTR, PITTSFIELD MA 1987
Residency and Year	UNIVERSITY OF VERMONT, BURLINGTON VT 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9731
License Date	6/5/1996
Name	<b>HAZARD, LORRAINE L MD</b>
Address	NEW HAMPSHIRE HOSPITAL, 36 CLINTON ST MED SUITECONCORD, NH, 03301
Specialty	FP
Board Certified	FP
School and Year of Graduation	BOSTON UNIVERSITY-BOSTON MA USA 1983
Internship and Year	PROVIDENCE HOSPITAL-WASHINGTON DC 1984
Residency and Year	PROVIDENCE HOSPITAL-WASHINGTON DC 1985
License Expiration Date	<b>6/30/2006</b>
Remarks	<b>Deceased 11/4/2013</b>

License Number	11914
License Date	5/7/2003
Name	<b>HAZARD, ROWLAND G MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF VERMONT COLL OF MED - BURLINGTON, VT USA 1978
Internship and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1979
Residency and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1980
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	3382
License Date	9/16/1960
Name	<b>HAZEL, GEORGE M MD</b>
Address	104 HERON RD, WAKEFIELD, MA, 01880
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	TUFTTS UNIVERSITY SCHOOL OF MEDICINE USA 1959
Internship and Year	CARNEY HOSPITAL - DORCHESTER MA 1960
Residency and Year	CARNEY HOSPITAL - DORCHESTER MA 1960
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	16582
License Date	5/7/2014
Name	<b>HEAD, JAMES E MD</b>
Address	8 RESERVOIR RD APT 108, HANOVER, NH, 03755
Specialty	DR
Board Certified	
School and Year of Graduation	DUKE UNIVERSITY SCHOOL OF MEDICINE USA 2008
Internship and Year	CONE HEALTH - GREENSBORO, NC 2009
Residency and Year	MALLINCKRODT INSTITUTE OF RADIOLOGY - ST LOUIS, MO 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5678
License Date	3/3/1977
Name	<b>HEAFITZ, MORTON H MD</b>
Address	101 GEORGE P HASSETT DR, MEDFORD, MA, 02155-3201
Specialty	TS
Board Certified	TS
School and Year of Graduation	STATE UNIV OF NEW YORK AT BUFFALO SCHOOL OF MED USA 1959
Internship and Year	BOSTON CITY HOSPITAL 1960
Residency and Year	BOSTON CITY HOSPITAL 1966
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	16512
License Date	3/5/2014
Name	<b>HEALY, KEVIN J MD</b>
Address	29 CONCORD AVE, CAMBRIDGE, MA, 02138
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF IOWA COLLEGE OF MEDICINE USA 1980
Internship and Year	NAVAL HOSPITAL - OAKLAND, CA 1981
Residency and Year	NAVAL HOSPITAL - OAKLAND, CA 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7442
License Date	10/2/1986
Name	<b>HEANEY, JOHN A MD</b>
Address	10 PLEASANT ST, HANOVER, NH, 03755
Specialty	U
Board Certified	U
School and Year of Graduation	DUBLIN UNIVERSITY - DUBLIN, IRELAND IRELAND 1969
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1975
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1979
License Expiration Date	<b>3/21/2015</b>
Remarks	<b>REQUESTED LICENSE TO BE INACTIVE ON 3/21/15</b>

License Number	10620
License Date	7/7/1999
Name	<b>HEAPS, ROBERT J MD</b>
Address	NH ORTHOPEDIC CENTER, 17 RIVERSIDE ST STE 101NASHUA, NH, 03062
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	GEORGETOWN UNIV SCH OF MED - WASINGTON,DC USA 1989
Internship and Year	NAVAL MEDICAL CENTER - PORTSMOUTH, VA 1990
Residency and Year	NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16583
License Date	5/7/2014
Name	<b>HEARN, HUNTER A MD</b>
Address	12205 COUNTY LINE RD STE C, MADISON, AL, 35758
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE USA 1999
Internship and Year	UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE - GAINESVILLE, FL 2000
Residency and Year	UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE - GAINESVILLE, FL 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7172
License Date	8/1/1985
Name	<b>HEARNE, MICHAEL J MD</b>
Address	208 CHESTNUT HILL RD, NEW BOSTON, NH, 03070
Specialty	CD
Board Certified	CD
School and Year of Graduation	GEORGETOWN UNIV SCH OF MED USA 1970
Internship and Year	GRADY MEM HOSP-ATLANTA-GA 1971
Residency and Year	GEORGETOWN UNIV HOSP-WASHINGTON,DC 1973
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 9925  
 License Date 2/5/1997  
 Name **HEARST, JOHN E MD**  
 Address 140 HOSPITAL DR, BENNINGTON, VT, 05201  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation GOREGE WASHINGTON UNIV SCH OF MED - DC USA 1983  
 Internship and Year ST MARY'S HOSPITAL MEDICAL CENTER - WI 1984  
 Residency and Year ST MARY'S HOSPITAL MEDICAL CENTER - WI 1986  
 License Expiration Date **6/30/1999**  
 Remarks

License Number 10485  
 License Date 1/6/1999  
 Name **HEATH, HARLEY W MD**  
 Address WOLFEBORO PEDIATRICS, 240 S MAIN ST STE AWOLFEBORO, NH, 03894  
 Specialty PD  
 Board Certified  
 School and Year of Graduation YALE UNIV SCHOOL OF MEDICINE - NEW HAVEN,CT USA 1987  
 Internship and Year CHILDREN'S HOSPITAL AND MEDICAL CENTER - SEATTLE, WA 1988  
 Residency and Year CHILDREN'S HOSPITAL AND MEDICAL CENTER - SEATTLE, WA 1989  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 5692  
 License Date 4/7/1977  
 Name **HEATH, JAMES S MD**  
 Address NASHUA PATHOLOGY, 1 PROSPECT ST 2ND FLNASHUA, NH, 03060-3921  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation UNIVERSITY OF VERMONT-BURLINGTON VT USA 1973  
 Internship and Year ST VINCENT HOSPITAL-WORCESTER MA 1974  
 Residency and Year ST VINCENT HOSPITAL - WORCESTER, MA 1974  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14021  
 License Date 6/4/2008  
 Name **HEATHERTON, CHRISTOPHER A DO**  
 Address LAMPREY HEALTH CARE, 207 SOUTH MAIN STNEWMARKET, NH, 03848  
 Specialty FP  
 Board Certified  
 School and Year of Graduation UNIV OF NEW ENGLAND USA 2005  
 Internship and Year CONCORD HOSPITAL - CONCORD, NH 2006  
 Residency and Year CONCORD HOSPITAL - CONCORD, NH 2007  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	15345
License Date	8/3/2011
Name	<b>HEATON, KEVIN D DO</b>
Address	ACCESS SPORTS MEDICINE & ORTHOPAEDICS, ONE HAMPTON RD STE 200EXETER, NH, 03833-4855
Specialty	FP
Board Certified	
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND USA 2007
Internship and Year	BOSTON MEDICAL CENTER - BOSTON, MA 2008
Residency and Year	BOSTON MEDICAL CENTER - BOSTON, MA 2010
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12904
License Date	10/5/2005
Name	<b>HECHT, PAUL J MD</b>
Address	DHMC-ORTHOPAEDIC SURGERY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA PA US 1983
Internship and Year	UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA PA 1984
Residency and Year	UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA PA 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15105
License Date	1/5/2011
Name	<b>HECKMAN, JAMES D MD</b>
Address	DHMC- DEPT OF ORTHOPAEDICS, ONE MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	JEFFERSON MEDICAL COLLEGE USA 1969
Internship and Year	UNIVERSITY OF VIRGINIA HEALTH SCIENCES CENTER - CHARLOTTESVILLE, VA 1970
Residency and Year	UNIVERSITY OF VIRGINIA HEALTH SCIENCES CENTER - CHARLOTTESVILLE, VA 1974
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7668
License Date	7/8/1987
Name	<b>HEDAYAT, ZEKROLLAH MD</b>
Address	, , ,
Specialty	P
Board Certified	
School and Year of Graduation	UNIVERSITY OF TEHRAN IN IRAN IRAN 1966
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1988</b>
Remarks	4/12/95 - Order of Conditional Denial of reinstatement of temporary license.



License Number	15300
License Date	7/6/2011
Name	<b>HEDBERG, PETER S MD</b>
Address	SEACOAST GENERAL SURGERY, 750 CENTRAL AVE STE NDOVER, NH, 03820-3434
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE USA 1989
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1990
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1994
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9990
License Date	5/7/1997
Name	<b>HEDBERG, VIKING A MD</b>
Address	DARTMOUTH-HITCHCOCK CLINIC, 71 HIGHLAND STPLYMOUTH, NH, 03264
Specialty	ADL
Board Certified	PD
School and Year of Graduation	COLUMBIA UNIV COLL OF PHYSICIANS-NY USA 1987
Internship and Year	CHILDREN HOSPITAL-PA 1990
Residency and Year	CHILDRENS HOSPITAL-PA 1990
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7030
License Date	1/17/1985
Name	<b>HEDSTROM, PETER S MD</b>
Address	15 LOWELL ST, PORTLAND, ME, 04102-2748
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	HARVARD MED SCH-BOSTON,MA USA 1972
Internship and Year	BOSTON CITY HOSP-BOSTON,MA 1973
Residency and Year	PRESBY/UNIV PA MED CTR-PHIL,PA 1981
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	11315
License Date	7/11/2001
Name	<b>HEEB, CAMILLE S MD</b>
Address	631 HORNE, STE 341TOPEKA, KS, 66606
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF KANSAS LAWRENCE KS USA 1979
Internship and Year	UNIVERSITY OF KANSAS MEDICAL CENTER KANSAS CITY KS 1981
Residency and Year	CHILDRENS MERCY HOSPITAL KANSAS CITY MO 1982
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	7303
License Date	4/3/1986
Name	<b>HEERSINK, BERNHARD MD</b>
Address	21 HIGHLAND AVE STE 1, NEWBURYPORT, MA, 01950-3894
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIV OF WESTERN ONTARIO FAC OF MED LONDON CANADA 1968
Internship and Year	WILLS EYE HOSPITAL-PHIL,PA 1975
Residency and Year	WILLS EYE HOSPITAL - PHILA, PA 1975
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	9398
License Date	4/5/1995
Name	<b>HEFFERNAN, THOMAS M MD</b>
Address	ELLIOT EMERGENCY MEDICAL SERVICES, ELLIOT HOSP 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty	EM
Board Certified	EM
School and Year of Graduation	TEMPLE UNIVERSITY SCHOOL OF MEDICINE USA 1986
Internship and Year	WORCESTER MEMORIAL HOSPITAL - WORCESTER MA 1987
Residency and Year	WORCESTER MEMORIAL HOSPITAL - WORCESTER MA 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17006
License Date	4/1/2015
Name	<b>HEHER, ELIOT C MD</b>
Address	165 CAMBRIDGE ST, BOSTON, MA, 02114
Specialty	IM
Board Certified	IM
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 1990
Internship and Year	JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1991
Residency and Year	JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10557
License Date	5/5/1999
Name	<b>HEHER, KATRINKA L MD</b>
Address	NEW ENGLAND EYE CTR, 800 WASHINGTON ST BOX 450BOSTON, MA, 02111
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIV OF VA MED SCH - CHARLOTTESVILLE, VA USA 1989
Internship and Year	BOSTON VA MEDICAL CENTER - JAMAICA PLAIN, MA 1990
Residency and Year	THE WILMER EYE INSTITUTE - BALTIMORE, MD 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4367
License Date	4/7/1969
Name	<b>HEIDELBERGER, KATHLEEN P MD</b>
Address	1500 E MEDICAL CTR DRIVE, 2G/332 BOX 0054ANN ARBOR, MI, 48109-0001
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	WOMAN'S MEDICAL COLLEGE OF PA - PHILA, PA USA 1956
Internship and Year	MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1966
Residency and Year	DARTMOUTH MEDICAL SCHOOL - HANOVER, NH 1970
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	16909
License Date	1/21/2015
Name	<b>HEIDENREICH, CHARLOTTE A MD</b>
Address	501 W MICHIGAN, MILWAUKEE, WI, 53201
Specialty	IM
Board Certified	IM
School and Year of Graduation	MEDICAL COLLEGE OF PENNSYLVANIA USA 1982
Internship and Year	NORTHWESTERN UNIV FEINBERG SCHOOL OF MEDICINE - CHICAGO, IL 1983
Residency and Year	NORTHWESTERN UNIV FEINBERG SCHOOL OF MEDICINE - CHICAGO, IL 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11501
License Date	2/6/2002
Name	<b>HEIDERSCHIEDT, BENEDICT G MD</b>
Address	11 CHESTNUT ST, DOVER, NH, 03820
Specialty	FP
Board Certified	FP
School and Year of Graduation	THOMAS JEFFERSON UNIV - PHILADELPHIA, PA USA 1995
Internship and Year	DAVID GRANT MEDICAL CENTER - TRAVIS AFB, CA 1996
Residency and Year	DAVID GRANT MEDICAL CENTER - TRAVIS AFB, CA 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6731
License Date	7/7/1983
Name	<b>HEILIG, LESLYE R MD</b>
Address	, , ,
Specialty	PD
Board Certified	
School and Year of Graduation	HARVARD UNIVERSITY - MA USA 1980
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1987</b>
Remarks	

License Number 10392  
 License Date 9/2/1998  
 Name **HEIM, CRAIG R MD**  
 Address , PO BOX 53WILMOT, NH, 03287  
 Specialty IM  
 Board Certified  
 School and Year of Graduation NEW YORK MEDICAL COLLEGE - VALHALLA, NY USA 1970  
 Internship and Year CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 1971  
 Residency and Year CLEVELAND CLINIC FOUNDATION - OH 1997  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 16640  
 License Date 6/4/2014  
 Name **HEIMBACH, JULIE K MD**  
 Address MAYO CLINIC, 200 1ST ST SWROCHESTER, MN, 55905  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation UNIVERSITY OF MINNESOTA MEDICAL SCHOOL USA 1996  
 Internship and Year UNIVERSITY OF COLORADO HEALTH SCIENCES CENTER - AURORA, CO 1997  
 Residency and Year UNIVERSITY OF COLORADO HEALTH SCIENCES CENTER - AURORA, CO 2002  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9137  
 License Date 4/6/1994  
 Name **HEINDEL, CLIFFORD C MD**  
 Address 330 BORTHWICK AVE STE 300, PORTSMOUTH, NH, 03801  
 Specialty NS  
 Board Certified NS  
 School and Year of Graduation UNIVERSITY OF NC CHAPEL HILL SCHOOL OF MEDICINE USA 1969  
 Internship and Year UNIVERSITY OF NC HOSPITALS - CHAPEL HILL NC 1970  
 Residency and Year UNIVERSITY OF NC HOSPITALS - CHAPEL HILL NC 1975  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 6362  
 License Date 4/2/1981  
 Name **HEINECKE, C DAVID MD**  
 Address ANESTHESIA ASSOCIATES, PMB 268 26 SOUTH MAIN STCONCORD, NH, 03301  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation NORTHWESTERN UNIV MED SCH,CHICAGO,IL USA 1974  
 Internship and Year WALTER REED MED CTR,WASHINGTON,DC 1976  
 Residency and Year WALTER REED MED CTR,WASHINGTON,DC 1979  
 License Expiration Date **12/29/2003**  
 Remarks **DECEASED 12-29-03**

License Number 8434  
 License Date 9/5/1990  
 Name **HEINER, JAY R MD**  
 Address 70 BAY ST, WOLFEBORO, NH, 03894  
 Specialty P  
 Board Certified  
 School and Year of Graduation NORTHWESTERN UNIV MED SCH -CHICAGO, IL USA 1956  
 Internship and Year KINGS COUNTY HOSPITAL - BROOKLYN, NY 1957  
 Residency and Year UNIV UTAH MEDICAL CENTER - SALT LAKE CITY, UT 1963  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 13494  
 License Date 5/9/2007  
 Name **HEINRICH, ERICA R MD**  
 Address SPECTRUM MEDICAL GROUP, 324 GARNNETT DR - STE 200SOUTH PORTLAND, ME, 04106  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation UNIV OF WASHINGTON USA 1999  
 Internship and Year UNIV OF VERMONT COLLEGE OF MEDICINE - BURLINGTON, VT 2002  
 Residency and Year UNIV OF VERMONT COLLEGE OF MEDICINE - BURLINGTON, VT 2006  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12382  
 License Date 7/7/2004  
 Name **HEINS III, ANTON A MD**  
 Address 23 HEMLOCK HILL, AMHERST, NH, 03031  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF NEW JERSEY, NEWARK NJ US 1977  
 Internship and Year NJ MEDICAL SCHOOL, NEWARK NJ 1978  
 Residency and Year NJ MEDICAL SCHOOL, NEWARK NJ 1980  
 License Expiration Date **6/30/2016**  
 Remarks **2/9/10 - Consent Order - License suspended effective 3/26/2010. 8/18/2014 -  
 License reinstated with restrictions.**

License Number 16312  
 License Date 9/4/2013  
 Name **HEINZELMANN, PAUL J MD**  
 Address REMOTE CARE SOLUTIONS, LLC, 25 NEW CHARDON ST #5917BOSTON, MA, 02114  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF WISCONSIN MEDICAL SCHOOL USA 1996  
 Internship and Year AURORA HEALTH CARE - MILWAUKEE, WI 1998  
 Residency and Year AURORA HEALTH CARE - MILWAUKEE, WI 2000  
 License Expiration Date **6/30/2015**  
 Remarks

License Number	9157
License Date	5/4/1994
Name	<b>HEIT, ROCHELLE J MD</b>
Address	RIVER RD PEDIATRICS, 58 HAWTHORNE DRBEDFORD, NH, 03110-6912
Specialty	PD
Board Certified	PD
School and Year of Graduation	SUNY-HLTH SCIENCE CENTER AT BROOKLYN USA 1991
Internship and Year	ST CHRISTOPHERS HOSPITAL - PHILADELPHIA PA 1994
Residency and Year	ST CHRISTOPHERS HOSPITAL - PHILADELPHIA PA 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16824
License Date	11/6/2014
Name	<b>HEITMAN, JOEL T MD</b>
Address	SUMMIT RADIOLOGY, PO BOX 80070FORT WAYNE, IN, 46898-0070
Specialty	DR
Board Certified	DR
School and Year of Graduation	ST GEORGES UNIVERSITY GRENADA 2008
Internship and Year	ST BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 2009
Residency and Year	ST JOSEPH MERCY-OAKLAND - PONTIAC, MI 2013
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4466
License Date	8/1/1969
Name	<b>HELFF, JOHN R MD</b>
Address	, RR 1 BOX 20WALPOLE, NH, 03608
Specialty	R
Board Certified	R
School and Year of Graduation	JEFFERSON MEDICAL SCHOOL - PHILA, PA USA 1947
Internship and Year	HOLY NAME HOSPITAL - TEANECK, NJ 1948
Residency and Year	ST LUKE'S HOSPITAL - NEW YORK, NY 1951
License Expiration Date	<b>6/30/1998</b>
Remarks	<b>Deceased 10/00/97</b>

License Number	11915
License Date	5/7/2003
Name	<b>HELISCH, ARMIN MD</b>
Address	DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	CD
School and Year of Graduation	RHEINLAND FRIEDRICH WILHELM UNIV OF BONN - GERMANY GERMANY 1990
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1993
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7725
License Date	10/7/1987
Name	<b>HELLER, DAVID R DO</b>
Address	PORTSMOUTH REGIONAL HOSPITAL, 333 BORTHWICK AVEPORTSMOUTH, NH, 03801
Specialty	EM
Board Certified	EM
School and Year of Graduation	SOUTHEASTERN COLL OF SOTE MED - MIAMI, FL USA 1985
Internship and Year	HUMANA HOSPITAL - WEST PALM BEACH, FL 1986
Residency and Year	CHARITY HOSPITAL- NEW ORLEANS, LA 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15106
License Date	1/5/2011
Name	<b>HELLER, FREDERICK G MD</b>
Address	ORTHOPEDIC SURG OF QUINCY, 909 HANCOCK STQUINCY, MA, 02170
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	NEW YORK MEDICAL COLLEGE USA 1968
Internship and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1969
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1970
License Expiration Date	<b>6/30/2013</b>
Remarks	Deceased 7/28/14

License Number	12936
License Date	11/2/2005
Name	<b>HELLER, PATRICIA A MD</b>
Address	145 E 32ND ST, 10TH FLOORNEW YORK, NY, 10016
Specialty	DMP
Board Certified	DMP
School and Year of Graduation	UNIVERSITY OF VERMONT, BURLINGTON VT US 1988
Internship and Year	LOUISIANA STATE UNIVERSITY, NEW ORLEANS LA 1989
Residency and Year	LOUISIANA STATE UNIVERSITY, NEW ORLEANS LA 1990
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6662
License Date	3/3/1983
Name	<b>HELLMANN, JOEL B MD</b>
Address	10 STAFFORD LN, ANDOVER, MA, 01810-
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF TORONTO FACULTY OF MED-TORONTO CANADA 1972
Internship and Year	NEW MOUNT SINI HOSP 1973
Residency and Year	ROYAL VICTORIA HOSP-MCGILL UNIV 1976
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11021
License Date	8/2/2000
Name	<b>HELM JR, ROBERT E MD</b>
Address	COASTAL CARDIOTHORACIC & VASCULAR SURGERY, 333 BORTHWICK AVE BLDG STE 402PORTSMO
Specialty	TS
Board Certified	GS
School and Year of Graduation	CORNELL UNIV MED COLL - NEW YORK, NY USA 1990
Internship and Year	NEW YORK PRESBYTERIAN HOSPITAL - NY, NY 1991
Residency and Year	NEW YORK PRESBYTERIAN HOSPITAL - NY, NY 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8778
License Date	8/5/1992
Name	<b>HELMAN, JEROME P MD</b>
Address	, , ,
Specialty	IM
Board Certified	IM
School and Year of Graduation	WAYNE STATE UNIVERSITY USA 1965
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1994</b>
Remarks	

License Number	5118
License Date	12/3/1973
Name	<b>HEMANI, SADRUDDIN B MD</b>
Address	21 HIGHLAND AVE, NEWBURYPORT, MA, 01950-
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	UNIVERSITY OF BOMBAY-BOMBAY INDIA INDIA 1964
Internship and Year	KING EDWARD MEMORIAL HOSP-BOMBAY INDIA 1965
Residency and Year	KING EDWARD MEMORIAL HOSP-BOMBAY INDIA 1966
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	16584
License Date	5/7/2014
Name	<b>HEMATILLAKE, MABODAWILAGE G MD</b>
Address	WHITE RIVER JCT VA MEDICAL CTR, 215 NO MAIN STWHITE RIVER JCT, VT, 05009
Specialty	IM
Board Certified	IM
School and Year of Graduation	ST GEORGE'S UNIVERSITY GRENADA 1994
Internship and Year	CONEY ISLAND HOSPITAL - BROOKLYN, NY 1995
Residency and Year	CONEY ISLAND HOSPITAL - BROOKLYN, NY 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	7521
License Date	3/4/1987
Name	<b>HENCK, EDWIN A MD</b>
Address	46 BARBER POLE RD, PO BOX 141MIRROR LAKE, NH, 03853-0141
Specialty	IM
Board Certified	IM
School and Year of Graduation	NEW YORK UNIV COLLEGE OF MEDICINE USA 1946
Internship and Year	FRENCH HOSPITAL - NEW YORK NY 1947
Residency and Year	NEW YORK CITY HOSPITAL - NEW YORK NY 1951
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	10138
License Date	10/1/1997
Name	<b>HENDERSON, E LYNNE MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, BOX 665 DEPT OF SURGERYLEBANON, NH, 03756
Specialty	GS
Board Certified	
School and Year of Graduation	DARTMOUTH MEDICAL SCH - HANOVER, NH USA 1993
Internship and Year	
Residency and Year	MARY HITCHCOCK MEMORIAL HOSPITAL - NH 2000
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	15876
License Date	10/3/2012
Name	<b>HENDERSON, ERIC R MD</b>
Address	DHMC - ORTHOPAEDICS, 1 MED CTR DRLEBANON, NH, 03756
Specialty	ORS
Board Certified	
School and Year of Graduation	UNIVERSITY OF SOUTH FLORIDA COLLEGE OF MED USA 2004
Internship and Year	UNIVERSITY OF SOUTH FLORIDA MEDICAL CENTER - TAMPA, FL 2005
Residency and Year	UNIVERSITY OF SOUTH FLORIDA - TAMPA, FL 2011
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12031
License Date	8/6/2003
Name	<b>HENDERSON, JASON S DO</b>
Address	380 WEST HOLLIS ST, NASHUA, NH, 03060
Specialty	IM
Board Certified	
School and Year of Graduation	PHILADELPHIA COLLEGE, PHILADELPHIA PA US 1999
Internship and Year	U OF CONNECTICUT HEALTH CTR, FARMINGTON CT 2000
Residency and Year	U OF CONNECTICUT HEALTH CTR, FARMINGTON CT 2002
License Expiration Date	<b>5/12/2004</b>
Remarks	<div> 2/10/04 - Settlement Agreement  Provider.  Decree  9/11/06 - Order of Denial of License Reinstatement </div> <div> 3/5/04 - Order Approving Substance Abuse Treatment  5/12/04 Emergency Suspension  6/14/04 Consent </div>

License Number	11845
License Date	3/5/2003
Name	<b>HENDRICK, DELIA C MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF CAROL DAVILA - BUCHAREST, ROMANIA ROMANIA 1992
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1999
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14994
License Date	9/1/2010
Name	<b>HENDRICKS, JENNIFER L DO</b>
Address	ELLIOT FAMILY PRACT HOOKSETT, 20 CHAMBERS DR STE 1200HOOKSETT, NH, 03106
Specialty	FP
Board Certified	FP
School and Year of Graduation	NEW YORK COLLEGE OF OSTEOPATHIC MEDICINE USA 2007
Internship and Year	CONCORD HOSPITAL - CONCORD, NH 2008
Residency and Year	CONCORD HOSPITAL - CONCORD, NH 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10531
License Date	4/7/1999
Name	<b>HENEGHAN, HELEN E MD</b>
Address	FAMILY MEDICINE CTR, 69C ISLAND STKEENE, NH, 03431
Specialty	FP
Board Certified	FP
School and Year of Graduation	MEMORIAL UNIV OF NEWFOUNDLAND CANADA 1995
Internship and Year	MEMORIAL UNIV OF NEWFOUNDLAND - ST JOHNS, CANADA 1996
Residency and Year	MEMORIAL UNIV OF NEWFOUNDLAND - ST JOHNS, CANADA 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14797
License Date	4/7/2010
Name	<b>HENKLE, BENJAMIN O MD</b>
Address	295 VARNUM AVE, LOWELL, MA, 01854
Specialty	AN
Board Certified	
School and Year of Graduation	INDIANA UNIVERSITY USA 2004
Internship and Year	INDIANA UNIVERSITY SCHOOL OF MEDICINE - INDIANAPOLIS, IN 2006
Residency and Year	INDIANA UNIVERSITY SCHOOL OF MEDICINE - INDIANAPOLIS, IN 2009
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	17007
License Date	4/1/2015
Name	<b>HENNESSY, AMY L MD</b>
Address	MEDICAL EYE CENTER, 250 RIVER RD MANCHESTER, NH, 03104
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	THE WARREN ALPERT MED SCHOOL OF BROWN UNIV USA 2004
Internship and Year	GEORGE WASHINGTON UNIVERSITY - WASHINGTON, DC 2005
Residency and Year	VCU HEALTH SYSTEM/MCV HOSPITALS - RICHMOND, VA 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14022
License Date	6/4/2008
Name	<b>HENNIG, ALEXANDER C MD</b>
Address	ORTHOPEDIC PROF ASSOC, 14 MAPLE ST STE 100 GILFORD, NH, 03249
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIV OF VERMONT USA 2002
Internship and Year	UNIV OF VERMONT COLLEGE OF MEDICINE - BURLINGTON, VT 2003
Residency and Year	UNIV OF VERMONT COLLEGE OF MEDICINE - BURLINGTON , VT 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9266
License Date	8/11/1994
Name	<b>HENNIGAN, THOMAS A MD</b>
Address	CHESHIRE MEDICAL CENTER, 580 COURT ST KEENE, NH, 03431-
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE USA 1978
Internship and Year	ST LUKES HOSPITAL - DENVER, CO 1979
Residency and Year	ST LUKES HOSPITAL - DENVER, CO 1980
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15703
License Date	6/6/2012
Name	<b>HENNING, KEVIN S MD</b>
Address	1633 WESTLAKE AVE NO, STE 105, SEATTLE, WA, 98109
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIFORMED SERVICES UNIV OF THE HEALTH SCIENCES USA 1989
Internship and Year	SILAS B HAYES ARMY MEDICAL CENTER - FORT ORD, CA 1990
Residency and Year	SILAS B HAYES ARMY MEDICAL CENTER - FORT ORD, CA 1992
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number 9865  
 License Date 11/6/1996  
 Name **HENRICKS, STEVEN C MD**  
 Address STEVEN C HENRICKS, MD PLLC, 24 FRONT ST #307 EXETER, NH, 03833  
 Specialty PYG  
 Board Certified P  
 School and Year of Graduation RUSH UNIV SCHOOL OF MEDICINE - CHICAGO, IL USA 1989  
 Internship and Year SAINT RAPHAEL HOSPITAL - NEW HAVEN, CT 1990  
 Residency and Year YALE NEW HAVEN HOSP-CT 1993  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 7996  
 License Date 11/9/1988  
 Name **HENRIKSON, RONALD A MD**  
 Address 15550 DEERCROSS CT, COLORADO SPRINGS, CO, 80921  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation SUNY-HLTH SCIENCE CENTER AT SYRACUSE USA 1966  
 Internship and Year SUNY HLTH SCIENCE CENTER AT SYRACUSE - SYRACUSE NY 1967  
 Residency and Year SUNY HLTH SCIENCE CENTER AT SYRACUSE - SYRACUSE NY 1969  
 License Expiration Date **6/30/2001**  
 Remarks

License Number 8675  
 License Date 1/8/1992  
 Name **HENRIQUES III, HORACE F MD**  
 Address 28 STORRS HILL LN, LYME, NH, 03768  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation UNIVERSITY OF CINCINNATI USA 1982  
 Internship and Year GEORGE WASHINGTON UNIVERSITY HOSPITAL WASHINGTON DC 1983  
 Residency and Year GEORGE WASHINGTON UNIVERSITY HOSPITAL WASHINGTON DC 1988  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14073  
 License Date 7/9/2008  
 Name **HENRY, CHARLES S MD**  
 Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500 EDEN PRAIRIE, MN, 55344  
 Specialty R  
 Board Certified R  
 School and Year of Graduation WAYNE STATE UNIV USA 1997  
 Internship and Year PROVIDENCE HOSPITAL - SOUTHFIELD, MI 1998  
 Residency and Year WAYNE STATE UNIV - DETROIT, MI 2002  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	9158
License Date	5/4/1994
Name	<b>HENSCHKE, MARK R DO</b>
Address	15 HOSPITAL DRIVE, YORK, ME, 03909
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEO USA 1988
Internship and Year	SALEM HOSPITAL - SALEM MA 1991
Residency and Year	MAINE MEDICAL CENTER - PORTLAND ME 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11850
License Date	3/5/2003
Name	<b>HENSEN, ERIC L DO</b>
Address	LAKESIDE ENT PC, 550 OSBORN BLVD STE 102SAULT STE MARIE, MI, 49783
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	MICHIGAN STATE UNIV - EAST LANSING, MI USA 1993
Internship and Year	MT CLEMENS GENERAL HOSPITAL - MT CLEMENS, MI 1994
Residency and Year	ST JOHN HOSPITAL AND MEDICAL CENTER - DETROIT, MI 1995
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	12415
License Date	8/4/2004
Name	<b>HENSON, GEOFFREY A MD</b>
Address	DHMC - ANESTHESIA, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	AN
Board Certified	AN
School and Year of Graduation	MEDICAL COLLEGE OF GEORGIA, AUGUSTA GA US 2000
Internship and Year	DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2001
Residency and Year	DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2004
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	12788
License Date	7/6/2005
Name	<b>HENSON, HEIDI M MD</b>
Address	DHMC, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	AN
Board Certified	
School and Year of Graduation	MEDICAL COLLEGE OF GEORGIA, AUGUSTA GA USA 2001
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER, LEBANON NH 2002
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER, LEBANON NH 2005
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	15796
License Date	8/1/2012
Name	<b>HEPLER, AMANDA J MD</b>
Address	GIFFORD MEDICAL CENTER, 44 MAIN STRANDOLPH, VT, 05060
Specialty	FP
Board Certified	FP
School and Year of Graduation	JEFFERSON MEDICAL COLLEGE USA 2005
Internship and Year	EXCELA HEALTH LATROBE HOSPITAL - LATROBE, PA 2006
Residency and Year	EXCELA HEALTH LATROBE HOSPITAL - LATROBE, PA 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8082
License Date	5/10/1989
Name	<b>HEPNER, ROY A MD</b>
Address	1929 PALACO GRANDE PKWY, CAPE CORAL, FL, 33904
Specialty	ORS
Board Certified	
School and Year of Graduation	W VA UNIV SCH OF MED MORGANTOWN WVA USA 1981
Internship and Year	FITZSIMONS ARMY MED CTR AURORA CO 1982
Residency and Year	FITZSIMONS ARMY MED CTR AURORA CO 1986
License Expiration Date	<b>6/30/2011</b>
Remarks	<b>12/3/99 - SETTLEMENT AGREEMENT</b>

License Number	14871
License Date	6/2/2010
Name	<b>HERATH, PADMINI D MD</b>
Address	CHESHIRE MED CTR, 580 COURT STKEENE, NH, 03431
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF RUHUNA SRI LANKA 2001
Internship and Year	UNIV OF TX HEALTH SCIENCE CTR @ SAN ANTONIA - MCALLEN, TX 2008
Residency and Year	UNIV OF TX HEALTH SCIENCE CTR @ SAN ANTONIA - MCALLEN, TX 2010
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	14074
License Date	7/9/2008
Name	<b>HERATH, PRIYANTHA P MD</b>
Address	, ONE GUTHRIE SQUIRESAYRE, PA, 18840
Specialty	N
Board Certified	N
School and Year of Graduation	UNIV OF PERADENIYA SRI LANKA 1995
Internship and Year	WESTERN PSYCHIATRIC INSTITUTE & CLINIC - PITTSBURGH, PA 2003
Residency and Year	UNIV OF PITTSBURGH MEDICAL CENTER - PITTSBURGH, PA 2004
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	11828
License Date	2/5/2003
Name	<b>HERFORT, OLIVER P MD</b>
Address	VALLEY REG HOSP ASSOC IN MED, 243 ELM STCLAREMONT, NH, 03743
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF MUNICH - MUNICH, GERMANY GERMANY 1996
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1999
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11814
License Date	1/8/2003
Name	<b>HERMAN, LORA M MD</b>
Address	QRTS Q, 1 NAVAL SHIPYARD RDPORTSMOUTH, NH, 03804
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF SOUTH DAKOTA SCH - VERMILLION, SD USA 1986
Internship and Year	NEW BRITAIN GENERAL HOSPITAL - NEW BRITAIN, CT 1987
Residency and Year	UNIV OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 1989
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	11748
License Date	10/2/2002
Name	<b>HERMANS, PIERRE P MD</b>
Address	C H DE VERDUN, 4000 TOUL LASALLE VERDUN QCCANADA, , H4G 2A3
Specialty	GS
Board Certified	
School and Year of Graduation	UNIV OF SHERBROOKE FAC OF MED - SHERBROOKE QUEBEC CANADA 1984
Internship and Year	UNIV OF SHERROOKE - SHERBROOKE QUEBEC, CANADA 1989
Residency and Year	UNIV LAVAL - QUEBEC, CANADA 1990
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	9949
License Date	3/5/1997
Name	<b>HERMANSEN, MARCUS C MD</b>
Address	SO NH MEDICAL CENTER, 8 PROSPECT STNASHUA, NH, 03061
Specialty	NPM
Board Certified	PD
School and Year of Graduation	INDIANA UNIV SCH OF MED INDIANAPOLIS, IN USA 1977
Internship and Year	MEDICAL COLLEGE WISCONSIN AFFILIATED HOSPITAL - WI 1978
Residency and Year	CHILDRENS HOSPITAL MEDICAL CENTER - OH 1982
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15983
License Date	1/9/2013
Name	<b>HERNANDEZ, NATALIA MD</b>
Address	SYRACUSE VA MEDICAL CTR, 800 IRVING AVE, MEDICINE MAIL STOP 111SYRACUSE, NY, 13210
Specialty	IM
Board Certified	IM
School and Year of Graduation	RYAZAN STATE MEDICAL UNIVERSITY RUSSIA 2006
Internship and Year	UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER - SAN ANTONIO, TX 2011
Residency and Year	UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER - SAN ANTONIO, TX 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15704
License Date	6/6/2012
Name	<b>HERNANDEZ, ROLAND A MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF MICHIGAN MEDICAL SCHOOL USA 2009
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	11316
License Date	7/11/2001
Name	<b>HERNDON, M BROOKE MD</b>
Address	DHMC-GIM, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF CALIFORNIA LOS ANGELES SCHOOL OF MED USA 1994
Internship and Year	VETERANS AFFAIRS MEDICAL CENTER 1995
Residency and Year	VETERANS AFFAIRS MEDICAL CENTER SEPULVEDA CA 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6083
License Date	7/5/1979
Name	<b>HERPEL, JOHN K MD</b>
Address	HILL RD, PO BOX 35ACWORTH, NH, 03601
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	DUKE UNIV SCHOOL OF MEDICINE - DURHAM, NC USA 1972
Internship and Year	MONTEFIORE HOSPITAL - PITTSBURGH, PA 1973
Residency and Year	WAYNE STATE UNIV HOSPITAL - DETROIT, MI 1979
License Expiration Date	<b>6/30/2005</b>
Remarks	



License Number	7081
License Date	5/2/1985
Name	<b>HERR, CHARLES H MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF VERMONT-BURLINGTON, VT USA 1977
Internship and Year	MEDICAL CTR HOSPITAL-BURLINGTON, VT 1978
Residency and Year	MEDICAL CTR HOSPITAL-BURLINGTON, VT 1980
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	12844
License Date	8/3/2005
Name	<b>HERR, DAVID H MD</b>
Address	201 CHESTNUT HILL RD, STAFFORD, CT, 06076
Specialty	EM
Board Certified	EM
School and Year of Graduation	TUFTS UNIVERSITY, BOSTON MA US 1989
Internship and Year	UNIVERSITY OF MA, WORCESTER MA 1990
Residency and Year	UNIVERSITY OF MA, WORCESTER MA 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	3920
License Date	7/1/1966
Name	<b>HERR, ERIC C MD</b>
Address	48 PHILLIP DR, SPOFFORD, NH, 03462
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF PENNSYLVANIA USA 1960
Internship and Year	THE LANCASTER GENERAL HOSPITAL - LANCASTER, PA 1961
Residency and Year	PENNSYLVANIA HOSPITAL - PHILA, PA 1964
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	14322
License Date	2/4/2009
Name	<b>HERR, HARLAN G MD</b>
Address	LITTLETON REG HOSP, 600 ST JOHNSBURY RDLITTLETON, NH, 03561
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIV OF ARKANSAN USA 1975
Internship and Year	NAVAL MEDICAL CENTER - PORTSMOUTH, VA 1976
Residency and Year	NAVAL MEDICAL CENTER - PORTSMOUTH , VA 1979
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6635
License Date	12/6/1982
Name	<b>HERR, KENNETH R MD</b>
Address	BEDFORD COMMONS OB GYN, 201 RIVERWAY PLBEDFORD, NH, 03110-6733
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	TEMPLE UNIV SCH MED - PHILADELPHIA, PA USA 1979
Internship and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1980
Residency and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15223
License Date	5/4/2011
Name	<b>HERRICK, BENJAMIN W MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	U
Board Certified	
School and Year of Graduation	VIRGINIA COMMONWEALTH UNIVERSITY SCHOOL OF MEDICIN USA 2008
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	15754
License Date	7/11/2012
Name	<b>HERRICK, DANIEL D MD</b>
Address	DHMC-SLEEP DISORDERS CTR, 1 MED CTR DRLEBANON, NH, 03756
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE USA 2008
Internship and Year	KALAMAZOO CENTER FOR MEDICAL STUDIES - KALAMAZOO, MI 2009
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15250
License Date	6/1/2011
Name	<b>HERRICK, MICHAEL D MD</b>
Address	DHMC - DEPT OF ANESTHESIOLOGY, ONE MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty	AN
Board Certified	AN
School and Year of Graduation	TUFTS UNIVERSITY USA 2007
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4055
License Date	4/11/1967
Name	<b>HERRIES, JOHN W MD</b>
Address	ELMFOLD EAST END, WITNEY OXEN OX8 6PZENGLAND, , 00000
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV OF EDINBURGH SCOTLAND 1948
Internship and Year	SETTLER'S HOSPITAL - GRAHAMSTOWN, CAPE PROVIDENCE 1949
Residency and Year	CROOTE SCHUUR - CAPE TOWN, CAPE PROVIDENCE 1950
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	14764
License Date	3/3/2010
Name	<b>HERRIN, MARK T MD</b>
Address	ANESTHESIA ASSOC, 125 DOUGHTY STCHARLESTON, SC, 29403
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF S ALABAMA USA 1991
Internship and Year	BAPTIST MEDICAL CENTER PRINCETON - BIRMINGHAM, AL 1992
Residency and Year	MEDICAL UNIVERSITY OF SOUTH CAROLINA COLLEGE OF MEDICINE - CHARLESTON, SC 1995
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	16756
License Date	9/3/2014
Name	<b>HERRINGTON, JOEL P MD</b>
Address	360 BROADWAY, BANGOR, ME, 04401
Specialty	EM
Board Certified	EM
School and Year of Graduation	GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 2006
Internship and Year	BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 2007
Residency and Year	BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10047
License Date	7/2/1997
Name	<b>HERRON, ROBERT C MD</b>
Address	MERRIMACK VALLEY FAM PRAC, 140 HAVERHILL STANDOVER, MA, 01810
Specialty	FP
Board Certified	FP
School and Year of Graduation	ALBANY MEDICAL COLLEGE - ALBANY, NY USA 1994
Internship and Year	MIDDLESEX MEMORIAL HOSPITAL - CT 1997
Residency and Year	MIDDLESEX MEMORIAL HOSPITAL - CT 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13770
License Date	12/5/2007
Name	<b>HERSCHORN, SALLY D MD</b>
Address	FAHC, 111 COLCHESTER AVEBURLINGTON, VT, 05401
Specialty	R
Board Certified	R
School and Year of Graduation	MCGILL UNIV CANADA 1982
Internship and Year	SIR MORTIMER B DAVIS JEWISH GENERAL HOSPITAL-MONTREAL, QUEBEC CANADA 1983
Residency and Year	SIR MORTIMER B DAVIS JEWISH GENERAL HOSPITAL-MONTREAL, QUEBEC CANADA 1987
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	16910
License Date	1/21/2015
Name	<b>HERSHFIELD, BARTON K MD</b>
Address	4810 SW 5TH PL, CAPE CORAL, FL, 33914
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE USA 1979
Internship and Year	UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE- BALTIMORE, MD 1980
Residency and Year	UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE- BALTIMORE, MD 1982
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10532
License Date	4/7/1999
Name	<b>HERSON, PATRICK B MD</b>
Address	AMERICAN MEDICAL SECURITY, 3100 AMS BLVDGREEN BAY, WI, 54307
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF CHICAGO PRITZKER SCH - CHICAGO, IL USA 1988
Internship and Year	COMMUNITY HOSPITAL - SANTA ROSA, CA 1989
Residency and Year	COMMUNITY HOSPITAL - SANTA ROSA, CA 1991
License Expiration Date	<b>6/30/2007</b>
Remarks	<b>LAPSED FOR NON-RENEWAL 6/30/03---REINSTATED 6/1/05</b>

License Number	15833
License Date	9/5/2012
Name	<b>HERTFORD, JO ANN F MD</b>
Address	CHESHIRE MED CTR/DH-KEENE, 580 COURT STKEENE, NH, 03431
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF MED & DENTISTRY OF NJ USA 1986
Internship and Year	BEAVER MEDICAL CENTER - BEAVER FALLS, PA 1987
Residency and Year	BEAVER MEDICAL CENTER - BEAVER FALLS, PA 1989
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14290
License Date	1/7/2009
Name	<b>HERTFORD, STEVEN C MD</b>
Address	CONVENIENTMD, 8 LOUDON RD CONCORD, NH, 03301
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF MED & DENTISTRY NJ R W JOHNSON MED SCHOOL USA 1986
Internship and Year	THE MEDICAL CENTER/FAMILY PRACTICE CENTER - BEAVER FALLS, PA 1987
Residency and Year	THE MEDICAL CENTER/FAMILY PRACTICE CENTER 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6988
License Date	10/4/1984
Name	<b>HERTZBERG, LINDA B MD</b>
Address	7417 NORTH CEDAR AVE, FRESNO, CA, 93720
Specialty	AN
Board Certified	AN
School and Year of Graduation	STANFORD UNIV SCH MED-PALO ALTO, CA USA 1980
Internship and Year	NY HOSP/CORNELL UNIV-NY 1981
Residency and Year	STANFORD UNIV HOSP-STANFORD CA 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13158
License Date	7/5/2006
Name	<b>HERZ, DANIEL B MD</b>
Address	DHMC - PEDI SURG, ONE MEDICAL CTR DR STE 6M LEBANON, NH, 03756
Specialty	U
Board Certified	U
School and Year of Graduation	SUNY @ BROOKLYN USA 1991
Internship and Year	SUNY HEALTH SCIENCE CTR-BROOKLYN NY 1992
Residency and Year	SUNY HEALTH SCIENCE CTR-BROOKLYN NY 1993
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	6281
License Date	9/4/1980
Name	<b>HERZBERG, DONALD L MD</b>
Address	243 ELM ST, CLAREMONT, NH, 03743-2005
Specialty	R
Board Certified	R
School and Year of Graduation	WASHINGTON UNIV SCHOOL MED - ST LOUIS, MO USA 1968
Internship and Year	MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 1969
Residency and Year	U ARKANSAS MEDICAL SCIENCES HOSPITAL - LITTLE ROCK, AR 0000
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	16110
License Date	5/1/2013
Name	<b>HERZOG, JOHN P DO</b>
Address	ORTHOPEDIC SPECIALISTS, 202 US RT 1, STE 207FALMOUTH, ME, 04105
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE USA 1980
Internship and Year	OSTEOPATHIC HOSPITAL OF MAINE - PORTLAND, ME 1981
Residency and Year	GENESYS GREGIONAL MEDICAL CENTER - GRAND BLANC, MI 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5895
License Date	5/4/1978
Name	<b>HESLIN, WILLIAM F MD</b>
Address	, , ,
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF GLASGOW-SCOTLAND USA 1949
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1997</b>
Remarks	<b>DECEASED 4/21/01</b>

License Number	8813
License Date	9/2/1992
Name	<b>HESLOP, MALCOLM J MD</b>
Address	MASS EYE & EAR INFIRMARY, BOSTON, MA, 02215
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF MANCHESTER UNITED KINGDOM 1965
Internship and Year	MASS GENERAL HOSPITAL - BOSTON MA 1975
Residency and Year	MASS GENERAL HOSPITAL - BOSTON MA 1975
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	12341
License Date	6/2/2004
Name	<b>HESS, STEVEN A MD</b>
Address	MAINE MEDICAL CENTER, 22 BRAMHALL STREETPORTLAND, ME, 04101
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF LOUISVILLE, LOUISVILLE KY US 1980
Internship and Year	MEDICAL COLLEGE OF VIRGINIA, RICHMOND VA 1981
Residency and Year	MEDICAL COLLEGE OF VA, RICHMOND VA 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7216
License Date	10/3/1985
Name	<b>HESSMAN, LAWRENCE MD</b>
Address	33 BARTLETT ST, LOWELL, MA, 01852
Specialty	IM
Board Certified	IM
School and Year of Graduation	STATE UNIV OF NY DOWNSTATE COLL MED-BROOKLYN USA 1962
Internship and Year	EVANSTON HOSP-EVANSTON,IL 1963
Residency and Year	UNIV HOSPITALS-CLEVELAND,OH 1968
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	5046
License Date	7/17/1973
Name	<b>HESTON, JULIE L MD</b>
Address	CONCORD NEUROLOGICAL ASSOC, 10 FAYETTE STCONCORD, NH, 03301-3708
Specialty	N
Board Certified	N
School and Year of Graduation	UNIVERSITY OF MICHIGAN-ANN ARBOR MI USA 1965
Internship and Year	PHILADELPHIA GENERAL HOSP-PHILADELPHIA PA 1966
Residency and Year	JOHNS HOPKINS HOSP-BALTIMORE MD 1969
License Expiration Date	<b>2/13/1999</b>
Remarks	<b>DECEASED 2/13/99</b>

License Number	6732
License Date	7/7/1983
Name	<b>HETTLEMAN, BRUCE D MD</b>
Address	DHMC/CARDIOLOGY DEPT, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	CD
Board Certified	CD
School and Year of Graduation	HARVARD MED SCH-BOSTON,MA USA 1977
Internship and Year	DUKE UNIV MED CTR-DURHAM,NC 1978
Residency and Year	DUKE UNIV MED CTR-DURHAM,NC 1980
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6043
License Date	5/3/1979
Name	<b>HEVERN, GERARD J MD</b>
Address	ELLIOT HEALTH SYSTEM, PO BOX 9001, 50 PINEWOOD RDALLENSTOWN, NH, 03275
Specialty	FP
Board Certified	FP
School and Year of Graduation	STATE UNIV OF NY AT STONY BROOK SCH MED USA 1976
Internship and Year	ST JOSEPH'S HOSPITAL - LONDON, ONTARIO 1977
Residency and Year	SOUTHSIDE HOSPITAL - BAY SHORE, NY 1979
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15573
License Date	3/7/2012
Name	<b>HEWITT, JOHN W MD</b>
Address	32520 LASSEN DR, FT BRAGG, CA, 95437
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSIDAD AUTONOMA DE GUADALAJARA MEXICO 1975
Internship and Year	TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER - EL PASO, TX 1977
Residency and Year	
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14200
License Date	10/1/2008
Name	<b>HEWITT, THOMAS B MD</b>
Address	1446 LONGMEADOW ST, LONGMEADOW, MA, 01106
Specialty	IM
Board Certified	
School and Year of Graduation	TUFTS UNIV USA 1977
Internship and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1978
Residency and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1980
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	2596
License Date	9/5/1947
Name	<b>HEYL, JAMES T MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>7/25/1994</b>
Remarks	<b>DECEASED 10-16-2005</b>

License Number	16513
License Date	3/5/2014
Name	<b>HEYL, PETER S MD</b>
Address	DARTMOUTH-HITCHCOCK SPEC CARE - BEDFORD MED PK, 5 WASHINGTON PL, 3rd FLOORBEDFOR
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE USA 1976
Internship and Year	WAKE FOREST BAPTIST MEDICAL CENTER - WINSTON SALEM, NC 1977
Residency and Year	BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 1981
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	2918
License Date	6/4/1952
Name	<b>HICKEY, ROBERT B DO</b>
Address	1217 ELM ST, MANCHESTER, NH, 03101
Specialty	US
Board Certified	
School and Year of Graduation	KIRKSVILLE COLLEGE OF OSTEOPATHY & SURGERY USA 1951
Internship and Year	MASSACHUSETTS OSTEOPATHIC HOSPITAL - JAMAICA PLAINMA 1952
Residency and Year	MASS OSTEOPATHIC HOSPITAL - JAMAICA PLAINMA 1952
License Expiration Date	<b>6/30/1999</b>
Remarks	Deceased 9/28/2003

License Number	9654
License Date	3/6/1996
Name	<b>HICKEY, ROBERT W MD</b>
Address	ALLERGY ASSOC OF NH, 100 GRIFFIN RD STE A PORTSMOUTH, NH, 03801-7113
Specialty	PD
Board Certified	PD
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - NH USA 1987
Internship and Year	BROWN UNIV PEDIATRICS - PROVIDENCE, RI 1988
Residency and Year	BROWN UNIV PEDIATRICS - PROVIDENCE, RI 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8708
License Date	5/6/1992
Name	<b>HICKEY, WILLIAM F MD</b>
Address	DHMC-PATHOLOGY, 1 MEDICAL CENTER DR LEBANON, NH, 03756
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSITY OF VERMONT USA 1977
Internship and Year	BRIGHAM & WOMEN'S HOSPITAL 1979
Residency and Year	BRIGHAM & WOMEN'S HOSPITAL 1981
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10947
License Date	6/7/2000
Name	<b>HICKLE, PATRICK V MD</b>
Address	ELLIOT CARDIOVASCULAR CONSULT, 1 ELLIOT WAY STE 100 MANCHESTER, NH, 03103-3545
Specialty	CD
Board Certified	CD
School and Year of Graduation	GEORGETOWN UNIV SCH - WASHINGTON, DC USA 1990
Internship and Year	KEESLER MEDICAL CENTER - KESSLER ARB, MS 1991
Residency and Year	KEESLER MEDICAL CENTER - KESSLER ARB, MS 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16410
License Date	12/4/2013
Name	<b>HICKS JR, ALFRED K DO</b>
Address	NE NECK & SPINE INSTITUTE, 19 TYLER ST, STE 104NASHUA, NH, 03060
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	MIDWESTERN UNIVERSITY USA 2003
Internship and Year	MIDWESTERN CHICAGO COLLEGE OF OSTEOPATHIC MEDICINE - OLYMPIA FIELDS, IL 2004
Residency and Year	PENINSULA HOSPITAL CENTER - FAR ROCKAWAY, NY 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11354
License Date	8/1/2001
Name	<b>HICKS, THOMAS K MD</b>
Address	22 LENOX ST, WORCESTER, MA, 01602
Specialty	FP
Board Certified	FP
School and Year of Graduation	TUFTS UNIV SCH OF MED - BOSTON, MA USA 1986
Internship and Year	UNIV OF MASSACHUSETTS MED SCH - WORCESTER, MA 1987
Residency and Year	UNIV OF MASSACHUSETTS MED SCH - WORCESTER, MA 1989
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	15960
License Date	12/5/2012
Name	<b>HIGGINBOTHAM, RACHEL E MD</b>
Address	CHEST MEDICINE ASSOC, 100 FODEN RD., WEST BLDG STE 103SO PORTLAND, ME, 04106-2351
Specialty	P
Board Certified	P
School and Year of Graduation	DUKE UNIVERSITY SCHOOL OF MEDICINE USA 2002
Internship and Year	CAMBRIDGE HOSPITAL - CAMBRIDGE HEALTH ALLIANCE - CAMBRIDGE, MA 2003
Residency and Year	CAMBRIDGE HOSPITAL - CAMBRIDGE HEALTH ALLIANCE - CAMBRIDGE, MA 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16274
License Date	8/7/2013
Name	<b>HIGGINS, BRENDAN T MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	ORS
Board Certified	
School and Year of Graduation	GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 2011
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16668
License Date	7/2/2014
Name	<b>HIGGINS, SHAWN M DO</b>
Address	30 CHASE AVE, MDCC 6TH FLWATERVILLE, ME, 01901
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF NEW ENGLAND OF OSTEOPATHIC MEDICINE USA 2005
Internship and Year	MAINE GENERAL MEDICAL CENTER - WATERVILLE, ME 2006
Residency and Year	MAINE GENERAL MEDICAL CENTER - WATERVILLE, ME 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3198	
License Date	5/13/1957	
Name	<b>HIGH, JAMES J MD</b>	
Address	68 WEST ST, PEPPERELL, MA, 01463-1230	
Specialty	EM	
Board Certified	EM	
School and Year of Graduation	TUFTS MEDICAL SCHOOL USA 1955	
Internship and Year	WORCESTER CITY HOSPITAL	WORCESTER - MASSACHUSETTS 1956
Residency and Year	WORCESTER CITY HOSPITAL	WORCESTER - MASSACHUSETTS 1957
License Expiration Date	<b>9/28/2012</b>	
Remarks	Deceased 9/28/2012	

License Number	11132
License Date	12/6/2000
Name	<b>HIGH, JAMES R MD</b>
Address	ELLIOT HOSPITAL, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty	EM
Board Certified	EM
School and Year of Graduation	JEFFERSON MED COLL - PHILADELPHIA, PA USA 1996
Internship and Year	UNIV OF MASSACHUSETTS MED SCH- WORCESTER, MA 1997
Residency and Year	UNIV OF MASSACHUSETTS MED SCH - WORCESTER, MA 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10948
License Date	6/7/2000
Name	<b>HIGHLAND, JENNIFER L DO</b>
Address	59 CUMMINGS HILL RD, PLYMOUTH, NH, 03264
Specialty	OS
Board Certified	OS
School and Year of Graduation	UNIV OF NEW ENGLAND COLL OF OSTEO-BIDDEFORD, ME USA 1997
Internship and Year	NYCOM/LONG BEACH MEDICAL CENTER - LONG BEACH, NY 1998
Residency and Year	NYCOM/ST BARNABAS HOSPITAL - BRONX, NY 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 13206  
 License Date 8/2/2006  
 Name **HILBORN, STEPHEN T MD**  
 Address 590 COURT ST, KEENE, NH, 03431  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation TUFTS UNIV USA 1997  
 Internship and Year WATERBURY HOSPITAL HEALTH CENTER-WATERBURY, CT 1999  
 Residency and Year WATERBURY HOSPITAL HEALTH CENTER-WATERBURY, CT 2001  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12789  
 License Date 7/6/2005  
 Name **HILBURN, SUSAN A MD**  
 Address MCGILL UNIV DEPT OF PALL CARE - C/O KAREN FRENCH, 3655 PROMENADE SIR WM OSLERMONT  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation MERCER UNIVERSITY, MACON GA USA 2000  
 Internship and Year MERCER UNIVERSITY, MACON GA 2001  
 Residency and Year UNIVERSITY OF SOUTH ALABAMA, MOBILE AL 2003  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13746  
 License Date 11/7/2007  
 Name **HILDEBRAND, ANDREA L MD**  
 Address FAHC, 111 COLCHESTER AVE BURLINGTON, VT, 05401  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIV OF FLORIDA USA 1991  
 Internship and Year GEORGETOWN UNIV MEDICAL CENTER - WASHINGTON, DC 1992  
 Residency and Year GEORGETOWN UNIV MEDICAL CENTER - WASHINGTON, DC 1996  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 16224  
 License Date 7/3/2013  
 Name **HILES JR, CHARLES H MD**  
 Address WOLFEBORO INTERNAL MEDICINE, 240 S MAIN ST., STE JWOLFEBORO, NH, 03894  
 Specialty IM  
 Board Certified  
 School and Year of Graduation EASTERN VIRGINIA MEDICAL SCHOOL USA 1983  
 Internship and Year CARILION CLINIC - VIRGINIA TECH CARILION SCHOOL OF MEDICINE - ROANOKE, VA 1984  
 Residency and Year CARILION CLINIC - VIRGINIA TECH CARILION SCHOOL OF MEDICINE - ROANOKE, VA 1986  
 License Expiration Date **6/30/2017**  
 Remarks **LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/2/15**

License Number	8352
License Date	6/6/1990
Name	<b>HILGENHURST, C GRAF MD</b>
Address	CARNEY HOSP, 2100 DORCHESTER AVE BOSTON, MA, 02124-0000
Specialty	AN
Board Certified	AN
School and Year of Graduation	RUSH MED COLL OF RUSH UNIV-CHICAGO, IL USA 1983
Internship and Year	RUSH-PRESBY -ST LUKES CTR-CHICAGO, IL 1984
Residency and Year	UNIV HOSP-BOSTON, MA 1985
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	11502
License Date	2/6/2002
Name	<b>HILL III, JOSEPH A MD</b>
Address	FERTILITY CTR OF NE, 875 GREENLAND RD UNIT CI PORTSMOUTH, NH, 03801
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	MEDICAL COLL OF GEORGIA SCH - AUGUSTA, GA USA 1981
Internship and Year	MEDICAL COLLEGE OF GEORGIA HOSPITAL - AUGUSTA, GA 1982
Residency and Year	MEDICAL COLLEGE OF GEORGIA HOSPITAL - AUGUSTA, GA 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11829
License Date	2/5/2003
Name	<b>HILL JR, JOHN M MD</b>
Address	DHMC/HEMATOLOGY, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	UNIV OF CONNECTICUT SCH OF MED - FARMINGTON, CT USA 1989
Internship and Year	NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1990
Residency and Year	NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16585
License Date	5/7/2014
Name	<b>HILL, BROOKE R MD</b>
Address	THE QUEEN'S MEDICAL CTR, 1301 PUNCHBOWL ST - PAUAAHI 3rd FL HONOLULU, HI, 96813
Specialty	IM
Board Certified	
School and Year of Graduation	ROSALIND FRANKLIN UNIV OF MEDICINE & SCIENCE USA 2011
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4152
License Date	10/10/1967
Name	<b>HILL, GEORGE J MD</b>
Address	3 SILVER SPRING RD, W ORANGE, NJ, 07052
Specialty	GS
Board Certified	GS
School and Year of Graduation	HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1957
Internship and Year	NEW YORK HOSPITAL - NEW YORK, NY 1958
Residency and Year	PETER BENT BRIGHAM - BOSTON, MA 1966
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	9889
License Date	12/4/1996
Name	<b>HILL, JOHN M MD</b>
Address	NEW HAMPSHIRE STATE PRISON, 281 N STATE STCONCORD, NH, 03301
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF ILLINOIS COLLEGE OF MEDICINE CHICAGO, IL USA 1953
Internship and Year	BOSTON CITY HOSPITAL - BOSTON, MA 1955
Residency and Year	VETERAN AFFAIRS MEDICAL CENTER - MA 1958
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	3808
License Date	7/6/1965
Name	<b>HILL, JOSEPH C MD</b>
Address	100 HOSPITAL RD, PROFESSIONAL BUILDINGLEOMINSTER, MA, 01453-2253
Specialty	VS
Board Certified	VS
School and Year of Graduation	UNIV OF ROCHESTER SCHOOL OF MEDICINE - ROCH, NY USA 1961
Internship and Year	MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1962
Residency and Year	DARTMOUTH AFFILIATED HOSPITALS - HANOVER, NH 1966
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	16711
License Date	8/6/2014
Name	<b>HILL, JOSEPH L MD</b>
Address	3233 NE 32ND AVE #803, FT LAUDERDALE, FL, 33308
Specialty	CHP
Board Certified	CHP
School and Year of Graduation	TULANE UNIVERSITY SCHOOL OF MEDICINE USA 1960
Internship and Year	LOUISIANA STATE UNIVERSITY HEALTH SCIENCE CENTER - NEW ORLEANS, LA 1972
Residency and Year	LOUISIANA STATE UNIVERSITY HEALTH SCIENCE CENTER - NEW ORLEANS, LA 1975
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9400
License Date	4/5/1995
Name	<b>HILL, LAURIE L MD</b>
Address	2447 SHERIDAN DR, TONA WANDA, NY, 14150
Specialty	CD
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF WEST INDIES JAMAICA 1977
Internship and Year	DALHOUSIE UNIVERSITY - VICTORIA CANADA 1979
Residency and Year	DALHOUSIE UNIVERSITY - VICTORIA CANADA 1979
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	3764
License Date	2/2/1965
Name	<b>HILL, LUCIUS T MD</b>
Address	28 DOE RUN LN, STRATHAM, NH, 03885
Specialty	GS
Board Certified	GS
School and Year of Graduation	MCGILL UNIV - MONTREAL P.Q. CANADA CANADA 1958
Internship and Year	PETER BENT BRIGHAM - BOSTON, MA 1959
Residency and Year	PETER BENT BRIGHAM - BOSTON, MA 1964
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	15301
License Date	7/6/2011
Name	<b>HILL, MICHAEL B MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	GS
Board Certified	
School and Year of Graduation	UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE USA 2009
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	16825
License Date	11/6/2014
Name	<b>HILL, RICHARD K MD</b>
Address	2019 BUTTERFIELD OVERLOOK, FREDERICK, MD, 21702
Specialty	IM
Board Certified	IM
School and Year of Graduation	JOHNS HOPKINS UNIV SCHOOL OF MEDICINE USA 1973
Internship and Year	UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE - GAINESVILLE, FL 1974
Residency and Year	UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE - GAINESVILLE, FL 1976
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 13667  
 License Date 9/5/2007  
 Name **HILLIER, SIMON C MD**  
 Address DHMC/ANESTHESIOLOGY, 1 MEDICAL CENTER DRIVELEBANON, NH, 03756  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation UNIV OF MANCHESTER ENGLAND 1981  
 Internship and Year HOSPITAL FOR SICK CHILDREN-TORONTO, ONTARIO CANADA 1984  
 Residency and Year HOSPITAL FOR SICK CHILDREN-TORONTO, ONTARIO CANADA 1988  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11945  
 License Date 5/7/2003  
 Name **HILLINGER, MARY K MD**  
 Address DHMC ALLERGY DEPT, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty AI  
 Board Certified AI  
 School and Year of Graduation LOUISIANA STATE UNIV SCH - NEW ORLEANS, LA USA 1975  
 Internship and Year ALTON OCHSNER MEDICAL FOUNDATION - NEW ORLEANS, LA 1976  
 Residency and Year LOUISIANA STATE UNIV MEDICAL CENTER - NEW ORLEANS, LA 1979  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 8905  
 License Date 3/3/1993  
 Name **HILLS, JUDITH M MD**  
 Address MT ASCUTNEY HOSPITAL, 289 COUNTY RDWINDSOR, VT, 05089  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1986  
 Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD MA 1987  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1989  
 License Expiration Date **6/30/2017**  
 Remarks **Lapsed for non-renewal 6/30/05.  
 Reinstated 2/2/07.  
 Lapsed for non-renewal 6/30/2015. Renewed 7/20/15.**

License Number 14291  
 License Date 1/7/2009  
 Name **HILLSTROM, JENNIFER L MD**  
 Address MMP MAINEHEALTH CARDIOLOGY, 96 CAMPUS DR, STE 1SCARBOROUGH, ME, 04074  
 Specialty CD  
 Board Certified IM  
 School and Year of Graduation UNIV OF MINNESOTA USA 1989  
 Internship and Year HENNEPIN COUNTY MEDICAL CENTER - MINNEAPOLIS, MN 1990  
 Residency and Year HENNEPIN COUNTY MEDICAL CENTER - MINNEAPOLIS, MN 1993  
 License Expiration Date **6/30/2017**  
 Remarks



License Number	5848
License Date	12/12/1977
Name	<b>HILTON, GEORGE Q MD</b>
Address	C/O STRAFFORD MEDICAL, 10 MEMBERS WAYDOVER, NH, 03820
Specialty	P
Board Certified	P
School and Year of Graduation	TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1972
Internship and Year	SHANDS HOSPITAL CLINIC - GAINESVILLE, FL 1972
Residency and Year	SHANDS HOSPITAL CLINIC - GAINESVILLE, FL 1975
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6673
License Date	4/7/1983
Name	<b>HIMADI, ELAINE MD</b>
Address	7231 COLGATE AVE, DALLAS, TX, 75225-
Specialty	PD
Board Certified	
School and Year of Graduation	BOWMAN GRAY SCH MED WAKE FORREST NC USA 1978
Internship and Year	UNIV MASS HOSPITAL COORDINATE PROGRAM - WORCESTER, MA 1979
Residency and Year	UNIV MASS HOSPITAL COORDINATE PROGRAM - WORCESTER, MA 1981
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	16544
License Date	4/2/2014
Name	<b>HINCHEY, JAMES MD</b>
Address	3069 BENT TREE LOOP, ROUND ROCK, TX, 78681
Specialty	EM
Board Certified	EM
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2005
Internship and Year	UNIVERSITY OF WASHINGTON MEDICAL CENTER - SEATTLE, WA 2006
Residency and Year	MT SINAI SCHOOL OF MEDICINE - NEW YORK, NY 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8605
License Date	7/17/1991
Name	<b>HINCK, JOHN A MD</b>
Address	NEW HAMPSHIRE HOSP, 36 CLINTON STCONCORD, NH, 03301-
Specialty	P
Board Certified	P
School and Year of Graduation	CORNELL UNIVERSITY MEDICAL COLLEGE USA 1989
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1993
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11869
License Date	4/2/2003
Name	<b>HINES, SCOTT T MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	WAKE FOREST UNIV - WINSTON-SALEM, NC USA 2000
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2001
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2002
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	4396
License Date	4/22/1969
Name	<b>HINGORANI, SAVITRI P MD</b>
Address	149 PLEASANT ST, DRACUT, MA, 01826-4842
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF BOMBAY, TOPIWALA NATIONAL MEDICAL COLLEGE INDIA 1959
Internship and Year	WALTHAM HOSPITAL - WALTHAM, MA 1969
Residency and Year	WALTHAM HOSPITAL - WALTHAM, MA 1969
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	6576
License Date	6/24/1982
Name	<b>HINKLE, ALLEN J MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	AN
Board Certified	AN
School and Year of Graduation	ALBERT EINSTEIN COLL MED-YESHIVA-BRONX.NY USA 1976
Internship and Year	CHILDRENS HOSP-PHIL,PA 1977
Residency and Year	MASS GEN HOSP-BOSTON,MA 1981
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	2410
License Date	10/10/1945
Name	<b>HINKLEY, ROBERT MD</b>
Address	5 PREBLE ST, GROVETON, NH, 03582-1407
Specialty	FP
Board Certified	
School and Year of Graduation	YALE UNIVERSITY USA 1944
Internship and Year	WORCESTER CITY HOSPITAL - WORCESTER, MA 1945
Residency and Year	WORCESTER CITY HOSPITAL - WORCESTER, MA 1945
License Expiration Date	<b>6/30/2000</b>
Remarks	<b>DECEASED 4/13/2001</b>

License Number	6050
License Date	5/9/1979
Name	<b>HINRICHS, HENRY R MD</b>
Address	1501 STAGECOACH RD SE, ALBUQUERQUE, NM, 87123-
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	NORTHWESTERN UNIV MEDICAL SCHOOL - CHICAGO, IL USA 1966
Internship and Year	BETH ISRAEL HOSPITAL - BOSTON, MA 1967
Residency and Year	MOFFITT UNIV OF CALIFORNIA HOSPITAL - SAN FRANCISCO, CA 1970
License Expiration Date	<b>11/5/2004</b>
Remarks	DECEASED 11/5/04

License Number	17110
License Date	6/3/2015
Name	<b>HINTZ, STEVEN J MD</b>
Address	SPECTRUM MED GROUP, 324 GANNETT DR STE 200S PORTLAND, ME, 04106
Specialty	DR
Board Certified	DR
School and Year of Graduation	VA COMMONWEALTH UNIV SCHOOL OF MEDICINE USA 1988
Internship and Year	MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1989
Residency and Year	MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14923
License Date	7/7/2010
Name	<b>HIRSCH, DAVID J MD</b>
Address	CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS USA 2005
Internship and Year	UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE - PITTSBURGH, PA 2006
Residency and Year	UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE - PITTSBURGH, PA 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12263
License Date	4/7/2004
Name	<b>HIRSCH, DENISE R MD</b>
Address	CLIPPER CARDIOVASCULAR ASSOC, 112A PARKER STNEWBURYPORT, MA, 01950
Specialty	CD
Board Certified	CD
School and Year of Graduation	HARVARD MEDICAL SCHOOL, BOSTON MA US 1989
Internship and Year	MT AUBURN HOSP, CAMBRIDGE MA 1990
Residency and Year	MT AUBURN HOSP, CAMBRIDGE MA 1992
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	14225
License Date	11/5/2008
Name	<b>HIRSCHMAN, SCOTT A MD</b>
Address	WRJ VA MEDICAL CENTER, 215 NORTH MAIN STWRJ, VT, 05001
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	STATE UNIV OF NEW YORK USA 1989
Internship and Year	NEW YORK & PRESBYTERIAN HOSPITAL - NY, NY 1992
Residency and Year	NEW YORK & PRESBYTERIAN HOSPITAL - NY, NY 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10244
License Date	3/4/1998
Name	<b>HITTELL, ELGIN T MD</b>
Address	, PO BOX 773SAN RAMON, CA, 94583
Specialty	AN
Board Certified	AN
School and Year of Graduation	ST GEORGES UNIV SCH OF MED - GRENADA WEST INDIES 1984
Internship and Year	HIGHLAND HOSPITAL - NY 1985
Residency and Year	STRONG MEMORIAL HOSPITAL - NY 1991
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	16712
License Date	8/6/2014
Name	<b>HIX, CLAUDIA G DO</b>
Address	PO BOX 271, ONECO, CT, 06373
Specialty	GPM
Board Certified	GPM
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC M USA 1985
Internship and Year	BRIDGEPORT HOSPITAL - BRIDGEPORT, CT 1987
Residency and Year	BRIDGEPORT HOSPITAL - BRIDGEPORT, CT 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4491
License Date	10/14/1969
Name	<b>HLUSKO, GEORGE P MD</b>
Address	, PO BOX 446RADFORD, VA, 24141-0446
Specialty	CHP
Board Certified	CHP
School and Year of Graduation	WEST VIRGINIA UNIV - MORGANTOWN, WV USA 1967
Internship and Year	ELMHURST GENERAL HOSPITAL - ELMHURST, NY 1968
Residency and Year	DARTMOUTH AFFILIATED HOSPITAL - HANOVER, NH 1969
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	4205
License Date	4/16/1968
Name	<b>HO, CHING H MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1997</b>
Remarks	

License Number	15705
License Date	6/6/2012
Name	<b>HO, JEFFREY C MD</b>
Address	SUMMIT RADIOLOGY PC, PO BOX 80070FORT WAYNE, IN, 46898-0070
Specialty	DR
Board Certified	DR
School and Year of Graduation	WAYNE STATE UNIV SCHOOL OF MEDICINE USA 2001
Internship and Year	ST JOHN HOSPITAL & MEDICAL CENTER - GROSSE POINTE WOODS, MI 2002
Residency and Year	WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE - DETROIT, MI 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15537
License Date	2/1/2012
Name	<b>HOANG, DAVID H DO</b>
Address	GRANITE STATE ORTHOPAEDICS, 17 PROSPECT STNASHUA, NH, 03060
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	OHIO UNIVERSITY COLLEGE OF OSTEOPATHIC MED USA 1997
Internship and Year	OUCOM MERIDIA SOUTH POINTE HOSPITAL - WARRENSVILLE HEIGHTS, OH 1998
Residency and Year	PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE - PHILADELPHIA, PA 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16514
License Date	3/5/2014
Name	<b>HOANG, VIVIAN MD</b>
Address	336 22ND AVE N, NASHVILLE, TN, 37203-1844
Specialty	N
Board Certified	N
School and Year of Graduation	TULANE UNIVERSITY SCHOOL OF MEDICINE USA 2007
Internship and Year	TULANE MEDICAL CENTER - NEW ORLEANS, LA 2008
Residency and Year	GEORGETOWN UNIVERSITY HOSPITAL - WASHINGTON, DC 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17167
License Date	7/1/2015
Name	<b>HOBBIE, CHRISTOPHER N MD</b>
Address	101 GREENFIELD DR, CLARKS SUMMIT, PA, 18411
Specialty	DR
Board Certified	DR
School and Year of Graduation	YALE UNIVERSITY USA 1991
Internship and Year	NORWALK HOSPITAL - NORWALK, CT 1992
Residency and Year	NORWALK HOSPITAL - NORWALK, CT 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6933
License Date	7/23/1984
Name	<b>HOBSON, SCOTT D MD</b>
Address	LAKES REGION GENERAL HOSP, HIGHLAND RDLACONIA, NH, 03247
Specialty	EM
Board Certified	
School and Year of Graduation	UNIV OF UTAH COLL MED -SALT LAKE CITY USA 1972
Internship and Year	HARBORVIEW MED CTR-SEATTLE,WA 1973
Residency and Year	UNIV COLO HLTH SCI CTR-DENVER,CO 1979
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13668
License Date	9/5/2007
Name	<b>HOCHBERG, LEIGH R MD</b>
Address	MASS GENERAL HOSP, 15 PARKMAN ST WAC 729JBOSTON, MA, 02114
Specialty	N
Board Certified	N
School and Year of Graduation	EMORY UNIV USA 1999
Internship and Year	EMORY UNIV SCHOOL OF MEDICINE-ATLANTA, GA 2000
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7906
License Date	7/6/1988
Name	<b>HOCHGRAF, SCOTT R MD</b>
Address	CMC-URGENT CARE AT BEDFORD, 5 WASHINGTON PLACEBEDFORD, NH, 03110
Specialty	IM
Board Certified	IM
School and Year of Graduation	ALBERT EINSTEIN COLL OF MED OF YESHIVA - NY USA 1985
Internship and Year	BETH ISRAEL HOSPITAL - BOSTON, MA 1986
Residency and Year	OPTIMA HEALTH (ELLIOT & CMC), MANCHESTER, NH 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 5342  
 License Date 6/9/1975  
 Name **HOCHSTEDLER, ROWEN M MD**  
 Address 24 MORRILL PLACE, AMESBURY, MA, 01913  
 Specialty P  
 Board Certified P  
 School and Year of Graduation NY UNIV SCHOOL OF MEDICINE USA 1969  
 Internship and Year BELLEVUE HOSPITAL MEDICAL CTR - NY, NY 1970  
 Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON,MA 1973  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 4428  
 License Date 5/27/1969  
 Name **HOCKMAN, RICHARD P MD**  
 Address NEW HAMPSHIRE ORTHOPAEDIC SUR, 700 LAKE AVE STE 1MANCHESTER, NH, 03103-2776  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation YALE UNIV SCHOOL OF MEDICINE - NEW HAVEN, CT USA 1964  
 Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1965  
 Residency and Year YALE-NEW HAVEN HOSPITAL - NEW HAVEN, CT 1969  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 8163  
 License Date 7/12/1989  
 Name **HOCKMUTH, ROBERT P MD**  
 Address 2 COLLEGE PARK DR, HOOKSETT, NH, 03106  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1982  
 Internship and Year EASTERN MAINE MEDICAL CTR - BANGOR, ME 1983  
 Residency and Year EASTERN MAINE MEDICAL CTR - BANGOR, ME 1985  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14682  
 License Date 12/2/2009  
 Name **HODGE, WILLIAM F MD**  
 Address NIGHTHAWK RADIOLOGY SERVICES, 601 FRONT AVE #400COEUR D'ALENE, ID, 83814  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIVERSITY OF MANITOBA CANADA 2000  
 Internship and Year UNIVERSITY OF BRITISH COLUMBIA - VANCOUVER, BRITISH COLUMBIA CANAD 2001  
 Residency and Year UNIVERSITY OF BRITISH COLUMBIA - VANCOUVER, BRITISH COLUMBIA CANADA 2006  
 License Expiration Date **6/30/2011**  
 Remarks

License Number	9019
License Date	8/4/1993
Name	<b>HODGES, KEVIN F MD</b>
Address	COASTAL PEDIATRICS, 200 GRIFFIN RD #15PORTSMOUTH, NH, 03801
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF ILLINOIS USA 1986
Internship and Year	UNIVERSITY OF CONNECTICUT SCHOLL OF MED-FRAMINGTON,CT 1989
Residency and Year	UNIVERSITY OF CONNECTICUT SCHOOL OF MED- FARMINGTON, CT 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12493
License Date	10/6/2004
Name	<b>HODGMAN, NICHOLAS W MD</b>
Address	DHMC - GENERAL INTERNAL MED, ONE MEDICAL CENTER DRLEBANON, NH, 03756-0001
Specialty	IM
Board Certified	
School and Year of Graduation	MEDICAL COLLEGE OF WISCONSIN, MILWAUKEE WI US 2002
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2003
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2004
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	7462
License Date	11/12/1986
Name	<b>HODGSON, ELIZABETH S MD</b>
Address	RAGGED MT. FISH & GAME CLUB, 226 RAGGED MT. CLUB RDANDOVER, NH, 03216
Specialty	PD
Board Certified	PD
School and Year of Graduation	YALE UNIVERSITY SCHOOL OF MEDICINE - NEW HAVEN, CT USA 1978
Internship and Year	YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 1979
Residency and Year	YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 1981
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11153
License Date	1/3/2001
Name	<b>HODSDON, CAROLINE M MD</b>
Address	619 BRIGHTON AVE, PORTLAND, ME, 04102
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1994
Internship and Year	MAINE MEDICAL CENTER - PORTLAND ME 1998
Residency and Year	MAINE MEDICAL CENTER - PORTLAND ME 1998
License Expiration Date	<b>6/30/2002</b>
Remarks	



License Number 3421  
 License Date 3/8/1961  
 Name **HOEFLE JR, HAROLD H MD**  
 Address 330 BROTHWICK AVE, STE 210PORTSMOUTH, NH, 03801  
 Specialty  
 Board Certified  
 School and Year of Graduation MCGILL UNIVERSITY- MONTREAL CANADA CANADA 1955  
 Internship and Year SOUTHERN PACIFIC GENERAL HOSPITAL 1956  
 Residency and Year SOUTHERN PACIFIC GENERAL HOSPITAL 1956  
 License Expiration Date **6/30/2011**  
 Remarks **DECEASED 3/14/2012**

License Number 14601  
 License Date 9/2/2009  
 Name **HOEGEMANN SAVELLANO, DAGMAR MD**  
 Address DHMC - DEPT OF RADIOLOGY, 1 MED CTR DRLEBANON, NH, 03756  
 Specialty R  
 Board Certified R  
 School and Year of Graduation MEDICAL UPPER SCHOOL OF HANNOVER GERMANY 1996  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 4914  
 License Date 9/28/1972  
 Name **HOEHN, JAMES L MD**  
 Address MARSHFIELD CLINIC, 1000 N OAK STMARSHFIELD, WI, 54449-5703  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation UNIV COLLEGE OF MEDICINE - CHICAGO, IL USA 1966  
 Internship and Year PRESBYTERIAN-ST LUKE'S - CHICAGO, IL 1967  
 Residency and Year PRESBYTERIAN-ST LUKE'S - CHICAGO, IL 1971  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 7649  
 License Date 7/8/1987  
 Name **HOENE, BARBARA G F MD**  
 Address EDENDALE HOSP, ANESTHESIA, PRIVATEBAG X 509 PLESSISLAERNATAL S AFRICA, ,  
 Specialty AN  
 Board Certified  
 School and Year of Graduation FAC OF MEDICINE UNIV OF CAPE TOWN - CAPE TOWN USA 1979  
 Internship and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1981  
 Residency and Year FORIEGN TRAINING - SOUTH AFRICA 1987  
 License Expiration Date **6/30/2011**  
 Remarks **LAPSED FOR NON RENEWAL 6/30/05----REINSTATED 4/2/08**

License Number 3230  
 License Date 3/12/1958  
 Name **HOENE, RUDOLF MD**  
 Address , , ,  
 Specialty  
 Board Certified  
 School and Year of Graduation  
 Internship and Year  
 Residency and Year  
 License Expiration Date **9/18/1994**  
 Remarks **DECEASED 9/18/94**

License Number 5893  
 License Date 5/1/1978  
 Name **HOEPP, LAWRENCE M MD**  
 Address ELLIOT GEN SURGICAL SPECIALIST, 185 QUEEN CITY AVEMANCHESTER, NH, 03101-7100  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation TEMPLE UNIV SCHOOL OF MEDICINE PHILADELPHIA, PA USA 1973  
 Internship and Year STRONG MEMORIAL HOSPITAL UNIV ROCHESTER - ROCHESTER, NY 1974  
 Residency and Year STRONG MEMORIAL HOSPITAL UNIV ROCHESTER - ROCHESTER, NY 1978  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 7874  
 License Date 6/8/1988  
 Name **HOERMAN, WALTER A MD**  
 Address LILAC CITY PEDIATRICS PA, 180 FARMINGTON RDROCHESTER, NH, 03867  
 Specialty PD  
 Board Certified  
 School and Year of Graduation UNIV CONNECTICUT SCH MED - FARMINGTON,CT USA 1985  
 Internship and Year UNIV CT SCHOOL OF MEDICINE - FARMINGTON, CT 1986  
 Residency and Year UNIV CT SCHOOL OF MEDICINE - FARMINGTON, CT 1988  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 8124  
 License Date 6/7/1989  
 Name **HOERNER, THOMAS E MD**  
 Address ESSEX ORTHOPAEDICS, 16 PELHAM RDSALEM, NH, 03079  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation CORNELL UNIV MED COLL NEW YORK NY USA 1978  
 Internship and Year MASS GEN HOSP BOSTON MA 1979  
 Residency and Year BRIGHAM WOMENS HOSP BOSTON MA 1983  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	16790
License Date	10/1/2014
Name	<b>HOERTH, MATTHEW T MD</b>
Address	MAYO CLINIC, 5777 E MAYO BLVD PHOENIX, AZ, 85054
Specialty	N
Board Certified	N
School and Year of Graduation	LOMA LINDA UNIVERSITY USA 2005
Internship and Year	MAYO GRADUATE SCHOOL MEDICINE, ROCHESTER, MN 2006
Residency and Year	MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - SCOTTSDALE, AZ 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6186
License Date	4/21/1980
Name	<b>HOFF, NICHOLAS R MD</b>
Address	NASHUA RADIOLOGY C/O PHY PROF MGMNT, PO BOX 1849 LEWISTON, ME, 04241
Specialty	DR
Board Certified	DR
School and Year of Graduation	STATE UNIV. OF NEW YORK.DOWNSSTATE COLL,BROOKLYN USA 1975
Internship and Year	NASSAU CO McMEADOW BROOK HOSP.EAST MEADOW,NY 1976
Residency and Year	HARTFORD HOSP.HARTFORD,CT 1980
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15920
License Date	11/7/2012
Name	<b>HOFFER, DEBORAH R MD</b>
Address	DARTMOUTH HITCHCOCK DEPT OF PEDIATRICS, ONE MEDICAL CENTER DR.LEBANON, NH, 03756
Specialty	PD
Board Certified	PD
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 1996
Internship and Year	SEATTLE CHILDRENS HOSPITAL - SEATTLE, WA 1997
Residency and Year	SEATTLE CHILDRENS HOSPITAL - SEATTLE, WA 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12845
License Date	8/3/2005
Name	<b>HOFFER, ERIC K MD</b>
Address	DHMC DEPT RADIOLOGY, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF CALIFORNIA, LOS ANGELES CA US 1984
Internship and Year	UCLA MED CTR, TORRANCE CA 1985
Residency and Year	UCLA MED CTR, TORRANCE CA 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13709
License Date	10/3/2007
Name	<b>HOFFMAN JR, JOSEPH I MD</b>
Address	2950 STONE HOGAN RD #3-A, ATLANTA, GA, 30331
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	HOWARD UNIV COLLEGE OF MED USA 1964
Internship and Year	LENOX HILL HOSPITAL - NEW YORK, NY 1968
Residency and Year	HOSPITAL FOR SPECIAL SURGERY-CORNELL UNIV - NEW YORK, NY 1971
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	7810
License Date	4/6/1988
Name	<b>HOFFMAN, BENJAMIN F MD</b>
Address	GE ENERGY, 4424 WEST SAM HOUSTON PKWY - N WESTWAY 2HOUSTON, TX, 77041
Specialty	OM
Board Certified	OM
School and Year of Graduation	MT SINAI SCH MED OF CITY UNIV OF NY - NY USA 1983
Internship and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1984
Residency and Year	YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12383
License Date	7/7/2004
Name	<b>HOFFMAN, CARY J MD</b>
Address	NATIONALRAD, 629-A EAST HILLSBORO BLVDDEERFIELD BEACH, FL, 33441
Specialty	
Board Certified	R
School and Year of Graduation	BOSTON UNIVERSITY, BOSTON MA US 1989
Internship and Year	YALE UNIVERSITY, NEW HAVEN CT 1990
Residency and Year	MT SINAI MED CTR, MIAMI BEACH FL 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16641
License Date	6/4/2014
Name	<b>HOFFMAN, ELIZABETH J MD</b>
Address	MAINE MED CTR, 22 BRAMHALL STPORTLAND, ME, 04102
Specialty	EM
Board Certified	
School and Year of Graduation	UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 2011
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2012
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10026
License Date	6/4/1997
Name	<b>HOFFMAN, ERIC D MD</b>
Address	SOUTHERN NH SPORTS MED, 43 B BIRCH ST STE 7DERRY, NH, 03038-2718
Specialty	ORS
Board Certified	
School and Year of Graduation	DUKE UNIVERSITY SCHOOL OF MEDICINE-NC USA 1991
Internship and Year	DUKE UNIVERSITY MEDICAL CENTER-NC 1997
Residency and Year	DUKE UNIVERSITY MEDICAL CENTER-NC 1997
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	13495
License Date	5/9/2007
Name	<b>HOFFMAN, ERIC J DO</b>
Address	BERKSHIRE MED CTR, 725 NORTH STPITTSFIELD, MA, 01201
Specialty	EM
Board Certified	
School and Year of Graduation	UNIV OF NEW ENGLAND USA 2003
Internship and Year	UNIV OF CONNECTICUT HEALTH CENTER-FARMINGTON, CT 2004
Residency and Year	HARTFORD HOSPITAL-HARTFORD, CT 2005
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	6989
License Date	10/4/1984
Name	<b>HOFFMAN, JEFFREY M MD</b>
Address	85 CONSTITUTION LANE, 200 CDANVERS, MA, 01923-3658
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF PENNSYLVANIA SCH MED USA 1970
Internship and Year	WASHINGTON HOSP CTR-WASHINGTON,DC 1971
Residency and Year	INST OF PENNSYLVANIA HOSP-PHIL,PA 1974
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	14201
License Date	10/1/2008
Name	<b>HOFFMAN, MATTHEW J DO</b>
Address	IMAGING ON CALL, 695 DUTCHESS TPKE STE 105POUGHKEEPSIE, NY, 12603
Specialty	R
Board Certified	R
School and Year of Graduation	PHILADELPHIA COLLEGE USA 1998
Internship and Year	FRANKFORD HOSPITAL-PHILADELPHIA, PA 1999
Residency and Year	NATIONAL NAVAL MEDICAL CENTER-BETHESDA, MD 2006
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	12790
License Date	7/6/2005
Name	<b>HOFFMAN, MICHAEL V MD</b>
Address	DHMC, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	ORS
Board Certified	
School and Year of Graduation	UNIVERSITY OF UTAH, SLAT LAKE CITY UT USA 2001
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER, LEBANON NH 2002
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER, LEBANON NH 2006
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	13398
License Date	2/7/2007
Name	<b>HOFFMEISTER, KAREN J DO</b>
Address	252 DOGFORD RD, ETNA, NH, 03750
Specialty	IM
Board Certified	
School and Year of Graduation	PHILADELPHIA COLLEGE USA 1984
Internship and Year	NAVAL MEDICAL CENTER - SAN DIEGO, CA 1985
Residency and Year	NAVAL MEDICAL CENER - SAN DIEGO, CA 1989
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	11317
License Date	7/11/2001
Name	<b>HOFLEY, MARC A MD</b>
Address	DARTMOUTH-HITCHCOCK-MANCHESTER, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty	PD
Board Certified	PD
School and Year of Graduation	QUEENS UNIVERSITY FACULTY OF HEALTH SCIENCES CANADA 1988
Internship and Year	QUEENS UNIVERSITY FACULTY OF HEALTH SCIENCES 1989
Residency and Year	UNIVERSITY OF TORONTO 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11318
License Date	7/11/2001
Name	<b>HOFLEY, PAMELA M MD</b>
Address	DARTMOUTH-HITCHCOCK-MANCHESTER, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty	PD
Board Certified	PD
School and Year of Graduation	QUEEN'S UNIVERSITY AT KINGSTON ONTARIO CANADA 1988
Internship and Year	QUEEN'S UNIVERSITY FACULTY OF HEALTH SCIENCES, KINGSTON ONTARIO CANADA 1989
Residency and Year	UNIVERSITY OF TORONTO, TORONTO ONTARIO CANADA 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4032
License Date	3/16/1967
Name	<b>HOFMAN, WALTER I MD</b>
Address	ROXBOROUGH MEMORIAL HOSP, 5800 RIDGE AVEPHILADELPHIA, PA, 19128-1737
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF BASEL SWITZERLAND 1965
Internship and Year	UNIV HOSPITAL - BOSTON, MA 1966
Residency and Year	UNIV HOSPITAL - BOSTON, MA 1967
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	12384
License Date	7/7/2004
Name	<b>HOFREITER, MARY E MD</b>
Address	DARTMOUTH HITCHCOCK KEENE, 590 COURT STKEENE, NH, 03431
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA PA US 2001
Internship and Year	UNIVERSITY OF PA, PHILADELPHIA PA 2002
Residency and Year	UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA PA 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14840
License Date	5/5/2010
Name	<b>HOGAN, JEREMY P MD</b>
Address	ADVANCED ORTHOPAEDIC SPECIALISTS, 14 MAPLE ST STE 100GILFORD, NH, 03267
Specialty	ORS
Board Certified	
School and Year of Graduation	MICHIGAN STATE UNIVERSITY USA 2004
Internship and Year	HENRY FORD HOSPITAL - DETROIT, MI 2005
Residency and Year	HENRY FORD HOSPITAL - DETROIT, MI 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14023
License Date	6/4/2008
Name	<b>HOGAN, KATHLEEN A MD</b>
Address	NHOC, 17 RIVERSIDE ST STE 101NASHUA, NH, 03062
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	BROWN UNIV USA 2000
Internship and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2001
Residency and Year	MEDICAL UNIV OF SOUTH CAROLINA - CHARLESTON, SC 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 11916  
 License Date 5/7/2003  
 Name **HOGARTY, DAVID C DO**  
 Address GRANITE PHYSIATRY, 254 PLEASANT STCONCORD, NH, 03301  
 Specialty PM  
 Board Certified  
 School and Year of Graduation KIRKSVILLE COLL OF OSTEOPATHIC MED - KIRKSVILLE, M USA 1999  
 Internship and Year INGHAM REGIONAL MEDICAL CENTER - LANDSING, MI 2000  
 Residency and Year INGHAM REGIONAL MEDICAL CENTER - LANDSING, MI 2003  
 License Expiration Date **6/30/2007**  
 Remarks

License Number 11478  
 License Date 12/5/2001  
 Name **HOGDEN, LAURIE A MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIV OF WISCONSIN MED SCH - MADISON, WI USA 1998  
 Internship and Year UNIV OF CINCINNATI HOSPITAL - CINCINNATI, OH 1999  
 Residency and Year UNIV OF CINCINNATI HOSPITAL - CINCINNATI, OH 2001  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 15574  
 License Date 3/7/2012  
 Name **HOGENAUER JR, DANIEL O MD**  
 Address SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200S PORTLAND, ME, 04106  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE USA 2002  
 Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2003  
 Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2007  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 3671  
 License Date 12/18/1963  
 Name **HOK, ROLAND MD**  
 Address 174 LITTLE POND RD, CONCORD, NH, 03301-  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation MCGILL UNIV - MONTREAL P. Q. CANADA CANADA 1959  
 Internship and Year ST VINCENT'S - NEW YORK, NY 1960  
 Residency and Year UNIV HOSPITAL - COLUMBUS, OH 1964  
 License Expiration Date **6/30/2003**  
 Remarks **DECEASED 2/16/07**



License Number	16791
License Date	10/1/2014
Name	<b>HOKENSON, MICHAEL A MD</b>
Address	NEW HAMPSHIRE'S HOSPITAL FOR CHILDREN, ONE ELLIOT WAY, NICU, 5TH FL MANCHESTER, NH, 0
Specialty	PD
Board Certified	NPM
School and Year of Graduation	ST GEORGES UNIVERSITY GRENADA 2004
Internship and Year	NEW YORK METHODIST HOSPITAL - BROOKLYN, NY 2005
Residency and Year	NEW YORK METHODIST HOSPITAL - BROOKLYN, NY 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17060
License Date	5/6/2015
Name	<b>HOLALAKERE SREENIVASA RAO, ANOOP KUMAR MD</b>
Address	2800 HART ST #24, CHARLESTON, WV, 25304
Specialty	FP
Board Certified	
School and Year of Graduation	AMBEDKAR MEDICAL COLLEGE INDIA 2010
Internship and Year	WEST VIRGINIA UNIVERSITY CHARLESTON DIVISION - CHARLESTON, WV 2013
Residency and Year	WEST VIRGINIA UNIVERSITY CHARLESTON DIVISION - CHARLESTON, WV 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15575
License Date	3/7/2012
Name	<b>HOLDERNESS, BRITT M MD</b>
Address	DHMC, 1 MED CTR DR LEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	ROSS UNIVERSITY SCHOOL OF MEDICINE DOMINICA 2008
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13747
License Date	11/7/2007
Name	<b>HOLLA, PADMINI V MD</b>
Address	52 ISAAC LUCAS CIRCLE, DOVER, NH, 03820
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	SETH GS MEDICAL COLLEGE INDIA 1998
Internship and Year	UNIV OF WISCONSIN - MADISON, WI 2002
Residency and Year	UNIV OF WISCONSIN - MADISON, WI 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7463
License Date	11/12/1986
Name	<b>HOLLAND, EDWARD I MD</b>
Address	HOLLAND & POWELL PEDIATRICS, 19 TYLER ST #104NASHUA, NH, 03060-
Specialty	PD
Board Certified	PD
School and Year of Graduation	WASHINGTON UNIVERSITY - ST LOUIS, MO USA 1973
Internship and Year	ST LOUIS CHILDRENS HOSPITAL - ST LOUIS, MO 1975
Residency and Year	ST LOUIS CHILDRENS HOSPITAL-STLOUIS,MO 1975
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	13207
License Date	8/2/2006
Name	<b>HOLLAND, SARAH W MD</b>
Address	COASTAL PLASTIC SURGERY, 4 HORTON PLACETOPSHAM, ME, 04086
Specialty	PS
Board Certified	PS
School and Year of Graduation	CORNELL UNIV USA 1998
Internship and Year	UNIV HEALTH CTR OF PITTSBURGH, PITTSBURGH, PA 1999
Residency and Year	UNIV HEALTH CTR OF PITTSBURGH, PITTSBURGH, PA 2004
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	11022
License Date	8/2/2000
Name	<b>HOLLANDER, SUSAN A MD</b>
Address	126 WILDCAT RD, BARRINGTON, NH, 03825
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF CONNECTICUT SCH - FARMINGTON, CT USA 1997
Internship and Year	CHILDREN'S HOSPITAL OF THE KINGS DAUGHTERS- NORFOLK, VA 1998
Residency and Year	CHILDREN'S HOSPITAL OF THE KINGS DAUGHTERS - NORFOLK, VA 1999
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	10901
License Date	5/3/2000
Name	<b>HOLLISTER JR, JOHN R MD</b>
Address	DARTMOUTH HITCHCOCK CLINIC, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty	PD
Board Certified	PD
School and Year of Graduation	CASE WESTERN RESERVE UNIVERSITY - CLEVELAND OH USA 1997
Internship and Year	RAINBOW BABIES AND CHILDRENS HOSPITAL - CLEVELAND OH 1998
Residency and Year	RAINBOW BABIES AND CHILDRENS HOSPITAL - CLEVELAND OH 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 12107  
 License Date 10/1/2003  
 Name **HOLLISTER, KATHERINE A MD**  
 Address 35 LOCKE RD, PO BOX 707NEW CASTLE, NH, 03854  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation PENNSYLVANIA STATE UNIVERSITY, UNIVERSITY PARK PA US 1996  
 Internship and Year MAINE MEDICAL CTR, PORTLAND ME 1997  
 Residency and Year MAINE MEDICAL CTR, PORTLAND ME 2000  
 License Expiration Date **6/30/2017**  
 Remarks **LAPSED FOR NON-RENEWAL 6/30/05...**  
**REINSTATED 10/4/06**

License Number 13046  
 License Date 4/5/2006  
 Name **HOLLISTER, RICHARD D MD**  
 Address EXETER PULMONARY, 9 BUZELL AVEEXETER, NH, 03833  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation COLUMBIA UNIV-NY NY USA 2000  
 Internship and Year LAHEY CLINIC-BURLINGTON MA 2001  
 Residency and Year LAHEY CLINIC-BURLINGTON MA 2003  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11795  
 License Date 12/4/2002  
 Name **HOLMAN, STEPHEN J MD**  
 Address SEACOAST PAIN INSTITUTE OF NEW ENGLAND, 7 MARSHBROOK DR STE 10SOMERSWORTH, NH, 03  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation UNIV OF HLTH SCI F EDWARD HEBERT SCH- BETHESDA, MD USA 1989  
 Internship and Year NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1990  
 Residency and Year NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1993  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13012  
 License Date 3/1/2006  
 Name **HOLMES, ALISON V MD**  
 Address DHMC/CHaD - RUBIN 552, ONE MEDICAL CENTER DRIVELEBANON, NH, 03756  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation STANFORD UNIVERSITY, STANFORD CA US 2000  
 Internship and Year UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL NC 2001  
 Residency and Year UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL NC 2004  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	15380
License Date	9/7/2011
Name	<b>HOLMES, BRIAN J MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LANE STE 500EDEN PRAIRIE, MN, 55344
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF TEXAS USA 1993
Internship and Year	LOUIS A WEISS MEMORIAL HOSPITAL-CHICAGO, IL 1994
Residency and Year	UNIVERSITY OF TX SOUTHWESTERN MEDICAL CENTER - DALLAS, TX 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9991
License Date	5/7/1997
Name	<b>HOLMES, CHERIE A MD</b>
Address	DARTMOUTH HITCHCOCK KEENE, 590 COURT STKEENE, NH, 03431
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	GEORGETOWN UNIV SCH MED-WASHINGTON,DC USA 1983
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR-LEBANON,NH 1984
Residency and Year	MASS GEN HOSP-MASS 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11830
License Date	2/5/2003
Name	<b>HOLMES, GREGORY L MD</b>
Address	U OF VERMONT COLL OF MEDICINE, 95 CARRIGAN DR STAFFORD HALL 118CBURLINGTON, VT, 054
Specialty	CN
Board Certified	CN
School and Year of Graduation	UNIV OF VIRGINIA SCH OF MED - CHARLOTTESVILLE, VA USA 1974
Internship and Year	YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1975
Residency and Year	YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1976
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6016
License Date	2/6/1979
Name	<b>HOLSHUH, DON A MD</b>
Address	650 COURT ST, KEENE, NH, 03431-1799
Specialty	D
Board Certified	D
School and Year of Graduation	CASE WESTERN RESERVE UNIV SCHOOL MEDICINE - OH USA 1974
Internship and Year	AKRON GENERAL MEDICAL CENTER - AKRON, OH 1975
Residency and Year	CLEVELAND GENERAL HOSPITAL - CLEVELAND, OH 1979
License Expiration Date	<b>4/6/2011</b>
Remarks	4/6/11 - Order of Emergency License Suspension & Notice of Hearing. 11/4/11 - Final Decision & Order. 5/8/13 - Final Decision and Order

License Number	12032
License Date	8/6/2003
Name	<b>HOLSTEIN, ERIC D MD</b>
Address	ORTHOPAEDIC SURGICAL ASSOC F, 14 RESEARCH PLN CHELMSFORD, MA, 01863
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	TUFTS U OF MEDICINE, BOSTON MA US 1984
Internship and Year	ST ELIZABETHS MED CTR, BOSTON MA 1985
Residency and Year	ST ELIZABETHS MED CTR, BOSTON MA 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12577
License Date	1/5/2005
Name	<b>HOLT, PETER D MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	DUKE UNIVERSITY, DURHAM NC US 1990
Internship and Year	UNIVERSITY OF HAWAII, HONOLULU HI 1991
Residency and Year	UNIVERSITY OF VIRGINIA, CHARLOTTESVILLE VA 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15027
License Date	10/6/2010
Name	<b>HOLTZCLAW, STEPHEN G MD</b>
Address	TEAM HEALTH, 14050 NW 14TH STFT LAUDERDALE, FL, 33323
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF MARYLAND USA 1990
Internship and Year	JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1991
Residency and Year	JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15302
License Date	7/6/2011
Name	<b>HOLTZHEIMER III, PAUL E MD</b>
Address	DARTMOUTH MEDICAL SCHOOL, ONE MED CTR DRLEBANON, NH, 03756
Specialty	P
Board Certified	P
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1999
Internship and Year	UNIVERSITY OF WASHINGTON MEDICAL CENTER - SEATTLE, WA 2000
Residency and Year	UNIVERSITY OF WASHINGTON MEDICAL CENTER - SEATTLE, WA 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11061
License Date	9/6/2000
Name	<b>HOLTZMAN, STEPHEN R MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	R
Board Certified	R
School and Year of Graduation	DARTMOUTH MEDICAL SCH - LEBANON, NH USA 1995
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1996
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	10277
License Date	5/6/1998
Name	<b>HOLUB, DAVID C MD</b>
Address	BRADFORD HEALTH SERVICES, SOUTH MAIN ST PO BOX 318BRADFORD, VT, 05033
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF PENNSYLVANIA USA 1995
Internship and Year	MEMORIAL HOSPITAL OF RHODE ISLAND/BROWN UNIVERSITY, PAWTUCKET RI 1998
Residency and Year	MEMORIAL HOSPITAL OF RHODE ISLAND/BROWN UNIVERSITY-RI 1998
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	14924
License Date	7/7/2010
Name	<b>HOLUBAR, STEFAN D MD</b>
Address	DHMC - DEPT OF SURGERY, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	CRS
Board Certified	CRS
School and Year of Graduation	UNIVERSITY OF VERMONT USA 2002
Internship and Year	NORTH SHORE UNIVERSITY HOSPITAL - MANHASSET, NY 2003
Residency and Year	NORTH SHORE UNIVERSITY HOSPITAL - MANHASSET, NY 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6067
License Date	6/11/1979
Name	<b>HOLZAEPFEL, JONATHAN L MD</b>
Address	SPORTS MED ATLANTIC ORTHO, 150 US HIGHWAY 1 BYPASSPORTSMOUTH, NH, 03801
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIV OF MICHIGAN MEDICAL SCHOOL - ANN ARBOR, MI USA 1973
Internship and Year	UNIV HOSPITAL - ANN ARBOR, MI 1974
Residency and Year	UNIV HOSPITAL - ANN ARBOR, MI 1979
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	8391
License Date	7/11/1990
Name	<b>HOLZBERGER, PETER T MD</b>
Address	DHMC-CARDIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	CD
Board Certified	CD
School and Year of Graduation	MED COLL OF OHIO-TOLEDO,OH USA 1986
Internship and Year	MED COLL OF OHIO-TOLEDO,OH 1986
Residency and Year	MED COLL OF OHIO-TOLEDO,OH 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15877
License Date	10/3/2012
Name	<b>HOLZER, JACOB C MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	PFM
Board Certified	PFM
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1986
Internship and Year	LEMUEL SHATTUCK HOSPITAL - JAMAICA PLAIN, MA 1987
Residency and Year	YALE UNIVERSITY SCHOOL OF MEDICINE - NEW HAVEN, CT 1990
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	14995
License Date	9/1/2010
Name	<b>HOLZINGER, JENNIFER M DO</b>
Address	ELLIOT FAMILY MEDICINE, 5 INDUSTRIAL DR STE BWINDHAM, NH, 03087
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND USA 2007
Internship and Year	CONCORD HOSPITAL - CONCORD, NH 2008
Residency and Year	CONCORD HOSPITAL - CONCORD, NH 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9042
License Date	9/1/1993
Name	<b>HOMAN, FAY F MD</b>
Address	LITTLE RIVERS HEALTH CARE, PO BOX 755WELLS RIVER, VT, 05081-
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1990
Internship and Year	TACOMA GENERAL HOSPITAL - TACOMA WA 1993
Residency and Year	TACOMA GENERAL HOSPITAL - TACOMA WA 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 15441  
 License Date 11/2/2011  
 Name **HOMER, GREGORY D MD**  
 Address RAYS, 13737 NOEL RD STE 1600DALLAS, TX, 75240  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation LOMA LINDA UNIVERSITY SCHOOL OF MEDICINE USA 1994  
 Internship and Year JOHN PETER SMITH HOSPITAL - FORT WORTH, TX 1995  
 Residency and Year BAPTIST MEMORIAL HOSPITAL - MEMPHIS, TN 1999  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11756  
 License Date 10/2/2002  
 Name **HOMEYER, CHRISTOPHER C MD**  
 Address EISENHOWER ARMY MED CTR, 300 HOSPITAL DRFT GORDON, GA, 30905  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation MEDICAL COLLEGE OF GEORGIA, AUGUSTA GA USA 1979  
 Internship and Year MEDICAL COLLEGE OF GEORGIA HOSPITAL AND CLINICS, AUGUSTA GA 1980  
 Residency and Year MEDICAL COLLEGE OF GEORGIA HOSPITAL AND CLINICS, AUGUSTA GA 1983  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13399  
 License Date 2/7/2007  
 Name **HOMOLESKI, BRENT A MD**  
 Address NEW HAMPSHIRE HOSPITAL, 36 CLINTON STCONCORD, NH, 03301  
 Specialty P  
 Board Certified  
 School and Year of Graduation ROSALIND FRANKLIN UNIV USA 2003  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2004  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006  
 License Expiration Date **4/14/2010**  
 Remarks **Deceased 5/14/10**

License Number 10393  
 License Date 9/2/1998  
 Name **HONEYCHURCH, CAROL R MD**  
 Address 309 WAWARME AVE, HARTFORD, CT, 06146-2363  
 Specialty N  
 Board Certified  
 School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1977  
 Internship and Year UNIV OF CONNECTICUT HEALTH CTR - FARMINGTON, CT 1980  
 Residency and Year UNIV OF VERMONT MED CENTER - BURLINGTON, VT 1985  
 License Expiration Date **6/30/2001**  
 Remarks



License Number	13624
License Date	8/1/2007
Name	<b>HONG, NANTIDA MD</b>
Address	WENTWORTH-DOUGLASS HOSPITAL, 789 CENTRAL AVEDOVER, NH, 03820
Specialty	IM
Board Certified	IM
School and Year of Graduation	MAHIDOL UNIV THAILAND 2000
Internship and Year	METRO WEST MEDICAL CENTER - FRAMINGHAM, MA 2005
Residency and Year	METRO WEST MEDICAL CENTER - FRAMINGHAM, MA 2007
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	10902
License Date	5/3/2000
Name	<b>HONG, ROSAMOND S MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	OREGON HEALTH SCIENCES UNIVERSITY - PORTLAND OR USA 1995
Internship and Year	UNIVERSITY HOSPITALS OF CLEVELAND - CLEVELAND OH 1996
Residency and Year	UNIVERSITY HOSPITALS OF CLEVELAND - CLEVELAND OH 1998
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	12132
License Date	11/5/2003
Name	<b>HONG, THOMAS MD</b>
Address	SOUTHERN NH INT MEDICINE, 6 TSIENNETO RD STE 300DERRY, NH, 03038
Specialty	IM
Board Certified	IM
School and Year of Graduation	YALE UNIVERSITY, NEW HAVEN CT US 1995
Internship and Year	BOSTON UNIVERSITY MEDICAL CTR, BOSTON MA 1996
Residency and Year	BOSTON UNIVERSITY, BOSTON MA 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14841
License Date	5/5/2010
Name	<b>HONIGSBERG, ELIZABETH J MD</b>
Address	GEN SURG OF GREATER BRIDGEPORT, 310 MILL HILL AVEBRIDGEPORT, CT, 06610
Specialty	GS
Board Certified	GS
School and Year of Graduation	STATE UNIVERSITY OF NY USA 2005
Internship and Year	MOUNT SINAI SCHOOL OF MEDICINE - NY, NY 2006
Residency and Year	MOUNT SINAI SCHOOL OF MEDICINE - NY, NY 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13625
License Date	8/1/2007
Name	<b>HONOR, ANGEL K MD</b>
Address	ELLIOTT HOSPITAL, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty	IM
Board Certified	IM
School and Year of Graduation	WASHINGTON UNIV SCHOOL OF MEDICINE USA 2003
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2004
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14202
License Date	10/1/2008
Name	<b>HOO, CHARLES C MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	ST GEORGE'S UNIV GRENADA 2001
Internship and Year	ST BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 2002
Residency and Year	ST VINCENTS HOSPITAL AND MEDICAL CENTER - NEW YORK, NY 2006
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	7120
License Date	6/6/1985
Name	<b>HOOD, LINDA A MD</b>
Address	AMOSKEAG ANESTHESIA PLLC, ONE ELLIOT WAY STE 200MANCHESTER, NH, 03103-0350
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF VERMONT-BURLINGTON, VT USA 1982
Internship and Year	MEDICAL CENTER HOSPITAL-BURLINGTON, VT 1983
Residency and Year	MEDICAL CENTER HOSPITAL-BURLINGTON, VT 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9303
License Date	10/5/1994
Name	<b>HOOD, SALLY A MD</b>
Address	MERRIMACK VALLEY NEPHROLOGY, 100 MILK ST STE 120METHUEN', MA, 01844
Specialty	NEP
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF SCHEFFIELD MEDICAL SCHOOL UNITED KINGDOM 1973
Internship and Year	MAYO FOUNDATION - ROCHESTER MN 1980
Residency and Year	MAYO FOUNDATION - ROCHESTER MN 1980
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	8963
License Date	6/2/1993
Name	<b>HOOKE, BRUCE G MD</b>
Address	LAHEY CLINIC, 41 MALL RDBURLINGTON, MA, 01805
Specialty	ICE
Board Certified	ICE
School and Year of Graduation	UNIVERSITY OF MI MEDICAL SCHOOL USA 1986
Internship and Year	HOSPITAL UNIVERSITY OF PENNSYLVANIA - PHILADELPHIA PA 1989
Residency and Year	HOSPITAL UNIVERSITY OF PENNSYLVANIA - PHILADELPHIA PA 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16411
License Date	12/4/2013
Name	<b>HOOKE, CARL C MD</b>
Address	MAYO CLINIC, 200 1ST ST SWROCHESTER, MN, 55905
Specialty	HO
Board Certified	HO
School and Year of Graduation	UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE USA 1984
Internship and Year	MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 1985
Residency and Year	MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12791
License Date	7/6/2005
Name	<b>HOOS, RICHARD T MD</b>
Address	THE NEUROLOGY GROUP, 302 OLD STONE BRIDGE RDGOODLETTSVILLE, TN, 37072
Specialty	P
Board Certified	P
School and Year of Graduation	VANDERBILT UNIVERSITY, NASHVILLE TN USA 1973
Internship and Year	UNIVERSITY HOSPITALS OF CLEVELAND, CLEVELAND OH 1974
Residency and Year	UNIVERSITY HOSPITALS OF CLEVELAND, CLEVELAND OH 1975
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7353
License Date	6/12/1986
Name	<b>HOOVER, CYNTHIA J MD</b>
Address	34 HEMLOCK, LONDONDERRY, NH, 03053
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF PITTSBURGH USA 1978
Internship and Year	UNIVERSITY OF KS HOSPITAL 1979
Residency and Year	CHILDRENS MERCY HOSPITAL-1981 UNIV OF KS COLLEGE HOSPITAL 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 16412  
 License Date 12/4/2013  
 Name **HOOVER, ELIZABETH B MD**  
 Address 415 ELLENDALE AVE, NASHVILLE, TN, 37205  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIVERSITY OF SOUTH ALABAMA COLLEGE OF MEDICINE USA 1990  
 Internship and Year VANDERBILT UNIVERSITY - NASHVILLE, TN 1991  
 Residency and Year VANDERBILT UNIVERSITY - NASHVILLE, TN 1993  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16275  
 License Date 8/7/2013  
 Name **HOPE, JEFFREY C MD**  
 Address PORTSMOUTH REGIONAL HOSPITAL - EMERGENCY DEPT, 333 BORTHWICK AVE PORTSMOUTH, NH,  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIVERSITY OF MANCHESTER UNITED KINGDOM 2005  
 Internship and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 2011  
 Residency and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 2013  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 3573  
 License Date 10/30/1962  
 Name **HOPE, PETER B MD**  
 Address RED HILL HLTH CTR, PO BOX 160 MOULTONBORO, NH, 03254-  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation COLUMBIA UNIV COLLEGE OF PHYSICIANS - NEW YORK, NY USA 1961  
 Internship and Year ST VINCENT'S HOSPITAL - NEW YORK, NY 1962  
 Residency and Year ST VINCENT'S HOSPITAL - NY, NY 1962  
 License Expiration Date **5/1/2002**  
 Remarks **5/1/02 EMERGENCY SUSPENSION AS OF 6:00 PM 3/7/03 LICENSE REVOKED**

License Number 16792  
 License Date 10/1/2014  
 Name **HOPE, TODD D MD**  
 Address 31 GREENWICH RD, E LONGMEADOW, MA, 01028  
 Specialty CCM  
 Board Certified CCM  
 School and Year of Graduation UNIVERSITY COLLEGE DUBLIN IRELAND 2004  
 Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2005  
 Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2008  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13375  
 License Date 1/3/2007  
 Name **HOPKIN, JEREMY R MD**  
 Address DHMC, ONE MEDICAL CTR DRLEBANON, NH, 03756  
 Specialty DR  
 Board Certified  
 School and Year of Graduation UNIV OF UTAH USA 2003  
 Internship and Year LDS HOSPITAL - SALT LAKE CITY, UT 2004  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2006  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 9379  
 License Date 3/1/1995  
 Name **HOPKINS, ANDREW C MD**  
 Address PSYCHIATRIC MEDICAL ASSOC, 6404 INTERNATIONAL PKWYPLANO, TX, 75093  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIVERSITY OF ND SCHOOL OF MEDICINE USA 1991  
 Internship and Year MEDICAL CENTER HOSPITAL - BURLINGTON VT 1995  
 Residency and Year MEDICAL CENTER HOSPITAL - BURLINGTON VT 1995  
 License Expiration Date **9/5/2012**  
 Remarks **Deceased 9/5/2012**

License Number 14551  
 License Date 8/5/2009  
 Name **HOPKINS, KEITH A MD**  
 Address 5129 ARQUILLA DR, RICHTON PARK, IL, 60471  
 Specialty IM  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF ILLINOIS USA 1998  
 Internship and Year MICHIGAN STATE UNIVERSITY PEDIATRIC RESIDENCY PROGRAM/SPARRO - LANSING, MI 1999  
 Residency and Year MICHIGAN STATE UNIVERSITY PEDIATRIC RESIDENCY PROGRAM/SPARRO - LANSING, MI 2000  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 16011  
 License Date 2/6/2013  
 Name **HOPKINS, MATTHEW R MD**  
 Address MAYO CLINIC, 200 1ST ST SWROCHESTER, MN, 55905  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIVERSITY OF ND SCHOOL OF MEDICINE & HEALTH SCIEN USA 2000  
 Internship and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 2001  
 Residency and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 2004  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	13013	
License Date	3/1/2006	
Name	<b>HOPKINS, MATTHEW V MD</b>	
Address	424 YELLOWSTONE AVE SUITE 220, CODY, WY, 82414	
Specialty	CHP	
Board Certified		
School and Year of Graduation	TEXAS A & M UNIVERSITY, COLLEGE STATION TX US 1999	
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2000	
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2005	
License Expiration Date	<b>6/30/2010</b>	
Remarks	5/8/03 - Order of Emergency License Suspension and Notice of Hearing. Settlement Agreement. 6/3/11 - Settlement Agreement.	9/25/03 -

License Number	11503
License Date	2/6/2002
Name	<b>HOPPER, KEN C MD</b>
Address	THE HOPPER GROUP, 1521 N COOPER #630ARLINGTON, TX, 76011
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF TEXAS MEDICAL SCHOOL-GALVESTON, TX USA 1985
Internship and Year	UNIV OF TEXAS SOUTHWESTERN MEDICAL SCHOOL - DALLAS, TX 1986
Residency and Year	UNIV OF TEXAS SOUTHWESTERN MEDICAL SCHOOL - DALLAS, TX 1989
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5351
License Date	6/24/1975
Name	<b>HOPPERSTEAD, LARRY O MD</b>
Address	, , ,
Specialty	GS
Board Certified	
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1973
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1995</b>
Remarks	

License Number	12878
License Date	9/7/2005
Name	<b>HOQUE, SHAIKH R MD</b>
Address	ADULT HOSPITALIST PROGRAM, 8 PROSPECT STNASHUA, NH, 03060
Specialty	IM
Board Certified	IM
School and Year of Graduation	ALL INDIA INSTITUTE OF MED SCIENCES, NEW DELHI DEL INDIA 2000
Internship and Year	ST LUKES-ROOSEVELT HOSP CTR, NEW YORK NY 2003
Residency and Year	ST LUKES-ROOSEVELT HOSP CTR, NEW YORK NY 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11371
License Date	9/5/2001
Name	<b>HORAK, JAMES H MD</b>
Address	ST CHARLES HOSPICE, 2275 NE DOCTORS DRIVEBEND, OR, 97701
Specialty	FP
Board Certified	FP
School and Year of Graduation	BAYLOR COLL OF MED - HOUSTON, TX USA 1982
Internship and Year	BAYLOR FAMILY PRACTICE CENTER - HOUSTON, TX 1984
Residency and Year	BAYLOR FAMILY PRACTICE CENTER - HOUSTON, TX 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6495
License Date	2/8/1982
Name	<b>HORAN, JOHN M MD</b>
Address	22 POINTE TERRACE SE, ATLANTA, GA, 30339
Specialty	PH
Board Certified	PH
School and Year of Graduation	STATE UNIV OF NEW YORK UPSTATE COLL-SYRACUSE,NY USA 1974
Internship and Year	MS HERSHEY MED CENTER - HERSHEY, PA 1979
Residency and Year	MS HERSHEY MED CTR-HERSHEY,PA 1979
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12108
License Date	10/1/2003
Name	<b>HORANGIC, NICHOLAS J MD</b>
Address	100 HITCHCOCK WAY, MANCHESTER, NH, 03104
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA PA US 1994
Internship and Year	ST LUKES ROOSEVELT HOSPITAL CTR, NEW YORK NY 1995
Residency and Year	COLUMBIA UNIVERSITY COLLEGE, NEW YORK NY 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7682
License Date	8/5/1987
Name	<b>HORMELL, ROBERT S MD</b>
Address	68 COUNTY RD BOX 202, MELVIN VILLAGE, NH, 03850-9999
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	HARVARD MEM SCH -BOSTON,MA USA 1939
Internship and Year	BOSTON CITY HOSP-BOSTON,MA 1941
Residency and Year	CHILDRENS HOSP MEM CTR-BOSTON,MA 1946
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	13960
License Date	5/7/2008
Name	<b>HORN, THOMAS D MD</b>
Address	DERMATOPATHOLOGY ASSOCIATES, 2 WELLS AVENUE NEWTON, MA, 02459
Specialty	DMP
Board Certified	DMP
School and Year of Graduation	UNIV OF VIRGINIA USA 1982
Internship and Year	UNIV OF VIRGINIA HEALTH SCIENCE CENTER - CHARLOTTESVILLE, VA 1984
Residency and Year	UNIV OF MARYLAND - BALTIMORE, MD 1987
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15480
License Date	12/7/2011
Name	<b>HORN, WILLIAM T MD</b>
Address	DHMC, 1 MED CTR DR LEBANON, NH, 03756
Specialty	P
Board Certified	
School and Year of Graduation	WAKE FOREST UNIVERSITY SCHOOL OF MED USA 2009
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	10253
License Date	4/1/1998
Name	<b>HORNER, JEAN A MD</b>
Address	LAKES REGION GENERAL HOSPITAL, 80 HIGHLAND ST LACONIA, NH, 03246
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF VERMONT COLLEGE OF MEDICINE USA 1995
Internship and Year	UNIV OF MASS MEDICAL CTR-WORCESTER, MA 1998
Residency and Year	UNIV OF MASS MEDICAL CTR-WORCESTER, MA 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9248
License Date	8/3/1994
Name	<b>HORNER, PHILIP S MD</b>
Address	RR 2 BOX 528A, ROUTE 11 FARMINGTON, NH, 03835-
Specialty	FP
Board Certified	FP
School and Year of Graduation	GEORGETOWN UNIVERSITY OF MEDICINE USA 1983
Internship and Year	LANCASTER GENERAL HOSPITAL - LANCASTER PA 1984
Residency and Year	LANCASTER GENERAL HOSPITAL - LANCASTER PA 1986
License Expiration Date	<b>6/1/2000</b>
Remarks	10/26/99 - STIPULATION AS TO VOLUNTARY TEMPORARY SURRENDER OF MEDICAL LICENSE 6/1/00 - VOLUNTARY SURRENDER OF LICENSE



License Number	9732
License Date	6/5/1996
Name	<b>HORNING, JOHN A MD</b>
Address	GRANITE STATE EMERGENCY PHYS, 100 MCGREGOR STMANCHESTER, NH, 03102-
Specialty	EM
Board Certified	EM
School and Year of Graduation	NORTHWESTERN UNIVERSITY-CHICAGO IL USA 1993
Internship and Year	
Residency and Year	MORRISTOWN MEMORIAL HOSPITAL-MORRISTOWN NJ 1996
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	13904
License Date	4/2/2008
Name	<b>HORNSTEIN, ABBY M MD</b>
Address	882 GAY ST, WESTWOOD, MA, 02090
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF PENNSYLVANIA USA 1990
Internship and Year	BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1993
Residency and Year	BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>LAPSED FOR NONRENEWAL 6/30/14 RENEWED 7/28/14</b>

License Number	5386
License Date	8/7/1975
Name	<b>HOROWITZ, LEE M MD</b>
Address	115 GRACE ST, PLAINVIEW, NY, 11803
Specialty	DR
Board Certified	
School and Year of Graduation	BOLOGNA ITALY 1973
Internship and Year	QUEENS HOSPITAL CTR - JAMAICA, NY 1974
Residency and Year	BROOKDALE HOSPITAL MEDICAL CTR - BROOKLYN, NY 1975
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	11870
License Date	4/2/2003
Name	<b>HOROWITZ, MARCEL I MD</b>
Address	1425 BOLTON ST, BALTIMORE, MD, 21217
Specialty	U
Board Certified	U
School and Year of Graduation	FINCH UNIV - NORTH CHICAGO,IL USA 1958
Internship and Year	MICHAEL REESE HOSPITAL AND MEDICAL CENTER - CHICAGO, IL 1959
Residency and Year	EDWARD HINES JR VA HOSPITAL - HINES, IL 1960
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14552
License Date	8/5/2009
Name	<b>HORRALL, SHAWN D MD</b>
Address	3214 RIDGECREST DR, AUGUSTA, GA, 30907
Specialty	EM
Board Certified	
School and Year of Graduation	INDIANA UNIVERSITY USA 2006
Internship and Year	VANDERBILT UNIVERSITY - NASHVILLE, TN 2007
Residency and Year	VANDERBILT UNIVERSITY - NASHVILLE, TN 2009
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	13496
License Date	5/9/2007
Name	<b>HORRIGAN, ANDREW C MD</b>
Address	, 2517 NORTH MAIN STLANCASTER, MA, 01523
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF TOLEDO OHIO USA 2003
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2004
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
License Expiration Date	<b>6/30/2013</b>
Remarks	6/6/05 - Settlement Agreement

License Number	6674
License Date	4/7/1983
Name	<b>HORRIGAN, TERRENCE J MD</b>
Address	, , ,
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF ILLINOIS USA 1971
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/16/1988</b>
Remarks	

License Number	11700
License Date	8/7/2002
Name	<b>HORSLEY JR, JAMES I MD</b>
Address	30 UCHEE PINES RD APT 95, SEALE, AL, 36875
Specialty	PM
Board Certified	PM
School and Year of Graduation	UNIV OF JUAREZ CITY - CIUDADJUAREZ, MEXICO MEXICO 1981
Internship and Year	SUNY AT BUFFALO GRADUATE MEDICAL - BUFFALO, NY 1982
Residency and Year	SUNY AT BUFFALO GRADUATE MEDICAL - BUFFALO, NY 1985
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	7522
License Date	3/4/1987
Name	<b>HORSLEY, SYLVIA A MD</b>
Address	WOMENS MEDICAL ASSOCIATES, 166 KINSLEY STNASHUA, NH, 03060-3676
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	AMER UNIVERSITY OF THE CARRIBEAN MONTSEERRAT 1981
Internship and Year	SUNY BUFFALO HOSPITAL 1983
Residency and Year	SUNY BUFFALO HOSPITAL 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8529
License Date	5/8/1991
Name	<b>HORSLEY, WILSON H MD</b>
Address	14 EVERGREEN LANE, ANDOVER, MA, 01810
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	LOMA LINDA UNIVERSITY MEDICAL SCHOOL USA 1976
Internship and Year	TULANE MEDICAL CENTER HOSPITAL - NEW ORLEANS, LA 1979
Residency and Year	TULANE MEDICAL CENTER HOSPITAL - NEW ORLEANS, LA 1981
License Expiration Date	<b>6/30/2017</b>
Remarks	06/30/2015 - Lapsed for non-renewal. 08/03/2015 - Renewed.

License Number	13961
License Date	5/7/2008
Name	<b>HORT, SHOSHANA J MD</b>
Address	DHMC DEPT OF MEDICINE, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	NEW YORK UNIV USA 2002
Internship and Year	HOSPITAL OF THE UNIV OF PENNSYLVANIA - PHILADELPHIA, PA 2003
Residency and Year	HOSPITAL OF THE UNIV OF PENNSYLVANIA - PHILADELPHIA, PA 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16586
License Date	5/7/2014
Name	<b>HORTON, MARK A MD</b>
Address	DARTMOUTH HITCHCOCK - KEENE, 590 COURT STKEENE, NH, 03431
Specialty	AN
Board Certified	
School and Year of Graduation	UNIVERSITY OF VT COLLEGE OF MEDICINE USA 2009
Internship and Year	UNIVERSITY OF MICHIGAN HOSPITALS - ANN ARBOR, MI 2010
Residency and Year	UNIVERSITY OF MICHIGAN HOSPITALS - ANN ARBOR, MI 2013
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7572
License Date	5/6/1987
Name	<b>HORTON, SCOTT L MD</b>
Address	FRANKLIN REGIONAL HOSPITAL, 15 AIKEN AVEFRANKLIN, NH, 03235
Specialty	FP
Board Certified	FP
School and Year of Graduation	SUNY UPSTATE MEDICAL CENTER - SYRACUSE, NY USA 1984
Internship and Year	ME-DARTMOUTH FAMILY PRACTICE RES - AUGUSTA, ME 1985
Residency and Year	ME-DARTMOUTH FAMILY PRACTICE RES - AUGUSTA, ME 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13771
License Date	12/5/2007
Name	<b>HOSEA, LISA E MD</b>
Address	WHITTIER REHAB, PO BOX 1250WESTBOROUGH, MA, 01581
Specialty	IM
Board Certified	IM
School and Year of Graduation	MEDICAL UNIV OF TOLEDO OHIO USA 1996
Internship and Year	JOHN H STROGER JR HOSPITAL OF COOK COUNTY - CHICAGO, IL 1997
Residency and Year	JOHN H STROGER JR HOSPITAL OF COOK COUNTY - CHICAGO, IL 2000
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	5236
License Date	9/12/1974
Name	<b>HOSKOTE, RAGHUVeer R MD</b>
Address	, PO BOX 103E DERRY, NH, 03041-0103
Specialty	OBG
Board Certified	
School and Year of Graduation	KASTURBA MEDICAL COLLEGE INDIA 1961
Internship and Year	WENLOCK & LADY GOSCHERR - MANGALORE, INDIA 1960
Residency and Year	BOMBAY HOSPITAL - MARINE LINES, INDIA 1961
License Expiration Date	<b>6/30/2002</b>
Remarks	<b>Deceased 3/13/13</b>

License Number	3194
License Date	3/13/1957
Name	<b>HOSMER, JOHN A MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1986</b>
Remarks	

License Number	14553
License Date	8/5/2009
Name	<b>HOSS, DIANE M MD</b>
Address	22 MOUNTAIN LANE, FARMINGTON, CT, 06032
Specialty	D
Board Certified	D
School and Year of Graduation	UNIVERSITY OF CONNECTICUT USA 1985
Internship and Year	BELLEVUE HOSPITAL CENTER - NEW YORK, NY 1986
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1989
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	15061
License Date	11/3/2010
Name	<b>HOSSALLA, DORIS E MD</b>
Address	GEORGETOWN KIDS, 3613 WILLIAMS DR STE 801GEORGETOWN, TX, 78628
Specialty	PD
Board Certified	PD
School and Year of Graduation	OHIO STATE UNIVERSITY USA 1980
Internship and Year	SCOTT & WHITE MEMORIAL HOSPITAL - TEMPLE, TX 1981
Residency and Year	SCOTT & WHITE MEMORIAL HOSPITAL - TEMPLE, TX 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11372
License Date	9/5/2001
Name	<b>HOSSEINZADEH, MINOOS MD</b>
Address	FERTILITY CENTER OF N E INC, 20 POND MEADOW DRIVE #101READING ` , MA, 01867
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	LAVAL UNIV FAC OF MED- STE-FOY QUEBEC CANADA 1987
Internship and Year	MCGILL UNIV - MONTREAL, CANADA 1988
Residency and Year	FACULTY OF MEDICINE, UNIV OF OTTAWA- OTTAWA, ONTARIO CANADA 1992
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	14964
License Date	8/4/2010
Name	<b>HOTCHKISS, LAURA A MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	THE WARREN ALPERT MEDICAL SCHOOL USA 1987
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1988
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13066
License Date	5/3/2006
Name	<b>HOU, DAVID D MD</b>
Address	X RAY PROFESSIONAL ASSOCIATION, 2 1/2 BEACON ST STE 199CONCORD, NH, 03301
Specialty	R
Board Certified	R
School and Year of Graduation	BROWN UNIV SCHOOL OF MEDICINE USA 2000
Internship and Year	RHODE ISLAND HOSPITAL-PROVIDENCE RI 2001
Residency and Year	RHODE ISLAND HOSPITAL-PROVIDENCE RI 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14417
License Date	5/6/2009
Name	<b>HOU, JOSEPH MD</b>
Address	FOUNDATION PULMONARY, 10 PROSPECT ST, SUITE 401NASHUA, NH, 03060
Specialty	CCM
Board Certified	CCM
School and Year of Graduation	THE WARREN ALPERT MEDICAL SCHOOL OF BROWN UNIV USA 2002
Internship and Year	NEW YORK UNIVERSITY SCHOOL OF MEDICINE-NEW YORK, NY 2003
Residency and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11504
License Date	2/6/2002
Name	<b>HOUE, JOHN P MD</b>
Address	ALICE PECK DAY ORTHOPEDIC SURGERY, 17 ALICE PECK DAY DRLEBANON, NH, 03766
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1992
Internship and Year	DARTMOUTH-HITHCOCK MED CTR - LEBANON, NH 1993
Residency and Year	UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER,MA 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5606
License Date	9/2/1976
Name	<b>HOULE, TED V J MD</b>
Address	580 ST JOHNSBURY RD STE L, LITTLETON, NH, 03561
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIVERSITY OF VIRGINIA SCHOOL OF MED CHARLOTTESVIL USA 1968
Internship and Year	NEW ENGLAND MED CTR HOSPITAL 1969
Residency and Year	UNIVERSITY OF COLORADO MED CENTER 1974
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	16413
License Date	12/4/2013
Name	<b>HOUNSHELL, TROY L DO</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	KANSAS CITY UNIVERSITY OF MEDICINE USA 2007
Internship and Year	GRANDVIEW HOSPITAL & MEDICAL CENTER - OUCOM - DAYTON, OH 2008
Residency and Year	GRANDVIEW HOSPITAL & MEDICAL CENTER - OUCOM - DAYTON, OH 2010
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15797
License Date	8/1/2012
Name	<b>HOUREQUIN, KATHRYN C MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	YALE UNIVERSITY SCHOOL OF MEDICINE USA 2000
Internship and Year	BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 2001
Residency and Year	BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16669
License Date	7/2/2014
Name	<b>HOUSE, SAMANTHA A DO</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 0376
Specialty	PD
Board Certified	
School and Year of Graduation	UNIV OF NE COLLEGE OF OSTEOPATHIC MEDICINE USA 2011
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8627
License Date	9/4/1991
Name	<b>HOUSE, WILLIAM J MD</b>
Address	FOUNDATION NEUROLOGY, 19 TYLER STNASHUA, NH, 03060
Specialty	N
Board Certified	N
School and Year of Graduation	SUNY-HEALTH SCI CTR -BROOKLYN, NY USA 1986
Internship and Year	BETH ISRAEL MEDICAL CENTER - NY, NY 1987
Residency and Year	NEW YORK UNIV MEDICAL CENTER - NY, NY 1990
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number 4439  
 License Date 6/17/1969  
 Name **HOUSTON, ALAN F MD**  
 Address 107 RIVERVIEW DR, DURANGO, CO, 81301  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation BOSTON UNIV - BOSTON, MA USA 1968  
 Internship and Year MARY FLETCHER HOSPITAL - BURLINGTON, VT 1969  
 Residency and Year MARY FLETCHER HOSPITAL - BURLINGTON, VT 1969  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 7504  
 License Date 2/5/1987  
 Name **HOUSTON, BIRGIT R MD**  
 Address NASHUA MEDICAL GROUP, 173 DW HIGHWAY SNASHUA, NH, 03060  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1980  
 Internship and Year UNIV OF MARYLAND HOSPITAL - BALTIMORE, MD 1981  
 Residency and Year UNIV OF MARYLAND HOSPITAL - BALTIMORE, MD 1983  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10209  
 License Date 1/7/1998  
 Name **HOUSTON, KERRY E MD**  
 Address 25 BUTTRICK RD, BUILDING ELONDONDERRY, NH, 03053-2322  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation SUNY-HLTH SCI CTR SYRACUSE , NY USA 1990  
 Internship and Year STRONG MEMORIAL HOSPITAL - NY 1993  
 Residency and Year STRONG MEMORIAL HOSPITAL - NY 1993  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 4948  
 License Date 2/12/1973  
 Name **HOWALT, JAY S MD**  
 Address 4 HOUGH ST, DOVER, NH, 03820-3014  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation TUFTS UNIV MEDICAL SCHOOL - MA USA 1961  
 Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1962  
 Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1967  
 License Expiration Date **6/30/2009**  
 Remarks **Deceased 8/03/10**



License Number	14683
License Date	12/2/2009
Name	<b>HOWARD III, ROBERT T MD</b>
Address	340 MATTHEWS ST, GARDNER, MA, 01440
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1990
Internship and Year	FITZSIMONS ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 1991
Residency and Year	FITZSIMONS ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 1994
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	2648
License Date	5/12/1948
Name	<b>HOWARD JR, ETHAN V MD</b>
Address	7 ORDWAY LN, BOW, NH, 03304-5506
Specialty	GP
Board Certified	
School and Year of Graduation	UNIVERSITY OF VERMONT USA 1944
Internship and Year	BISHOP DE GOESBMAND HOSPITAL - BURLINGTON, VT 1945
Residency and Year	ELLIOT HOSPITAL - MANCHESTER, NH 1948
License Expiration Date	<b>6/30/2008</b>
Remarks	<b>DECEASED 10/9/2008</b>

License Number	6544
License Date	6/24/1982
Name	<b>HOWARD, CHARLES D MD</b>
Address	DEVENS FEDERAL MED CTR, PO BOX 880AYER, MA, 01432
Specialty	OPH
Board Certified	
School and Year of Graduation	FAC DE MED DE LA UNIV AUTONOMA GUADALAJARA MEXICO 1976
Internship and Year	LONG ISLAND COLLEGE HOSPITAL - BROOKLYN, NY 1978
Residency and Year	UNIV TENN COLL MEDICINE - CHATTANOOGA, TN 1981
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10839
License Date	2/2/2000
Name	<b>HOWARD, DOUGLAS R MD</b>
Address	8 PORTER ST, MELROSE, MA, 02176-2824
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	GEORGE WASHINGTON UNIV - WASHINGTON, DC USA 1974
Internship and Year	NEW ENGLAND MEDICAL CENTER - BOSTON,MA 1975
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1976
License Expiration Date	<b>6/30/2006</b>
Remarks	<b>6/6/05 - Preliminary Agreement for Practice practice in the state of NH 3/13/07 - Settlement Agreement</b>

License Number	7875
License Date	6/8/1988
Name	<b>HOWARD, LON W MD</b>
Address	LITTLETON ORTHOPEDICS, 81 BETHLEHEM RDLITTLETON, NH, 03561-1821
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIV OF MASS MED SCH - WORCESTER, MA USA 1982
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1983
Residency and Year	UNIV LOUISVILLE AFFILIATED MEDICAL CENTER - LOUISVILLE, KY 1988
License Expiration Date	<b>10/27/2012</b>
Remarks	Deceased 10/27/2012

License Number	7413
License Date	8/14/1986
Name	<b>HOWARD, RICHARD K MD</b>
Address	320B CHARLES DIMMOCK PKWY, STE #5COLONIAL HEIGHTS, VA, 23834
Specialty	GS
Board Certified	GS
School and Year of Graduation	ALBANY MED COLL OF UNION UNIV-ALBANY, NY USA 1977
Internship and Year	ST ELIZABETH'S HOSPITAL - BOSTON, MA 1978
Residency and Year	ST ELIZABETH'S HOSPITAL - BOSTON, MA 1982
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	10332
License Date	7/1/1998
Name	<b>HOWE, KENNETH F MD</b>
Address	FOUNDATION SURGERY, 8 PROSPECT ST NORTH IINASHUA, NH, 03060
Specialty	GS
Board Certified	GS
School and Year of Graduation	TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1981
Internship and Year	ST ELIZABETH'S MEDICAL CENTER OF BOSTON- BOSTON, MA 1982
Residency and Year	ST ELIZABETH'S MEDICAL CENTER OF BOSTON - BOSTON, MA 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11917
License Date	5/7/2003
Name	<b>HOWE, PAUL Q MD</b>
Address	DARTMOUTH-HITCHCOCK, KEENE, 590 COURT STKEENE, NH, 03431
Specialty	FP
Board Certified	FP
School and Year of Graduation	VIRGINIA UNIV SCH OF MED - RICHMOND, VA USA 2000
Internship and Year	ST JOSEPHS HOSPITAL HEALTH CENTER - SYRACUSE, NY 2001
Residency and Year	ST JOSEPHS HOSPITAL HEALTH CENTER - SYRACUSE, NY 2002
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	13823
License Date	2/6/2008
Name	<b>HOWE, ROBERT J DO</b>
Address	CORE PHYSICIANS, 118 PORTSMOUTH AVESTRATHAM, NH, 03885
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF NEW ENGLAND USA 2000
Internship and Year	SACRED HEART HOSPITAL - ALLENTOWN, PA 2001
Residency and Year	SACRED HEART HOSPITAL - ALLENTOWN, PA 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16972
License Date	3/4/2015
Name	<b>HOWELL, GREGORY A MD</b>
Address	1735 N BROWN RD STE 200, LAWRENCEVILLE, GA, 30043
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF MISSISSIPPI SCHOOL OF MEDICINE USA 1990
Internship and Year	CHARLES R DREW UNIVERSITY OF MEDICINE & SCIENCE - LOS ANGELES, CA 1991
Residency and Year	CHARLES R DREW UNIVERSITY OF MEDICINE & SCIENCE - LOS ANGELES, CA 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6899
License Date	6/7/1984
Name	<b>HOWELL, JOHN A MD</b>
Address	PO BOX 550, LANCASTER, NH, 03584
Specialty	R
Board Certified	
School and Year of Graduation	FAC DE MED DE LA UNIV AUTONOMA DE GUADALAJARA MEXICO 1975
Internship and Year	KERN MED CTR-BAKERSFIELD,CA 1978
Residency and Year	BOSTON CITY HOSP-BOSTON,MA 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13430
License Date	3/7/2007
Name	<b>HOY, JOHN F MD</b>
Address	STAT MEDCARE SOLUTIONS, 1875 W PARK CTOLATHE, KS, 66061
Specialty	R
Board Certified	R
School and Year of Graduation	BROWN UNIV USA 1993
Internship and Year	CALIFORNIA PACIFIC MEDICAL CTR - SAN FRANCISCO, CA 1994
Residency and Year	UNIV OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 1995
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	10139
License Date	10/1/1997
Name	<b>HOYE III, VINCENT J MD</b>
Address	SPINDEL EYE ASSOC, 43B BIRCH ST STE 5DERRY, NH, 03038
Specialty	OPH
Board Certified	
School and Year of Graduation	DARTMOUTH MEDICAL SCH - HANOVER, NH USA 1993
Internship and Year	CAMBRIDGE HOSPITAL - MA 1994
Residency and Year	COOPER HOSPITAL - NJ 1997
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	6663
License Date	3/3/1983
Name	<b>HOYER, ROBERT C MD</b>
Address	LAHEY HITCHCOCK CLINIC, 19 AVERY STPLYMOUTH, NH, 03264-1130
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF MINNESOTA MED SCH-MINNEAPOLIS,MN USA 1975
Internship and Year	NORTH CAROLINA MED HOSP-CHAPEL HILL 1976
Residency and Year	NORTH CAROLINA MEM HOSP-CHAPEL HILL 1977
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	12202
License Date	1/7/2004
Name	<b>HOYT, MELISSA M MD</b>
Address	CONCORD SURGICAL ASSOCIATES, 246 PLEASANT ST STE 205CONCORD, NH, 03301
Specialty	GS
Board Certified	GS
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL, LEBANON NH US 2001
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CTR, LEBANON NH 2002
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CTR, LEBANON NH 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15622
License Date	4/4/2012
Name	<b>HRISTEA, BRIGITTE M MD</b>
Address	THE COUNSELING CENTER OF NASHUA, 1 MAIN STREETNASHUA, NH, 03064
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV DE MEDICINA SI FARMACIE CAROL DAVILA ROMANIA 1992
Internship and Year	TUFTS MEDICAL CENTER - BOSTON, MA 2002
Residency and Year	TUFTS MEDICAL CENTER - BOSTON, MA 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 16946  
 License Date 2/4/2015  
 Name **HRON, TIFFINY A MD**  
 Address 411 MARLBOROUGH ST #4, BOSTON, MA, 02115  
 Specialty OTO  
 Board Certified  
 School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2008  
 Internship and Year UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE, FARMINGTON, CT 2009  
 Residency and Year UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE, FARMINGTON, CT 2013  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16642  
 License Date 6/4/2014  
 Name **HSU, ALBERT L MD**  
 Address 1362 BRUNSWICK AVE, NORFOLK, VA, 23508  
 Specialty OBG  
 Board Certified  
 School and Year of Graduation ALBERT EINSTEIN COLLEGE OF MEDICINE USA 2005  
 Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2006  
 Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2009  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10333  
 License Date 7/1/1998  
 Name **HSU, GRIFFITH MD**  
 Address ANDOVER EAR NOSE & THROAT CTR, 198 MASSACHUSETTS AVE STE 103N ANDOVER, MA, 01845  
 Specialty OTO  
 Board Certified  
 School and Year of Graduation NORTHWESTERN UNIV MED SCH - CHICAGO, IL USA 1993  
 Internship and Year HENNEPIN COUNTY MEDICAL CENTER - MINNEAPOLIS, MN 1994  
 Residency and Year UNIV OF MINNESOTA HOSPITAL & CLINIC - MINNEAPOLIS, MN 1998  
 License Expiration Date **6/30/2002**  
 Remarks

License Number 16367  
 License Date 11/6/2013  
 Name **HSU, HOWARD C MD**  
 Address LAHEY HOSPITAL & MED CTR/RADIATION ONC ASSOC, PA, 41 MALL RDBURLINGTON, MA, 01805  
 Specialty RO  
 Board Certified RO  
 School and Year of Graduation CORNELL UNIVERSITY MEDICAL COLLEGE USA 2005  
 Internship and Year WASHINGTON UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS, MO 2008  
 Residency and Year NEW YORK UNIVERSITY MEDICAL CENTER - NEW YORK, NY 2014  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	8900
License Date	2/3/1993
Name	<b>HSU, POWEN MD</b>
Address	NOTRE DAME PAVILION, 87 MCGREGOR ST STE 3200MANCHESTER, NH, 03102
Specialty	PM
Board Certified	PM
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1987
Internship and Year	SALEM HOSPITAL - SALEM NH 1988
Residency and Year	SINAI HOSPITAL OF BALTIMORE - BALTIMORE MD 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9249
License Date	8/3/1994
Name	<b>HSU, SEAN S MD</b>
Address	211 ROSEMONT DR, N ANDOVER, MA, 01845-
Specialty	NS
Board Certified	NS
School and Year of Graduation	UNIVERSITY OF MICHIGAN MEDICAL SCHOOL USA 1986
Internship and Year	UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE - SEATTLE WA 1994
Residency and Year	UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE - SEATTLE WA 1994
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	10949
License Date	6/7/2000
Name	<b>HU, BRIAN H MD</b>
Address	NASHUA RADIOLOGY, 172 KINSLEY STNASHUA, NH, 03062
Specialty	R
Board Certified	R
School and Year of Graduation	SHANGHAI MEDICAL UNIV - PEOPLES REPUBLIC OF CHINA CHINA 1988
Internship and Year	NORTH SHORE UNIV HOSPITAL - MANHASSETT, NY 1994
Residency and Year	NORTH SHORE UNIV HOSPITAL - MANHASSETT, NY 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6946
License Date	8/2/1984
Name	<b>HU, DA-SHIH MD</b>
Address	DARTMOUTH COLLEGE HEALTH SERVICE, 7 ROPE FERRY RDHANOVER, NH, 03755
Specialty	P
Board Certified	P
School and Year of Graduation	JEFFERSON MED COLL OF THOMAS JEFFERSON UNIV-PA USA 1980
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1981
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 13247  
 License Date 9/6/2006  
 Name **HUANG, BENJAMIN T MD**  
 Address 2820 N ONTARIO ST, BURBANK, CA, 91504  
 Specialty R  
 Board Certified R  
 School and Year of Graduation YALE UNIV USA 1987  
 Internship and Year DANBURY HOSPITAL-DANBURY CT 1988  
 Residency and Year YALE-NEW HAVEN HOSPITAL 1989  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9518  
 License Date 8/2/1995  
 Name **HUANG, PEI-LI MD**  
 Address FERTILITY SOLUTIONS, 45 STERGIS WAYDEDHAM, MA, 02026  
 Specialty REN  
 Board Certified OBG  
 School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1988  
 Internship and Year BETH ISRAEL HOSPITAL - BOSTON MA 1992  
 Residency and Year BETH ISRAEL HOSPITAL - BOSTON MA 1992  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 13962  
 License Date 5/7/2008  
 Name **HUANG, PETER C MD**  
 Address PORTSMOUTH ANESTHIA ASSOC, 333 BORTHWICK AVEPORTSMOUTH, NH, 03801  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation PENNSYLVANIA STATE UNIV USA 2004  
 Internship and Year MERCY HOSPITAL OF PITTSBURGH - PITTSBURGH, PA 2005  
 Residency and Year MT SINAI MEDICAL CENTER - NY, NY 2007  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16713  
 License Date 8/6/2014  
 Name **HUANG, VIOLA MD**  
 Address DH- GEN SURG, 1 MED CTR DRLEBANON, NH, 03756  
 Specialty GS  
 Board Certified  
 School and Year of Graduation COLUMBIA UNIVERSITY COLLEGE OF PHYSICIANS & SURGEO USA 2012  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	16276
License Date	8/7/2013
Name	<b>HUBBARD, JOHN D MD</b>
Address	ROUDEBUSH VA MEDICAL MEDICAL CENTER, 1481 WES 10TH STREETINDIANAPOLIS, IN, 46202
Specialty	R
Board Certified	R
School and Year of Graduation	WAYNE STATE UNIVERSITY USA 1999
Internship and Year	OAKWOOD HEALTHCARE SYSTEM-OAKWOOD HOSPITAL - DEARBORN, MI 2000
Residency and Year	OAKWOOD HEALTHCARE SYSTEM-OAKWOOD HOSPITAL - DEARBORN, MI 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/6/15</b>

License Number	5597
License Date	8/12/1976
Name	<b>HUBBARD, WALLACE N MD</b>
Address	163 ROCHESTER HILL RD, ROCHESTER, NH, 03867-1728
Specialty	PD
Board Certified	
School and Year of Graduation	UNIV OF VERMONT USA 1971
Internship and Year	CHILDREN'S NATIONAL MEDICAL CENTER - WASHINGTON, DC 1972
Residency and Year	CHILDREN'S NATIONAL MEDICAL CENTER - WASHINGTON, DC 1974
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	9534
License Date	8/2/1995
Name	<b>HUBBELL, FRANKLIN R DO</b>
Address	SACO RIVER MED GROUP, 7 GREENWOOD AVECONWAY, NH, 03818-
Specialty	FP
Board Certified	
School and Year of Graduation	UNIV OF NEW ENGLAND COLLEGE OF OSTEO MEDICINE USA 1991
Internship and Year	BRIGHTON MEDICAL CENTER - PORTLAND ME 1992
Residency and Year	BRIGHTON MEDICAL CENTER - PORTLAND, ME 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6496
License Date	2/8/1982
Name	<b>HUBBUCH, JEANNE T MD</b>
Address	288 WALNUT ST STE 420, NEWTON, MA, 02460
Specialty	FP
Board Certified	FP
School and Year of Graduation	RUSH MED COLL-CHICAGO,IL USA 1975
Internship and Year	COOK COUNTY HOSP-CHICAGO,IL 1976
Residency and Year	U MASS HOSP COORD PROG-WORCESTER,MA 1980
License Expiration Date	<b>6/30/2004</b>
Remarks	



License Number	13963
License Date	5/7/2008
Name	<b>HUBLER, LLOYD D MD</b>
Address	DARTMOUTH-HITCHCOCK KEENE ORTHOPEDICS, 590 COURT STKEENE, NH, 03431
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIV OF TEXAS USA 1973
Internship and Year	UNIV OF KANSAS SCHOOL OF MEDICINE - WICHITA, KS 1974
Residency and Year	UNIV OF KANSAS SCHOOL OF MEDICINE - WICHITA, KS 1977
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8083
License Date	5/10/1989
Name	<b>HUBLEY, JEFFREY E MD</b>
Address	SNH MEDICAL CENTER, 8 PROSPECT STNASHUA, NH, 03060
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF MI MED SCHL ANN ARBOR MI USA 1985
Internship and Year	UNIV MI HOSPS ANN ARBOR MI 1986
Residency and Year	UNIV MI HOSPS ANN ARBOR MI 1990
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>11/13/14 - Settlement Agreement</b>

License Number	16449
License Date	1/8/2014
Name	<b>HUCH, SHANE M DO</b>
Address	ONE MEDICAL CTR DR, LEBANON, NH, 03756
Specialty	AN
Board Certified	AN
School and Year of Graduation	PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE USA 2009
Internship and Year	JERSEY SHORE UNIVERSITY MEDICAL CENTER - NEPTUNE, NJ 2010
Residency and Year	ALBERT EINSTEIN COLLEGE OF MEDICINE - BRONX, NY 2013
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10950
License Date	6/7/2000
Name	<b>HUDDLE, TIMOTHY J MD</b>
Address	ELLIOT WOULD CARE CENTER, 185 QUEEN CITY AVEMANCHESTER, NH, 03101
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF ROCHESTER - ROCHESTER, NY USA 1980
Internship and Year	UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1981
Residency and Year	UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>lapsed 6/30/01 - reinstated 6/4/14</b>

License Number 10649  
 License Date 8/4/1999  
 Name **HUDGINS, JAMES M MD**  
 Address COMP HEALTH, PO BOX 57915 SALT LAKE CITY, UT, 84157-0915  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIV OF TENNESSEE - MEMPHIS, TN USA 1953  
 Internship and Year KARL MENNINGER SCH OF PSYCHIATRY - TOPEKA, KS 1954  
 Residency and Year KARL MENNINGER SCH OF PSYCHIATRY - TOPEKA, KS 1955  
 License Expiration Date **6/30/2002**  
 Remarks **DECEASED 12/06/2008**

License Number 9450  
 License Date 6/7/1995  
 Name **HUDSON III, RICHARD P MD**  
 Address UVM DEPT OF EM, 111 COLCHESTER AVE BURLINGTON, VT, 05401  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIVERSITY OF NORTH CAROLINA USA 1987  
 Internship and Year LA CO HARBOR UCLA MEDICAL CENTER, TORRANCE CA 1990  
 Residency and Year LA CO HARBOR UCLA MEDICAL CENTER-TORRANCE CA 1990  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 5711  
 License Date 5/5/1977  
 Name **HUEBL, HUBERT C MD**  
 Address 18101 OAKWOOD STE 139A, DEARBORN, MI, 48124-  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation WASHINGTON UNIV SCHOOL OF MEDICINE - ST LOUIS USA 1956  
 Internship and Year HENNEPIN COUNTY MEDICAL HOSPITAL - MINNEAPOLIS, MN 1957  
 Residency and Year HOSPITAL GOOD SAMARITAN MEDICAL CENTER - LOS ANGELES, CA 1968  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 9250  
 License Date 8/3/1994  
 Name **HUEY, LEIGHTON Y MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DR LEBANON, NH, 03766-0001  
 Specialty P  
 Board Certified P  
 School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1971  
 Internship and Year UNIVERSITY OF CALIFORNIA AT SAN DIEGO MEDICAL CENTER - SAN DIEGO CA 1974  
 Residency and Year UNIVERSITY OF CALIFORNIA AT SAN DIEGO MEDICAL CENTER - SAN DIEGO CA 1974  
 License Expiration Date **6/30/1999**  
 Remarks

License Number	7907
License Date	7/6/1988
Name	<b>HUFFMAN, MICHAEL S MD</b>
Address	344 PINE HILL RD, HOLLIS, NH, 03049
Specialty	PM
Board Certified	
School and Year of Graduation	UNIV OF TX HLTH SCI CTR-SOUTHWESTERN MED SCH-DALLA USA 1984
Internship and Year	LONGISLAND JEWISH MED CTR-NEW HYDE PARK,NY 1985
Residency and Year	MT SINAI HOSP-NY 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	6/6/05- Settlement Agreement

License Number	11023
License Date	8/2/2000
Name	<b>HUG, EUGEN B MD</b>
Address	DARTMOUTH HITCHCOCK MEDICAL, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	R
Board Certified	R
School and Year of Graduation	LUDWIG MAXIMILLIANS UNIV - MUNICH GERMANY GERMANY 1987
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1989
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1992
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	7389
License Date	7/3/1986
Name	<b>HUGGINS, MARGARET C MD</b>
Address	, , ,
Specialty	OBG
Board Certified	
School and Year of Graduation	UNIVERSITY OF NORTH CAROLINA USA 1982
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1990</b>
Remarks	

License Number	13669
License Date	9/5/2007
Name	<b>HUGHES III, RALPH C MD</b>
Address	DIAGNOSTIC TISSUE/CYTOLOGY GRP, PO BOX 5869MERIDIAN, MS, 39302
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF TEXAS USA 1980
Internship and Year	BAYLOR UNIV MEDICAL CENTER-DALLAS, TX 1982
Residency and Year	BAYLOR UNIV MEDICAL CENTER-DALLAS, TX 1984
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	13497
License Date	5/9/2007
Name	<b>HUGHES, BERNADETTE A MD</b>
Address	OMAHA NEUROLOGICAL CLINIC, INC, 17030 LAKESIDE HILLS PLAZA STE 202OMAHA, NE, 68130
Specialty	N
Board Certified	N
School and Year of Graduation	GEORGETOWN UNIV USA 1988
Internship and Year	MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1989
Residency and Year	MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1992
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	4758
License Date	8/15/1972
Name	<b>HUGHES, BRYNFOR D MD</b>
Address	, , ,
Specialty	P
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>4/1/1997</b>
Remarks	DECEASE4D 4/97

License Number	12703
License Date	5/4/2005
Name	<b>HUGHES, DAVID T MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	GS
Board Certified	
School and Year of Graduation	CREIGHTON UNIVERSITY, OMAHA NE US 2003
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CTR, LEBANON NH 2004
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CTR, LEBANON NH 2005
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	14075
License Date	7/9/2008
Name	<b>HUGHES, JOHN C MD</b>
Address	295 VARNUM AVE, LOWELL, MA, 01854
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	TEMPLE UNIV USA 1977
Internship and Year	READING HOSPITAL & MEDICAL CENTER - READING, PA 1978
Residency and Year	READING HOSPITAL & MEDICAL CENTER - READING, PA 1981
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14165
License Date	9/3/2008
Name	<b>HUGHES, MAUREEN C MD</b>
Address	DH @ NOTRE DAME PAVILION, 87 MCGREGOR ST STE 2200MANCHESTER, NH, 03102
Specialty	N
Board Certified	N
School and Year of Graduation	GEORGETOWN UNIV USA 2004
Internship and Year	GEORGETOWN UNIV HOSPITAL - WASHINGTON, DC 2005
Residency and Year	RHODE ISLAND HOSPITAL-BROWN UNIV - PROVIDENCE, RI 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11154
License Date	1/3/2001
Name	<b>HUGHES, RICHARD G DO</b>
Address	LAKES REGION GENERAL HOSP, 80 HIGHLAND STLACONIA, NH, 03246
Specialty	AN
Board Certified	AN
School and Year of Graduation	WESTERN U OF HEALTH SCI/COLLEGE OF OSTEOPATHIC USA 1986
Internship and Year	MWU/ARIZONA GEM CONSORTIUM/TUCSON GENERAL HOSPITAL - TUCSON AZ 1987
Residency and Year	GENESYS REGIONAL MEDICAL CENTER - GRAND BLANC MI 1990
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16225
License Date	7/3/2013
Name	<b>HUGHES, STEPHEN J MD</b>
Address	25 CAPITOL CIRCLE, ROCHESTER, NH, 03867
Specialty	PD
Board Certified	PD
School and Year of Graduation	STATE UNIVERSITY OF NY @ BUFFALO SCHOOL OF MEDICIN USA 1988
Internship and Year	THE WOMEN & CHILDREN'S HOSPITAL - BUFFALO, NY 1989
Residency and Year	THE WOMEN & CHILDREN'S HOSPITAL - BUFFALO, NY 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15481
License Date	12/7/2011
Name	<b>HUH, CHARLES Y MD</b>
Address	HIMG, 5170 US RT 60EHUNTINGTON, WV, 25705
Specialty	GE
Board Certified	GE
School and Year of Graduation	UNIV OF MED & DENTISTRY OF NEW JERSEY USA 1992
Internship and Year	UMDNJ/ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK, NJ 1993
Residency and Year	UMDNJ/ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK, NJ 1995
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	16111
License Date	5/1/2013
Name	<b>HULICK, PETER R MD</b>
Address	SHIELDS RADIATION ONCOLOGY, 620 WASHINGTON STREETWINCHESTER, MA, 01890
Specialty	RO
Board Certified	RO
School and Year of Graduation	JEFFERSON MEDICAL COLLEGE USA 1973
Internship and Year	WILMINGTON MEDICAL CENTER - NEWARK, DE 1974
Residency and Year	WILMINGTON MEDICAL CENTER - NEWARK, DE 1977
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15062
License Date	11/3/2010
Name	<b>HULL, DAVID J MD</b>
Address	AVERO DIAGNOSTICS, 6621 RIVERSIDE DRIRVING, TX, 75039
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSITY OF MISSISSIPPI USA 2003
Internship and Year	UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL - DALLAS, TX 2005
Residency and Year	UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL - DALLAS, TX 2007
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	15442
License Date	11/2/2011
Name	<b>HUM, BARBARA A MD</b>
Address	LAHEY CLINIC, 41 MALL RDBURLINGTON, MA, 01803
Specialty	DR
Board Certified	DR
School and Year of Graduation	GEORGETOWN UNIVERSITY SCHOOL OF MED USA 2000
Internship and Year	GEORGETOWN UNIVERSITY MEDICAL CENTER - WASHINGTON, DC 2001
Residency and Year	HAHNEMANN UNIVERSITY HOSPITAL - PHILADELPHIA, PA 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9655
License Date	3/6/1996
Name	<b>HUMAR, THOMAS B MD</b>
Address	AMBULATORY SURGERY CTR, 720 N PINE STSPARTANBURG, SC, 29303
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV OF VT COLLEGE OF MEDICINE - VT USA 1981
Internship and Year	HARTFORD HOSPITAL - HARTFORD, CT 1982
Residency and Year	HARTFORD HOSPITAL - HARTFORD, CT 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16112
License Date	5/1/2013
Name	<b>HUMPHREY, KATHRYN L MD</b>
Address	MGH, 55 FRUIT STBOSTON, MA, 02114
Specialty	DR
Board Certified	DR
School and Year of Graduation	VANDERBILT UNIVERSITY SCHOOL OF MEDICINE USA 2008
Internship and Year	VANDERBILT UNIVERSITY MEDICAL CENTER - NASHVILLE, TN 2009
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2013
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	9866
License Date	11/6/1996
Name	<b>HUMPHRIES, ROBERT H MD</b>
Address	WEST CENTRAL BEHAVIORAL HLTH, 85 MECHANIC STLEBANON, NH, 03766
Specialty	P
Board Certified	P
School and Year of Graduation	COLUMBIA UNIV COLLEGE OF PHYSICIANS,SURGEONS, NY USA 1964
Internship and Year	LENOX HILL HOSPITAL - NY 1965
Residency and Year	MT SINAI MEDICAL CENTER - NY 1968
License Expiration Date	<b>6/30/2014</b>
Remarks	<b>LAPSED FOR NON-RENEWAL 6/30/04.. REINSTATED ON 10/1/08</b>

License Number	11093
License Date	10/4/2000
Name	<b>HUNEKE, JOHN W MD</b>
Address	2021 SOUTH LEWIS STE 450, TULSA, OK, 74104
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	INDIANA UNIV SCH OF MED -INDIANAPOLIS, IN USA 1958
Internship and Year	CHARITY HOSPITAL - NEW ORLEANS, LA 1959
Residency and Year	CHARITY HOSPITAL - NEW ORLEANS, LA 1965
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	10682
License Date	9/1/1999
Name	<b>HUNT, CATHERINE O MD</b>
Address	DARTMOUTH-HITCHCOCK, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty	AN
Board Certified	AN
School and Year of Graduation	OHIO STATE UNIV COLL OF MED - COLUMBUS,OH USA 1980
Internship and Year	HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 1981
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1982
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9641
License Date	2/7/1996
Name	<b>HUNT, KAREN I MD</b>
Address	NO ANDOVER OFFICE PARK, 203 TURNPIKE STN ANDOVER, MA, 01845
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF CINCINNATI COLL OF MED - CINCINNATI, OH USA 1992
Internship and Year	UNIV OF MINNESOTA MEDICAL SCHOOL-MINNEAPOLIS,MN 1995
Residency and Year	UNIV OF MINNESOTA MEDICAL SCHOOL - MINNEAPOLIS,MN 1995
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	15755
License Date	7/11/2012
Name	<b>HUNT, PETER J MD</b>
Address	ELLIOT GEN SURG ASSOC, 185 QUEEN ITY AVE MANCHESTER, NH, 03101
Specialty	VS
Board Certified	GS
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 2005
Internship and Year	RUSH UNIVERSITY MEDICAL CENTER - CHICAGO, IL 2006
Residency and Year	STAMFORD HOSPITAL- STAMFORD, CT 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8834
License Date	10/7/1992
Name	<b>HUNT, SEAN E MD</b>
Address	DARTMOUTH HITCHCOCK, 100 HITCHCOCK WAY MANCHESTER, NH, 03104
Specialty	AN
Board Certified	AN
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1980
Internship and Year	NEW ENGLAND MEDICAL CENTER HOSPITALS BOSTON - MA 1981
Residency and Year	ST ELIZABETH'S HOSPITAL - BOSTON, MA 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8311
License Date	5/9/1990
Name	<b>HUNTER JR, CONVERSE P MD</b>
Address	DARTMOUTH HITCHCOCK, 25 SOUTH RIVER RD BEDFORD, NH, 03110
Specialty	PD
Board Certified	PD
School and Year of Graduation	SUNY-HLTH SCI CTR AT BROOKLYN - NY USA 1987
Internship and Year	UNIV MINNEAPOLIS HOSPITAL - MINNEAPOLIS, MN 1988
Residency and Year	UNIV MINNEAPOLIS HOSPITAL - MINNEAPOLIS, MN 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	10714
License Date	10/6/1999
Name	<b>HUNTER, ANNE L MD</b>
Address	ME CTR FOR CANCER MED, 100 CAMPUS DRSCARBOROUGH, ME, 04074-9302
Specialty	FP
Board Certified	
School and Year of Graduation	UNIVERSITY OF NEW YORK-NY USA 1974
Internship and Year	RHODE ISLAND HOSPITAL-PROVIDENCE,RI 1975
Residency and Year	EASTERN MAINE MEDICAL CENTER-BANGOR,ME 1977
License Expiration Date	<b>6/30/2005</b>
Remarks	Deceased 12/8/2013

License Number	13670
License Date	9/5/2007
Name	<b>HUNTER, DANA B MD</b>
Address	11990 SW CORBY DR, #10PORTLAND, OR, 97225
Specialty	EM
Board Certified	EM
School and Year of Graduation	OREGON UNIV USA 2004
Internship and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2005
Residency and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2007
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	12199
License Date	1/7/2004
Name	<b>HUNTER, DAVID L MD</b>
Address	VIRTUAL RADIOLOGIC PROFESS, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF CHICAGO, MAYWOOD IL US 1982
Internship and Year	KESSLER MEDICAL CTR, KESSLER AFB MS 1983
Residency and Year	WILFORD HALL MEDICAL CTR, LACKLAND AFB TX 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13671
License Date	9/5/2007
Name	<b>HUNTER, GEORGE J MD</b>
Address	8026 E DEL JOYA DR, SCOTTSDALE, AZ, 85258
Specialty	R
Board Certified	R
School and Year of Graduation	HAHNEMANN UNIV USA 1990
Internship and Year	WILLIAM BEAUMONT ARMY MEDICAL CENTER - EL PASO, TX 1991
Residency and Year	MADIGAN ARMY MEDICAL CENTER-TACOMA, WA 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 6695  
 License Date 5/5/1983  
 Name **HUNTER, JOHN B MD**  
 Address 15 ARROWHEAD DR, BEDFORD, NH, 03110  
 Specialty CD  
 Board Certified CD  
 School and Year of Graduation UNIV OF KANSAS SCH MED LAWRENCE USA 1971  
 Internship and Year UCLA HOSPITAL - CLINICS - LOS ANGELES, CA 1972  
 Residency and Year UCLA HOSPITAL- CLINICS - LOS ANGELES, CA 1974  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16040  
 License Date 3/6/2013  
 Name **HUNTER, KLAUDIA U MD**  
 Address LAHEY CLINIC DEPT OF RADIATION ONCOLOGY, 41 MALL RDBURLINGTON, MA, 01805  
 Specialty RO  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF IL COLLEGE OF MEDICINE USA 2006  
 Internship and Year UNIVERSITY OF CALIFORNIA(SAN DIEGO)MEDICAL CENTER - LA JOLLA, CA 2007  
 Residency and Year UNIVERSITY OF CALIFORNIA(SAN DIEGO)MEDICAL CENTER - LA JOLLA, CA 2009  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14996  
 License Date 9/1/2010  
 Name **HUNTINGTON III, JONATHAN T MD**  
 Address DHMC-DEPT OF GEN INTERNAL MED, 1 MED CTR DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2007  
 Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008  
 Residency and Year CONCORD HOSPITAL - CONCORD, NH 2010  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15303  
 License Date 7/6/2011  
 Name **HUNTINGTON, JEREMY D MD**  
 Address ANESTHESIA ASSOCIATES OF GREAT FALLS, 401 15TH AVE. S., SUITE 109GREAT FALLS, MT, 59405  
 Specialty AN  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF UTAH USA 2008  
 Internship and Year SACRED HEART MEDICAL CENTER - SPOKANE, WA 2009  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 8255  
 License Date 12/6/1989  
 Name **HUNTINGTON, THOMAS R MD**  
 Address 222 N 2ND STE 107, BOISE, ID, 83702-0138  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation UNIV OF ARIZONA COLL OF MED -TUCSON, AZ USA 1975  
 Internship and Year VALDERBILT UNIV HOSPITAL -NASHVILLE, TN 1976  
 Residency and Year UNIV MEDICAL CENTER - TUCSON, AZ 1981  
 License Expiration Date **6/30/2002**  
 Remarks

License Number 11279  
 License Date 6/6/2001  
 Name **HUNTRESS, LAURIE A MD**  
 Address SACO RIVER MEDICAL GROUP, 7 GREENWOOD AVE CONWAY, NH, 03818  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF VERMONT COLL OF MED - BURLINGTON, VT USA 1998  
 Internship and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1999  
 Residency and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 2001  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 12165  
 License Date 12/3/2003  
 Name **HUNYADY, AGNES I MD**  
 Address 489 STATE ST, BANGOR, ME, 04402-0404  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation SEMMILWEIS UNIVERSITY, BUDAPEST HUNGARY HUNGARY 1993  
 Internship and Year ALBANY MEDICAL CTR HOSPITAL, ALBANY NY 2001  
 Residency and Year ALBANY MEDICAL CTR HOSPITAL, ALBANY NY 2004  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 13964  
 License Date 5/7/2008  
 Name **HUO, ZHIFENG MD**  
 Address LABCORP OF AMERICA (J TAMEZ), 5610 W LASALLE ST TAMPA, FL, 33607  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation HENAN MEDICAL UNIV/ZHENGZHOU UNIV CHINA 1982  
 Internship and Year WESTERN RESERVE CARE SYSTEM - YOUNGSTOWN, OH 1996  
 Residency and Year WESTERN RESERVE CARE SYSTEM - YOUNGSTOWN, OH 1999  
 License Expiration Date **6/30/2010**  
 Remarks

License Number	16587
License Date	5/7/2014
Name	<b>HUOT, BRAD R MD</b>
Address	MARTINS POINT HEALTHCARE, 331 VERANDA ST., BLDG 6PORTLAND, ME, 04104
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF VT COLLEGE OF MEDICINE USA 2001
Internship and Year	UNIVERSITY OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 2002
Residency and Year	UNIVERSITY OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14798
License Date	4/7/2010
Name	<b>HUQ, MUHAMMAD M MD</b>
Address	VA MEDICAL CENTER, 718 SMYTH RDMANCHESTER, NH, 03104
Specialty	IM
Board Certified	IM
School and Year of Graduation	SIR SALIMULLAH MEDICAL COLLEGE BANGLADESH 1982
Internship and Year	ERIE COUNTY MEDICAL CENTER - BUFFALO, NY 1992
Residency and Year	ERIE COUNTY MEDICAL CENTER - BUFFALO, NY 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10585
License Date	6/2/1999
Name	<b>HURLEY, JAMES M MD</b>
Address	MONADNOCK PEDIATRICS, 454 OLD STREET RDPETERBOROUGH, NH, 03458
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF MASS MED SCH - WORCESTER, MA USA 1996
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1997
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8964
License Date	6/2/1993
Name	<b>HURLEY, LIAM J MD</b>
Address	NORTHEAST UROLOGIC SURGERY, 231 SUTTON ST UNIT 1DN ANDOVER, MA, 01845-1620
Specialty	U
Board Certified	U
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1986
Internship and Year	ST ELIZABETH'S HOSPITAL - BOSTON MA 1991
Residency and Year	LAHEY CLINIC FOUNDATION - BURLINGTON MA 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13429
License Date	3/7/2007
Name	<b>HURST, EKATERINA T MD</b>
Address	NHH, 36 CLINTON STCONCORD, NH, 03301
Specialty	P
Board Certified	P
School and Year of Graduation	TEXAS TECH UNIV USA 2004
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16757
License Date	9/3/2014
Name	<b>HUSAIN, KHALID M MD</b>
Address	SPRINGFIELD HOSPITAL, 25 RIDGEWOOD RDSpringfield, VT, 05156
Specialty	GS
Board Certified	GS
School and Year of Graduation	NISHTAR MEDICAL COLLEGE, BAHUDDIN ZAKARIA UNIV PAKISTAN 1977
Internship and Year	WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 1981
Residency and Year	WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13863
License Date	3/5/2008
Name	<b>HUSAIN, SOHAIL N MD</b>
Address	AGILITY ORTHOPEDICS, 92 MONTVALE AVE, SUITE 1400STONEHAM, MA, 02180
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	NORTHWESTERN UNIV USA 2002
Internship and Year	NORTHWESTERN UNIV FEINBERG SCHOOL - CHICAGO, IL 2003
Residency and Year	NORTHWESTERN UNIV FEINBERG SCHOOL - CHICAGO, IL 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11505
License Date	2/6/2002
Name	<b>HUSARIK, NANCY S MD</b>
Address	ELLIOT PRIMARY CARE RAYMOND, 15 FREETOWN RDRAYMOND, NH, 03077
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF NEBRASKA - OMAHA, NE USA 1997
Internship and Year	METROHEALTH MEDICAL CENTER - CLEVELAND, OH 1998
Residency and Year	METROHEALTH MEDICAL CENTER - CLEVELAND, OH 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14586
License Date	9/2/2009
Name	<b>HUSE, JACK B MD</b>
Address	NUTFIELD SURGICAL ASSOCIATES, 6 TSIENNETO RD SUITE 203DERRY, NH, 03038
Specialty	GS
Board Certified	GS
School and Year of Graduation	HAHNEMANN UNIVESITY- PHILADELPHIA, PA USA 1973
Internship and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 1974
Residency and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 1980
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16714
License Date	8/6/2014
Name	<b>HUSIC, AMILA MD</b>
Address	PARKLAND PHYSICIAN SERVICES, 6 TSIENNETO RDDERRY, NH, 03038
Specialty	GS
Board Certified	GS
School and Year of Graduation	WEILL CORNELL MEDICAL COLLEGE QATAR 2008
Internship and Year	LAHEY CLINIC MEDICAL CENTER - BURLINGTON, MA 2009
Residency and Year	LAHEY CLINIC MEDICAL CENTER - BURLINGTON, MA 2013
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9540
License Date	9/6/1995
Name	<b>HUSNEY, ADAM C MD</b>
Address	LAHEY HITCHCOCK CLINIC, 253 PLEASANT STCONCORD, NH, 03301-
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF PENNSYLVANIA SCHOOL OF MEDICINE USA 1990
Internship and Year	UNIV OF MICHIGAN HOSPITAL ANN ARBOR MI 1994
Residency and Year	UNIV OF MICHIGAN HOSPITAL ANN ARBOR MI 1994
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	13376
License Date	1/3/2007
Name	<b>HUSSAIN, KASHIF MD</b>
Address	WV UNIVERSITY HOSPITAL, ONE MEDICAL DRIVEMORGANTOWN, WV, 26508
Specialty	PUD
Board Certified	IM
School and Year of Graduation	UNIV OF PUNJAB PAKISTAN 1996
Internship and Year	MARSHFIELD CLINIC ST JOSIPHS HOSPITAL-MARSHFIELD, WI 2000
Residency and Year	MARSHFIELD CLINIC ST JOSEPHS HOSPITAL-MARSHFIELD, WI 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13159
License Date	7/5/2006
Name	<b>HUSSAIN, KHWAJA A MD</b>
Address	UNIVERSITY OF MASS MEDICAL CENTER BENEDICT CLINIC, 55 LAKE AVE NORTHWORCESTER, MA, 0
Specialty	FP
Board Certified	FP
School and Year of Graduation	KASTURBA MEDICAL COLLEGE INDIA 1999
Internship and Year	INDIANA UNIV SCHOOL OF MEDICINE-INDIANAPOLIS, IN 2005
Residency and Year	INDIANA UNIV SCHOOL OF MEDICINE-INDIANAPOLIS, IN 2006
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	13772
License Date	12/5/2007
Name	<b>HUSSAIN, ZAKIR MD</b>
Address	SSMH, 1296 AGVIK STBARROW, AK, 99723
Specialty	FP
Board Certified	FP
School and Year of Graduation	PUNJAB MEDICAL COLLEGE PAKISTAN 1997
Internship and Year	LONG ISLAND JEWISH MEDICAL CENTER - NEW HYDE PARK, NY 2002
Residency and Year	NEW YORK HOSPITAL MEDICAL CENTER OF QUEENS - FLUSHING, NY 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>lapsed for non renewal 6/30/11 - reinstated 1/4/12.</b>

License Number	17061
License Date	5/6/2015
Name	<b>HUSSAIN, ZILLA H MD</b>
Address	6 CEDARWOOD LN UNIT 207, LEBANON, NH, 03766
Specialty	IM
Board Certified	IM
School and Year of Graduation	SUNY SCHOOL OF MEDICINE USA 2009
Internship and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2010
Residency and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2012
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11506
License Date	2/6/2002
Name	<b>HUSSENO, MUHAMMAD A MD</b>
Address	SPEARE MEDICAL ASSOC, 20 HIGHLAND STPLYMOUTH, NH, 03264
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF DAMASCUS - DAMASCUS, SYRIA SYRIA 1994
Internship and Year	GUTHRIE HEALTHCARE SYSTEM/ROBERT PACKER HOSPITAL - SAYRE, PA 2000
Residency and Year	BROOKDALE UNIV HOSPITAL AND MEDICAL CENTER - BROOKLYN, NY 2001
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	5687
License Date	3/1/1977
Name	<b>HUTCHENSON, BELLENDEN R MD</b>
Address	, , ,
Specialty	P
Board Certified	
School and Year of Graduation	1947
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1979</b>
Remarks	

License Number	6044
License Date	5/3/1979
Name	<b>HUTCHINS, RICHARD K MD</b>
Address	6828 GREYSTONE DR, RALEIGH, NC, 27615
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF VIRGINIA SCHOOL MEDICINE-CHARLOTTESVILLE USA 1971
Internship and Year	NAVAL REGIONAL MEDICAL CENTER - PORTSMOUTH VA 1972
Residency and Year	NAVAL REGIONAL MEDICAL CENTER - PORTSMOUTH, VA 1976
License Expiration Date	<b>6/30/2015</b>
Remarks	<b>LAPSED FOR NON RENEWAL 6/30/01--REINSTATED 11/2/05</b>

License Number	13102
License Date	6/7/2006
Name	<b>HUTCHINSON, JON R MD</b>
Address	5 EAST SQUIRE DR APT#6, ROCHESTER, NY, 14623
Specialty	PD
Board Certified	
School and Year of Graduation	AMERICAN UNIV OF THE CARIBBEAN NETHERLANDS ANTILLES 2001
Internship and Year	UNIV OF NEVADA, LAS VEGAS NV 2004
Residency and Year	UNIV OF ROCHESTER, ROCHESTER NY 2005
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	15190
License Date	4/6/2011
Name	<b>HUTSON, ALLISON A DO</b>
Address	ELLIOT HOSP, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty	IM
Board Certified	IM
School and Year of Graduation	NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF MEDICINE USA 2008
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number	16073
License Date	4/3/2013
Name	<b>HUTSON, HAROLD R MD</b>
Address	SOUTHERN NH MEDICAL CTR, 8 PROSPECT STNASHUA, NH, 03060
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF CALIFORNIA USA 1980
Internship and Year	CHARLES R DREW UNIVERSITY OF MEDICINE & SCIENCE - LOS ANGELES, CA 1981
Residency and Year	CHARLES R DREW UNIVERSITY OF MEDICINE & SCIENCE - LOS ANGELES, CA 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14456
License Date	6/3/2009
Name	<b>HUTTON LYKLING, ELIZABETH A MD</b>
Address	1636 KEMPTON ST SE, OLYMPIA, WA, 98501
Specialty	FP
Board Certified	FP
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 2005
Internship and Year	TUFTS UNIVERSITY @ CAMBRIDGE HEALTH ALLIANCE - MALDEN , MA 2006
Residency and Year	TUFTS UNIVERSITY @ CAMBRIDGE HEALTH ALLIANCE - MALDEN, MA 2008
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	16588
License Date	5/7/2014
Name	<b>HUXOL, CHRISTINE E MD</b>
Address	11518 SPRING HEATH CT, LOUISVILLE, KY, 40223
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE USA 1999
Internship and Year	ST VINCENT HOSPITAL & HEALTH CARE CENTER - INDIANAPOLIS, IN 2000
Residency and Year	INDIANA UNIVERSITY MEDICAL CENTER - INDIANAPOLIS, IN 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14872
License Date	6/2/2010
Name	<b>HUYCK, KAREN L MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	GPM
Board Certified	GPM
School and Year of Graduation	UNIVERSITY OF VERMONT USA 2004
Internship and Year	CAMBRIDGE HOSPITAL - CAMBRIDGE, MA 2005
Residency and Year	HARVARD SCHOOL OF PUBLIC HEALTH - BOSTON, MA 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15706
License Date	6/6/2012
Name	<b>HYAMS, ELIAS S MD</b>
Address	DARTMOUTH HITCHCOCK MEDICAL CTR - UROLOGY 5B, 1 MEDICAL CENTER DRLEBANON, NH, 037
Specialty	U
Board Certified	U
School and Year of Graduation	UNIVERSITY OF PENNSYLVANIA USA 2004
Internship and Year	NY & PRESBYTERIAN HOSPITAL - NY, NY 2005
Residency and Year	NY UNIVERSITY MEDICAL CENTER - NY, NY 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10903
License Date	5/3/2000
Name	<b>HYATT, JOSEPH T MD</b>
Address	AMOSKEAG ANESTHESIOLOGISTS, ONE ELLIOT WAYMANCHESTER, NH, 03103-0350
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS - WORCESTER MA USA 1994
Internship and Year	MOUNT AUBURN HOSPITAL - CAMBRIDGE MA 1995
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON MA 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14799
License Date	4/7/2010
Name	<b>HYDE, CHARLES MD</b>
Address	10 BARCLAY ST, 24D, NEW YORK, NY, 10007
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF CALIFORNIA USA 1979
Internship and Year	RONALD REAGAN UCLE MEDICAL CENTER - LOS ANGELES, CA 1982
Residency and Year	BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15623
License Date	4/4/2012
Name	<b>HYDE, ROBERT J MD</b>
Address	DHMC/EMERGENCY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF MASSACHUSETTS MED SCHOOL USA 2006
Internship and Year	ST MARYS HOSPITAL - ROCHESTER, MN 2007
Residency and Year	ST MARYS HOSPITAL - ROCHESTER, MN 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12744
License Date	6/1/2005
Name	<b>HYDER, DOUGLAS J MD</b>
Address	800 WASHINGTON ST #330, BOSTON, MA, 02111
Specialty	PN
Board Certified	PN
School and Year of Graduation	UNIVERSITY OF CHICAGO, CHICAGO IL US 1991
Internship and Year	UNIVERSITY OF CHICAGO, CHICAGO IL 1992
Residency and Year	UNIVERSITY OF CHICAGO, CHICAGO IL 1993
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	16589
License Date	5/7/2014
Name	<b>HYDER, SARAH M MD</b>
Address	59 MAYFIELD AVE, CRANSTON, RI, 02920
Specialty	IM
Board Certified	IM
School and Year of Graduation	THE WARREN ALPERT MEDICAL SCHOOL OF BROWN UNIV USA 2007
Internship and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2008
Residency and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2011
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9231
License Date	7/6/1994
Name	<b>HYER, KIMBERLY A MD</b>
Address	PEDIATRIC ASSOC OF HAMPTON, 55 HIGH ST STE 102HAMPTON, NH, 03842-
Specialty	PD
Board Certified	PD
School and Year of Graduation	GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 1991
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1994
Residency and Year	MAINE MEDICAL CENTER - PORTLAND ME 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15127
License Date	2/2/2011
Name	<b>HYETT, BRIAN MD</b>
Address	GASTROENTEROLOGY PA, 330 BORTHWICK AVEPORTSMOUTH, NH, 03801
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS USA 2005
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2006
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6068
License Date	6/11/1970
Name	<b>HYLAND, EUGENE P MD</b>
Address	170 BELKNAP POINT RD, GILFORD, NH, 03246-
Specialty	EM
Board Certified	EM
School and Year of Graduation	MEDIZINISCHE FAKULTAT DER UNIV ZURICH ZURICH 1957
Internship and Year	KINGS COUNTY HOSPITAL CENTER - BROOKLYN, NY 1958
Residency and Year	NEW YORK UNIV MEDICAL CENTER - NY, NY 1970
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	3971
License Date	10/11/1966
Name	<b>HYLAND, FREDERICK R MD</b>
Address	25 DICKENS ST, NASHUA, NH, 03062-
Specialty	FP
Board Certified	
School and Year of Graduation	UNIV OF VERMONT COLLEGE OF MEDICINE - BURLINGTON USA 1962
Internship and Year	STATE UNIV NY UPSTATE MEDICAL CENTER - SYRACUSE, NY 1963
Residency and Year	STATE UNIV NY UPSTATE MEDICAL CENTER - SYRACUSE, NY 1964
License Expiration Date	<b>6/30/1998</b>
Remarks	Deceased 10/26/10

License Number	9806
License Date	8/7/1996
Name	<b>HYLAND, JANE L MD</b>
Address	66 LONGMARSH RD, DURHAM, NH, 03824
Specialty	EM
Board Certified	EM
School and Year of Graduation	MT SINAI SCHOOL OF MED OF THE CITY UNIV OF NY USA 1983
Internship and Year	TRUMAN MED CENTER WEST - KANSAS CITY, MO 1984
Residency and Year	TRUMAN MEDICAL CENTER WEST - KANSAS CITY, MO 1986
License Expiration Date	<b>4/5/2009</b>
Remarks	DECEASED 4/5/09

License Number	6203
License Date	5/12/1980
Name	<b>HYMANSON, ALAN S MD</b>
Address	12 HOSPITAL DR STE 9, YORK, ME, 03909-1030
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIV OF KENTUCKY-LEXINGTON,KY USA 1978
Internship and Year	BOSTON CITY HOSP-BOSTON,MA 1979
Residency and Year	BOSTON CITY HOSPITAL - BOSTON, MA 1979
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13773
License Date	12/5/2007
Name	<b>HYMEL, KENT P MD</b>
Address	DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty	PD
Board Certified	PD
School and Year of Graduation	SO ILLINOIS UNIV USA 1980
Internship and Year	WILFORD HALL UNITED STATES AIR FORCE MEDICAL CENTER-LACKLAND AFB, TX 1981
Residency and Year	WILFORD HALL UNITED STATES AIR FORCE MEDICAL CENTER-LACKLAND AFB, TX 1983
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	14873
License Date	6/2/2010
Name	<b>IANOSI-IRIMIE, MONICA R MD</b>
Address	NORDX LABORATORY, 301 A US ROUTE ONESCARBOROUGH, ME, 04074
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV DE MEDICINA SI FARMACIE VICTOR BABES ROMANIA 1991
Internship and Year	UMDNJ-ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK, NJ 2007
Residency and Year	UMDNJ-ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK, NJ 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16226
License Date	7/3/2013
Name	<b>IAENTOSCA, AMANDA N DO</b>
Address	DOVER FAMILY PRACTICE, 10 MEMBERS WAY STE 203DOVER, NH, 03820
Specialty	FP
Board Certified	FP
School and Year of Graduation	NY COLLEGE OF OSTEOPATHIC MEDICINE USA 2010
Internship and Year	UNIVERSITY OF MASSACHUSETTS - FITCHBURG, MA 2011
Residency and Year	UNIVERSITY OF MASSACHUSETTS - FITCHBURG, MA 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13208
License Date	8/2/2006
Name	<b>IANUS, VLAD D MD</b>
Address	DARTMOUTH HITCHCOCK, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV DE MEDICINA SI FARMACIE CAROL DAVILA ROMANIA 1995
Internship and Year	MONMOUTH MEDICAL CTR-LONG BRANCH, NJ 2001
Residency and Year	MONMOUTH MEDICAL CTR-LONG BRANCH, NJ 2003
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	9807
License Date	8/7/1996
Name	<b>ICE, AMY C MD</b>
Address	FEGS, 3600 JEROME AVEBRONX, NY, 10467-
Specialty	P
Board Certified	
School and Year of Graduation	GEORG WASHINGTON UNIV SCHOOL OF MED HLTH SCI - DC USA 1990
Internship and Year	NY HOSPITAL - WESTCHESTER DIVISION - WHITE PLAINS NY 1993
Residency and Year	NY HOSPITAL - WESTCHESTER DIVISION - WHITE PLAINS, NY 1994
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	6756
License Date	8/4/1983
Name	<b>IDELKOPE, GEORGE A MD</b>
Address	HINSDALE FAMILY HEALTH CENTER, 68 BRATTLEBORO RD PO BOX 11HINSDALE, NH, 03451-0011
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF CONN SCH MED FARMINGTON, CT USA 1980
Internship and Year	MED COLL WISCONSIN AFFILITATED HOSPITAL - MILWAUKEE, WI 1981
Residency and Year	MED COLL WISCONSIN AFFILITATED HOSPITAL - MILWAUKEE, WI 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13542
License Date	6/6/2007
Name	<b>IDJADI, FARHAD MD</b>
Address	, P O BOX 290SUSSEX, NJ, 07461
Specialty	GS
Board Certified	GS
School and Year of Graduation	NEW YORK UNIV USA 1967
Internship and Year	NEW YORK UNIV MEDICAL CENTER - NY, NY 1969
Residency and Year	NEW YORK UNIV MEDICAL CENTER - NY, NY 1971
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	13824
License Date	2/6/2008
Name	<b>IDOIDZE, NINO MD</b>
Address	LAKES REGION GEN HOSP, 80 HIGHLAND STLAACONIA, NH, 03246
Specialty	IM
Board Certified	IM
School and Year of Graduation	AIETI HIGHEST MEDICAL SCHOOL USA 2003
Internship and Year	WESTERN RESERVE CARE SYSTEM FORUM HEALTH NEOUCOM - YOUNGSTOWN, OH 2006
Residency and Year	WESTERN RESERVE CARE SYSTEM FORUM HEALTH NEOUCOM - YOUNGSTOWN, OH 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16793
License Date	10/1/2014
Name	<b>IDOINE, JOHN D DO</b>
Address	MEMORIAL HOSPITAL, 3073 WHITE MTN HWYN CONWAY, NH, 03860
Specialty	ORS
Board Certified	
School and Year of Graduation	OHIO UNIV COLLEGE OF OSTEOPATHIC MEDICINE USA 2008
Internship and Year	OUCOM DOCTORS HOSPITAL - COLUMBUS, OH 2009
Residency and Year	OUCOM DOCTORS HOSPITAL - COLUMBUS, OH 2013
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11537
License Date	3/6/2002
Name	<b>IGARI, YUKI MD</b>
Address	ELLIOT GASTROENTEROLOGY, 185 QUEEN CITY AVEMANCHESTER, NH, 03101
Specialty	GE
Board Certified	GE
School and Year of Graduation	FUKUSHIMA PREFECTURAL MED COLL - JAPAN JAPAN 1982
Internship and Year	ST LUKES HOSPITAL - CHESTERFIELD, MO 1989
Residency and Year	ST LUKES HOSPITAL - CHESTERFIELD, MO 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>8/9/07 - Settlement Agreement</b>

License Number	11776
License Date	11/6/2002
Name	<b>IHENACHO, NICHOLAS K MD</b>
Address	3197 DRUMMOND DR, STONE MOUNTAIN, GA, 30087
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF NIGERIA - ENUGU STATE, NIGERIA NIGERIA 1983
Internship and Year	MEHARRY MEDICAL COLLEGE - NASHVILLE, TN 1992
Residency and Year	MOREHOUSE SCHOOL OF MEDICINE - ATLANTA, GA 1994
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	11319
License Date	7/11/2001
Name	<b>IHM, PETER S MD</b>
Address	3 ALUMNI DR STE 302, EXETER, NH, 03833
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	LOYOLA UNIVERSITY OF CHICAGO USA 1994
Internship and Year	LOYOLA UNIVERSITY MEDICAL CENTER MAYWOOD IL 1995
Residency and Year	UNIVERSITY OF VERMONT-FLETCHER ALLEN HEALTH CENTER BURLINGTON VT 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 8915  
 License Date 4/7/1993  
 Name **IJAZ, MOSES S DO**  
 Address 19 SMUGGLERS COVE RD, CAPE ELIZABETH, ME, 04107-  
 Specialty P  
 Board Certified  
 School and Year of Graduation MICHIGAN STATE COLLEGE OF OSTEOPATHIC MEDICINE USA 1987  
 Internship and Year MICHIGAN OSTEOPATHIC MEDICAL CENTER - DETROIT MI 1988  
 Residency and Year CLEVELAND CLINIC EDUCATIONAL FOUNDATION - CLEVELAND OH 1992  
 License Expiration Date **6/30/1998**  
 Remarks

License Number 10294  
 License Date 5/6/1998  
 Name **IJAZ, TAHIR MD**  
 Address 1515 HOLCOMBE BLVD, BOX 97HOUSTON, TX, 77030  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIVERSITY OF MANITOBA CANADA 1991  
 Internship and Year UNIVERSITY OF MANITOBA AFFILIATED TEACHING HOSPITALS, WINNIPEG, MANITOBA CANADA 19  
 Residency and Year UNIVERSITY OF MANITOBA AFFILIATED TEACHING HOSPITALS, WINNIPEG, MANITOBA CANADA 19  
 License Expiration Date **6/30/1999**  
 Remarks

License Number 6733  
 License Date 7/7/1983  
 Name **IKEDA, SHARON K MD**  
 Address DHMC-ANESTHESIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL UNITED STATES 1981  
 Internship and Year NEW YORK UNIVERSITY MEDICAL CENTER NEW YORK - NEW YORK 1982  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER HANOVER - NEW HAMPSHIRE 1983  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14457  
 License Date 6/3/2009  
 Name **ILASI, JOSEPH A DO**  
 Address CBLPATH INC, 760 WESTCHESTER AVERYE BROOK, NY, 10573  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation NEW YORK COLLEGE OF OSTEOPATHIC MEDICINE USA 1994  
 Internship and Year NORTH SHORE UNIVERSITY HOSPITAL - MANHASSET, NY 1996  
 Residency and Year NORTH SHORE UNIVERSITY HOSPITAL - MANHASSET, NY 1998  
 License Expiration Date **6/30/2017**  
 Remarks



License Number	15346
License Date	8/3/2011
Name	<b>ILGENFRITZ, RYAN M MD</b>
Address	UNIV OF IA HOSP & CLINICS, 200 HAWKINS DR 01079 JPPIOWA CITY, IA, 52242
Specialty	OP
Board Certified	
School and Year of Graduation	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE USA 2005
Internship and Year	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE - MIAMI, FL 2002
Residency and Year	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE - MIAMI, FL 2005
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	17008
License Date	4/1/2015
Name	<b>IMAM, TOUFIC MD</b>
Address	SURGICAL CARE GRP - CMC, 87 MCGREGOR ST, STE 3100MANCHESTER, NH, 03102
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF TISHREEN SYRIA 2007
Internship and Year	DREXEL UNIVERSITY COLLEGE MEDICINE/HAHNEMANN UNIVERSITY HOSP - PHILADELPHIA, PA 200
Residency and Year	DREXEL UNIVERSITY COLLEGE MEDICINE/HAHNEMANN UNIVERSITY HOSP - PHILADELPHIA, PA 201
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14732
License Date	2/3/2010
Name	<b>IMANPOUR, JAFAR MD</b>
Address	8007 3RD AVE #2R, BROOKLYN, NY, 11209
Specialty	IM
Board Certified	IM
School and Year of Graduation	SHAHID BEHESHTI UNIVERSITY IRAN 1996
Internship and Year	BROOKLYN HOSPITAL CENTER - BROOKLYN, NY 2006
Residency and Year	BROOKLYN HOSPITAL CENTER - BROOKLYN, NY 2008
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	17168
License Date	7/1/2015
Name	<b>IMBRIE, GREGORY A MD</b>
Address	157 DICKERMAN RD, NEWTON, MA, 02461
Specialty	CD
Board Certified	CD
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2007
Internship and Year	DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 2008
Residency and Year	DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 2010
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 7052  
 License Date 2/28/1985  
 Name **IMGRUND, STEPHEN P MD**  
 Address 248 PLEASANT ST, G-100CONCORD, NH, 03301-2952  
 Specialty PUD  
 Board Certified IM  
 School and Year of Graduation AUTONOMOUS UNIVERSITY OF GUADALAJARA - MEXICO MEXICO 1979  
 Internship and Year UMDNJ-NEW JERSEY MED SCH-NEW MARK,NJ 1981  
 Residency and Year ALBERT EINSTEIN MED CTR-PHIL,PA 1985  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11959  
 License Date 6/4/2003  
 Name **IMPASTATO, ROBERT C MD**  
 Address NO AMERICAN PARTNERS IN ANES, 68 SOUTH SERVICE RD STE 350MELVILLE, NY, 11747  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation NEW YORK MEDICAL COLLEGE - VALHALLA NY USA 1985  
 Internship and Year OVERLOOK HOSPITAL-UMDNJ - SUMMIT NJ 1986  
 Residency and Year ST VINCENTS HOSPITAL AND MEDICAL CENTER - NEW YORK, NY 1989  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 4020  
 License Date 4/11/1967  
 Name **IMRIE, GEORGE G MD**  
 Address RR #1 PO BOX 300, THORNTON, NH, 03223  
 Specialty EM  
 Board Certified  
 School and Year of Graduation UNIV OF SHEFFIELD ENGLAND 1952  
 Internship and Year SHEFFIELD CHILDREN'S HOSP - ENGLAND 1953  
 Residency and Year SHEFFIELD CHILDREN'S HOSP - ENGLAND 1953  
 License Expiration Date **1/18/2000**  
 Remarks **SETTLEMENT AGREEMENT (DECEASED) 1/18/00**

License Number 6409  
 License Date 6/15/1981  
 Name **INDORF, GERALD S MD**  
 Address DH @ NOTRE DAME PAVILION, 87 MCGREGOR ST STE 2200MANCHESTER, NH, 03102  
 Specialty N  
 Board Certified N  
 School and Year of Graduation BOSTON UNIV SCH MED-BOSTON,MA USA 1973  
 Internship and Year MIRIAM HOS-PROVIDENCE,RI 1974  
 Residency and Year VET ADMIN HOSP-BOSTON,MA 1978  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	15191
License Date	4/6/2011
Name	<b>INTEGLIA, MARK J MD</b>
Address	ELLIOT PEDIATRIC GASTROENTEROLOGY, 275 MAMMOTH RD SUITE 1MANCHESTER, NH, 03109
Specialty	PD
Board Certified	PD
School and Year of Graduation	MEDICAL COLLEGE OF WISCONSIN USA 1986
Internship and Year	NAVAL MEDICAL CENTER - SAN DIEGO, CA 1987
Residency and Year	NAVAL MEDICAL CENTER - SAN DIEGO, CA 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13965
License Date	5/7/2008
Name	<b>IONESCU, COSMIN D MD</b>
Address	ADULT HOSPITALIST PROGRAM, 8 PROSPECT STNASHUA, NH, 03060
Specialty	
Board Certified	IM
School and Year of Graduation	UNIV DE MEDICINA SI FARMACIE CAROL DAVILA ROMANIA 2003
Internship and Year	JACOBI MEDICAL CENTER - BRONX, NY 2006
Residency and Year	GRIFFIN HOSPITAL - DERBY, CT 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10048
License Date	7/2/1997
Name	<b>IONNO, JOSEPH A MD</b>
Address	3 CURTISS RD, HANOVER, NH, 03755
Specialty	P
Board Certified	P
School and Year of Graduation	GEORGE WASHINGTON UNIV SCH OF MED - DC USA 1955
Internship and Year	DC GENERAL HOSPITAL - WASHINGTON, DC 1958
Residency and Year	INSTITUTE OF LIVING HOSPITAL - CT 1978
License Expiration Date	<b>6/30/2009</b>
Remarks	<b>Deceased 8/10/2012</b>

License Number	8045
License Date	3/1/1989
Name	<b>IORFINO, ANTONINO MD</b>
Address	3073 WHITE MOUNTAIN HWY, NORTH CONWAY, NH, 03860
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	MED COLL OF WISCONSIN - MILWAUKEE, WI USA 1984
Internship and Year	ST JOSEPH'S HOSPITAL - MILWAUKEE, WI 1985
Residency and Year	SUNY HEALTH SCIENCE CENTER - SYRACUSE, NY 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13710
License Date	10/3/2007
Name	<b>IP, CHRISTOPHER P MD</b>
Address	NORTHEAST UROLOGIC SURGERY, 231 SUTTON ST STE 1 DN ANDOVER, MA, 01845
Specialty	U
Board Certified	U
School and Year of Graduation	NEW YORK UNIV SCHOOL OF MED USA 2002
Internship and Year	MOUNT SINAI SCHOOL OF MEDICINE - NEW YORK, NY 2003
Residency and Year	MT SINAI MEDICAL CENTER - NEW YORK, NY 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15576
License Date	3/7/2012
Name	<b>IP, IVAN K MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	CORNELL UNIVERSITY MEDICAL COLLEGE USA 2008
Internship and Year	CAMBRIDGE HOSPITAL - CAMBRIDGE, MA 2009
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	16590
License Date	5/7/2014
Name	<b>IPPOLITO, ANTHONY DO</b>
Address	FRISBEE MEMORIAL HOSPITAL, 11 WHITEHALL RD., STE 205ROCHESTER, NH, 03867
Specialty	RHU
Board Certified	RHU
School and Year of Graduation	UNIV OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MEDICIN USA 2004
Internship and Year	LENOX HILL HOSPITAL - NEW YORK, NY 2005
Residency and Year	LENOX HILL HOSPITAL - NEW YORK, NY 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13160
License Date	7/5/2006
Name	<b>IQBAL, JABED MD</b>
Address	SINGAPORE GENERAL HOSP, ONE HOSP DRSINGAPORE, , 169608
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	DHAKA MEDICAL COLLEGE BANGLADESH 1986
Internship and Year	NORTH SHORE UNIV HOSPITAL-MANHASSET, NY 2005
Residency and Year	NORTH SHORE UNIV HOSPITAL-MANHASSET, NY 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>LAPSED FOR NONRENEWAL 6/30/14 RENEWED 8/25/14</b>

License Number 15412  
 License Date 10/5/2011  
 Name **IQBAL, NASIR MD**  
 Address 1603 S NORBURY AVE, LOMBARD, IL, 60148  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation DOW MEDICAL COLLEGE, UNIV OF KARACHI PAKISTAN 1995  
 Internship and Year MERCY CATHOLIC MEDICAL CENTER - DARBY, PA 1997  
 Residency and Year BRIDGEPORT HOSPITAL - BRIDGEPORT, CT 1999  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 13400  
 License Date 2/7/2007  
 Name **IRFAN, MOHAMMAD MD**  
 Address VA MEDICAL CENTER TEMPLE TX, 1901 VETERAN MEMORIAL DRIVE TEMPLE, TX, 76504  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF PUNJAB PAKISTAN 1998  
 Internship and Year BROOKDALE UNIV HOSPITAL & MEDICAL CTR - BROOKLYN, NY 2004  
 Residency and Year BROOKDALE UNIV HOSPITAL & MEDICAL CTR - BROOKLYN, NY 2006  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 17169  
 License Date 7/1/2015  
 Name **IRIBARNE, ALEXANDER MD**  
 Address DHMC-CARDIAC SURGERY, ONE MED CTR DR LEBANON, NH, 03756  
 Specialty TS  
 Board Certified  
 School and Year of Graduation HARVARD MEDICAL SCHOOL USA 2005  
 Internship and Year NY PRESBYTERIAN HOSPITAL(COLUMBIA CAMPUS) - NY, NY 2006  
 Residency and Year NY PRESBYTERIAN HOSPITAL(COLUMBIA CAMPUS) - NY, NY 2008  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10177  
 License Date 12/3/1997  
 Name **IRVIN, MICHELLE A MD**  
 Address 16040 PARK VALLEY DR, STE 2222 ROUND ROCK, TX, 78681  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation TX TECH UNIV HLTH SCI CT SCH OF MED-TX USA 1988  
 Internship and Year TX TECH UNIV HLTH SCI CTR 1988  
 Residency and Year TX TECH UNIV HLTH SCI CTR 1992  
 License Expiration Date **6/30/2011**  
 Remarks

License Number	12236
License Date	3/3/2004
Name	<b>IRWIN, BRIAN R DO</b>
Address	TAMWORTH FAMILY MEDICINE, 577 WHITE MTN HWYTAMWORTH, NH, 03886
Specialty	FP
Board Certified	FP
School and Year of Graduation	PHILADELPHIA COLLEGE, PHILADELPHIA PA US 2001
Internship and Year	MAINE-DARTMOUTH FAM PRAC, AUGUSTA ME 2002
Residency and Year	MAINE-DARTMOUTH FAM PRAC, AUGUSTA ME 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10806
License Date	1/5/2000
Name	<b>ISAACS, CECIL D MD</b>
Address	VA CLINIC, 251 CAUSEWAY STBOSTON, MA, 02114
Specialty	P
Board Certified	
School and Year of Graduation	UNIV OF WALES COLL OF MED - CARDIF UNITED KINGDOM UNITED KINGDOM 1960
Internship and Year	HARVARD MEDICAL SCHOOL - BOSTON, MA 1973
Residency and Year	HARVARD MEDICAL SCHOOL - BOSTON, MA 1974
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	15028
License Date	10/6/2010
Name	<b>ISEN, JEFFREY S MD</b>
Address	1400 WORCESTER RD, APT 315FRAMINGHAM, MA, 01702
Specialty	U
Board Certified	U
School and Year of Graduation	STATE UNIVERSITY OF NEW YORK USA 1980
Internship and Year	SUNY @ BUFFALO - BUFFALO, NY 1982
Residency and Year	FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1985
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	8164
License Date	7/12/1989
Name	<b>ISHAK, NOSHI A MD</b>
Address	87 SPRING ST, LACONIA, NH, 03246-3156
Specialty	NEP
Board Certified	IM
School and Year of Graduation	UNIV OF CAIRO FAC DE MED -CAIRO EGYPT 1974
Internship and Year	BRONX-LEBANON HOSP-BRONX,NY 1983
Residency and Year	WORCHESTER CITY HOSP-WORCHESTER,MA 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15192
License Date	4/6/2011
Name	<b>ISHMAN, STACEY L MD</b>
Address	1ST LINE MEDICAL INC, 854 US ROUTE 3HOLDERNESS, NH, 03245
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	RUSH UNIVERSITY USA 2000
Internship and Year	MEDICAL COLLEGE OF WISCONSIN - MILWAUKEE, WI 2001
Residency and Year	MEDICAL COLLEGE OF WISCONSIN - MILWAUKEE, WI 2005
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	12133
License Date	11/5/2003
Name	<b>ISLAM, K M SHAHEEN U MD</b>
Address	2223 QUARRY VALLEY RD, COLUMBUS, OH, 43204
Specialty	IM
Board Certified	IM
School and Year of Graduation	SIR SALIMULLAH, MITFORD DHAKA BANGLADESH 1997
Internship and Year	MICHIGAN STATE UNIVERSITY, FLINT MI 1999
Residency and Year	MICHIGAN STATE UNIVERSITY, FLINT MI 2001
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	14505
License Date	7/1/2009
Name	<b>ISLAM, KAMRUL DO</b>
Address	FOUNDATION MED PARTNERS, 8 PROSPECT STNASHUA, NH, 03060
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF NEW JERSEY USA 2006
Internship and Year	HAHNEMANN UNIVERSITY HOSPITAL/DREXEL UNIV - PHILADELPHIA, PA 2007
Residency and Year	HAHNEMANN UNIVERSITY HOSPITAL/DREXEL UNIV - PHILADELPHIA, PA 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15961
License Date	12/5/2012
Name	<b>ISLAM, NAHIDA MD</b>
Address	U MASS MEDICAL CTR, 55 LAKE AVE NORTHWORCESTER, MA, 01655
Specialty	IM
Board Certified	IM
School and Year of Graduation	SIR SALIMULLAH MEDICAL COLLEGE BANGLADESH 2002
Internship and Year	NEW YORK DOWNTOWN HOSPITAL - NY, NY 2007
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 2008
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	9642
License Date	2/7/1996
Name	<b>ISLER, ROBERT J MD</b>
Address	SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200S PORTLAND, ME, 04106
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIV OF PA SCHOOL OF MEDICINE - PHILADELPHIA, PA USA 1974
Internship and Year	UNIV OF NC HOSPITALS - CHAPEL HILL, NC 1975
Residency and Year	MASS GENERAL HOSPITAL - BOSTON, MA 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5540
License Date	6/25/1976
Name	<b>ISLEY, GARY L MD</b>
Address	ASMG, 3626 RUFFIN RDSAN DIEGO, CA, 92123
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV OF CALIFORNIA , IRVINE CA COLL OF MED USA 1973
Internship and Year	DARTMOUTH MEDICAL SCHOOL - HANOVER, NH 1974
Residency and Year	DARTMOUTH MEDICAL SCHOOL - HANOVER, NH 1974
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	11661
License Date	7/3/2002
Name	<b>ISRAEL, MARK A MD</b>
Address	DHMC - PEDIATRICS, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	PD
Board Certified	PD
School and Year of Graduation	ALBERT EINSTEIN COLL OF MED - BRONX, NY USA 1973
Internship and Year	CHILDRENS HOSPITAL - BOSTON, MA 1975
Residency and Year	NATIONAL INSTITUTES OF HEALTH- BETHESDA, MD 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14458
License Date	6/3/2009
Name	<b>ISRAEL, STEVEN L MD</b>
Address	MED SOLUTIONS, 730 COOL SPRINGS BLVD #800FRANKLIN, TN, 37067
Specialty	FP
Board Certified	FP
School and Year of Graduation	TEMPLE UNIVERSITY USA 1974
Internship and Year	HAHNEMANN UNIVERSITY HOSPITAL/DREXEL UNIV, PHILADELPHIA, PA 1975
Residency and Year	
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number	16368
License Date	11/6/2013
Name	<b>ITALIA, HIRENKUMAR D MD</b>
Address	706 W KING ST, KINGS MOUNTAIN, NC, 28086
Specialty	FP
Board Certified	
School and Year of Graduation	B J MEDICAL COLLEGE INDIA 2003
Internship and Year	MID-HUDSON FAMILY HEALTH INSTITUTE - KINGSTON, NY 2009
Residency and Year	MID-HUDSON FAMILY HEALTH INSTITUTE - KINGSTON, NY 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15921
License Date	11/7/2012
Name	<b>ITENBERG, ALEXANDER MD</b>
Address	SOUTHERN NH MEDICAL CENTER, 8 PROSPECT STNASHUA, NH, 03060
Specialty	AN
Board Certified	AN
School and Year of Graduation	ST PETERSBURG STATE I P PAVLOV MEDICAL UNIV RUSSIA 1972
Internship and Year	MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 1982
Residency and Year	MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15577
License Date	3/7/2012
Name	<b>ITENBERG, SARIT J DO</b>
Address	ELLIOT DERMATOLOGY, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty	D
Board Certified	D
School and Year of Graduation	NY COLLEGE OF OSTEOPATHIC MEDICINE USA 2008
Internship and Year	ST LUKES ROOSEVELT HOSPITAL CTR - NY, NY 2009
Residency and Year	ALBERT EINSTEIN COLLEGE OF MEDICINE - BRONX, NY 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8392
License Date	7/11/1990
Name	<b>ITKIN, DAVID J MD</b>
Address	330 BORTHWICK AVE 210, PORTSMOUTH, NH, 03801
Specialty	ID
Board Certified	ID
School and Year of Graduation	UNIV OF IL COLL OF MED-CHICAGO,IL USA 1980
Internship and Year	BRIDGEPORT HOSP-BRIDGEPORT,CT 1981
Residency and Year	BRIDGEPORT HOSP-BRIDGEPORT,CT 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13966
License Date	5/7/2008
Name	<b>ITTOOP, ASHA MD</b>
Address	2363 PULLMAN WAY, HUMMELSTOWN, PA, 17036
Specialty	PD
Board Certified	
School and Year of Graduation	TRICHUR MEDICAL COLLEGE INDIA 2001
Internship and Year	ELMHURST HOSPITAL CENTER - ELMHURST,NY 2005
Residency and Year	ELMHURST HOSPITAL CENTER - ELMHURST, NY 2007
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	15347
License Date	8/3/2011
Name	<b>IVASHINA, ELENA L MD</b>
Address	FOUNDATION NEUROLOGY, 17 PROSPECT STNASHUA, NH, 03060
Specialty	N
Board Certified	N
School and Year of Graduation	RIGA STRADINS UNIVERSITY LATVIA 1984
Internship and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2001
Residency and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16715
License Date	8/6/2014
Name	<b>IVATURY, SRINIVAS J MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	GS
Board Certified	GS
School and Year of Graduation	VA COMMONWEALTH UNIVERSITY SCHOOL OF MED USA 2006
Internship and Year	UNIVERSITY OF TX MEDICAL CENTER - SAN ANTONIO, TX 2008
Residency and Year	UNIVERSITY OF TX MEDICAL CENTER - SAN ANTONIO, TX 2013
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6900
License Date	6/7/1984
Name	<b>IVERSON JR, ANDREW P MD</b>
Address	PORTLAND UROLOGICAL ASSOC, 229 VAUGHAN STPORTLAND, ME, 04102-3227
Specialty	U
Board Certified	U
School and Year of Graduation	TUFTS UNIV SCH MED-BOSTON,MA USA 1966
Internship and Year	MAINE MED CTR-PORTLAND,ME 1967
Residency and Year	MAINE MED CTR-PORTLAND,ME 1973
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	13321
License Date	11/1/2006
Name	<b>IVERSON, MARK R MD</b>
Address	IVERSON EYECARE, 81 RIVER STMONTPELIER, VT, 05602
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIV OF VERMONT USA 1983
Internship and Year	UNIV OF LOUISVILLE - LOUISVILLE, KY 1984
Residency and Year	UNIV OF LOUISVILLE SCHOOL OF MEDICINE - LOUISVILLE, KY 1987
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	12846
License Date	8/3/2005
Name	<b>IVERSON, SUZY A DO</b>
Address	CONCORD HOSPITAL, 250 PLEASANT STREETCONCORD, NH, 03301
Specialty	IM
Board Certified	IM
School and Year of Graduation	KIRKSVILLE COLLEGE, KIRKSVILLE MO US 2002
Internship and Year	MT CLEMENS GENERAL HOSPITAL, MOUNT CLEMENS MI 2003
Residency and Year	MT CLEMENS GENERAL HOSP, MOUNT CLEMENS MI 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10486
License Date	1/6/1999
Name	<b>IYER, SUHASINI R MD</b>
Address	15 QUAIL HOLLOW DR, SHREWSBURY, MA, 01545
Specialty	IM
Board Certified	IM
School and Year of Graduation	LOKMANYA TILAK MUNICIPAL MED COLL-BOMBAY INDIA 1983
Internship and Year	LONG ISLAND COLLEGE HOSPITAL - BROOKLYN, NY 1991
Residency and Year	LINCOLN MEDICAL AND MENTAL HEALTH CTR - BRONX, NY 1996
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	16414
License Date	12/4/2013
Name	<b>IZADI, KAMRON MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	DR
Board Certified	DR
School and Year of Graduation	NORTHWESTERN UNIVERSITY MEDICAL SCHOOL USA 2006
Internship and Year	ADVOCATE ILLINOIS MASONIC MEDICAL CENTER - CHICAGO, IL 2007
Residency and Year	CEDARS-SINAI MEDICAL CENTER - LOS ANGELES, CA 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14345
License Date	3/4/2009
Name	<b>JABLONKA, MARCIO MD</b>
Address	ELLIOT BAY MED ASSOC, 4 ELLIOT WAY #102MANCHESTER, NH, 03104
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV FEDERAL DO RIO DE JANEIRO BRAZIL 2002
Internship and Year	METRO WEST MEDICAL CENTER - FRAMINGHAM, MA 2007
Residency and Year	METRO WEST MEDICAL CENTER - FRAMINGHAM, MA 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14654
License Date	11/4/2009
Name	<b>JACKMAN, DAVID M MD</b>
Address	DANA-FARBER CANCER INSTITUTE, 450 BROOKLINE AVE RMD-1234BOSTON, MA, 02215
Specialty	ON
Board Certified	ON
School and Year of Graduation	WARREN ALPERT MEDICAL SCHOOL USA 2000
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2001
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2003
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	17062
License Date	5/6/2015
Name	<b>JACKMAN, EDWARD C MD</b>
Address	UMASS FITCHBURG FM PROGRAM, 326 NICHOLS RDFITCHBURG, MA, 01420
Specialty	FP
Board Certified	FP
School and Year of Graduation	AMERICAN UNIVERSITY OF THE CARIBBEAN SAINT MAARTEN 2011
Internship and Year	UNIVERSITY OF MASSACHUSETTS - WORCESTER, MA 2013
Residency and Year	UNIVERSITY OF MASSACHUSETTS - WORCESTER, MA 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11024
License Date	8/2/2000
Name	<b>JACKSON, BRIAN R MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PTH
Board Certified	
School and Year of Graduation	UNIV OF UTAH SCH - SALT LAKE CITY, UT USA 1996
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1999
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2000
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	14587
License Date	9/2/2009
Name	<b>JACKSON, ERIN L DO</b>
Address	16 NORTHVIEW TERRACE, HOOKSETT, NH, 03106
Specialty	PD
Board Certified	PD
School and Year of Graduation	NY COLLEGE OF OSTEOPATHIC - OLD WESTBURY, NY USA 2004
Internship and Year	JERSEY SHORE UNIVERSITY MEDICAL CENTER - NEPUNE, NJ 2005
Residency and Year	JERSEY SHORE UNIVERSITY MEDICAL CENTER - NEPUNE, NJ 2007
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	8034
License Date	2/1/1989
Name	<b>JACKSON, JOHN D MD</b>
Address	VAMC, 718 SMYTH RDMANCHESTER, NH, 03104
Specialty	FP
Board Certified	
School and Year of Graduation	UNIV OF S ALABAMA COLL OF MED - MOBILE, AL USA 1986
Internship and Year	EASTERN MAINE MEDICAL CTR - BANGOR, ME 1987
Residency and Year	EASTERN MAINE MEDICAL CTR - BANGOR, ME 1989
License Expiration Date	<b>6/19/2013</b>
Remarks	Deceased 6/19/13

License Number	6864
License Date	4/10/1984
Name	<b>JACKSON, MARIANNE MD</b>
Address	4663 HOPE VALLEY RD, DURHAM, NC, 27707
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	DUKE UNIV SCH MED-DURHAM,NC USA 1977
Internship and Year	THE OR HLTH SCH CTR U-HOSP-PORTLAND,OR 1980
Residency and Year	UNIV WA AFFIL HOSP-SEATTLE,WA 1983
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	12064
License Date	9/3/2003
Name	<b>JACKSON, MARYBETH K MD</b>
Address	PRIMECARE MEDICAL INC, 3940 LOCUST LANEHARRISBURG, PA, 17109
Specialty	FP
Board Certified	FP
School and Year of Graduation	TEMPLE UNIVERSITY, PHILADELPHIA PA US 1989
Internship and Year	NATIONAL CAPITAL CONSORTIUM, DEPT OF FAMILY PRACTICE, ANDREWS AFB MD 1990
Residency and Year	NATIONAL CAPITAL CONSORTIUM, DEPT OF FAMILY PRACTICE, ANDREWS AFB MD 1992
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	13672
License Date	9/5/2007
Name	<b>JACKSON, REBECCA MD</b>
Address	FEMINIST HEALTH CENTER, 559 PORTSMOUTH AVEGREENLAND, NH, 03840
Specialty	FP
Board Certified	FP
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1973
Internship and Year	UNIV OF NEW MEXICO- ALBUQUERQUE, NM 1975
Residency and Year	UNIV OF NEW MEXICO-ALBUQUERQUE, NM 1977
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	11484
License Date	1/2/2002
Name	<b>JACKSON, RICHARD E MD</b>
Address	8 CADBURY TURN, AVON, CT, 06001
Specialty	P
Board Certified	P
School and Year of Graduation	SO ILLINOIS UNIV - SPRINGFIELD, IL USA 1980
Internship and Year	MEDICAL COLLEGE OF WISCONSIN - MILWAUKEE, WI 1981
Residency and Year	MEDICAL COLLEGE OF WISCONSIN - MILWAUKEE, WI 1984
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	13825
License Date	2/6/2008
Name	<b>JACKSON, THOMAS L MD</b>
Address	CONCORD HOSP UROLOGICAL CTR, 246 PLEASANT ST STE G-2CONCORD, NH, 03301
Specialty	U
Board Certified	U
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1984
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1985
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8965
License Date	6/2/1993
Name	<b>JACKSON, WILLIAM G MD</b>
Address	24 MORRILL PLACE, AMESBURY, MA, 01913
Specialty	IM
Board Certified	IM
School and Year of Graduation	HAHNEMANN UNIVERSITY SCHOOL OF MEDICINE USA 1968
Internship and Year	MERCY HOSPITAL PITTSBURGH - PITTSBURGH PA 1969
Residency and Year	MERCY HOSPITAL PITTSBURGH - PITTSBURGH PA 1971
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number 11701  
 License Date 8/7/2002  
 Name **JACKSON, WILLIAM P MD**  
 Address 16 MELODY ISLAND, PO BOX 1313WOLFEBORO, NH, 03894  
 Specialty EM  
 Board Certified  
 School and Year of Graduation NORTHEASTERN OHIO UNIV - ROOTSTOWN, OH USA 1999  
 Internship and Year UNIV HEALTH CENTER OF PITTSBURGH - PITTSBURGH, PA 2000  
 Residency and Year UNIV HEALTH CENTER OF PITTSBURGH - PITTSBURGH, PA 2001  
 License Expiration Date **6/30/2003**  
 Remarks

License Number 14874  
 License Date 6/2/2010  
 Name **JACOB, ABRAHAM MD**  
 Address IMMEDIATE CARE OF SOUTHER NH, 29 NORTHWEST BLVDNASHUA, NH, 03063-4068  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF KERALA INDIA 1996  
 Internship and Year NORTH SHORE UNIVRSITY HOSPITAL - MANHASSET, NY 2002  
 Residency and Year E A CONWAY MEDICAL CENTER - MONROE, LA 2004  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 6463  
 License Date 10/6/1981  
 Name **JACOBS, BARRY H MD**  
 Address NH EYE ASSOCIATES PA, 1415 ELM STMANCHESTER, NH, 03101  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation STATE UNIV OF NY DOWNSTATE - BROOKLYN, NY USA 1965  
 Internship and Year NAVAL HOSPITAL - JAMAICA, NY 1966  
 Residency and Year QUEENS HOSPITAL CENTER - JAMAICA, NY 1971  
 License Expiration Date **6/30/2007**  
 Remarks

License Number 11960  
 License Date 6/4/2003  
 Name **JACOBS, DANIEL P MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation NORTHWESTERN UNIVERSITY - CHICAGO IL USA 1998  
 Internship and Year UNIVERSITY HOSPITALS OF CLEVELAND - CLEVELAND OH, THEN EVANSTON NORTHWESTERN HEAL  
 Residency and Year EVANSTON NORTHWESTERN HEALTHCARE - EVANSTON IL 2002  
 License Expiration Date **6/30/2005**  
 Remarks

License Number	14459
License Date	6/3/2009
Name	<b>JACOBS, DAVID MD</b>
Address	IMAGING ON CALL, 695 DUTCHESS TPKE #105POUGHKEEPSIE, NY, 12603
Specialty	R
Board Certified	R
School and Year of Graduation	YESHIVA UNIVERSITY USA 1986
Internship and Year	MONTEFIORE MEDICAL CENTER-BRONX, NY 1987
Residency and Year	MONTEFIORE MEDICAL CENTER-BRONX, NY 1991
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	15984
License Date	1/9/2013
Name	<b>JACOBS, JESSICA P MD</b>
Address	NORTH COUNTRY PRIMARY CARE RHC, 580 ST JOHNSBURY RDLITTLETON, NH, 03561
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF S CAROLINA SCHOOL OF MEDICINE USA 2004
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8558
License Date	6/5/1991
Name	<b>JACOBS, JOHN R MD</b>
Address	1600 CANDIA RD #6, MANCHESTER, NH, 03109
Specialty	P
Board Certified	P
School and Year of Graduation	NEW YORK MEDICAL COLLEGE-VALHALLA NY USA 1987
Internship and Year	LONG ISLAND JEWISH MEDICAL CNTR 1988
Residency and Year	LONG ISLAND JEWISH MEDICAL CNTR 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16794
License Date	10/1/2014
Name	<b>JACOBS, MARIANNE B DO</b>
Address	215 CENTERVIEW DR STE 300, BRENTWOOD, TN, 37027
Specialty	N
Board Certified	N
School and Year of Graduation	WESTERN UNIV OF HEALTH SCIENCES-COLLEGE OF OSTEO USA 1986
Internship and Year	HILLSIDE HOSPITAL - SAN DIEGO, CA 1987
Residency and Year	UNIVERSITY OF SOUTH FLORIDA - TAMPA, FL 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	9159
License Date	5/4/1994
Name	<b>JACOBS, MARK I MD</b>
Address	LAHEY CARDIOLOGY PORTSMOUTH, 333 BORTHWICK AVE STE 401PORTSMOUTH, NH, 03801
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIVERSITY OF CT SCHOOL OF MEDICINE USA 1981
Internship and Year	ST ELIZABETHS HOSPITAL - BOSTON MA 1982
Residency and Year	ST ELIZABETHS HOSPITAL - BOSTON MA 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16041
License Date	3/6/2013
Name	<b>JACOBS, MELISSA S MD</b>
Address	UNIV OF KANSAS, 3901 RAINBOW BLVDKANSAS CITY, MO, 66160
Specialty	PTH
Board Certified	
School and Year of Graduation	UNIVERSITY OF MO SCHOOL OF MEDICINE USA 2008
Internship and Year	UNIVERSITY OF KANSAS MEDICAL CENTER - KANSAS CITY, KS 2010
Residency and Year	UNIVERSITY OF KANSAS MEDICAL CENTER - KANSAS CITY, KS 2013
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	11373
License Date	9/5/2001
Name	<b>JACOBS, ROBYN W MD</b>
Address	HYGEIA, 24 HANOVER ST STE 11LEBANON, NH, 03766
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1993
Internship and Year	NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1994
Residency and Year	NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5635
License Date	10/13/1976
Name	<b>JACOBS, STANLEY P MD</b>
Address	1 PARK WAY, HAVERHILL, MA, 01830
Specialty	EM
Board Certified	EM
School and Year of Graduation	BOSTON UNIV SCHOOL OF MED BOSTON USA 1974
Internship and Year	BAYLOR UNIV AFFIL HOSPITAL 1975
Residency and Year	BAYLOR UNIV AFFIL HOSPITAL 1975
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	8619
License Date	8/7/1991
Name	<b>JACOBS, THEODORE R MD</b>
Address	THEODORE R JACOBS MD PLLC, 12 WRIGHT ACRES RDBEDFORD, NH, 03110
Specialty	NS
Board Certified	NS
School and Year of Graduation	BROWN UNIV PROGRAM IN MED-PROVIDENCE, RI USA 1984
Internship and Year	YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1985
Residency and Year	BROWN UNIV HOSPITAL - PROVIDENCE, RI 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6636
License Date	12/6/1982
Name	<b>JACOBS, WALTER H MD</b>
Address	795 TURNPIKE RD, N ANDOVER, MA, 01845
Specialty	FP
Board Certified	
School and Year of Graduation	UNIV OF VERMONT COLL MED-BURLINGTON,VT USA 1974
Internship and Year	AKRON GEN MED CTR - AKRON, OH 1977
Residency and Year	AKRON GEN MED CTR - AKRON,OH 1977
License Expiration Date	<b>6/30/2010</b>
Remarks	2/2/12 - Settlement Agreement

License Number	9677
License Date	4/3/1996
Name	<b>JACOBSON, ALAN C MD</b>
Address	SOUTHERN NH INTERNAL MEDICINE, 44 BIRCH ST STE 300DERRY, NH, 03038-
Specialty	RHU
Board Certified	IM
School and Year of Graduation	SUNY HEALTH SCIENCE CENTER BROOKLYN COLLEGE - NY USA 1991
Internship and Year	WINTHROP UNIV HOSPITAL - MINEOLA, NY 1992
Residency and Year	GEORGE WASHINGTON UNIV SCHOOL MEDICINE - WASHINGTON, DC 1996
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	16866
License Date	12/3/2014
Name	<b>JACOBSON, BRENT R DO</b>
Address	WAYS, 13737 NOEL RD STE 1600DALLAS, TX, 75240
Specialty	DR
Board Certified	DR
School and Year of Graduation	KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE USA 2006
Internship and Year	SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF MEDICINE - SPRINGFIELD, IL 2007
Residency and Year	SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF MEDICINE - SPRINGFIELD, IL 2011
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16396
License Date	11/6/2013
Name	<b>JACOBSON, LEAH B MD</b>
Address	43 BROOK FARD RD, BEDFORD, NY, 10506
Specialty	FP
Board Certified	FP
School and Year of Graduation	THOMAS JEFFERSON UNIVERSITY USA 2004
Internship and Year	LEHIGH VALLEY HEALTH NETWORK-UNIVERSITY OF SOUTH F 2005
Residency and Year	TRIDENT FAMILY MEDICINE RESIDENCY PROGRAM - CHARLESTON, SC 2007
License Expiration Date	<b>6/30/2015</b>
Remarks	<b>ADMINISTRATIVE LICENSE</b>

License Number	13626
License Date	8/1/2007
Name	<b>JACOBSON, LESLIE S MD</b>
Address	ARIS TELERADIOLOGY, 5655 HUDSON DR STE 210HUDSON, OH, 44236
Specialty	FPS
Board Certified	R
School and Year of Graduation	UNIV OF MIAMI USA 1992
Internship and Year	HENRY FORD HOSPITAL - DETROIT, MI 1993
Residency and Year	HENRY FORD HOSPITAL - DETROIT, MI 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8753
License Date	7/1/1992
Name	<b>JACOBS-REBHUN, SCOTT D MD</b>
Address	VA MEDICAL CENTER, WHITE RIVER JCT, VT, 05009
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF VIRGINIA USA 1990
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER HANOVER NH 1991
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER HANOVER NH 1992
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	13067
License Date	5/3/2006
Name	<b>JACOBY, MARK E MD</b>
Address	WEST MICHIGAN HEART, 2900 BRADFORD ST NEGRAND RAPIDS, MI, 49525
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF MICHIGAN USA 1999
Internship and Year	BRIGHAM & WOMENS HOSPITAL, BOSTON MA 2002
Residency and Year	UNIV OF MICHIGAN HOSPITALS, ANN HARBOR MI 2005
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	9062
License Date	10/6/1993
Name	<b>JACUCH, MICHAEL R MD</b>
Address	CLIPPER CARDIOVASCULAR ASSOC, 333 BORTHWICK AVE STE 402PORTSMOUTH, NH, 03801
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE USA 1984
Internship and Year	CAMBRIDGE HOSPITAL - CAMBRIDGE MA 1985
Residency and Year	CAMBRIDGE HOSPITAL - CAMBRIDGE MA 1987
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	7542
License Date	4/1/1987
Name	<b>JAEGER, DAVID S MD</b>
Address	NEW ENGLAND NEUROLOGICAL ASSOC, 220 SUTTON STN ANDOVER, MA, 01845-1640
Specialty	PM
Board Certified	PM
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 1984
Internship and Year	NY UNIVERSITY MED CTR 1985
Residency and Year	NY UNIVERSITY MED CTR 1987
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	9160
License Date	5/4/1994
Name	<b>JAEGER, LAWRENCE J MD</b>
Address	DARTMOUTH-HITCHCOCK- KEENE, 590 COURT STKEENE, NH, 03431-
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	NEW YORK MEDICAL COLLEGE USA 1983
Internship and Year	STATEN ISLAND UNIVERSITY HOSPITAL - STATEN ISLAND NY 1984
Residency and Year	MT SINAI MEDICAL - NEW YORK NY 1987
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7084
License Date	5/2/1985
Name	<b>JAFFE, ANDREW M MD</b>
Address	CONCORD EMERGENCY MEDICAL ASSO, 250 PLEASANT STCONCORD, NH, 03301
Specialty	EM
Board Certified	EM
School and Year of Graduation	NY UNIV SCHOOL OF MED NY NY USA 1981
Internship and Year	MCGAW MC/NW UNIV MED SCHOOL CHICAGO IL 1981
Residency and Year	MCGAW MC/NW UNIV MED SCHOO CHICAGO IL 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 7226  
 License Date 11/7/1985  
 Name **JAFFE, JACK MD**  
 Address , 15 MAIN STWATERTOWN, MA, 02472  
 Specialty GP  
 Board Certified  
 School and Year of Graduation UNIV OF MIAMI SCH MED - MIAMI, FL USA 1978  
 Internship and Year FRAMINGHAM UNION HOSPITAL - FRAMINGHAM, MA 1979  
 Residency and Year BRIGHAM-WOMEN'S HOSPITAL - BOSTON, MA 1983  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 5775  
 License Date 7/7/1977  
 Name **JAFFE, JONATHAN H MD**  
 Address DDS, 21 FRUIT STCONCORD, NH, 03301  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF ILLINOIS COLLEGE OF MEDICINE USA 1974  
 Internship and Year MACNEAL MEMORIAL HOSPITAL 1975  
 Residency and Year MACNEAL MEMORIAL HOSPITAL 1977  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16170  
 License Date 6/5/2013  
 Name **JAFRI, AQEEL MD**  
 Address 6351 ACER CT, MANASSAS, VA, 20112  
 Specialty FP  
 Board Certified  
 School and Year of Graduation BAQAI MEDICAL AND DENTAL COLLEGE PAKISTAN 2002  
 Internship and Year UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE - TULSA, OK 2006  
 Residency and Year TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER - ODESSA, TX 2009  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 15348  
 License Date 8/3/2011  
 Name **JAFRI, ZAINUB H MD**  
 Address FOUNDATION MEDICAL PARTNERS, 8 PROSPECT STNASHUA, NH, 03060  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF THE PUNJAB PAKISTAN 2006  
 Internship and Year NEW YORK METHODIST HOSPITAL - BROOKLYN, NY 2009  
 Residency and Year NEW YORK METHODIST HOSPITAL - BROOKLYN, NY 2011  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15922  
 License Date 11/7/2012  
 Name **JAGAIT, RINKU P MD**  
 Address 2 TIMBERWOOD DR APT 407, LEBANON, NH, 03766  
 Specialty IM  
 Board Certified  
 School and Year of Graduation NY MEDICAL COLLEGE USA 2009  
 Internship and Year UMDNJ-NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 2010  
 Residency and Year UMDNJ-NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 2012  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 14024  
 License Date 6/4/2008  
 Name **JAGINI, JANARDHAN R MD**  
 Address CHILDRENS HOSP OF MICHIGAN, 3901 BEAUBIEN STDETROIT, MI, 48201  
 Specialty PDO  
 Board Certified  
 School and Year of Graduation OSMANIA MEDICAL COLLEGE INDIA 1978  
 Internship and Year CHILDREN'S HOSPITAL OF MICHIGAN - DETROIT, MI 2006  
 Residency and Year CHILDREN'S HOSPITAL OF MICHIGAN - DETROIT, MI 2007  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 10049  
 License Date 7/2/1997  
 Name **JAHNIG, PAUL W MD**  
 Address DESERT REGIONAL HOSPITAL, 1150 NORTH CANYON DRPALM SPRINGS, CA, 92262  
 Specialty P  
 Board Certified  
 School and Year of Graduation UNIV OF MIAMI SCHOOL OF MEDICINE-MIAMI, FL USA 1959  
 Internship and Year GOOD SAMARITAN HOSPITAL - FL 1960  
 Residency and Year UNIV MIAMI/JACKSON MEMORIAL MEDICAL CENTER - FL 1968  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 4128  
 License Date 9/12/1967  
 Name **JAIN, PREM L MD**  
 Address 2909 MAIN ST, DICKINSON, TX, 77539-5101  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation LADY HARDING MEDICAL COLLEGE - NEW DELHI INDIA 1959  
 Internship and Year KALAVATI SARAN CHILDREN'S HOSPITAL 1960  
 Residency and Year LADY HARDINGE MEDICAL COLLEGE HOSPITAL 1961  
 License Expiration Date **6/30/2000**  
 Remarks **3/2/99 - DECISION AND ORDER**  
**Deceased 10/20/2007**

License Number	3986
License Date	12/12/1966
Name	<b>JAIN, ROSHAN L MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>11/2/1987</b>
Remarks	<b>LICENSE REVOKED 11/2/87 DECEASE 4/21/08</b>

License Number	15154
License Date	3/2/2011
Name	<b>JAIN, SHELLY MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	DR
Board Certified	DR
School and Year of Graduation	NORTHWESTERN UNIVERSITY MEDICAL SCHOOL USA 1996
Internship and Year	LOUIS A WEISS MEMORIAL HOSPITAL - CHICAGO, IL 1998
Residency and Year	UNIVERSITY OF CHICAGO MEDICAL CENTER - CHICAGO, IL 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16826
License Date	11/6/2014
Name	<b>JAIN, VANITA K DO</b>
Address	54 CANDLEWOOD DR, ENFIELD, CT, 06082
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MEDICIN USA 2008
Internship and Year	NORWALK HOSPITAL-YALE UNIVERSITY - NORWALK, CAT 2011
Residency and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16478
License Date	2/5/2014
Name	<b>JAIPAL, FNU MD</b>
Address	CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty	IM
Board Certified	
School and Year of Graduation	DOW MEDICAL COLLEGE PAKISTAN 2006
Internship and Year	SAINT JOHNS EPISCOPAL HOSPITAL SOUTH SHORE - FAR ROCKAWAY, NY 2012
Residency and Year	SAINT JOHNS EPISCOPAL HOSPITAL SOUTH SHORE - FAR ROCKAWAY, NY 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11627
License Date	6/5/2002
Name	<b>JAKOMIN, BERNADETTE V MD</b>
Address	SPECTRUM MEDICAL GROUP PA, 324 GANNETT DR STE 200SOUTH PORTLAND, ME, 04106
Specialty	R
Board Certified	R
School and Year of Graduation	CASE WESTERN RESERVE UNIV - CLEVELAND, OH' USA 1986
Internship and Year	CLEVELAND CLINIC FOUNDATION- CLEVELAND, OH 1987
Residency and Year	CLEVELAND CLINIC FOUNDATION- CLEVELAND, OH 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	2717
License Date	1/6/1949
Name	<b>JALBERT, EUGENE O MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1992</b>
Remarks	<b>DECEASED 2/1/12</b>

License Number	15985
License Date	1/9/2013
Name	<b>JALEEL, MOHAMMED A MD</b>
Address	NEW ENGLAND INPATIENT SPECIALISTS, 120 WATER ST STE 404NORTH ANDOVER, MA, 01845
Specialty	IM
Board Certified	IM
School and Year of Graduation	MADRAS MEDICAL COLLEGE INDIA 1989
Internship and Year	HIGHLAND HOSPITAL - ROCHESTER, NY 1996
Residency and Year	HIGHLAND HOSPITAL - ROCHESTER, NY 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14418
License Date	5/6/2009
Name	<b>JAMES II, RUSSELL E MD</b>
Address	WYOMING VALLEY HEALTHCARE, 575 N RIVER STWILKES-BARRE, PA, 18764
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSIDAD DEL NORESTE MEXICO 1985
Internship and Year	UNITED HEALTH & HOSPITAL SERVICES INC - KINGSTON, PA 1988
Residency and Year	UNITED HEALTH & HOSPITAL SERVICES INC - KINGSTON, PA 1989
License Expiration Date	<b>6/30/2013</b>
Remarks	



License Number	4253
License Date	6/5/1968
Name	<b>JAMES, DOUGLAS H MD</b>
Address	DHMC-CARDIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	CD
Board Certified	CD
School and Year of Graduation	HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1960
Internship and Year	UNIV HOSPITAL - CLEVELAND, OH 1961
Residency and Year	UNIV HOSPITAL - CLEVELAND, OH 1964
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14965
License Date	8/4/2010
Name	<b>JAMES, EDWARD J MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF PENNSYLVANIA USA 1991
Internship and Year	CHRISTIANA CARE HEALTH SYSTEM - NEWARK, DE 1992
Residency and Year	STANFORD UNIVERSITY SCHOOL OF MEDICINE - STANFORD, CA 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9837
License Date	9/4/1996
Name	<b>JAMES, JEREMY B MD</b>
Address	LAMPREY HEALTH CARE, 128 ROUTE 27RAYMOND, NH, 03077
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF WASHINGTON SCHOOL OF MEDICINE SEATTLE, WA USA 1989
Internship and Year	HIGHLAND HOSPITAL - NY 1992
Residency and Year	HIGHLAND HOSPITAL - NY 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14708
License Date	1/6/2010
Name	<b>JAMES, JIM A MD</b>
Address	DHMC - DEPT OF NEUROLOGY, 1 MED CTR DRLEBANON, NH, 03756
Specialty	N
Board Certified	
School and Year of Graduation	OREGON HEALTH & SCIENCE UNIVERSITY USA 2006
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	15707
License Date	6/6/2012
Name	<b>JAMES, RUTH E MD</b>
Address	FAMILIES FIRST OF THE GREATER SEACOAST, 100 CAMPUS DR STE 12PORTSMOUTH, NH, 03801
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE USA 2008
Internship and Year	FRANKLIN SQUARE HOSPITAL CENTER, BALTIMORE, MD 2010
Residency and Year	FRANKLIN SQUARE HOSPITAL CENTER, BALTIMORE, MD 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12745
License Date	6/1/2005
Name	<b>JAMES, STEPHEN C MD</b>
Address	MEMORIAL BEHAVIORAL HEALTH, 1340 BROAD AVENUE SUITE 410GULFPORT, MS, 39501-2459
Specialty	P
Board Certified	AN
School and Year of Graduation	NORTHWESTERN UNIVERSITY, CHICAGO IL US 1988
Internship and Year	NORTHWESTERN UNIVERSITY, CHICAGO IL 1989
Residency and Year	NORTHWESTERN UNIVERSITY, CHICAGO IL 1992
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	12494
License Date	10/6/2004
Name	<b>JAMESON, JENNIFER E MD</b>
Address	URGENT CARE AT BEDFORD, 5 WASHINGTON PLACEBEDFORD, NH, 03110
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF MIAMI, MIAMI FL US 1999
Internship and Year	BEVERLY HOSPITAL, DANVERS MA 2000
Residency and Year	BEVERLY HOSPITAL, DANVERS MA 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16670
License Date	7/2/2014
Name	<b>JAMIL, RODNEY M MD</b>
Address	1926 PICKERING TRL, LANCASTER, PA, 17601
Specialty	HO
Board Certified	HO
School and Year of Graduation	GEORGETOWN UNIV SCHOOL OF MEDICINE USA 2005
Internship and Year	TUFTS MEDICAL CENTER - BOSTON, MA 2006
Residency and Year	TUFTS MEDICAL CENTER - BOSTON, MA 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 6214  
 License Date 6/9/1980  
 Name **JAMISON, JERRY D MD**  
 Address , PO BOX 487CANDIA, NH, 03034  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation TEMPLE UNIV SCH MED -PHILA, PA USA 1973  
 Internship and Year LANCASTER GENERAL HOSPITAL - LANCASTER, PA 1974  
 Residency and Year ST VINCENT/TOLEDO HOSPITAL - TOLEDO, OH 1980  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 17063  
 License Date 5/6/2015  
 Name **JAMISON, WALLACE G MD**  
 Address 460 PARRISH RD, HONEOYE FALLS, NY, 14472  
 Specialty P  
 Board Certified P  
 School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1970  
 Internship and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 1971  
 Residency and Year TUFTS MEDICAL CENTER - BOSTON, MA 1977  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12603  
 License Date 2/2/2005  
 Name **JAMPANI, SUSHAMA MD**  
 Address INTERNAL MEDICINE ASSOC OF NASHUA, 280 MAIN ST., STE 210NASHUA, NH, 03060  
 Specialty  
 Board Certified IM  
 School and Year of Graduation OSMANIA UNIVERSITY, INDIA INDIA 1998  
 Internship and Year STATE UNIVERSITY OF NEW YORK, BROOKLYN NY 2002  
 Residency and Year SOUND SHORE MED CTR OF WESTCHESTER, NEW ROCHELLE NY 2004  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 5237  
 License Date 9/12/1974  
 Name **JANARDHANA, MODUR L MD**  
 Address VA MED CTR DEPT OF PATHOLOGY, 1400 VFW PARKWAYWEST ROXBURY, MA, 02132-4992  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation UNIV OF MYSORE INDIA 1965  
 Internship and Year MERCY HOSPITAL - BUFFALO, NY 1967  
 Residency and Year TEMPLE UNIV HOSPITAL - PHILA, PA 1971  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	7280
License Date	3/6/1986
Name	<b>JANAS III, JOHN J MD</b>
Address	CLINICAL CONTENT CONSULTANTS L, 6 FOGG STCONCORD, NH, 03301-
Specialty	PD
Board Certified	PD
School and Year of Graduation	CREIGHTON UNIV SCH MED - OMAHA, NE USA 1983
Internship and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1984
Residency and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1987
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14625
License Date	10/7/2009
Name	<b>JANAS, JO ANN S MD</b>
Address	AMERICAN RED CROSS, 825 JOHN STW HENRIETTA, NY, 14586
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSITY OF ROCHESTER USA 1974
Internship and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1978
Residency and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1981
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	13014
License Date	3/1/2006
Name	<b>JANEC, EILEEN M MD</b>
Address	DEPARTMENT OF VETERANS AFFAIRS, 215 NORTH MAIN STWHITE RIVER JUNCTION, VT, 05009-000
Specialty	IM
Board Certified	IM
School and Year of Graduation	ROSS UNIVERSITY, PORTSMOUTH DOMINICA DOMINICA 1998
Internship and Year	STATE UNIVERSITY OF NY, BROOKLYN NY 1999
Residency and Year	STATE UNIVERSITY OF NY, BROOKLYN NY 2001
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	7543
License Date	4/1/1987
Name	<b>JANEIRO JR, JOHN J MD</b>
Address	LAHEY UROLOGY@ NASHUA, 17 RIVERSIDE ST STE 201NASHUA, NH, 03062
Specialty	U
Board Certified	U
School and Year of Graduation	UNIV OF MASS SCH OF MED-WORCHESTER USA 1982
Internship and Year	UNIV MA HOSP-MED CTR-WORCHSTER,MA 1983
Residency and Year	LAHEY CLINIC FNDN-BURLINGTON,MA 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13248
License Date	9/6/2006
Name	<b>JANES, KENNETH A MD</b>
Address	NASHOBA SURGICAL ASSOC, 190 GROTON RDAYER, MA, 01432
Specialty	GS
Board Certified	GS
School and Year of Graduation	TUFTS UNIV USA 1968
Internship and Year	NEW ENGLAND MEDICAL CTR-BOSTON MA 1970
Residency and Year	NEW ENGLAND MEDICAL CTR-BOSTON MA 1974
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	15708
License Date	6/6/2012
Name	<b>JANIZEK, DAVID B MD</b>
Address	SUMMIT RADIOLOGY PC, PO BOX 80070FORT WAYNE, IN, 46898-0070
Specialty	DR
Board Certified	DR
School and Year of Graduation	INDIANA UNIVERSITY SCHOOL OF MEDICINE USA 1989
Internship and Year	INDIANA UNIVERSITY MEDICAL CENTER - INDIANAPOLIS, IN 1990
Residency and Year	INDIANA UNIVERSITY MEDICAL CENTER - INDIANAPOLIS, IN 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16450
License Date	1/8/2014
Name	<b>JANJUA, KAMRAN R MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN., STE 500EDEN PRAIRIE, MN, 55344
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF TEXAS USA 1999
Internship and Year	UNIVERSITY OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 2000
Residency and Year	UNIVERSITY OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16042
License Date	3/6/2013
Name	<b>JANKOWSKA, EWA J MD</b>
Address	DARTMOUTH-HITCHCOCK MERRIMACK, 294 DANIEL WEBSTER HWYMERRIMACK, NH, 03054
Specialty	FP
Board Certified	FP
School and Year of Graduation	AKADEMIA MEDYCZNA POLAND 1999
Internship and Year	EASTERN MAINE MEDICAL CENTER - BANGOR, ME 2011
Residency and Year	EASTERN MAINE MEDICAL CENTER - BANGOR, ME 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16827
License Date	11/6/2014
Name	<b>JANNE D'OTHEE, BERTRAND MD</b>
Address	UMMC-RADIOLOGY DEPT, 22 S GREENE ST N2W74BALTIMORE, MD, 21201
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITE CATHOLIQUE DE LOUVAIN BELGIUM 1992
Internship and Year	CLINQUES UNIVERSITAIRES SAINT-LUC - BRUSSELS, BELGIUM 1993
Residency and Year	CLINQUES UNIVERSITAIRES SAINT-LUC - BRUSSELS, BELGIUM 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10122
License Date	9/10/1997
Name	<b>JANSON, MICHAEL MD</b>
Address	CENTER FOR PREVENTIVE MED, 3 OVERLOOK DR STE 3AMHERST, NH, 03031
Specialty	GP
Board Certified	
School and Year of Graduation	BOSTON UNIV SCH OF MED - BOSTON, MA USA 1970
Internship and Year	MT AUBURN HOSPITAL - MA 1971
Residency and Year	MT AUBURN HOSPITAL - MA 1974
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	13498
License Date	5/9/2007
Name	<b>JANSSEN, MICHAEL E MD</b>
Address	DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	UNIV OF WASHINGTON USA 2004
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	11025
License Date	8/2/2000
Name	<b>JANSUJWICZ, ALAN MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF CONNECTICUT SCH - FARMINGTON CT USA 1997
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1998
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2000
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	12994
License Date	2/1/2006
Name	<b>JANUARIO, JENNIFER A MD</b>
Address	VA MEDICAL CENTER, 718 SMYTH RDMANCHESTER, NH, 03104
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF MASS, WORCESTER MA US 1995
Internship and Year	LAHEY CLINIC, BURLINGTON MA 1996
Residency and Year	TUFTS UNIVERSITY, BOSTON MA 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12166
License Date	12/3/2003
Name	<b>JANUARIO, JOHN J MD</b>
Address	SO NH RADIOLOGY CONSULTANTS, 703 RIVERWAY PLACEBEDFORD, NH, 03110
Specialty	R
Board Certified	R
School and Year of Graduation	TUFTS UNIVERSITY, BOSTON MA US 1990
Internship and Year	NEWTON-WELLESLEY HOSPITAL, NEWTON LOWER FALLS MA 1991
Residency and Year	BETH ISRAEL DEACONESS MED CTR, BOSTON MA 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15578
License Date	3/7/2012
Name	<b>JAQUA, PATRICIA I MD</b>
Address	368 COVERED BRIDGE RD, STOWE, VT, 05672
Specialty	GS
Board Certified	
School and Year of Graduation	CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MED USA 1979
Internship and Year	UNIVERSITY OF VT-FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1980
Residency and Year	UNIVERSITY OF VT-FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7763
License Date	1/6/1988
Name	<b>JARAMILLO, MARTHA C MD</b>
Address	DOWNTOWN MEDICAL ASSOC, 280 MAIN STNASHUA, NH, 03061
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF TX MED SCH SAN ANTONIO TX USA 1980
Internship and Year	MAIMONIDES MED CTR BROOKLYN NY 1981
Residency and Year	MAIMONIDES MED CTR BROOKLYN NY 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15251
License Date	6/1/2011
Name	<b>JARELL, ABEL D MD</b>
Address	NORTHEAST DERMATOLOGY, 155 BORTHWICK AVEPORTSMOUTH, NH, 03801
Specialty	D
Board Certified	D
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 1998
Internship and Year	UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE - SEATTLE, WA 1999
Residency and Year	UNIVERSITY OF WASHINGTON, HARBORVIEW MEDICAL CENTER - SEATTLE, WA 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7949
License Date	8/10/1988
Name	<b>JARMOC, LAURA M MD</b>
Address	CONCORD ALLERGY, 280 PLEASANT STCONCORD, NH, 03301
Specialty	AI
Board Certified	AI
School and Year of Graduation	ST LOUIS UNIV-ST LOUIS,MO USA 1983
Internship and Year	UNIV OF MASS-WORCHESTER,MA 1984
Residency and Year	UNIV OF MASS-WORCHESTER,MA 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5948
License Date	7/12/1978
Name	<b>JAROS, ROBERT H MD</b>
Address	CATHOLIC MEDICAL CENTER, 100 MCGREGOR STMANCHESTER, NH, 03102-3770
Specialty	NM
Board Certified	NM
School and Year of Graduation	STATE UNIV OF NY DOWNSTATE MEDICAL CTR BROOKLYN,NY USA 1968
Internship and Year	YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 1969
Residency and Year	MASS GENERAL HOSPITAL - BOSTON, MA 1974
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11195
License Date	3/7/2001
Name	<b>JARRETT, ROBERT A MD</b>
Address	DHMC-ANESTHESIOLOGY DEPT, ONE MEDICAL CENTER DRLEBANON, NH, 03756-0001
Specialty	AN
Board Certified	AN
School and Year of Graduation	MED COLL OG GEORGIA- AUGUSTA, GA USA 1992
Internship and Year	GEORGIA BAPIST MEDICAL CENTER - ATLANTA, GA 1993
Residency and Year	GEORGIA BAPTIST MEDICAL CENTER - ATLANTA, GA 1994
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number	13967
License Date	5/7/2008
Name	<b>JARVIS, LESLEY A MD</b>
Address	NCCC - DEPT OF RAD ONCOLOGY, ONE MED CTR DRLEBANON, NH, 03756-0001
Specialty	RO
Board Certified	RO
School and Year of Graduation	STANFORD UNIV USA 2003
Internship and Year	ALAMEDA COUNTY MEDICAL CENTER-HIGHLAND HOSPITAL - OAKLAND, CA 2004
Residency and Year	STANFORD UNIV MEDICAL CENTER - STANFORD, CA 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16043
License Date	3/6/2013
Name	<b>JARVIS, WINGROVE T MD</b>
Address	COMMUNITY HEALTH ASSOC LLC, 37 PRATT AVENUE TOWANDA, PA, 18848
Specialty	ORS
Board Certified	
School and Year of Graduation	UNIV OF THE WEST INDIES BARBADOS 1993
Internship and Year	UNIVERSITY OF LOUISVILLE - LOUISVILLE, KY 2007
Residency and Year	DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5870
License Date	3/9/1978
Name	<b>JAUCH, ROBERT J MD</b>
Address	575 COTTON RD, LYNDONVILLE, VT, 05851
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	CASE WESTERN RESERVE UNIV SCHOOL OF MEDICINE - OH USA 1970
Internship and Year	HOSPITAL UNIV OF PITTSBURGH HEALTH CENTER - PITTSBURGH, PA 1971
Residency and Year	GEISINGER MEDICAL CENTER - DANVILLE, PA 1978
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	15381
License Date	9/7/2011
Name	<b>JAVED, LUBNA MD</b>
Address	1050 MLK DR, SUITE 105 CENTRALIA, IL, 62801
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF THE PUNJAB PAKISTAN 2001
Internship and Year	UPMC MCKEESPORT HOSPITAL - MCKEESPORT, PA 2005
Residency and Year	UPMC MCKEESPORT HOSPITAL - MCKEESPORT, PA 2007
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	16313
License Date	9/4/2013
Name	<b>JAVERY, THOMAS E MD</b>
Address	EMERGENCY MEDICINE PHYSICIANS, 4535 DRESSLER RD NWCANTON, OH, 44718
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF VT COLLEGE OF MEDICINE USA 1990
Internship and Year	NAVAL MEDICAL CENTER - SAN DIEGE, CA 1991
Residency and Year	NAVAL MEDICAL CENTER - SAN DIEGE, CA 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11563
License Date	4/3/2002
Name	<b>JAWDI, SAAD J MD</b>
Address	, PO BOX 12127CHICAGO, IL, 60612
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF LINKOPING - LINKO, SWEDEN SWEDEN 1991
Internship and Year	COOK COUNTY HOSPITAL - CHICAGO, IL 1995
Residency and Year	COOK COUNTY HOSPITAL - CHICAGO, IL 1997
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	9161
License Date	5/4/1994
Name	<b>JAYNE, JOHN E MD</b>
Address	DHMC-CARDIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty	CD
Board Certified	IM
School and Year of Graduation	VANDERBILT UNIV SCHOOL OF MEDICINE - NASHVILLE,TN USA 1985
Internship and Year	UNIV MINNEAPOLIS AFFILIATED HOSPITAL - MINNEAPOLIS, MN 1986
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10027
License Date	6/4/1997
Name	<b>JAYNES, SCOTT C MD</b>
Address	NORTH MEADOW FAMILY HEALTH, 154 HANCOCK RDPETERBOROUGH, NH, 03458
Specialty	FPS
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF VERMONT-VT USA 1993
Internship and Year	UNIVERSITY OF UTAH MEDICAL CENTER - UT 1994
Residency and Year	UNIVERSITY OF UTAH MEDICAL CENTER-UT 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12342
License Date	6/2/2004
Name	<b>JBARA, MARLENA E MD</b>
Address	MAIMONIDES MEDICAL CTR, 4802 TENTH AVEBROOKLYN, NY, 11219
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF NY, BROOKLYN NY US 1996
Internship and Year	STATEN ISLAND UNIVERSITY HOSP, STATEN ISLAND NY 1997
Residency and Year	SUNY, BROOKLYN NY 2001
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	11320
License Date	7/11/2001
Name	<b>JEALOUS, JAMES S DO</b>
Address	, PO BOX 28NORTH WOODSTOCK, NH, 03262
Specialty	N
Board Certified	OS
School and Year of Graduation	KIRKSVILLE COLLEGE OF OSTEOPATHY &SURGERY USA 1970
Internship and Year	MAINE MEDICAL CENTER PORTLAND ME 1971
Residency and Year	MAINE MEDICAL CENTER PORTLAND ME 1971
License Expiration Date	<b>2/3/2005</b>
Remarks	OK TO GIVE OUT HOME TEL # PER DOC 10/8/04 Order of Emergency License      Suspension and Notice of Hearing Board Certified in Osteopathic Manipulative Medicine (Neuromusculoskeletal Medicine) 2/3/05 - Consent Order (license revoked)

License Number	12495
License Date	10/6/2004
Name	<b>JEAN, WENNY MD</b>
Address	URBANDALE FAMILY PHYS, 2901 86TH STURBANDALE, IA, 50322
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF MISSOURI, KANSAS CITY MO US 2000
Internship and Year	MASSACHUSETTS GENERAL HOSP, BOSTON MA 2001
Residency and Year	MASSACHUSETTS GENERAL HOSP, BOSTON MA 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7425
License Date	8/14/1986
Name	<b>JEANBLANC, WILLIAM D MD</b>
Address	22 BRAMHALL ST, PORTLAND, ME, 04102
Specialty	P
Board Certified	P
School and Year of Graduation	STATE UNIV OF NY SYRACUSE NY USA 1984
Internship and Year	DARTMOUTH HITCHCOCK MED HANOVER NH 1985
Residency and Year	DARTMOUTH HITCHCOCK MED HANOVER NH 1988
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	16758
License Date	9/3/2014
Name	<b>JEAN-PIERRE, PATRICK MD</b>
Address	215 MOUNT JOY AVE, FREEPORT, NY, 11520
Specialty	IM
Board Certified	IM
School and Year of Graduation	STATE UNIVERSITY OF NY UPSTATE MEDICAL UNIV USA 2007
Internship and Year	NORTH SHORE-LONG ISLAND JEWISH - MANHASSET, NY 2008
Residency and Year	NORTH SHORE-LONG ISLAND JEWISH - MANHASSET, NY 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13543
License Date	6/6/2007
Name	<b>JEDLOVSZKY, VERONIKA MD</b>
Address	NORTH COUNTRY HOSPITAL, 189 PROUTY DRNEWPORT, VT, 05855
Specialty	IM
Board Certified	IM
School and Year of Graduation	SEMMEWEIS UNIV HUNGARY 1994
Internship and Year	QUEENS HOSPITAL CENTER - JAMAICA, NY 1997
Residency and Year	QUEENS HOSPITAL CENTER - JAMAICA, NY 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17111
License Date	6/3/2015
Name	<b>JEE, SUNG BAE MD</b>
Address	5 STONEBRIDGE CIR APT 527, LITTLE ROCK, AR, 72223
Specialty	FP
Board Certified	
School and Year of Graduation	CATHOLIC UNIVERSITY OF KOREA SOUTH KOREA 2002
Internship and Year	LEONARD M MILLER SOM AT THE UNIV OF MIAMI - MIAMI, FL 2013
Residency and Year	LITTLE ROCK FAMILY MEDICINE RESIDENCY PROGRAM - LITTLE ROCK, AR 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5712
License Date	5/5/1977
Name	<b>JEFFERY, BRIAN J MD</b>
Address	LAKE REGION GENERAL HOSPITAL, HIGHLAND STLACONIA, NH, 03246
Specialty	EM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF ADELAIDE-SOUTH AUSTRALIA SOUTH AUSTRALIA 1971
Internship and Year	MOUNT SINAI HOSPITAL-HARTFORD CT 1972
Residency and Year	ST FRANCIS HOSPITAL-HARTFORD CT 1973
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	3460
License Date	7/31/1961
Name	<b>JEFFERY, ROBERT F MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	DR
Board Certified	DR
School and Year of Graduation	MCGILL UNIVERSITY- MONTREAL CANADA 1960
Internship and Year	SAN FRANCISCO HOSPITAL 1961
Residency and Year	SAN FRANCISCO HOSPITAL 1961
License Expiration Date	<b>6/30/2005</b>
Remarks	DECEASED 9/17/03

License Number	14506
License Date	7/1/2009
Name	<b>JEFFREY, ARON M DO</b>
Address	NH NEUROSPINE INSTITUTE, 4 HAWTHORNE DRBEDFORD, NH, 03110
Specialty	PM
Board Certified	PM
School and Year of Graduation	WESTERN UNIVERSITY USA 2004
Internship and Year	ST VINCENTS MIDTOWN - PORT EWEN, NY 2005
Residency and Year	SUNY HEALTH SCIENCE CENTER @ BROOKLYN - BROOKLYN, NY 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10123
License Date	9/10/1997
Name	<b>JEFFRIES, JENNIFER F MD</b>
Address	NORWICH MEDICAL CENTER, 32 S COURT ST ENORWICH ON CANADA, , N0J1P0
Specialty	FP
Board Certified	FP
School and Year of Graduation	BOSTON UNIV SCH OF MED - BOSTON, MA USA 1994
Internship and Year	HEALTH ALLIANCE HOSPITAL - LEOMINSTER, MA 1995
Residency and Year	HEALTH ALLIANCE HOSPITAL - LEOMINSTER, MA 1997
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	3855
License Date	11/5/1965
Name	<b>JEFFRIES, PETER F MD</b>
Address	, PO BOX 933WALPOLE, NH, 03608-0933
Specialty	FP
Board Certified	FP
School and Year of Graduation	BOSTON UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1960
Internship and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1961
Residency and Year	GARRISBURG POLYCLINIC - HARRISBERG, PA 1962
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	11564
License Date	4/3/2002
Name	<b>JEFFRYES, VIRGINIA A MD</b>
Address	LITTLETON OUTPATIENT VETERANS CLINIC, 685 MEADOW ST #4LITTLETON, NH, 03561
Specialty	FP
Board Certified	FP
School and Year of Graduation	MCGILL UNIV - MONTREAL QUEBEC, CANADA CANADA 1999
Internship and Year	NEW HAMPSHIRE DARTMOUTH FAMILY PRACTICE RESIDENCY - CONCORD, NH 2000
Residency and Year	NEW HAMPSHIRE DARTMOUTH FAMILY PRACTICE RESIDENCY - CONCORD, NH 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6045
License Date	5/3/1979
Name	<b>JEHL, JOHN J MD</b>
Address	SPEARE MEMORIAL HOSPITAL, 16 HOSPITAL RDPLYMOUTH, NH, 03264
Specialty	IM
Board Certified	IM
School and Year of Graduation	PENN STATE UNIV MILTON S HERSHEY MED CTR-HERSHEY USA 1975
Internship and Year	UNIV HOSPITAL - CLEVELAND, OH 1976
Residency and Year	M S HERSEY MEDICAL CENTER - HERSHEY, PA 1979
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14655
License Date	11/4/2009
Name	<b>JELNOV, VLADIMIR MD</b>
Address	GENESIS, 111 CHURCH STLACONIA, NH, 03246
Specialty	P
Board Certified	P
School and Year of Graduation	NOVOSIBIRSK STATE MEDICAL ACADEMY RUSSIA 1978
Internship and Year	MT SINAI SCHOOL OF MEDICINE - ELMHURST HOSPITAL CENTER - ELMHURST, NY 2004
Residency and Year	MT SINAI SCHOOL OF MEDICINE - ELMHURST HOSPITAL CENTER - ELMHURST, NH 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16227
License Date	7/3/2013
Name	<b>JENIS, ANDREW D MD</b>
Address	115 CAYUGA HEIGHTS RD, ITHACA, NY, 14850
Specialty	EM
Board Certified	EM
School and Year of Graduation	SUNY @ BUFFALO USA 1994
Internship and Year	STATE UNIVERSITY OF NEW YORK @ BUFFALO - BUFFALO, NY 1996
Residency and Year	BUFFALO GENERAL HOSPITAL - BUFFALO, NY 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16277
License Date	8/7/2013
Name	<b>JENKINS, DEREK R MD</b>
Address	ORTHOPAEDICS DEPT. - BROWN UNIV, 100 BUTLER DRPROVIDENCE, RI, 02906
Specialty	ORS
Board Certified	
School and Year of Graduation	THE GEISEL SCHOOL OF MED @ DARTMOUTH USA 2007
Internship and Year	LENOX HILL HOSPITAL - NY, NY 2008
Residency and Year	LENOX HILL HOSPITAL - NY, NY 2013
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	16591
License Date	5/7/2014
Name	<b>JENKINS, JAMES M MD</b>
Address	ACUTE CARE SURGERY, 330 BORTHWICK AVE #200PORTSMOUTH, NH, 03801
Specialty	GS
Board Certified	GS
School and Year of Graduation	MEDICAL COLLEGE OF GEORGIA SCHOOL OF MED USA 1982
Internship and Year	SPARTANBURG REGIONAL HEALTHCARE SYSTEM - SPARTANBURG, SC 1984
Residency and Year	SPARTANBURG REGIONAL HEALTHCARE SYSTEM - SPARTANBURG, SC 1987
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8966
License Date	6/2/1993
Name	<b>JENKINS, NIGEL R MD</b>
Address	NH NEUROSPINE INSTITUTE, 4 HAWTHORNE DRBEDFORD, NH, 03110
Specialty	NS
Board Certified	NS
School and Year of Graduation	YALE UNIVERSITY SCHOOL OF MEDICINE USA 1987
Internship and Year	RHODE ISLAND HOSPITAL - PROVIDENCE RI 1988
Residency and Year	RHODE ISLAND HOSPITAL - PROVIDENCE RI 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9278
License Date	9/7/1994
Name	<b>JENKINS, PAMELA C MD</b>
Address	DHMC - PEDIATRICS, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PD
Board Certified	PD
School and Year of Graduation	CHAPEL HILL SCHOOL OF MEDICINE USA 1992
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1995
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9625
License Date	1/3/1996
Name	<b>JENKUSKY, STEVEN M MD</b>
Address	, , ,
Specialty	P
Board Certified	
School and Year of Graduation	SOUTH ILLINOIS UNIVERSITY USA 1994
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1997</b>
Remarks	

License Number	6517
License Date	4/1/1982
Name	<b>JENKYN, LAWRENCE R MD</b>
Address	252 MECHANIC ST, LEBANON, NH, 03766
Specialty	N
Board Certified	N
School and Year of Graduation	DARTMOUTH MED SCH-HANOVER,NH USA 1976
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1977
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1980
License Expiration Date	<b>6/30/2016</b>
Remarks	5/8/02 Settlement Agreement

License Number	12532
License Date	11/3/2004
Name	<b>JENSEN, CHRISTOPHER J MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PS
Board Certified	
School and Year of Graduation	UNIVERSITY OF MINNESOTA, ST PAUL MN US 2002
Internship and Year	DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2003
Residency and Year	DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2004
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	11249
License Date	5/2/2001
Name	<b>JENSEN, GORDON D MD</b>
Address	414 CALEDONIA ST, SANTA CRUZ, CA, 95062
Specialty	PD
Board Certified	PD
School and Year of Graduation	YALE UNIVERSITY USA 1949
Internship and Year	YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN CT 1950
Residency and Year	YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN CT 1951
License Expiration Date	<b>6/30/2002</b>
Remarks	



License Number 7198  
 License Date 9/10/1985  
 Name **JENSEN, KAREN C MD**  
 Address 14 ADAMS RD, PO BOX 482JACKSON, NH, 03846  
 Specialty R  
 Board Certified R  
 School and Year of Graduation PRITZKER SCH MED OF UNIV CHICAGO.IL USA 1977  
 Internship and Year YALE NEW HAVEN HOSP-NEW HAVEN,CT 1978  
 Residency and Year YALE NEW HAVEN HOSP-NEW HAVEN,CT 1979  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 13826  
 License Date 2/6/2008  
 Name **JENSON, CYNTHIA L MD**  
 Address 434 MAIN ST, WATERVILLE, ME, 04901  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation STATE UNIV OF NEW YORK USA 1992  
 Internship and Year KALEIDA HEALTH SYSTEM(MILLARD FILLMORE HOSPITALS)-SUNY - BUFFALO, NY 1993  
 Residency and Year UNIV HEALTH CENTER OF PITTSBURGH - PITTSBURGH, PA 1996  
 License Expiration Date **6/30/2016**  
 Remarks **lapsed 6/30/14-reinstated 4/1/15**

License Number 15756  
 License Date 7/11/2012  
 Name **JERVIS, KARINNE M MD**  
 Address EXETER HOSPITAL/CORE PHYSICIANS, 7 HOLLAND WAYEXETER, NH, 03823  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation UNIVERSITY OF MIAMI SCHOOL OF MEDICINE USA 2003  
 Internship and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2004  
 Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2007  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16795  
 License Date 10/1/2014  
 Name **JEVSEVAR, DAVID S MD**  
 Address DHMC, ONE MEDICAL CTR DRLEBANON, NH, 03756  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation GEORGETOWN UNIV SCHOOL OF MEDICINE USA 1988  
 Internship and Year UPMC MEDICAL EDUCATION(MERCY) - PITTSBURGH, PA 1989  
 Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1992  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	10178
License Date	12/3/1997
Name	<b>JEWELL, EDWARD R MD</b>
Address	LAHEY CLINIC, 41 MALL RDBURLINGTON, MA, 01805
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF VT SCH OF MED-BURLINGTON,VT USA 1975
Internship and Year	NEW ENGLAND MED CTR-MA 1975
Residency and Year	NEW ENGLAND MED CTR-MA 1980
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	15382
License Date	9/7/2011
Name	<b>JI, JING MD</b>
Address	DARTMOUTH-HITCHCOCK, 87 MCGREGOR ST STE 1300MANCHESTER, NH, 03102
Specialty	N
Board Certified	N
School and Year of Graduation	BETHUNE MEDICAL UNIVERSITY CHINA 1992
Internship and Year	ELMHURST HOSPITAL CENTER - ELMHURST, NY 2007
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER - WORCESTER, MA 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12905
License Date	10/5/2005
Name	<b>JI, NINA MD</b>
Address	87 BRAUNBLE BUSH RD, CORENTRY, RI, 02816
Specialty	AN
Board Certified	
School and Year of Graduation	ST GEORGES UNIVERSITY, W INDIES W INDIES 2001
Internship and Year	ST BARNABAS MED CTR, LIVINGSTON NJ 2002
Residency and Year	ST BARNABAS MED CTR, LIVINGSTON NJ 2005
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	17009
License Date	4/1/2015
Name	<b>JI, YONGLI MD</b>
Address	EXETER HOSPITAL, FIVE ALUMINI AVEEXETER, NH, 03833
Specialty	IM
Board Certified	IM
School and Year of Graduation	TIANJIN MEDICAL UNIVERSITY CHINA 1998
Internship and Year	ST VINCENT HOSPITAL - WORCESTER, MA 2009
Residency and Year	ST VINCENT HOSPITAL - WORCESTER, MA 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12879
License Date	9/7/2005
Name	<b>JIANG, LEI MD</b>
Address	VA WORCESTER OUTPATIENT CLINIC, 605 LINCOLN STWORCESTER, MA, 01605
Specialty	IM
Board Certified	IM
School and Year of Graduation	INDIANA UNIVERSITY, INDIANAPOLIS IN US 2001
Internship and Year	UNIVERSITY OF TEXAS, DALLAS TX 2002
Residency and Year	UNIVERSITY OF TEXAS, DALLAS TX 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11777
License Date	11/6/2002
Name	<b>JIANU, DOINA R MD</b>
Address	816 TROTTER CIR, LAS VEGAS, NV, 89107
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF BUCHAREST, BUCHAREST, ROMANIA USA 1993
Internship and Year	ST JOSEPH MERCY OAKLAND - PONTIAC, MI 1997
Residency and Year	ST JOSEPH MERCY OAKLAND - PONTIAC, MI 1999
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	13401
License Date	2/7/2007
Name	<b>JIBRIN, ISMAILA M MD</b>
Address	ST AGNES HEALTHCARE, 900 S CATON AVEBALTIMORE, MD, 21229
Specialty	IM
Board Certified	
School and Year of Graduation	AHMADU BELLO UNIV NIGERIA 1990
Internship and Year	ST AGNES HOSPITAL - BALTIMORE, MD 2005
Residency and Year	ST AGNES HOSPITAL - BALTIMORE, MD 2006
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	16545
License Date	4/2/2014
Name	<b>JILLELLAMUDI, SURESH MD</b>
Address	UNIVERSITY MEDICINE FOUNDATION, 17 VIRGINIA AVEPROVIDENCE, RI, 02903
Specialty	IM
Board Certified	IM
School and Year of Graduation	JAGADGURU JAYADEVA MURUGARAJENDRA MEDICAL COLLEGE INDIA 2005
Internship and Year	BRONX-LEBANON HOSPITAL CENTER - BRONX, NY 2009
Residency and Year	BRONX-LEBANON HOSPITAL CENTER - BRONX, NY 2011
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14709
License Date	1/6/2010
Name	<b>JIMENEZ, LUIS R MD</b>
Address	FOUNDATION MEDICAL PARTNERS, 8 PROSPECT ST NORTH II SPECNASHUA, NH, 03060-3925
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV NACIONAL PEDRO HENRIQUES URENA DOMINICAN REPUBLIC 1981
Internship and Year	ALBERT EINSTEIN MEDICAL CENTER - PHILADELPHIA, PA 1993
Residency and Year	MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16911
License Date	1/21/2015
Name	<b>JIMENEZ, RACHEL B MD</b>
Address	100 BLOSSOM ST, BOSTON, MA, 02116
Specialty	RO
Board Certified	
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 2009
Internship and Year	HARVARD RADIATION ONCOLOGY PROGRAM-BOSTON, MA 2011
Residency and Year	HARVARD RADIATION ONCOLOGY PROGRAM-BOSTON, MA 2014
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12460
License Date	9/1/2004
Name	<b>JINDANI, SHILPA S MD</b>
Address	28 CENTER DR, MILTON, VT, 05468
Specialty	FP
Board Certified	
School and Year of Graduation	UNIVERSITY OF RAJASTHAN, INDIA INDIA 1992
Internship and Year	UNIVERSITY OF VERMONT, MILTON VT 2002
Residency and Year	UNIVERSITY OF VERMONT, MILTON VT 2003
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	10683
License Date	9/1/1999
Name	<b>JO, BENG-HOEY MD</b>
Address	CAPE BRETON HLTH CARE COMPLEX, 1482 GEORGE STSYDNEY, NS, B1P 1P3
Specialty	R
Board Certified	R
School and Year of Graduation	FAC OF HUMAN MED PHILLIPPS UNIV OF MARBURG GERMANY 1973
Internship and Year	UNIV OF ALBERTA - EDMONTON AB CANADA 1981
Residency and Year	UNIV OFALBERTA - EDMONTON AB CANADA 1984
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	15252
License Date	6/1/2011
Name	<b>JO, SUNILA MD</b>
Address	PORTSMOUTH INTERNAL MEDICINE, 330 BORTHWICK AVE STE 205PORTSMOUTH, NH, 03801
Specialty	IM
Board Certified	IM
School and Year of Graduation	KOTTAYAM MEDICAL COLLEGE INDIA 2001
Internship and Year	LINCOLN MEDICAL & MENTAL HEALTH CENTER-BRONX, NY 2004
Residency and Year	LINCOLN MEDICAL & MENTAL HEALTH CENTER-BRONX, NY 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14530
License Date	7/1/2009
Name	<b>JOACHIM, DAN W MD</b>
Address	INTRA-OP MONITORING SER, 76 STARBRUSH CIRCOVINGTON, LA, 70433
Specialty	IM
Board Certified	
School and Year of Graduation	LOUISIANA STATE UNIV USA 1986
Internship and Year	LOUISIANA STATE UNIVERSITY MEDICAL CENTER - NEW ORLEANS, LA 1987
Residency and Year	LOUISIANA STATE UNIVERSITY MEDICAL CENTER - NEW ORLEANS, LA 1989
License Expiration Date	<b>6/3/2011</b>
Remarks	<b>6/3/11- Preliminary Agreement for Practice Restrictions. 4/8/13 - Final Decision &amp; Order</b>

License Number	12621
License Date	3/2/2005
Name	<b>JOBBAGY, ZSOLT MD</b>
Address	JOHNS HOPKINS MED UNIVERSITY, PARK SB 202 600 N WOLFE STBALTIMORE, MD, 21287
Specialty	PTH
Board Certified	
School and Year of Graduation	UNIVERSITY OF SZEGED, SZEGED HUNGARY HUNGARY 1989
Internship and Year	JOHN HOPKINS UNIVERSITY, BALTIMORE MD 2001
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2004
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	11026
License Date	8/2/2000
Name	<b>JOBIN, GARY C MD</b>
Address	CHESHIRE MEDICAL CENTER, 580 COURT STKEENE, NH, 03431
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF VIRGINIA SCH OF MED - CHARLOTTESVILLE, CA USA 1967
Internship and Year	BARNES-JEWISH HOSPITAL - ST LOUIS, MO 1968
Residency and Year	BARNES-JEWISH HOSPITAL - ST LOUIS, MO 1969
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	10865
License Date	4/5/2000
Name	<b>JOBST, BARBARA C MD</b>
Address	DHMC-NEUROLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	N
Board Certified	N
School and Year of Graduation	MEDICAL FACULTYFRIEDRICH ALEXANDER GERMANY 1995
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CTR-LEBANON,NH 1999
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CTR-LEBANON,NH 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15664
License Date	5/2/2012
Name	<b>JOCSON, COLLEEN D MD</b>
Address	ELLIOT HOSPITAL, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF SANTO TOMAS PHILIPPINES 2006
Internship and Year	DANBURY HOSPITAL - DANBURY, CT 2010
Residency and Year	DANBURY HOSPITAL - DANBURY, CT 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16592
License Date	5/7/2014
Name	<b>JOFFE, SAMUEL W MD</b>
Address	NE HEART INSTITUTE - CATHOLIC MEDICAL CTR., 100 MacGREGOR ST.MANCHESTER, NH, 03102
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL USA 2008
Internship and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2009
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2011
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12303
License Date	5/5/2004
Name	<b>JOGLEKAR, AMIT MD</b>
Address	21 WHITEHALL RD STE 302, ROCHESTER, NH, 03867
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF DELHI, INDIA INDIA 1997
Internship and Year	ROGER WILLIAMS GENERAL HOSP, PROVIDENCE RI 1999
Residency and Year	UMDNJ-ROBERT WOOD JOHNSON MED SCHOOL, NEW BRUNSWICK NJ 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8967
License Date	6/2/1993
Name	<b>JOHANSEN, SARAH G MD</b>
Address	DHMC-EMERGENCY MEDICINE, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1990
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1993
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12995
License Date	2/1/2006
Name	<b>JOHANSSON, RICHARD C MD</b>
Address	HAMPSTEAD HOSPITAL, 218 EAST RDHAMPSTEAD, NH, 03841
Specialty	P
Board Certified	
School and Year of Graduation	UNIVERSITY OF CALIFORNIA, BERKELEY CA US 1995
Internship and Year	CAMBRIDGE HOSPITAL, CAMBRIDGE MA 1996
Residency and Year	CAMBRIDGE HOSPITAL, CAMBRIDGE MA 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>LAPSED FOR NONRENEWAL 6/30/14 RENEWED 7/22/14</b>

License Number	16546
License Date	4/2/2014
Name	<b>JOHAR, KARAN MD</b>
Address	245 E 54TH APT 25G, NEW YORK, NY, 10022
Specialty	PM
Board Certified	PM
School and Year of Graduation	ROSS UNIVERSITY DOMINICA 2007
Internship and Year	STATE UNIVERSITY OF NY @ STONY BROOK - STONY BROOK, NY 2008
Residency and Year	STATE UNIVERSITY OF NY @ STONY BROOK - STONY BROOK, NY 2011
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12461
License Date	9/1/2004
Name	<b>JOHN, REBECCA B MD</b>
Address	STRONG MEMORIAL HOSPITAL, 601 ELMWOOD AVE BOX 693ROCHESTER, NY, 14642
Specialty	IM
Board Certified	IM
School and Year of Graduation	MYSORE UNIVERSITY, INDIA INDIA 1996
Internship and Year	SPECTRUM HEALTH-DOWNTOWN CAMPUS, GRAND RAPIDS MI 1997
Residency and Year	MICHIGAN STATE UNIVERSITY, GRAND RAPIDS MI 2000
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	9733
License Date	6/5/1996
Name	<b>JOHN, ROY M MD</b>
Address	BRIGHAM & WOMENS HOSPITAL, 75 FRANCIS STBOSTON, MA, 02115
Specialty	ICE
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF KERALA-TRIVANDRUM KERALA INDIA 1979
Internship and Year	BROCKTON/WEST ROXBURY VA MED CTR-MASS 1993
Residency and Year	BROCKTON-WEST ROXBURY VA MED CTR - MA 1993
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	12792
License Date	7/6/2005
Name	<b>JOHN, SUNIL C MD</b>
Address	DARTMOUTH-HITCHCOCK, 21 EAST HOLLIS STNASHUA, NH, 03060
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF JOS, JOS, PLATEAU NIGERIA 1988
Internship and Year	FRANKFORD HOSPITAL, PHILADELPHIA PA 1993
Residency and Year	HAHNEMANN UNIVERSITY HOSPITAL, PHILADELPHIA PA 1996
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	12343
License Date	6/2/2004
Name	<b>JOHNS, JOSEPH B MD</b>
Address	MILLENNIUM WOMEN'S HEALTHCARE, 705 SOUTH FRY RD STE 325KATY, TX, 77450
Specialty	OBG
Board Certified	
School and Year of Graduation	UNIVERSITY OF TEXAS, SAN ANTONIO TX US 1998
Internship and Year	CHRISTUS ST JOSEPH HOSP, HOUSTON TX 1999
Residency and Year	CHRISTUS ST JOSEPH HOSP, HOUSTON TX 2002
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	15878
License Date	10/3/2012
Name	<b>JOHNS, MARTIN C MD</b>
Address	4 RANDOLPH AVE, RANDOLPH, VT, 05060
Specialty	IM
Board Certified	IM
School and Year of Graduation	AMERICAN UNIVERSITY OF THE CARIBBEAN NETHERLANDS 2001
Internship and Year	GEISINGER MEDICAL CENTER - DANVILLE, PA 2003
Residency and Year	GEISINGER MEDICAL CENTER - DANVILLE, PA 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	13590
License Date	7/11/2007
Name	<b>JOHNSON III, RALEIGH F MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF TEXAS USA 1997
Internship and Year	GUNDERSEN LUTHERAN MEDICAL FOUNDATION - LA CROSSE, WI 1998
Residency and Year	UNIV OF TEXAS MEDICAL BRANCH HOSPITALS-GALVESTON, TX 2002
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	11280
License Date	6/6/2001
Name	<b>JOHNSON, BLAIR R MD</b>
Address	LAHEY CLINIC MEDICAL CENTER, 41 MALL RDBURLINGTON, MA, 01805
Specialty	IM
Board Certified	IM
School and Year of Graduation	TUFTS UNIV SCH OF MED - BOSTON, MA USA 1996
Internship and Year	LAHEY CLINIC- BURLINGTON, MA 1997
Residency and Year	LAHEY CLINIC- BURLINGTON,MA 1999
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	4113
License Date	7/28/1967
Name	<b>JOHNSON, BRIAN L MD</b>
Address	6344 GROVE POINT DR SE, WINTER HAVEN, FL, 33884-2724
Specialty	OBG
Board Certified	
School and Year of Graduation	KING'S COLLEGE HOSPITAL - LONDON UNIV LONDON 1957
Internship and Year	WEST SUFFOLK GENERAL HOSPITAL - SUFFOLK, ENGLAND 1958
Residency and Year	GOVERNING BODY OF VICTORIA HOSPITAL - ENGLAND 1960
License Expiration Date	<b>6/30/1999</b>
Remarks	deceased 7/16/2010

License Number	8755
License Date	7/1/1992
Name	<b>JOHNSON, DAVID S MD</b>
Address	HITCHCOCK CLINIC CONCORD, 253 PLEASANT STCONCORD, NH, 03301
Specialty	IM
Board Certified	IM
School and Year of Graduation	GEORGETOWN UNIVERSITY USA 1984
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER HANOVER - NEW HAMPSHIRE 1985
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER HANOVER - NEW HAMPSHIRE 1987
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14554
License Date	8/5/2009
Name	<b>JOHNSON, E WILLIAM MD</b>
Address	ATLANTIC UROLOGY ASSOCIATES, 3 ALUMNI DR #204EXETER, NH, 03833
Specialty	U
Board Certified	U
School and Year of Graduation	JOHN A BURNS SCHOOL OF MEDICINE, UNIV OF HI USA 2003
Internship and Year	UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE - SEATTLE, WA 2006
Residency and Year	UNIVERSITY OF WASHINGTON - SEATTLE, WA 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11090
License Date	10/4/2000
Name	<b>JOHNSON, ELLEN D MD</b>
Address	L & M RADIOLOGY, PO BOX 615W ACTON, MA, 01720
Specialty	R
Board Certified	R
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1996
Internship and Year	NH DARTMOUTH FAMILY PRACTICE RESIDENCY - CONCORD, NH 1997
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6028
License Date	4/5/1979
Name	<b>JOHNSON, GLENN D MD</b>
Address	43 SCHOOL ST, HANOVER, NH, 03755
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	GEORGE WASHINGTON UNIV SCHOOL MEDICINE - DC USA 1975
Internship and Year	M S HERSHEY MEDICAL CENTER - HERSHEY, PA 1976
Residency and Year	M S HERSHEY MEDICAL CENTER - HERSHEY, PA 1979
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	9345
License Date	1/11/1995
Name	<b>JOHNSON, GREGORY K MD</b>
Address	288 GROVELAND ST, HAVERHILL, MA, 01830-
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	COLUMBIA UNIV COLLEGE OF PHYSICIANS & SURGEONS USA 1984
Internship and Year	STANFORD UNIVERSITY HOSPITAL - STANFORD CA 1985
Residency and Year	STANFORD UNIVERSITY HOSPITAL - STANFORD CA 1990
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8779
License Date	8/5/1992
Name	<b>JOHNSON, JEANNE M MD</b>
Address	BEDFORD WOMEN'S CARE ASSOC, 160 SOUTH RIVER RD STE 100BEDFORD, NH, 03110
Specialty	
Board Certified	OBG
School and Year of Graduation	STATE UNIVERSITY OF NEW YORK AT STONY BROOK USA 1988
Internship and Year	STRONG MEMORIAL HOSPITAL - UNIVERSITY OF ROCHESTER-ROCHESTER - NEW YORK 1992
Residency and Year	STRONG MEMORIAL HOSPITAL - UNIVERSITY OF ROCHESTER - ROCHESTER, NY 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10082
License Date	8/6/1997
Name	<b>JOHNSON, JEFFREY J MD</b>
Address	WEEKS MEMORIAL HOSPITAL, MIDDLE ST RR 1 BOX 8LANCASTER, NH, 03584
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV DI ROMA LA SAPIENZA FAC DI MED E CHIRURGIA RO ITALY 1983
Internship and Year	NEW BRITAIN GENERAL HOSPITAL - CT 1984
Residency and Year	UNIV OF CONNECTICUT SCHOOL OF MEDICINE - CT 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13402
License Date	2/7/2007
Name	<b>JOHNSON, JEFFREY R MD</b>
Address	SUNY BUFFALO, 219 BRYANT STBUFFALO, NY, 14222
Specialty	MFM
Board Certified	MFM
School and Year of Graduation	BOSTON UNIV USA 1993
Internship and Year	BOSTON UNIV MEDICAL CENTER-BOSTON, MA 1995
Residency and Year	BOSTON UNIV MEDICAL CENTER-BOSTON, MA 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7841
License Date	5/4/1988
Name	<b>JOHNSON, KENNETH A MD</b>
Address	, , ,
Specialty	ORS
Board Certified	
School and Year of Graduation	BOSTON UNIVERSITY - BOSTON, MA USA 1983
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1992</b>
Remarks	

License Number 10621  
 License Date 7/7/1999  
 Name **JOHNSON, KRISTA M MD**  
 Address SJ FAMILY MED CTR, 387 E DUNSTABLE RD STE 1 NASHUA, NH, 03062  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation MCGILL UNIV OF MED -MONTREAL QUEBEC CANADA 1997  
 Internship and Year MCGILL UNIV MEDICAL CTR - MONTREAL QUEBEC, CANADA 1998  
 Residency and Year MCGILL UNIV MEDICAL CTR - MONTREAL QUEBEC, CANADA 1999  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 16113  
 License Date 5/1/2013  
 Name **JOHNSON, MATTHEW T MD**  
 Address 17 RIVERSIDE ST, STE 201 NASHUA, NH, 03062  
 Specialty U  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF IOWA CARVER COLLEGE OF MED USA` 2008  
 Internship and Year LOYOLA UNIVERSITY MEDICAL CENTER - MAYWOOD, IL 2009  
 Residency and Year OHIO STATE UNIVERSITY - COLUMBUS, OH 2013  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15709  
 License Date 6/6/2012  
 Name **JOHNSON, MELISSA R MD**  
 Address VIRTUAL RADIOLOGY, 11995 SINGLETREE LN STE 500 EDEN PRAIRIE, MN, 55344  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation EASTERN VIRGINIA MEDICAL SCHOOL USA 2001  
 Internship and Year CHRISTIANA CARE HEALTH SYSTEM - NEWARK, DE 2002  
 Residency and Year CHRISTIANA CARE HEALTH SYSTEM - NEWARK, DE 2006  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 8819  
 License Date 10/7/1992  
 Name **JOHNSON, NANCY E MD**  
 Address DARTMOUTH HITCHCOCK CLINIC, 580 COURT ST KEENE, NH, 03431  
 Specialty PM  
 Board Certified PM  
 School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 1984  
 Internship and Year NEW ENGLAND MEDICAL CENTER HOSPITALS BOSTON - MASSACHUSETTS 1985  
 Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITALS BOSTON - MASSACHUSETTS 1987  
 License Expiration Date **6/30/2016**  
 Remarks **LAPSED FOR NON-RENEWAL 6/30/03..REINSTATED ON 7/9/08**

License Number	17266
License Date	9/2/2015
Name	<b>JOHNSON, NATHANIEL T MD</b>
Address	4500 N LEWIS AVE, SIOUX FALLS, SD, 57104
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF SOUTH DAKOTA SCHOOL OF MEDICINE- SD USA 2006
Internship and Year	MSU/KALAMAZOO CENTER FOR MEDICAL STUDIES- KALAMAZOO, MI 2007
Residency and Year	MSU/KALAMAZOO CENTER FOR MEDICAL STUDIES- KALAMAZOO, MI 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11538
License Date	3/6/2002
Name	<b>JOHNSON, REBECCA L MD</b>
Address	SPEC PROG UNIT VA HOSPITAL, 215 N MAIN STWHITE RIVER JUNCTION, VT, 05009
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF CINCINNATI - CINCINNATI, OH USA 1988
Internship and Year	UNIV OF CONNECTICUT HLTH CENTER - FARMINGTON, CT 1989
Residency and Year	UNIV OF CONNECTICUT HLTH CENTER - FARMINGTON, CT 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14588
License Date	9/2/2009
Name	<b>JOHNSON, REIKO K MD</b>
Address	SKY HAVEN CLINIC, 235 ROCHESTER HILL ROADROCHESTER, NH, 03867
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF HAWAII - HONOLULU, HI USA 2003
Internship and Year	UNIVERSITY OF WASHINGTON -SEATTLE, WA 2004
Residency and Year	UNIVERSITY OF WASHINGTON -SEATTLE, WA 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4703
License Date	6/12/1972
Name	<b>JOHNSON, RICHARD E MD</b>
Address	DARTMOUTH-HITCHCOCK NASHUA, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty	
Board Certified	GS
School and Year of Graduation	UNIV OF COLORADO - DENVER,CO USA 1971
Internship and Year	MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1972
Residency and Year	MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1972
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5779
License Date	7/7/1977
Name	<b>JOHNSON, ROBERT M MD</b>
Address	COMMUNITY MED ASSOC, 60 COMMERCIAL ST STE 401CONCORD, NH, 03301-7529
Specialty	IM
Board Certified	IM
School and Year of Graduation	JEFFERSON MED COLLOGE OF THOMAS JEFFERSON UNIV USA 1974
Internship and Year	HARTFORD HOSPITAL HARTFORD 1975
Residency and Year	HARTFORD HOSPITAL HARTFORD 1977
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	15224
License Date	5/4/2011
Name	<b>JOHNSON, RYAN C MD</b>
Address	DOVER PEDIATRICS, 17 OLD ROLLINSFORD ROAD SUITE 5DOVER, NH, 03820
Specialty	PD
Board Certified	PD
School and Year of Graduation	WAKE FOREST UNIVERSITY USA 2008
Internship and Year	CHILDREN'S HOSPITAL @ DARTMOUTH - LEBANON, NH 2009
Residency and Year	CHILDREN'S HOSPITAL @ DARTMOUTH - LEBANON, NH 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12134
License Date	11/5/2003
Name	<b>JOHNSON, SANDRA M MD</b>
Address	UVA EYES, PO BOX 800715CHARLOTTESVILLE, VA, 22908
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	BOSTON UNIVERSITY, BOSTON MA US 1989
Internship and Year	ST ELIZABETHS MED CTR, BOSTON MA 1990
Residency and Year	U OF SOUTH CAROLINA, COLUMBIA SC 1994
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	16228
License Date	7/3/2013
Name	<b>JOHNSON, SHAWN M MD</b>
Address	SUMMIT RADIOLOGY, PO BOX 80070FORT WAYNE, IN, 46898-0070
Specialty	DR
Board Certified	DR
School and Year of Graduation	INDIANA UNIVERSITY SCHOOL OF MEDICINE USA 2001
Internship and Year	BALL MEMORIAL HOSPITAL - MUNCIE, IN 2002
Residency and Year	MEDICAL COLLEGE OF WISCONSIN - MILWAUKEE, WI 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11757
License Date	10/2/2002
Name	<b>JOHNSON, STEVEN A DO</b>
Address	MEMORIAL HOSPITAL, WHITE MTN HWY PO BOX 5001NORTH CONWAY, NH, 03860
Specialty	IM
Board Certified	IM
School and Year of Graduation	PHILADELPHIA COLLEGE, PHILADELPHIA PA USA 1997
Internship and Year	PHILADELPHIA COLLEGE, PHILADELPHIA PA 1998
Residency and Year	FRANKFORD HOSPITAL, PHILADELPHIA PA 2002
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	17064
License Date	5/6/2015
Name	<b>JOHNSON, STEVEN E MD</b>
Address	HEAD & NECK SPECIALTY GRP OF NH, 361 HIGH STSOMERSWORTH, NH, 03878-1407
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	UNIVERSITY OF COLORADO SCHOOL OF MEDICINE USA 1997
Internship and Year	SUNY UPSTATE MEDICAL UNIVERSITY - SYRACUSE, NY 1998
Residency and Year	SUNY UPSTATE MEDICAL UNIVERSITY - SYRACUSE, NY 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16278
License Date	8/7/2013
Name	<b>JOHNSON, TATUM S MD</b>
Address	PO BOX 103, NO THETFORD, VT, 05054
Specialty	DR
Board Certified	DR
School and Year of Graduation	LOUISIANA STATE UNIVERSITY USA 2000
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2001
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12135
License Date	11/5/2003
Name	<b>JOHNSON, THOMAS B MD</b>
Address	DARTMOUTH HITCHCOCK CLINIC, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty	PD
Board Certified	PDC
School and Year of Graduation	UNIVERSITY OF MD, BALTIMORE MD US 1985
Internship and Year	ALBERT EINSTEIN MED CTR, PHILADELPHIA PA 1986
Residency and Year	ALBERT EINSTEIN MED CTR, PHILADELPHIA PA 1990
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5844
License Date	12/5/1977
Name	<b>JOHNSON, THOMAS F MD</b>
Address	555 TURNPIKE ST, N ANDOVER, MA, 01845-5923
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF TORONTO FACULTY OF MEDICINE - TORONTO USA 1966
Internship and Year	ST VINCENT HOSPITAL - WORCESTER, MA 1967
Residency and Year	BUFFALO GENERAL HOSPITAL - BUFFALO, NY 1975
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15413
License Date	10/5/2011
Name	<b>JOHNSON, WILLARD C MD</b>
Address	VA HOSPITAL, 49 PETERSON RDHONOLULU, HI, 96819
Specialty	GS
Board Certified	GS
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF OF MEDICINE USA 1964
Internship and Year	PHILADELPHIA GENERAL HOSPITAL - PHILADELPHIA, PA 1965
Residency and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 1970
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10469
License Date	12/2/1998
Name	<b>JOHNSON, WILLIAM L MD</b>
Address	PRINCE EDWARD SQUAREMALL, 289 UNION ST ST JOHN CANADANEW BRUNSWICK, , E2H 2K6
Specialty	FP
Board Certified	FP
School and Year of Graduation	DALHOUSIE UNIV FACULTY OF MED - NOVA SCOTIA CANADA 1963
Internship and Year	DALHOUSIE UNIV/VICTORIA GENERAL HOSPITAL - NOVA SCOTIA, CANADA 1963
Residency and Year	DALHOUSIE UNIV /VICTORIA GENERAL HOSPITAL - NOVA SCOTIA, CANADA 1963
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	8768
License Date	7/1/1992
Name	<b>JOHNSTON, EMERY J MD</b>
Address	ELLIOT HOSP, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF UTAH SCHOOL OF MEDICINE USA 1990
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER                      LEBANON - NEW HAMPSHIRE 1991
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER                      LEBANON - NEW HAMPSHIRE 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	14733
License Date	2/3/2010
Name	<b>JOHNSTON, JAMES G MD</b>
Address	DHMC-DEPT FAMILY MEDICINE, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF NORTH CAROLINA USA 1988
Internship and Year	MAINE DARTMOUTH FAMILY PRACTICE RESIDENCY - AUGUSTA, ME 1989
Residency and Year	MAINE DARTMOUTH FAMILY PRACTICE RESIDENCY - AUGUSTA, ME 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6934
License Date	7/23/1984
Name	<b>JOHNSTON, JAMES R MD</b>
Address	SALEM RADIOLOGY, 31 STILES RDSALEM, NH, 03079-2859
Specialty	R
Board Certified	DR
School and Year of Graduation	DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH USA 1979
Internship and Year	UNIV UTAH MED CTR-SALT LAKE CITY,UT 1980
Residency and Year	UNIV UTAH MED CTR- SALT LAKE CITY,UT 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16515
License Date	3/5/2014
Name	<b>JOHNSTON, JULIE A MD</b>
Address	JOAN G LOVERING HEALTH CENTER, PO BOX 456, 559 PORTSMOUTH AVEGREENLAND, NH, 03840-
Specialty	FP
Board Certified	FP
School and Year of Graduation	THE WARREN ALPERT MEDICAL SCHOOL OF BROWN UNIV USA 2004
Internship and Year	GREATER LAWRENCE FAMILY HEALTH CENTER - LAWRENCE, MA 2005
Residency and Year	GREATER LAWRENCE FAMILY HEALTH CENTER - LAWRENCE, MA 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9868
License Date	11/6/1996
Name	<b>JOHNSTON, MARK E MD</b>
Address	NEBRASKA LASER EYE ASSOC, 4909 S 118TH STOMAHA, NE, 68137
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	DALHOUSIE UNIV FAC OF MEDICINE HALIFAX NS CANADA 1980
Internship and Year	THE TORONTO WESTERN HOSPITAL - CANADA 1983
Residency and Year	THE TORONTO WESTERN HOSPITAL - CANADA 1983
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	6925
License Date	7/5/1984
Name	<b>JOHNSTON, MARK R MD</b>
Address	, , ,
Specialty	FP
Board Certified	
School and Year of Graduation	NORTHWESTERN UNIVERSITY ILLINOIS USA 1980
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1997</b>
Remarks	

License Number	2385
License Date	1/2/1945
Name	<b>JOHNSTON, WILLIAM L DO</b>
Address	MSU-COM DEPT FAM MED, 216 W FEE LANSING, MI, 48824'
Specialty	OS
Board Certified	OS
School and Year of Graduation	CHICAGO COLLEGE OF OSTEOPATHY USA 1943
Internship and Year	MASSACHUSETTS OSTEOPATHIC HOSPITAL - BOSTON, MA 1944
Residency and Year	MASSACHUSETTS OSTEOPATHIC HOSPITAL - BOSTON, MA 1944
License Expiration Date	<b>6/30/1998</b>
Remarks	Deceased 6/10/2003

License Number	12427
License Date	8/4/2004
Name	<b>JOHNSTONE, DAVID W MD</b>
Address	DHMC- CARDIOTHORACIC SURGERY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	TS
Board Certified	TS
School and Year of Graduation	NORTHWESTERN UNIVERSITY, CHICAGO IL US 1984
Internship and Year	NY & PRESBYTERIAN HOSP, NEW YORK NY 1985
Residency and Year	NY & PRESBYTERIAN HOSP, NEW YORK NY 1989
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	15304
License Date	7/6/2011
Name	<b>JOKONYA, CHIEDZA G MD</b>
Address	SOUTH BERWICK FAMILY PRACTICE, 31 COLCORD STREET SOUTH BERWICK, ME, 03908
Specialty	FP
Board Certified	FP
School and Year of Graduation	ADDIS ABABA UNIVERISTY ETHIOPIA 1989
Internship and Year	MAINE-DARTMOUTH FAMILY MEDICINE RESIDENCY - AUGUSTA, ME 2004
Residency and Year	MAINE-DARTMOUTH FAMILY MEDICINE RESIDENCY - AUGUSTA, ME 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7318
License Date	5/8/1986
Name	<b>JONAKIN, WILLIAM L MD</b>
Address	, , ,
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF ALABAMA USA 1979
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1990</b>
Remarks	

License Number	6346
License Date	3/5/1981
Name	<b>JONAS, JEFFREY M MD</b>
Address	725 CHESTERBROOK BLVD, WAYNE, PA, 19087
Specialty	P
Board Certified	P
School and Year of Graduation	HARVARD MED SCH-BOSTON,MA USA 1979
Internship and Year	MC LEAN HOSP-BELMONT,MA 1980
Residency and Year	MC LEAN HOSPITAL - BELMONT, MA 1980
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	15710
License Date	6/6/2012
Name	<b>JONES, ANDREW G MD</b>
Address	DEPT OF FAMILY & PREVENTIVE MED - UNIV SC, 3209 COLONIAL DRCOLUMBIA, SC, 29203
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL USA 2008
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2009
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16716
License Date	8/6/2014
Name	<b>JONES, ANGELA L DO</b>
Address	231 SPECTRUM AVE UNIT 331, GAITHERSBURG, MD, 20879
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF PIKEVILLE-KENTUCKY COLLEGE OF OSTEOP USA 2005
Internship and Year	PONTIAC OSTEOPATHIC HOSPITAL MEDICAL CENTER - PONTIAC, MI 2006
Residency and Year	ST JOSEPH MERCY HEALTH SYSTEM - PONTIAC, MI 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15580
License Date	3/7/2012
Name	<b>JONES, ANNE C DO</b>
Address	VA MEDICAL CENTER, 215 N MAIN STWRJ, VT, 05009
Specialty	FP
Board Certified	
School and Year of Graduation	UNIVERSITY OF MEDICINE & DENTISTRY OF NJ USA 2008
Internship and Year	MAINE-DARTMOUTH FAMILY MEDICINE RESIDENCY - AUGUSTA, ME 2009
Residency and Year	MAINE-DARTMOUTH FAMILY MEDICINE RESIDENCY - AUGUSTA, ME 2011
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	11539
License Date	3/6/2002
Name	<b>JONES, BLAKE A MD</b>
Address	RAPID CITY MEDICAL CENTER, 2820 MT. RUSHMORE RDRAPID CITY, SD, 57701
Specialty	GE
Board Certified	GE
School and Year of Graduation	UNIV OF TORONTO - TORONTO, ONTARIO CANADA 1990
Internship and Year	UNIV OF TORONTO - TORONTO ONTARIO, CANADA 1991
Residency and Year	MAYO GRADUATE SCH - ROCHESTER, MN 1004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7166
License Date	7/17/1985
Name	<b>JONES, CAMILLA D MD</b>
Address	450 US ROUTE 3, HOLDERNESS, NH, 03245
Specialty	PD
Board Certified	
School and Year of Graduation	MED COLL OF PA-PHILADELPHIA,PA USA 1962
Internship and Year	LONG ISLAND COLL HOSP-BROOKLYN NY 1963
Residency and Year	LONG ISLAND COLL -BROOKLYN,NY 1965
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14076
License Date	7/9/2008
Name	<b>JONES, CLAYTON T MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	OHIO STATE UNIV USA 2005
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15349
License Date	8/3/2011
Name	<b>JONES, COURTNEY B MD</b>
Address	CONCORD OB/GYN, 189 NORTH MAIN STCONCORD, NH, 03301
Specialty	OBG
Board Certified	
School and Year of Graduation	MICHIGAN STATE UNIVERSITY 2007 2007
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14842
License Date	5/5/2010
Name	<b>JONES, DANIEL F MD</b>
Address	UPPER VALLEY PATHOLOGY, PLLC, 243 ELM STCLAREMONT, NH, 03743
Specialty	PTH
Board Certified	
School and Year of Graduation	UNIVERSITY OF VERMONT USA 2002
Internship and Year	THOMAS JEFFERSON UNIVERSITY HOSPITAL - PHILADELPHIA, PA 2003
Residency and Year	WESTERN RESERVE CARE SYSTEM - YOUNGSTOWN, OH 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10996
License Date	7/5/2000
Name	<b>JONES, DAVID P DO</b>
Address	216 VAUGHN ST, PORTLAND, ME, 04102
Specialty	P
Board Certified	
School and Year of Graduation	UNIV OF NEW ENGLAND COLL OF OSTEO - BIDDEFORD, ME USA 1996
Internship and Year	BOSTON UNIV MEDICAL CENTER - BOSTON,MA 1997
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1999
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	3556
License Date	10/3/1962
Name	<b>JONES, ELLYN P MD</b>
Address	1384 MERIDIAN RD, VICTOR, MT, 59875
Specialty	PD
Board Certified	PD
School and Year of Graduation	COLUMBIA UNIV COLLEGE OF PHYSICIANS - NEW YORK, NY USA 1959
Internship and Year	UNIV HOSPITAL - COLUMBIA, OH 1960
Residency and Year	BABIES HOSPITAL - NEW YORK, NY 1963
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number 14555  
 License Date 8/5/2009  
 Name **JONES, EMILY M MD**  
 Address 253 PLEASANT ST, CONCORD, NH, 03301  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF MASSACHUSETTS USA 2005  
 Internship and Year FAIRFAX FAMILY PRACTICE CENTER - FAIRFAX, VA 2006  
 Residency and Year FAIRFAX FAMILY PRACTICE CENTER - FAIRFAX, VA 2008  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15579  
 License Date 3/7/2012  
 Name **JONES, FREDERICK N MD**  
 Address CENTRAL NH ER ASSOC, 80 HIGHLAND STLA CONIA, NH, 03246  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1997  
 Internship and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 1998  
 Residency and Year BOSTON MEDICAL CENTER - BOSTON, MA 2001  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 6531  
 License Date 5/6/1982  
 Name **JONES, GARY S MD**  
 Address 50 THAYER POND RD, CONCORD, NH, 03301  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation UNIV OF MICHIGAN MED SCH-ANN ARBOR USA 1975  
 Internship and Year MED CTR HOSPITAL-BURLINGTON,VT 1976  
 Residency and Year MED CTR HOSPITAL-BURLINGTON,VT 1979  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 6262  
 License Date 8/7/1980  
 Name **JONES, HARVEY R MD**  
 Address LAHEY CLINIC MEDICAL CTR, 41 MALL RDBURLINGTON, MA, 01805-0001  
 Specialty N  
 Board Certified N  
 School and Year of Graduation NORTHWESTERN UNIV MEDICAL SCHOOL - CHICAGO, IL USA 1962  
 Internship and Year PHILA GENERAL HOSPITAL - PHILA, PA 1963  
 Residency and Year MAYO GRAD SCHOOL OF MEDICINE - ROCHESTER, MN 1972  
 License Expiration Date **6/30/2008**  
 Remarks **Deceased 6/4/13**

License Number	13544
License Date	6/6/2007
Name	<b>JONES, JENNIFER L MD</b>
Address	CORE PHYSICIANS LLC - EXETER REGIONAL HEALTH CTR, 212 CALEF HIGHWAYEPPING, NH, 03042
Specialty	PD
Board Certified	PD
School and Year of Graduation	YALE UNIV USA 2004
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10558
License Date	5/5/1999
Name	<b>JONES, JENNIFER T DO</b>
Address	100 HITCHCOCK WAY, MANCHESTER, NH, 03104
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF OSTEOPATHIC MED - DES MOINES, IA USA 1995
Internship and Year	NYCOM/SISTERS OF CHARITY HOSP - BUFFALO, NY 1996
Residency and Year	MILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14346
License Date	3/4/2009
Name	<b>JONES, JONATHAN D MD</b>
Address	DHMC/DEPT OF RHEUMATOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF UTAH USA 2002
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2003
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10334
License Date	7/1/1998
Name	<b>JONES, MATTHEW S MD</b>
Address	240 SOUTH MAIN ST, WOLFEBORO, NH, 03894
Specialty	GS
Board Certified	GS
School and Year of Graduation	EASTERN VIRGINIA MED SCH - NORFOLK, VA USA 1993
Internship and Year	BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1994
Residency and Year	BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1995
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	9926
License Date	2/5/1997
Name	<b>JONES, MICHAEL A MD</b>
Address	MAINE MEDICAL CTR - PATHOLOGY, 22 BRAMHALL STPORTLAND, ME, 04101
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF CINCINNATI COLL OF MED CINCINNATI,OH USA 1983
Internship and Year	MEDICAN CENTER HOSPITAL OF VERMONT - VT 1984
Residency and Year	YALE NEW HAVEN CHILDREN CENTER - CT 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11250
License Date	5/2/2001
Name	<b>JONES, MICHAEL W MD</b>
Address	ANTHEM, 300 GOFFS FALL RDMANCHESTER, NH, 03111
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF MANCHESTER UNITED KINGDOM 1992
Internship and Year	UNIVERSITY OF MASSACHUSETTS - FITCHBURG MA 2000
Residency and Year	UNIVERSITY OF MASSACHUSETTS - FITCHBURG MA 2001
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	11321
License Date	7/11/2001
Name	<b>JONES, PAMELA L MD</b>
Address	ASSOCIATES IN ORTHOPAEDICS, 288 GROVELAND STHAVERHILL, MA, 01830
Specialty	HSO
Board Certified	ORS
School and Year of Graduation	UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1995
Internship and Year	UNIVERSITY OF VERMONT-FLETCHER ALLEN HEALTH CENTER BURLINGTON VT 1996
Residency and Year	UNIVERSITY OF VERMONT DEPT OF ORTHO BURLINGTON VT 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15350
License Date	8/3/2011
Name	<b>JONES, REBECCA K MD</b>
Address	272 GRUBB RD, POTTSTOWN, PA, 19465
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE USA 1991
Internship and Year	READING HOSPITAL & MEDICAL CENTER - READING, PA 1992
Residency and Year	READING HOSPITAL & MEDICAL CENTER - READING, PA 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number	9808
License Date	8/7/1996
Name	<b>JONES, REBECCA M MD</b>
Address	138 ELLIOTST, STE 1BRATTLEBORO, VT, 05301
Specialty	D
Board Certified	D
School and Year of Graduation	UNIV OF MA MED SCH - WORCHESTER, MA USA 1992
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1993
Residency and Year	MARY-HITCHCOCK MEMORIAL HOSPITAL - LEBANON, NH 1996
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	6816
License Date	11/10/1983
Name	<b>JONES, RUSSELL C MD</b>
Address	PO BOX 2573, EUGENE, OR, 97402
Specialty	FP
Board Certified	FP
School and Year of Graduation	JEFFERSON MED COLL OF THOMAS JEFFERSON-PA USA 1977
Internship and Year	MEMORIAL HOSPITAL - PAWTUCKET, RI 1980
Residency and Year	MEMORIAL HOSPITAL-PAWTUCKET,RI 1980
License Expiration Date	<b>6/30/2017</b>
Remarks	Lapsed for non-renewal 6/30/15 - Renewed 7/22/15.

License Number	4659
License Date	2/16/1971
Name	<b>JONES, SAMUEL B DO</b>
Address	234 HOWEVILLE RD, FITZWILLIAM, NH, 03447
Specialty	FP
Board Certified	
School and Year of Graduation	PHILADELPHIA COLLEGE OF OSTEOPATHY USA 1936
Internship and Year	MARIETTA OSTEOPATHIC HOSPITAL - MARIETTA, OH 1937
Residency and Year	MASS OSTEOPATHIC HOSPITAL - BOSTON, MA 1938
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	10559
License Date	5/5/1999
Name	<b>JONES, STEVEN C MD</b>
Address	LAMPREY HEALTH CARE, RTE 27RAYMOND, NH, 03077
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF CALIFORNIA - DAVIS, CA USA 1996
Internship and Year	UNIV OF MASS - WORCESTER, MA 1997
Residency and Year	UNIV OF MASS - WORCESTER, MA 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 12496  
 License Date 10/6/2004  
 Name **JONES, THOMAS B MD**  
 Address 411 WALNUT STREET 2766, GREEN COVE SPRINGS, FL, 32403  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIVERSITY OF TENNESSEE, MEMPHIS TN US 1971  
 Internship and Year UNIVERSITY OF TENNESSEE, MEMPHIS TN 1972  
 Residency and Year VANDERBILT UNIVERSITY, NASHVILLE TN 1979  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 3873  
 License Date 1/14/1966  
 Name **JONES, WARNER E MD**  
 Address SPRINGFIELD HOSPITAL, 25 RIDGEWOOD RDSRINGFIELD, VT, 05156-2003  
 Specialty IM  
 Board Certified  
 School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1961  
 Internship and Year ST VINCENT HOSPITAL - WORCESTER, MA 1962  
 Residency and Year ST VINCENT HOSPITAL - WORCESTER,MA 1966  
 License Expiration Date **6/30/2010**  
 Remarks **Deceased 10/11/10**

License Number 15107  
 License Date 1/5/2011  
 Name **JORDAAN, MARC R MD**  
 Address DR LEONIE SCHOLTZ & PARTNERS, RADIOLOGISTS, PO BOX 73400FAIRLAND, SA, 0076  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIVERSITY OF PRETORIA SOUTH AFRICA 2005  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16114  
 License Date 5/1/2013  
 Name **JORDAN, ALISTAIR C DO**  
 Address DHMC, 1 MED CTR DRLEBANON, NH, 03756  
 Specialty DR  
 Board Certified  
 School and Year of Graduation MIDWESTERN UNIVERSITY USA 2009  
 Internship and Year KALAMAZOO CENTER FOR MEDICAL STUDIES - KALAMAZOO, MI 2010  
 Residency and Year UNIVERSITY OF SOUTH ALABAMA MEDICAL CENTER - MOBILE, AL 2012  
 License Expiration Date **6/30/2015**  
 Remarks

License Number	11565
License Date	4/3/2002
Name	<b>JORDAN, RACHEL E MD</b>
Address	PARKLAND HOSPITAL, ONE PARKLAND DRDERRY, NH, 03038
Specialty	EM
Board Certified	EM
School and Year of Graduation	STATE UNIV OF NEW YORK - SYRACUSE, NY USA 1999
Internship and Year	UNIV HOSPITAL - SYRACUSE, NY 2000
Residency and Year	UNIV HOSPITAL - SYRACUSE, NY 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5183
License Date	6/10/1974
Name	<b>JORDAN, STEPHEN MD</b>
Address	273 COUNTY RD, NEW LONDON, NH, 03257
Specialty	IM
Board Certified	IM
School and Year of Graduation	TUFTS UNIV - MA USA 1970
Internship and Year	STATE UNIV OF NY HOSPITAL - BUFFALO, NY 1971
Residency and Year	STATE UNIV OF NY HOSPITAL - BUFFALO, NY 1974
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7086
License Date	5/2/1985
Name	<b>JORGENSEN, KEITH D MD</b>
Address	44 BIRCH ST STE 304, DERRY, NH, 03038-2752
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	RUSH MEDICAL COLLEGE-CHICAGO, IL USA 1980
Internship and Year	ST ELIZABETHS HOSPITAL-BOSTON, MA 1981
Residency and Year	VETERANS ADMIN MEDICAL CTR-BOSTON, MA 1984
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9363
License Date	2/1/1995
Name	<b>JORGENSEN, NATHAN H MD</b>
Address	WENTWORTH-DOUGLASS HOSPITAL, 789 CENTRAL AVEDOVER, NH, 03820-
Specialty	AN
Board Certified	PMD
School and Year of Graduation	UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCI USA 1984
Internship and Year	NAVAL MEDICAL CENTER - SAN DIEGO CA 1985
Residency and Year	NATIONAL NAVAL MEDICAL CENTER - BETHESDA MD 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7053
License Date	2/28/1985
Name	<b>JOSELOW, STEVE A MD</b>
Address	NORTHEAST DERMATOLOGY ASSOC, 401 ANDOVER ST STE 101NO ANDOVER, MA, 01845
Specialty	D
Board Certified	D
School and Year of Graduation	UNIV OF ROCHESTER SCHOOL OF MED NY USA 1979
Internship and Year	UNIVERSITY HOSPITAL SEATTLE WASH 1980
Residency and Year	UNIVERSITY HOSPITAL SEATTLE WASH 1982
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7122
License Date	6/6/1985
Name	<b>JOSELOW, WANE G MD</b>
Address	SOUTHERN NH RADIOLOGY, 703 RIVERWAY PLACEBEDFORD, NH, 03110
Specialty	DR
Board Certified	DR
School and Year of Graduation	SUNY AT STONY BROOK-STONY BROOK, NY USA 1984
Internship and Year	LENOX HILL HOSPITAL-NEW YORK, NY 1981
Residency and Year	LENOX HILL HOSPITAL-NEW YORK, NY 1984
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6252
License Date	7/8/1980
Name	<b>JOSEPH, DOUGLAS M MD</b>
Address	NH ORTHOPAEDIC CENTER, 17 RIVERSIDE ST STE 101NASHUA, NH, 03062-1358
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIV OF KENTUCKY COLL MED -LEXINGTON, KY USA 1974
Internship and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1975
Residency and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1979
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15029
License Date	10/6/2010
Name	<b>JOSEPH, ELIZABETH H DO</b>
Address	AUTUMN RECOVERY, PLLC, PO BOX 663, 73A COURT STKEENE, NH, 03431
Specialty	
Board Certified	
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND USA 2004
Internship and Year	EASTERN MAINE MEDICAL CENTER - BANGOR, ME 2005
Residency and Year	EASTERN MAINE MEDICAL CENTER - BANGOR, ME 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>lapsed 6/30/12 - reinstated 7/2/14</b>

License Number 14684  
 License Date 12/2/2009  
 Name **JOSEPH, MARY L MD**  
 Address EXETER HOSPITAL, 5 ALLUMINI DREXETER, NH, 03833  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF JAFFNA SRI LANKA 1998  
 Internship and Year CONEY ISLAND HOSPITAL - BROOKLYN, NY 2003  
 Residency and Year CONEY ISLAND HOSPITAL - BROOKLYN, NY 2005  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16547  
 License Date 4/2/2014  
 Name **JOSEPHS, JOHN D MD**  
 Address ACUTE CARE SURGERY, 330 BORTHWICK AVE #200PORTSMOUTH, NH, 03801  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation UNIVERSITY OF TX SOUTHWESTERN MEDICAL CTR USA 1990  
 Internship and Year UNIVERSITY OF TX SOUTHWESTERN MEDICAL SCHOOL - DALLAS, TX 1991  
 Residency and Year UNIVERSITY OF TX SOUTHWESTERN MEDICAL SCHOOL - DALLAS, TX 1995  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 5767  
 License Date 6/28/1977  
 Name **JOSEPHS, MARK MD**  
 Address 540 WASHINGTON RD, RYE, NH, 03870  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation JEFFERSON MEDICAL COLLEGE-PHILADELPHIA PA USA 1972  
 Internship and Year HEALTH HOSPITALS U OF PITTSBURGH-PITTSBURGH PA 1973  
 Residency and Year HEALTH HOSPITAL U OF PITTSBURGH- PA 1973  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 17170  
 License Date 7/1/2015  
 Name **JOSHI, ADITI U MD**  
 Address 77 W 24TH ST APT 18E, NEW YORK, NY, 10010  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIVERSITY OF ILLINOIS USA 2006  
 Internship and Year EARL K LONG MEDICAL CENTER - BATON ROUGE, LA 2007  
 Residency and Year THOMAS JEFFERSON UNIVERSITY HOSPITAL - PHILADELPHIA, PA 2009  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	10210
License Date	1/7/1998
Name	<b>JOSHI, GIRISH C MD</b>
Address	FAMILY PRACTICE OF SANFORD, 25 A JUNE STREET SUITE 119SANFORD, ME, 04073
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF SOUTHAMPTON - ENGLAND ENGLAND 1984
Internship and Year	MANOR HOSPITAL - WEST MIDLANDS 1987
Residency and Year	MANOR HOSPITAL - WEST MIDLANDS 1987
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15305
License Date	7/6/2011
Name	<b>JOSHI, SUCHARIT S MD</b>
Address	SEACOAST KIDNEY & HYPERTENSION, 875 GREENLAND RD C-10PORTSMOUTH, NH, 03801
Specialty	NEP
Board Certified	NEP
School and Year of Graduation	MT SINAI SCHOOL OF MEDICINE USA 2005
Internship and Year	UNIVERSITY OF MICHIGAN HOSPITALS - ANN ARBOR, MI 2006
Residency and Year	UNIVERSITY OF MICHIGAN HOSPITALS - ANN ARBOR, MI 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11851
License Date	3/5/2003
Name	<b>JOSLYN, MATTHEW I MD</b>
Address	55 SOUTH ST APT 4, CONCORD, NH, 03301
Specialty	FP
Board Certified	
School and Year of Graduation	UNIV OF KANSAS - KANSAS CITY, KS USA 1999
Internship and Year	NEW HAMPSHIRE DARTMOUTH FAMILY PRACTICE RESIDENCY - CONCORD, NH 2000
Residency and Year	NEW HAMPSHIRE DARTMOUTH FAMILY PRACTICE RESIDENCY - CONCORD, NH 2002
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	13249
License Date	9/6/2006
Name	<b>JOSPITRE, JOSEPH-MARIE L MD</b>
Address	COOS COUNTY FAMILY HEALTH SER, 133 PLEASANT STBERLIN, NH, 03570-2006
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV D'ETAT D'HAITI HAITI 1991
Internship and Year	CARNEY HOSPITAL-DORCHESTER MA 2002
Residency and Year	CARNEY HOSPITAL-DORCHESTER MA 2004
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	11961
License Date	6/4/2003
Name	<b>JOVENTINO, LILIAN P MD</b>
Address	WENTWORTH-DOUGLASS PHYS CORP, 19 OLD ROLLINSFORD RD DOVER, NH, 03820
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIVERSITY OF CHICAGO PRITZKER - CHICAGO IL USA 1996
Internship and Year	HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA - PHILADELPHIA PA 1997
Residency and Year	HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA - PHILADELPHIA PA 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>lapsed 6/30/07 - reinstated 2/1/12</b>

License Number	14077
License Date	7/9/2008
Name	<b>JOYCE, ANN M MD</b>
Address	LAHEY CLINIC, 41 MALL RD BURLINGTON, MA, 01805
Specialty	GE
Board Certified	GE
School and Year of Graduation	UNIV OF IRELAND IRELAND 1997
Internship and Year	LAHEY CLINIC - BURLINGTON, MA 1999
Residency and Year	LAHEY CLINIC - BURLINGTON, MA 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10317
License Date	6/3/1998
Name	<b>JOYCE, ELLEN M MD</b>
Address	DARTMOUTH HITCHCOCK MEDICAL CENTER, ONE MEDICAL CENTER DRIVE LEBANON, NH, 03756
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	HAHNEMANN UNIV SCH OF MED - PHILIA, PA USA 1988
Internship and Year	LEHIGH VALLEY HOSP - PA 1989
Residency and Year	LEHIGH VALLEY HOSP - PA 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15443
License Date	11/2/2011
Name	<b>JOYCE, KATHLEEN M MD</b>
Address	ADRIENNE SANDLAND, 526 MAIN ST ACTON, MA, 01720
Specialty	D
Board Certified	D
School and Year of Graduation	UNIVERSITY OF VIRGINIA SCHOOL OF MEDICINE USA 2000
Internship and Year	MALCOLM GROW MEDICAL CENTER - ANDREWS AFB, MD 2001
Residency and Year	WILFORD HALL MED CENTER-LACKLAND AFB, TX 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8165
License Date	7/12/1989
Name	<b>JOYCE, MARY K MD</b>
Address	MT ASCUTNEY PHYS PRACTICE, 289 COUNTY RDWINDSOR, VT, 05089
Specialty	FP
Board Certified	FP
School and Year of Graduation	LOYOLA UNIV OF CHICAGO STRITCH SCH OF MED USA 1982
Internship and Year	COOK COUNTY HOSP-CHICAGO,IL 1983
Residency and Year	COOK COUNTY HOSP-CHICAGO,IL 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15923
License Date	11/7/2012
Name	<b>JOYCE, RYAN R MD</b>
Address	FRISBIE MEMORIAL HOSP - N AMERICAN PRTS ANESTHESIA, 11 WHITEHALL RDROCHESTER, NH, 03
Specialty	AN
Board Certified	AN
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2008
Internship and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2009
Residency and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10394
License Date	9/2/1998
Name	<b>JUDD, BROOKE G MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03755
Specialty	IM
Board Certified	CCM
School and Year of Graduation	FINCH UNIV HLTH SCI CHICAGO MED SCH - IL USA 1994
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1995
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8901
License Date	3/3/1993
Name	<b>JUDD, DON R MD</b>
Address	454 OLD ST RD #206, PETERBOROUGH, NH, 03458-
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIVERSITY OF MICHIGAN MEDICAL SCHOOL USA 1966
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - HANOVER NH 1967
Residency and Year	UNIVERSITY OF MICHIGAN HOSPITAL - ANN ARBOR MI 1973
License Expiration Date	<b>6/30/1998</b>
Remarks	



License Number	10997
License Date	7/5/2000
Name	<b>JUDELSON, ANDREW L MD</b>
Address	REHAB HOSPITAL OF THE CAPE, 311 SERVICE ROADEAST SANDWICH, MA, 02537
Specialty	PM
Board Certified	
School and Year of Graduation	UNIV OF CONN SCH OF MED - FARMINGTON, CT USA 1996
Internship and Year	UNIV OF CONN SCH OF MED - FARMINGTON, CT 1997
Residency and Year	SPAULDING REHAB HOSP - BOSTON, MA 1999
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	LT760
License Date	6/7/1993
Name	<b>JUDEN JR, ALEXANDER G MD</b>
Address	, , ,
Specialty	OBG
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>8/13/1993</b>
Remarks	

License Number	15697
License Date	6/6/2012
Name	<b>JUDKINS, ALLISON J MD</b>
Address	DHMC - PEDIATRICS, ONE MED CTR DRLEBANON, NH, 03756
Specialty	
Board Certified	
School and Year of Graduation	UNIVERSITY OF MISSOURI- KANSAS CITY SCHOOL OF MED USA 2009
Internship and Year	PRIMARY CHILDRENS MEDICAL CENTER - SALT LAKE CITY, UT 2010
Residency and Year	PRIMARY CHILDRENS MEDICAL CENTER - SALT LAKE CITY, UT 2012
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	12996
License Date	2/1/2006
Name	<b>JUDKINS, JENNIFER H MD</b>
Address	UPPER VALLEY NEUROLOGY, 106 HANOVER STLEBANON, NH, 03766
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	UNIVERSITY OF OHIO, TOLEDO OH US 1992
Internship and Year	UNIVERSITY OF VERMONT, BURLINGTON VT 1993
Residency and Year	FLETCHER ALLEN HEALTH CARE, BURLINGTON VT 1994
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	16415
License Date	12/4/2013
Name	<b>JUDSON, KARA MD</b>
Address	QUEST DIAGNOSTICS, 3 STERLING DRWALLINGFORD, CT, 06492
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	GEORGE WASHINGTON UNIVERSITY SCHOOL OF MEDICINE USA 1999
Internship and Year	JOHNS HOPKINS HOSPITALS-JOHNS HOPKINS UNIVERSITY - BALTIMORE, MD 2003
Residency and Year	JOHNS HOPKINS HOSPITALS-JOHNS HOPKINS UNIVERSITY - BALTIMORE, MD 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16369
License Date	11/6/2013
Name	<b>JUDSON, PATRICK H MD</b>
Address	AUGUSTA HEALTH & MEDICAL CENTER, 78 MEDICAL CENTER DRFISHERVILLE, VA, 22939
Specialty	ON
Board Certified	ON
School and Year of Graduation	GEORGE WASHINGTON UNIVERSITY SCHOOL OF MEDICINE USA 1980
Internship and Year	TRIPLER ARMY MEDICAL CENTER - TRIPLER AMC, HI 1981
Residency and Year	TRIPLER ARMY MEDICAL CENTER - TRIPLER AMC, HI 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13499
License Date	5/9/2007
Name	<b>JUHL, ELLEN L MD</b>
Address	DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	UNIV OF WASHINGTON USA 2004
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER-LEBANON, NH 2005
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER-LEBANON, NH 2006
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	5161
License Date	4/16/1974
Name	<b>JUKES, MICHAEL A MD</b>
Address	TOGAS VA MED CTR, 1 WA CENTERAUGUSTA, ME, 04330
Specialty	FP
Board Certified	
School and Year of Graduation	UNIV COLLEGE HOSPITAL LONDON 1967
Internship and Year	HAROLD WOOD HOSPITAL - LONDON 1968
Residency and Year	PRINCESS MARGARET HOSPITAL - NASSAU, BAHAMAS 1969
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 5543  
 License Date 7/1/1976  
 Name **JULIAN, WILLIAM A MD**  
 Address , , ,  
 Specialty U  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF KENTUCKY USA 1969  
 Internship and Year  
 Residency and Year  
 License Expiration Date **4/1/1991**  
 Remarks

License Number 13209  
 License Date 8/2/2006  
 Name **JULIEN, PAUL M MD**  
 Address 637 UNION ST, PO BOX 808NEWPORT, VT, 05855  
 Specialty OTO  
 Board Certified OTO  
 School and Year of Graduation UNIV OF MONTREAL CANADA 1973  
 Internship and Year UNIV OF MONTREAL- MONTREAL, QUEBEC CANADA 1974  
 Residency and Year UNIV OF MONTREAL-MONTREAL, QUEBEC CANADA 1977  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 14800  
 License Date 4/7/2010  
 Name **JUMPER, CULLEN M MD**  
 Address ATLANTIC UROLOGY ASSOCIATES, 3 ALUMNI DR STE 204EXETER, NH, 03833  
 Specialty U  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF CONNECTICUT USA 2007  
 Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008  
 Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13103  
 License Date 6/7/2006  
 Name **JUNKER, CAESAR A MD**  
 Address 1075 W PERIMETER RD (89TH MDG), ANDREWS AFB, MD, 20331  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIFORMED SERVICES UNIV USA 1991  
 Internship and Year MALCOLM GROW MEDICAL CTR-ANDREWS AFB, MD 1992  
 Residency and Year MALCOLM GROW MEDICAL CTR-ANDREWS AFB, MD 1994  
 License Expiration Date **6/30/2010**  
 Remarks

License Number	11172
License Date	2/7/2001
Name	<b>JURADO, MIGUEL A MD</b>
Address	QUEEN CITY MED ASSOC, 769 S MAIN ST 3RD FL MANCHESTER, NH, 03102
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF SO FLORIDA COLL OF MED - TAMPA, FL USA 1993
Internship and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1994
Residency and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1995
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	8414
License Date	8/8/1990
Name	<b>JURAVSKY, LOUIS I MD</b>
Address	THE MONCTON HOSPITAL, 135 MACBEATH AVE MONCTON NB CANADA, , E1C-6Z8
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF MANITOBA/WINNIPEG MONITOBA 1984
Internship and Year	MT SINAI HOSPITAL UNIV OF TORONTO 1985
Residency and Year	DEPT OF RADIOLOGY UNIV OF TORONTO HOSPITAL 1989
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17171
License Date	7/1/2015
Name	<b>JURUS, DEREK DO</b>
Address	704 GRASON LN, FRUITLAND, MD, 21826
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE USA 2008
Internship and Year	PENN STATE MILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 2009
Residency and Year	PENN STATE MILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 2012
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14203
License Date	10/1/2008
Name	<b>JUSSEAUME, SCOTT A MD</b>
Address	UNIVERSAL MOBIL SERVICE, 26B MAIN ST PLAINSTOW, NH, 03865
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF CONNECTICUT USA 2001
Internship and Year	TUFTS UNIVERSITY FAMILY MEDICINE RESIDENCY - MALDEN, MA 2002
Residency and Year	TUFTS UNIVERSITY FAMILY MEDICINE RESIDENCY - MALDEN, MA 2004
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	13210
License Date	8/2/2006
Name	<b>JUSTICE, LEDRO R MD</b>
Address	2023 PARK RIDGE DR, VAN BUREN, AR, 72956
Specialty	P
Board Certified	P
School and Year of Graduation	MEHARRY MEDICAL COLLEGE USA 1969
Internship and Year	MEHARRY MEDICAL COLLEGE, NASHVILLE, TN 1970
Residency and Year	MEHARRY MEDICAL COLLEGE, NASHVILLE, TN 1973
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	15351
License Date	8/3/2011
Name	<b>JUSTIN, ERIC P MD</b>
Address	AMERICAN IMAGING MANAGEMENT, 8600 W BRYN MAWR STE 800CHICAGO, IL, 60631
Specialty	NM
Board Certified	NM
School and Year of Graduation	UNIVERSITY OF MISSOURI SCHOOL OF MEDICINE USA 1986
Internship and Year	UNIVERSITY OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 1988
Residency and Year	UNIVERSITY OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 1990
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	14381
License Date	4/1/2009
Name	<b>K C, DIPAK B MD</b>
Address	108 ST NICHOLAS AVE #3R, BROOKLYN, NY, 11237
Specialty	IM
Board Certified	
School and Year of Graduation	COLLEGESOF MEDICAL SCIENCES - NEPAL NEPAL 2004
Internship and Year	WYCKOFF HEIGHTS MEDICAL CENTER - BROOKLYN, NY 2007
Residency and Year	WYCKOFF HEIGHTS MEDICAL CENTER - BROOKLYN, NY 2008
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	14460
License Date	6/3/2009
Name	<b>KABASAKALIAN, ANAHID MD</b>
Address	MONTEFIORE MED CTR-PSYCH & BEHAV SCIENCE, 111 EAST 210TH STBRONX, NY, 10467
Specialty	N
Board Certified	N
School and Year of Graduation	TEMPLE UNIVERSITY USA 2003
Internship and Year	LANKENAU HOSPITAL - WYNNEWOOD, PA 2004
Residency and Year	TEMPLE UNIVERITY HOSPITAL - PHILADELPHIA, PA 2007
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	13905
License Date	4/2/2008
Name	<b>KABAWAT, SALIM E MD</b>
Address	QUEST DIAGNOSTICS, 415 MASSACHUSETTS AVECAMBRIDGE, MA, 02139
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF DAMASCUS SYRIA 1976
Internship and Year	BOSTON UNIV MEDICAL CTR - BOSTON, MA 1978
Residency and Year	BOSTON UNIV MEDICAL CTR - BOSTON, MA 1980
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8057
License Date	3/29/1989
Name	<b>KACHAVOS, PETER G MD</b>
Address	PO BOX 3884, MANCHESTER, NH, 03105
Specialty	IM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MED SCH - HANOVER, NH USA 1986
Internship and Year	FAULKNER HOSPITAL - BOSTON, MA 1987
Residency and Year	FAULKNER HOSPITAL - BOSTON, MA 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	3546
License Date	9/12/1962
Name	<b>KACOYANIS, GEORGE J MD</b>
Address	20 PULPIT ROCK RD, PO BOX 428RYE, NH, 03870-
Specialty	IM
Board Certified	
School and Year of Graduation	BOSTON UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1961
Internship and Year	BOSTON CITY HOSPITAL - BOSTON, MA 1962
Residency and Year	BOSTON CITY HOSPITAL - BOSTON, MA 1962
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	13968
License Date	5/7/2008
Name	<b>KACZANOWSKI, MICHAEL R MD</b>
Address	FOUNDATION GASTROENTEROLOGY, 8 PROSPECT ST, NORTH 11NASHUA, NH, 03060
Specialty	GE
Board Certified	IM
School and Year of Graduation	ST GEORGE'S UNIV GRENADA 2001
Internship and Year	NORWALK HOSPITAL - NORWALK, CT 2002
Residency and Year	NORWALK HOSPITAL - NORWALK, CT 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13211
License Date	8/2/2006
Name	<b>KADIQI, KLEVIS J MD</b>
Address	CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF TIRANES ALBANIA 1995
Internship and Year	UNIV OF VT-FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2004
Residency and Year	UNIV OF VT-FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8591
License Date	7/17/1991
Name	<b>KADISH, REBECCA E MD</b>
Address	DHMC - MCH, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty	AN
Board Certified	AN
School and Year of Graduation	YALE UNIV SCH OF MED - NEW HAVEN, CT USA 1987
Internship and Year	HOSPITAL UNIV OF PENNSYLVANIA-PHIL,PA 1991
Residency and Year	HOSPITAL UNIV OF PENNSYLVANIA - PHILA, PA 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12065
License Date	9/3/2003
Name	<b>KADRMAS-IANNUZZI, TANYA L DO</b>
Address	RIVER ROAD PEDIATRICS, 601 RIVERWAY PLACEBEDFORD, NH, 03110-6747
Specialty	PD
Board Certified	
School and Year of Graduation	UNIVERSITY OF NJ, STRATFORD NJ US 1999
Internship and Year	KENNEDY MEMORIAL HOSPITAL, STRATFORD NJ 2000
Residency and Year	CROZER-CHESTER MEDICAL CTR, UPLAND PA 2003
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	14226
License Date	11/5/2008
Name	<b>KAFLE, MAHESHWOR MD</b>
Address	46-19 88TH ST #2A, ELMHURST, NY, 11373
Specialty	PD
Board Certified	
School and Year of Graduation	NEPAL MEDICAL COLLEGE NEPAL 2003
Internship and Year	ELMHURST HOSPITAL CENTER - ELMHURST, NY 2007
Residency and Year	ELMHURST HOSPITAL CENTER - ELMHURST, NY 2008
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	11281
License Date	6/6/2001
Name	<b>KAHAN, STEVEN E MD</b>
Address	GRIFFIN PROFESSION PARK, 200 GRIFFIN RD UNIT 14PORTSMOUTH, NH, 03801
Specialty	U
Board Certified	U
School and Year of Graduation	CASE WESTERN RESERVE UNIV - CLEVELAND, OH USA 1995
Internship and Year	CASE WESTERN RESERVE UNIV - CLEVELAND, OH 1997
Residency and Year	CASE WESTERN RESERVE UNIV- CLEVELAND, OH 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14227
License Date	11/5/2008
Name	<b>KAHANE, HILLEL MD</b>
Address	BOSTWICK LABORATORIES, 100 CHARLES LINDBERGH BLVDUNIONDALE, NY, 11553
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	ROSS UNIV USA 1986
Internship and Year	UPMC SHADYSIDE HOSPITAL-PITTSBURGH,PA 1988
Residency and Year	UPMC SHADYSIDE HOSPITAL-PITTSBURGH,PA 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10083
License Date	8/6/1997
Name	<b>KAHN, CYNTHIA A MD</b>
Address	129 PLEASANT ST, CONCORD, NH, 03301
Specialty	PD
Board Certified	
School and Year of Graduation	TUFTS UNIV SCH OF MED - BOSTON, MA USA 1988
Internship and Year	WALTER REED ARMY MED CTR - WASHINGTON, DC 1991
Residency and Year	MADIGAN ARMY MEDICAL CENTER - WA 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7726
License Date	10/7/1987
Name	<b>KAHN, EDGAR M MD</b>
Address	MAIN ST PROFESSIONAL BLDG, PO BOX 2325N CONWAY, NH, 03860-
Specialty	P
Board Certified	P
School and Year of Graduation	DUKE UNIV SCH MED-DURHAM,NC USA 1979
Internship and Year	DUKE UNIV MED CTR-SOUTH HOSP-DURHAM,NC 1980
Residency and Year	DUKE UNIV MED CTR-SOUTH HOSP-DURHAM,NC 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number	5275
License Date	12/13/1974
Name	<b>KAHN, JAMES B MD</b>
Address	, , ,
Specialty	IM
Board Certified	
School and Year of Graduation	HARVARD UNIVERSITY USA 1967
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1993</b>
Remarks	

License Number	13906
License Date	4/2/2008
Name	<b>KAHN, NATAN D MD</b>
Address	MAINE EYE CENTER, 15 LOWELL STPORTLAND, ME, 04102
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIV OF TEXAS USA 1988
Internship and Year	UNIV OF TEXAS SOUTHWESTERN MEDICAL CENTER-DALLAS, TX 1990
Residency and Year	UNIV OF TEXAS SOUTHWESTERN MEDICAL CENTER-DALLAS, TX 1993
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	14507
License Date	7/1/2009
Name	<b>KAHN, RICHARD M MD</b>
Address	29 COUNTY CREEK RD, N YARMOUTH, ME, 04097
Specialty	PCC
Board Certified	PCC
School and Year of Graduation	STATE UNIVERSTIY OF NEW YORK USA 1988
Internship and Year	THOMAS JEFFERSON UNIVERSITY HOSPITAL - PHILADELPHIA, PA 1989
Residency and Year	THOMAS JEFFERSON UNIVERSITY HOSPITAL - PHILADELPHIA, PA 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5934
License Date	6/20/1978
Name	<b>KAIRYS, STEVEN W MD</b>
Address	JERSEY SHORE MEDICAL CTR, RTE 33NEPTUNE, NJ, 07754
Specialty	PD
Board Certified	PD
School and Year of Graduation	TEMPLE UNIV SCHOOL OF MEDICINE PHILADELPHIA, PA USA 1969
Internship and Year	UNIV OF CHICAGO CLINICS - CHICAGO, IL 1970
Residency and Year	DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1978
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number 7199  
 License Date 9/10/1985  
 Name **KAISER, C WILLIAM MD**  
 Address 8 MIDDLE ST, CONCORD, MA, 01742  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation TUFTS UNIV SCH MED-BOSTON,MA USA 1965  
 Internship and Year CHARITY HOSP OF LA-NEW ORLEANS.LA 1966  
 Residency and Year BOSTON CITY HOSP-BOSTON,MA 1972  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 13347  
 License Date 12/6/2006  
 Name **KAISER, TIMOTHY F MD**  
 Address VETERANS HOSP ASSOC-GERIATRIC MED, 200 SPRINGS RD BLDG 2BEDFORD, MA, 01730  
 Specialty FPG  
 Board Certified FP  
 School and Year of Graduation UNIV OF MICHIGAN MEDICAL SCHOOL USA 1972  
 Internship and Year AKRON CITY HOSPITAL-AKRON, OH 1973  
 Residency and Year AKRON CITY HOSPITAL-AKRON, OH 1975  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 7616  
 License Date 6/3/1987  
 Name **KAITZ, STEVEN H MD**  
 Address PEMBROKE WELLNESS CENTER, 48 GLASS STPEMBROKE, NH, 03275  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation HARVARD MED SCH - BOSTON,MA USA 1984  
 Internship and Year HIGHLAND HOSPITAL - ROCHESTER, NY 1985  
 Residency and Year HIGHLAND HOSPITAL - ROCHESTER, NY 1987  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 17217  
 License Date 8/5/2015  
 Name **KAKIMOTO, CHARLENE V MD**  
 Address 6020 CORNERSTONE CT W, STE 340SAN DIEGO, CA, 92121  
 Specialty D  
 Board Certified D  
 School and Year of Graduation TUFTS UNIVERSITY USA 2001  
 Internship and Year NAVAL MEDICAL CTR - SAN DIEGO, CA 2002  
 Residency and Year NAVAL MEDICAL CENTER - SAN DIEGO, CA 2008  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	8842	
License Date	11/4/1992	
Name	<b>KALADISH, ROBERT R MD</b>	
Address	82-A PONEMAH RD, AMHERST, NH, 03031	
Specialty	CHP	
Board Certified	CHP	
School and Year of Graduation	UNIVERSITY OF CONNECTICUT USA 1983	
Internship and Year	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE	FARMINGTON - CONNECTICUT 1984
Residency and Year	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE	FARMINGTON - CONNECTICUT 1987
License Expiration Date	<b>6/30/2016</b>	
Remarks		

License Number	15798	
License Date	8/1/2012	
Name	<b>KALAPURAKAL, SINI J MD</b>	
Address	SOUTHERN NH MED CTR, 8 PROSPECT STNASHUA, NH, 03060	
Specialty	IM	
Board Certified	IM	
School and Year of Graduation	TRICHUR MEDICAL COLLEGE INDIA 2006	
Internship and Year	SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF MEDICINE - SPRINGFIELD, IL 2009	
Residency and Year	SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF MEDICINE - SPRINGFIELD, IL 2011	
License Expiration Date	<b>6/30/2016</b>	
Remarks		

License Number	15253	
License Date	6/1/2011	
Name	<b>KALAVA, KALYAN MD</b>	
Address	LA STATE UNIV HEALTH SCIENCE CTR, 1501 KINGS HWYSHREVEPORT, LA, 71130	
Specialty	AN	
Board Certified	AN	
School and Year of Graduation	OSMANIA MEDICAL COLLEGE INDIA 2001	
Internship and Year	NEW YORK METHODIST HOSPITAL - BROOKLYN, NY 2005	
Residency and Year	NEW YORK METHODIST HOSPITAL - BROOKLYN, NY 2008	
License Expiration Date	<b>6/30/2013</b>	
Remarks		

License Number	9626	
License Date	1/3/1996	
Name	<b>KALE, SANDHYA S MD</b>	
Address	MONADNOCK COMMUNITY HOSP, 452 OLD STREET RDPETERBOROUGH, NH, 03458	
Specialty	EM	
Board Certified	EM	
School and Year of Graduation	B J MEDICAL COLLEGE UNIV OF PUNE, PUNE, MAHARASHTR INDIA 1962	
Internship and Year	RARITAN BAY MEDICAL CENTER -PERTH AMBOY, NJ 1970	
Residency and Year	RARITAN BAY MEDICAL CENTER - PERTH AMBOY, NJ 1972	
License Expiration Date	<b>6/30/2008</b>	
Remarks		

License Number	9869
License Date	11/6/1996
Name	<b>KALIDINDI, VIJAY AKR MD</b>
Address	MULITCARE MEDICAL GROUP, 222 NORTH STATE AVEKENT, WA, 98031
Specialty	PD
Board Certified	PD
School and Year of Graduation	OSMANIA MEDICAL COLLEGE-OSMAINIA UNIV HYDERABAD,AP INDIA 1980
Internship and Year	WAYNE ST UNIV SCHOOL OF MEDICINE RESIDENT - MICHIGAN 1992
Residency and Year	WAYNE STATE UNIV SCHOOL OF MEDICINE - MICHIGAN 1995
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	14875
License Date	6/2/2010
Name	<b>KALKBRENNER, KATHY J MD</b>
Address	CT CHILDRENS MEDICAL CENTER, 282 WASHINGTON STHARTFORD, CT, 06106
Specialty	CCP
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS USA 2003
Internship and Year	UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 2004
Residency and Year	UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12604
License Date	2/2/2005
Name	<b>KALLEN, ALEXANDER J MD</b>
Address	VA MEDICAL CTR-VA OUTCOMES GRO, WHITE RIVER JCT, VT, 05009
Specialty	IM
Board Certified	IM
School and Year of Graduation	VIRGINIA COMMONWEALTH UNIVERSITY, RICHMOND VA US 1992
Internship and Year	NAVAL HOSPITAL OAKLAND, BETHESDA MD 1993
Residency and Year	NAVAL HOSPITAL OAKLAND, BETHESDA MD 1995
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	10786
License Date	12/1/1999
Name	<b>KALLEN, LOWELL H MD</b>
Address	CHILD AND ADOLESCENT PSYCH/ DAY KIMBALL HLTHCR, 320 POMFRET STPUTNAM, CT, 06260-183
Specialty	P
Board Certified	P
School and Year of Graduation	JOHN HOPKINS UNIV SCH OF MED- BALTIMORE, MD USA 1968
Internship and Year	JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1969
Residency and Year	NAVAL SCHOOL OF HEALTH SCIENCE - BETHESDA, MD 1972
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 7573  
 License Date 5/6/1987  
 Name **KALLIEL, JOHN N MD**  
 Address 765 S MAIN ST STE 203, MANCHESTER, NH, 03102-5141  
 Specialty AI  
 Board Certified AI  
 School and Year of Graduation TUFTS MEDICAL SCHOOL - BOSTON, MA USA 1982  
 Internship and Year ST VINCENT HOSPITAL - WORCESTER, MA 1983  
 Residency and Year ST VINCENT HOSPITAL - WORCESTER, MA 1985  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 7574  
 License Date 5/6/1987  
 Name **KALLMERTEN, DANIEL H MD**  
 Address LAKES REGION GENERAL HOSP, 80 HIGHLAND AVELACONIA, NH, 03246  
 Specialty EM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF CINCINNATI - CINCINNATI, OH USA 1984  
 Internship and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1985  
 Residency and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1987  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11702  
 License Date 8/7/2002  
 Name **KALMADI, SAHANA R MD**  
 Address DHMC-HEMATOLOGY/ONCOLOGY, ONE MEDICAL CTR DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation MANIPAL UNIV - MANGALORE, KARNATAKA-INDIA INDIA 1990  
 Internship and Year MAIMONIDE MEDICAL CENTER - BROOKLYN, NY 1997  
 Residency and Year MAIMONIDE MEDICAL CENTER - BROOKLYN, NY 2000  
 License Expiration Date **6/30/2006**  
 Remarks **LAPSED FOR NON-RENEWAL 6/30/03 - REINSTATED 6/2/04**

License Number 14734  
 License Date 2/3/2010  
 Name **KALMAR, TANYA R MD**  
 Address WOMENS CARE CTR@ALICE PECK DAY, 141 MASCOMA STLEBANON, NH, 03766  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIVERSITY OF CALIFORNIA USA 1996  
 Internship and Year MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 1998  
 Residency and Year MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 2000  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 12462  
 License Date 9/1/2004  
 Name **KALPAKIAN, BASILIO MD**  
 Address CHESHIRE D H M C, 590 COURT STKEENE, NH, 03431  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation UNIVERSITY OF CALIFORNIA, LOS ANGELES CA US 1985  
 Internship and Year WHITE MEMORIAL MEDICAL CTR, LOS ANGELES CA 1986  
 Residency and Year UNIVERSITY OF CALIFORNIA, IRVINE CA 1989  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12213  
 License Date 2/4/2004  
 Name **KALRA, DINESH K MD**  
 Address UNIVERSITY OF MI HEALTH SYSTEM, 1500 EAST MEDICAL CENTER DRANN ARBOR, MI, 48109-5853  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation ALL INDIA INSTITUTE, NEW DELHI, KELHI INDIA INDIA 1994  
 Internship and Year BAYLOR COLLEGE OF MEDICINE, HOUSTON TX 1996  
 Residency and Year BAYLOR COLLEGE OF MEDICINE, HOUTON TX 1999  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 15799  
 License Date 8/1/2012  
 Name **KALRA-MALHOTRA, AASTHA DO**  
 Address DHMC, 1 MED CTR DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified  
 School and Year of Graduation LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE USA 2008  
 Internship and Year NORTH SHORE-LONG ISLAND JEWISH (NYU SOM) MANHASSET, NY 2009  
 Residency and Year NORTH SHORE-LONG ISLAND JEWISH (NYU SOM) MANHASSET, NY 2011  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 8467  
 License Date 12/5/1990  
 Name **KALTER, ANNE H MD**  
 Address DOVER PROFESSIONAL CENTER, 15 OLD ROLLINSFORD RD SUITE 102DOVER, NH, 03820-2868  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation ALBANY MED COLL - ALBANY, NY USA 1983  
 Internship and Year ALBANY MEDICAL CENTER - ALBANY, NY 1984  
 Residency and Year ALBANY MEDICAL CENTER - ALBANY, NY 1987  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	8256
License Date	12/6/1989
Name	<b>KALTER, MITCHELL E MD</b>
Address	16 LAUREL LN, DURHAM, NH, 03824
Specialty	ORS
Board Certified	
School and Year of Graduation	ALBANY MED COLL OF UNION UNIV-ALBANY, NY USA 1983
Internship and Year	ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1984
Residency and Year	ALBANY MEDICAL CENTER HOSPITAL - ALBANY,NY 1988
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	12136
License Date	11/5/2003
Name	<b>KALYANPUR, ARJUN MD</b>
Address	TELERADIOLOGY SOLUTIONS, 900 CHAPEL ST STE 620NEW HAVEN, CT, 06510
Specialty	R
Board Certified	R
School and Year of Graduation	ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI INDIA 1989
Internship and Year	JERSEY CITY MEDICAL CTR, JERSEY CITY NJ 1993
Residency and Year	NEW YORK & PRESBYTERIAN HOSP (CORNELL CAMPUS), NEW YORK NY 1994
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	9890
License Date	12/4/1996
Name	<b>KAM, FREDERICK A MD</b>
Address	AUBURN UNIV HEALTH CENTER, 307 W MAGNOLIA AVEAUBURN UNIV, AL, 36849
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF MIAMI SCHOOL OF MEDICINE - MIAMI, FL USA 1986
Internship and Year	UNIV MIAMI/JACKSON MEMORIAL MEDICAL CENTER - FL 1987
Residency and Year	UNIF MIAMI/JACKSON MEMORIAL MEDICAL CENTER - FL 1989
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	13673
License Date	9/5/2007
Name	<b>KAMEN, GEOFFREY L MD</b>
Address	AVENAL STATE PRISON, AVENAL, CA, 93204
Specialty	FP
Board Certified	FP
School and Year of Graduation	TEL AVIV UNIV ISRAEL 2001
Internship and Year	NASSAU COUNTY MEDICAL CENTER - EAST MEADOW, NY 2002
Residency and Year	MONTEFIORE MEDICAL CENTER-BRONX, NY 2003
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	15383
License Date	9/7/2011
Name	<b>KAMESAN, JANANI MD</b>
Address	IMAGING ON CALL, 695 DUTCHESS TPKE #105POUGHKEEPSIE, NY, 12603
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF COLUMBO SRI LANKA 1992
Internship and Year	OVERLOOK HOSPITAL - SUMMIT, NJ 1999
Residency and Year	HACKENSACK UNIVERSITY MEDICAL CENTER - HACKENSACK, NJ 2003
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	12997
License Date	2/1/2006
Name	<b>KAMIL, MATTHEW F MD</b>
Address	DIABETES AND ENDOCRINE CENTER AT FRISBEE MEMORIAL, 245 ROCHESTER HILL RD, STE 1BROCH
Specialty	END
Board Certified	END
School and Year of Graduation	UNIVERSITY OF NEW YORK, BROOKLYN NY US 1998
Internship and Year	BERKSHIRE MEDICAL CTR, PITTSFIELD MA 2000
Residency and Year	BERKSHIRE MEDICAL CTR, PITTSFIELD MA 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11628
License Date	6/5/2002
Name	<b>KAMINS, PAUL MD</b>
Address	WEEKS MEDICAL CENTER, 173 MIDDLE STLANCASTER, NH, 03584
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	CREIGHTON UNIV SCH OF MED - OMEHA, NE USA 1991
Internship and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1992
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7319
License Date	5/8/1986
Name	<b>KAMINSKI JR, JOHN J MD</b>
Address	23 STICKNEY TER, HAMPTON, NH, 03842-1915
Specialty	FP
Board Certified	FP
School and Year of Graduation	TUFTS UNIVERSITY USA 1983
Internship and Year	CENTRAL MAINE MED CTR - LEWISTON 1984
Residency and Year	CENTRAL MAINE MED CTR - LEWISTON 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	11251
License Date	5/2/2001
Name	<b>KAMINSKY, ALLAN L MD</b>
Address	9 BARTLET ST #354, ANDOVER, MA, 01810
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF COLORADO USA 1976
Internship and Year	STANFORD UNIVERSITY MEDICAL CENTER - STANFORD CA 1977
Residency and Year	UNIVERSITY OF UTAH HEALTH SCIENCE CENTER - SALT LAKE CITY UT 1979
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12385
License Date	7/7/2004
Name	<b>KAMIREDDI, MADHAVI MD</b>
Address	NE CTR FOR MENTAL HEALTH, 119 RUSSELL ST STE 30LITTLETON, MA, 01460
Specialty	CHP
Board Certified	
School and Year of Graduation	UNIVERSITY OF DELHI, DELHI INDIA INDIA 1990
Internship and Year	DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2001
Residency and Year	DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>LAPSED ON 6/30/08 - REINSTATED 2/1/12</b>

License Number	17218
License Date	8/5/2015
Name	<b>KAMMANN, STEVEN E MD</b>
Address	38 HAWTHORNE DR, APT G308, BEDFPRD, NH, 03110
Specialty	DR
Board Certified	
School and Year of Graduation	WAYNE STATE UNIVERSITY USA 2009
Internship and Year	DETROIT MEDICAL CENTER/ WAYNE STATE UNIVERSITY - DETROIT, MI 2010
Residency and Year	VANDERBILT UNIVERSITY MEDICAL CENTER - NASHVILLE, TN 2014
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17219
License Date	8/5/2015
Name	<b>KAMMANN, TRISHA J MD</b>
Address	MANCHESTER UROLOGY ASSOC, 4 ELLIOT WAY STE 200MANCHESTER, NH, 03101
Specialty	U
Board Certified	
School and Year of Graduation	JEFFERSON MEDICAL COLLEGE OF THOMAS JEFFERSON UNIV USA 2010
Internship and Year	VANDERBILT UNIVERSITY MEDICAL CENTER - NASHVILLE, TN 2011
Residency and Year	VANDERBILT UNIVERSITY MEDICAL CENTER - NASHVILLE, TN 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12033
License Date	8/6/2003
Name	<b>KAMMILA, SUNEETHA MD</b>
Address	8 PROSPECT ST, NASHUA, NH, 03061
Specialty	IM
Board Certified	IM
School and Year of Graduation	ANDHRA MED COLLEGE, VISAKHAPATNAM INDIA 1998
Internship and Year	CARNEY HOSPITAL, BOSTON MA 2001
Residency and Year	CARNEY HOSPITAL, BOSTON MA 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11173
License Date	2/7/2001
Name	<b>KAMRAN, MUHAMMAD MD</b>
Address	56 SUN LAKE DR, BELMONT, NH, 03220
Specialty	CHP
Board Certified	
School and Year of Graduation	DOW MEDICAL COLL UNIV OF KARACHI-SINDH PAKISTAN 1991
Internship and Year	UNIV OF KANSAS MEDICAL CENTER - KANSAS CITY, KS 1999
Residency and Year	UNIV OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16973
License Date	3/4/2015
Name	<b>KANAGALINGAM, SIVASHAKTHI MD</b>
Address	DHMC, 1 MEDICAL CTR DRLEBANON, NH, 03756
Specialty	OPH
Board Certified	
School and Year of Graduation	UNIVERSITY OF LIVERPOOL UNITED KINGDOM 2006
Internship and Year	JEWISH HOSPITAL OF CINCINNATI - CINCINNATI, OH 2011
Residency and Year	VANDERBILT EYE INSTITUTE - NASHVILLE, TN 2014
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10752
License Date	11/3/1999
Name	<b>KANAYJORN NA AYUTHAYA, ESTHER G MD</b>
Address	33-12 86TH ST, JACKSON HEIGHTS, NY, 11372
Specialty	IM
Board Certified	IM
School and Year of Graduation	CEBU INSTITUTE OF MEDICINE-PHILIPPINES PHILIPPINES 1986
Internship and Year	HARLEM HOSPITAL-NEW YORK,NY 1996
Residency and Year	HARLEM HOSPITAL-NEW YORK ,NY 1999
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	15306
License Date	7/6/2011
Name	<b>KANCHARLA, RAJANI MD</b>
Address	KAISER PERMANENTE MEDICAL CTGR, 7141 SECURITY BLVDBALTIMORE, MD, 21244
Specialty	OBG
Board Certified	
School and Year of Graduation	RAJAH MUTHIAH MEDICAL COLLEGE/ANNAMALAI UNIV INDIA 1996
Internship and Year	ST PETERS UNIVERSITY HOSPITAL - NEW BRUNSWICK, NJ 2008
Residency and Year	ST PETERS UNIVERSITY HOSPITAL - NEW BRUNSWICK, NJ 2011
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	13104
License Date	6/7/2006
Name	<b>KANDALA, JAGDESH MD</b>
Address	CATHOLIC MEDICAL CENTER, 100 MCGREGOR STMANCHESTER, NH, 03104
Specialty	IM
Board Certified	IM
School and Year of Graduation	OSMANIA UNIV INDIA 1999
Internship and Year	QUEENS HOSPITAL CTR-JAMAICA, NY 2004
Residency and Year	QUEENS HOSPITAL CTR-JAMAICA, NY 2006
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	16947
License Date	2/4/2015
Name	<b>KANDARAJ, JEYAKUMAR MD</b>
Address	930 MAIN ST STE 103, ACTON, MA, 01720
Specialty	IM
Board Certified	IM
School and Year of Graduation	MADRAS MEDICAL COLLEGE INDIA 1987
Internship and Year	DETROIT MEDICAL CENTER-WAYNE STATE UNIVERSITY - DETROIT, MI 1997
Residency and Year	DETROIT MEDICAL CENTER-WAYNE STATE UNIVERSITY - DETROIT, MI 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17010
License Date	4/1/2015
Name	<b>KANDASAMY, SRITHARANI MD</b>
Address	9 WARREN AVE, READING, MA, 01867
Specialty	OBG
Board Certified	
School and Year of Graduation	UNIVERSITY OF TORONTO CANADA 2005
Internship and Year	ST MICHAELS HOSPITAL/TORONTO GENERAL HOSPITAL - TORONTO, CANADA 2006
Residency and Year	ST MICHAELS HOSPITAL/TORONTO GENERAL HOSPITAL - TORONTO, CANADA 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9891
License Date	12/4/1996
Name	<b>KANDASWAMY, SHANKAR MD</b>
Address	5727 KILRUSH COURT A, RICHMOND, VA, 23228
Specialty	IM
Board Certified	
School and Year of Graduation	THANJAVUR MEDICAL COLLEGE UNIV MADRAS THANJAVUR TN INDIA 1989
Internship and Year	WESTERN RESERVE VARE SYSTEM - OH 1996
Residency and Year	WESTERN RESERVE VARE SYSTEM - OH 1997
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	8393
License Date	7/11/1990
Name	<b>KANE, ANDREW P B MD</b>
Address	LAKE REGION GENERAL HOSP, 80 HIGHLAND STLA CONIA, NH, 03246
Specialty	FP
Board Certified	FP
School and Year of Graduation	BOSTON UNIV SCH OF MED -BOSTON,MA USA 1986
Internship and Year	UNITED HOSP CTR -CLARKSBURG,WV 1987
Residency and Year	UNITED HOSP CTR -CLARKSBURG,WV 1990
License Expiration Date	<b>10/22/2013</b>
Remarks	Deceased 10/22/2013

License Number	7876
License Date	6/8/1988
Name	<b>KANE, GEOFFREY P MD</b>
Address	BRATTLEBORO RETREAT, ANNA MARSH LANE BRATTLEBORO, VT, 05301
Specialty	IM
Board Certified	IM
School and Year of Graduation	YALE UNIV SCH MED -NEW HAVEN,CT USA 1971
Internship and Year	MONTEFIORE HOSP MED CTR-BRONX,NY 1972
Residency and Year	MONTEFIORE HOSP MED CTR-BRONX,NY 1974
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5971
License Date	8/22/1978
Name	<b>KANE, LAWRENCE R MD</b>
Address	501 CUSHING RD, NEWMARKET, NH, 03857
Specialty	DR
Board Certified	DR
School and Year of Graduation	STATE UNIV OF NY DOWNSTATE MEDICAL CTR BROOKLYN,NY USA 1970
Internship and Year	LETTERMAN ARMY MEDICAL CENTER - SAN FRANCISCO, CA 1971
Residency and Year	LETTERMAN ARMY MEDICAL CENTER - SAN FRANCISCO, CA 1974
License Expiration Date	<b>6/30/2016</b>
Remarks	SETTLEMENT AGREEMENT

License Number	10179
License Date	12/3/1997
Name	<b>KANE, MICHAEL A MD</b>
Address	MIT MEDICAL DEPT, 77 MASS AVECAMBRIDGE, MA, 02139
Specialty	RHU
Board Certified	IM
School and Year of Graduation	BOSOTN UNIV SCH OF MED-BOSTON,MA USA 1968
Internship and Year	BOSTON CITY HOSP-MA 1969
Residency and Year	BOSTON CITY HOSP-MA 1970
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	15924
License Date	11/7/2012
Name	<b>KANE, SUNANDA V MD</b>
Address	MAYO CLINIC, 200 1ST ST SWROCHESTER, MN, 55905
Specialty	IM
Board Certified	IM
School and Year of Graduation	MEDICAL RUSH COLLEGE USA 1993
Internship and Year	RUSH-PRESBYTERIAN-ST LUKE'S MEDICAL CENTER - CHICAGO, IL 1994
Residency and Year	RUSH-PRESBYTERIAN-ST LUKE'S MEDICAL CENTER - CHICAGO, IL 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11994
License Date	7/2/2003
Name	<b>KANEKO, THOMAS M MD</b>
Address	D H M C/NEPHROLOGY, ONE MEDICAL CT DRLEBANON, NH, 03766
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF WASHINGTON - SEATTLE, WA USA 1997
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1998
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14253
License Date	12/3/2008
Name	<b>KANESHIRO, ALAN Y MD</b>
Address	IMAGING ON CALL, 695 DUTCHESS TPKE STE 105POUGHKEEPSIE, NY, 12603
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIV OF SO CALIFORNIA USA 2002
Internship and Year	LOS ANGELES COUNTY HARBOR-UCLA MEDICAL CENTER-TORRANCE, CA 2003
Residency and Year	LOS ANGELES COUNTY HARBOR-UCLA MEDICAL CENTER-TORRANCE, CA 2007
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	14228
License Date	11/5/2008
Name	<b>KANNLER, CHRISTINE MD</b>
Address	39 E BARE HILL RD, HARVARD, MA, 01451
Specialty	D
Board Certified	D
School and Year of Graduation	BOSTON UNIV SCHOOL USA 2000
Internship and Year	BOSTON UNIV MEDICAL CENTER- BOSTON, MA 2001
Residency and Year	BOSTON UNIV MEDICAL CENTER-BOSTON, MA 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11703
License Date	8/7/2002
Name	<b>KANTER, ALYSE K MD</b>
Address	GENERATIONS OB/GYN, 10 PROSPECT ST STE 402NASHUA, NH, 03060
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	MT SINAI SCH -UNIV OF NEW YORK - NEW YORK, NY USA 1994
Internship and Year	MT SINAI MEDICAL CENTER - NEW YORK, NY 1995
Residency and Year	MT SINAI MEDICAL CENTER - NEW YORK, NY 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12344
License Date	6/2/2004
Name	<b>KANTOR, STEPHEN R MD</b>
Address	DHMC - ORTHOPAEDIC SURGERY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	ORS
Board Certified	
School and Year of Graduation	MCGILL UNIVERSITY, MONTREAL, QUEBEC CANADA CANADA 1996
Internship and Year	MCGILL UNIVERSITY, MONTREAL, QUEBEC CANADA 1998
Residency and Year	MCGILL UNIVERSITY, MONTREAL, QUEBEC CANADA 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13545
License Date	6/6/2007
Name	<b>KANTROWITZ, JOSHUA D MD</b>
Address	ST JOHNSBURY PEDIATRICS, 97 SHERMAN DRST JOHNSBURY, VT, 05819
Specialty	PD
Board Certified	PD
School and Year of Graduation	BOSTON UNIV USA 2004
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	14461
License Date	6/3/2009
Name	<b>KAO, YANG-EN MD</b>
Address	751 ULUMAIIKA ST, HONOLULU, HI, 96816
Specialty	NR
Board Certified	NR
School and Year of Graduation	UNIVERSITY OF HAWAII USA 2002
Internship and Year	TRIPLER ARMY MEDICAL CENTER - HONOLULU, HI 2003
Residency and Year	WALTER REED ARMY MEDICAL CENTER - BETHESDA, MD 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16171
License Date	6/5/2013
Name	<b>KAPADIA, ALISON P MD</b>
Address	DHMC, 1 MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty	EM
Board Certified	EM
School and Year of Graduation	JOHNS HOPKINS UNIVERSITY SCHOOL OF MED USA 2009
Internship and Year	UNIVERSITY OF MICHIGAN MEDICAL CENTER - ANN ARBOR, MI 2010
Residency and Year	UNIVERSITY OF MICHIGAN MEDICAL CENTER - ANN ARBOR, MI 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13864
License Date	3/5/2008
Name	<b>KAPADIA, MITESH K MD</b>
Address	TALLMAN EYE ASSOC, 360 MERRIMACK ST BLDG 9LAWRENCE, MA, 01843-1740
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIV OF PENNSYLVANIA USA 2001
Internship and Year	NORTH SHORE UNIV HOSPITAL - MANHASSET, NY 2002
Residency and Year	MASSACHUSETTS EYE & EAR INFIRMARY - BOSTON, MA 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16115
License Date	5/1/2013
Name	<b>KAPADIA, NIRAV S MD</b>
Address	DHMC - RADIATION ONCOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03745
Specialty	RO
Board Certified	RO
School and Year of Graduation	JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE USA 2008
Internship and Year	UNIVERSITY OF MICHIGAN HOSPITALS - ANN ARBOR, MI 2009
Residency and Year	UNIVERSITY OF LMICHIGAN SCHOOL OF MEDICINE - ANN ARBOR, MI 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9464
License Date	6/7/1995
Name	<b>KAPER, BERTRAND P MD</b>
Address	1050 GAIL GARDNER WAY 100, PRESCOTT, AZ, 86305
Specialty	ORS
Board Certified	
School and Year of Graduation	NORTHWESTERN UNIV USA 1992
Internship and Year	MARY-HITCHCOCK MEDICAL CENTER - HANOVER, NH 1994
Residency and Year	MARY-HITCHCOCK MEDICAL CENTER - HANOVER, NH 1998
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	13161
License Date	7/5/2006
Name	<b>KAPHAN, RUSSELL A MD</b>
Address	RUSSELL A KAPHAN MD, 5 ALUMNI DREXETER, NH, 03833
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF CALIFORNIA USA 1984
Internship and Year	MT SINAI MEDICAL CTR-NY, NY 1985
Residency and Year	DARTMOUTH MED CENTER - LEBANON, NH 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11796
License Date	12/4/2002
Name	<b>KAPLAN, AARON V MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	WAKE FOREST UNIV - WINSTON-SALEM, NC USA 1985
Internship and Year	NORTHWESTRN UNIV MEDICAL SCHOOL - CHICAGO, IL 1986
Residency and Year	NORTHWESTRN UNIV MEDICAL SCHOOL - CHICAGO, IL 1987
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4706
License Date	6/12/1972
Name	<b>KAPLAN, ALAN D MD</b>
Address	220 OAK STREET, MANCHESTER, NH, 03104
Specialty	CD
Board Certified	CD
School and Year of Graduation	LOYOLA-STRICTH SCHOOL OF MEDICINE, IL USA 1968
Internship and Year	CHICAGO WESLEY MEMORIAL HOSPITAL - CHICAGO, IL 1969
Residency and Year	MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER,NH 1971
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	16479
License Date	2/5/2014
Name	<b>KAPLAN, ANDREW P DO</b>
Address	MAINE MED CTR, 66 BRAMHALL STPORTLAND, ME, 04102
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MED USA 2009
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2010
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9734
License Date	6/5/1996
Name	<b>KAPLAN, DONALD H MD</b>
Address	, PO BOX 62ANDOVER, NH, 03216
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	NEW YORK MEDICAL COLLEGE-VALHALLA, NY USA 1955
Internship and Year	HENRY FORD HOSPITAL - DETROIT, MI 1956
Residency and Year	YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 1960
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	13105
License Date	6/7/2006
Name	<b>KAPLAN, ELLIOT MD</b>
Address	, PO BOX 7GILSUM, NH, 03448
Specialty	TRS
Board Certified	TRS
School and Year of Graduation	UNIV OF VT USA 1984
Internship and Year	NEW ENGLAND MEDICAL CTR-BOSTON, MA 1985
Residency and Year	NEW ENGLAND MEDICAL CTR-BOSTON, MA 1991
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	6283
License Date	9/4/1980
Name	<b>KAPLAN, ELVIN MD</b>
Address	DHMC PEDIATRICS, 289 COUNTY RDWINDSOR, VT, 05089
Specialty	PD
Board Certified	PD
School and Year of Graduation	TUFTS UNIV.SCH OF MED. BOSTON,MA USA 1961
Internship and Year	BRONX MUNICIPAL HOSP.CTR,NY 1962
Residency and Year	BRONX MUNICIPAL HOSP. CTR,NY 1967
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	5713
License Date	5/5/1977
Name	<b>KAPLAN, EMORY J MD</b>
Address	KAPLAN & MCNAMEE PEDIATRICS, 280 MAIN ST STE 410NASHUA, NH, 03060-2921
Specialty	PD
Board Certified	PD
School and Year of Graduation	TUFTS UNIVERSITY-BOSTON MA USA 1974
Internship and Year	UNIVERSITY HOSPITAL-ANN ARBOR MI 1975
Residency and Year	UNIVERSITY HOSPITAL-ANN ARBOR MI 1977
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	11995
License Date	7/2/2003
Name	<b>KAPLAN, IRA E MD</b>
Address	10346 CROSSBEAM CR, COLUMBIA, MD, 21044
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF NEW YORK - BROOKLYN, NY USA 1976
Internship and Year	MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 1977
Residency and Year	VA MEDICAL CENTER - NORTHPORT, NY 1978
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8442
License Date	10/10/1990
Name	<b>KAPLAN, JAMES A MD</b>
Address	1800 ROUNDHILL RD, APT 305CHARLESTOWN, WV, 25314
Specialty	FOP
Board Certified	FOP
School and Year of Graduation	MED UNIV OF S CAROLINACOLL OF MED - SC USA 1984
Internship and Year	MT SINAI HOSPITAL - NY, NY 1985
Residency and Year	MT SINAI HOSPITAL - NY, NY 1985
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	16867
License Date	12/3/2014
Name	<b>KAPLAN, JUDITH L MD</b>
Address	3625 10TH ST N UNIT 408, ARLINGTON, VA, 22201
Specialty	DR
Board Certified	DR
School and Year of Graduation	JEFFERSON MEDICAL COLLEGE OF THOMAS JEFFERSON UNIV USA 2007
Internship and Year	ALBERT EINSTEIN COM AT BETH ISRAEL MEDICAL CENTER - NY, NY 2008
Residency and Year	MOUNT SINAI SCHOOL OF MEDICINE - NY,NY 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10998
License Date	7/5/2000
Name	<b>KAPLAN, LAWRENCE C MD</b>
Address	111 GREEHILL, PRINCE ARTHUR RDLONDON NW3 5TY, UK,
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF VERMONT, BURLINGTON VT USA 1981
Internship and Year	CHILDREN'S HOSPITAL - BOSTON MA 1982
Residency and Year	CHILDREN'S HOSPITAL - BOSTON MA 1984
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	12578
License Date	1/5/2005
Name	<b>KAPLAN, LIAT J MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	CORNELL UNIVERSITY, NEW YORK NY US 1998
Internship and Year	MOUNT SINAI HOSPITAL, NEW YORK NY 1999
Residency and Year	NEW YORK AND PRESBYTERIAN HOSP, NEW YORK NY 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11214
License Date	4/4/2001
Name	<b>KAPLAN, PAUL E MD</b>
Address	NEW ERA MEDICINE, 700 LAKE STREETMANCHESTER, NH, 03103
Specialty	PM
Board Certified	PM
School and Year of Graduation	UNIV OF CALIFORNIA - LOS ANGELES USA 1966
Internship and Year	OHIO STATE UNIV SCH - COLUMBUS, OH 1967
Residency and Year	CEDARS-SINAI MEDICAL CENTER - LOS ANGELES, CA 1970
License Expiration Date	<b>12/8/2001</b>
Remarks	Requested inactive status beginning date of his letter - 12/8/01.

License Number	3714
License Date	8/7/1964
Name	<b>KAPLAN, RICHARD N MD</b>
Address	6 SANDSTONE WAY, EXETER, NH, 03833-4425
Specialty	IM
Board Certified	IM
School and Year of Graduation	BOSTON UNIV SCHOOL OF MEDICINE USA 1958
Internship and Year	MASSACHUSETTS MEMORIAL HOSPITAL BOSTON, MA 1959
Residency and Year	NEW ENGLAND CENTER HOSPITAL BOSTON, MA 1960
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number 7764  
 License Date 1/6/1988  
 Name **KAPLAN, ROBERT M MD**  
 Address 1090 WALNUT ST, NEWTON, MA, 02161  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIV OF MARYLAND SCH MED - BALTIMORE, MD USA 1956  
 Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1957  
 Residency and Year UNIV HOSPITAL INC - BOSTON, MA 1960  
 License Expiration Date **6/30/1998**  
 Remarks **Deceased 11/5/2000**

License Number 11566  
 License Date 4/3/2002  
 Name **KAPLAN, ROBIN L MD**  
 Address 16 CUSHING AVE, ANNAPOLIS, MD, 21403-4409  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON, MA USA 1974  
 Internship and Year SAN FRANCISCO GENERAL HOSPITAL - SAN FRANCISCO, CA 1975  
 Residency and Year UNIV OF CALIFORNIA - SAN FRANCISCO, CA 1977  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 3527  
 License Date 7/10/1962  
 Name **KAPLAN, SEYMOUR H MD**  
 Address 22 CHAPEL PL, GREAT NECK, NY, 11021-1428  
 Specialty AI  
 Board Certified AI  
 School and Year of Graduation CHICAGO MEDICAL SCHOOL USA 1949  
 Internship and Year HARLEM HOSPITAL - NEW YORK, NY 1950  
 Residency and Year CONEY ISLAND - BROOKLYN, NY 1951  
 License Expiration Date **6/30/2004**  
 Remarks **DECEASED 3/9/2009**

License Number 14229  
 License Date 11/5/2008  
 Name **KAPLOE, MICHAEL D DO**  
 Address DH MILFORD FAMILY PRACTICE, 14 ARMORY RDMILFORD, NH, 03055  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation DES MOINES UNIV USA 1996  
 Internship and Year METROHEALTH CENTER - ERIE, PA 1997  
 Residency and Year COLUMBIA ST MARYS FAMILY HEALTH CENTER - MILWAUKEE, WI 2003  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	7842
License Date	5/4/1988
Name	<b>KAPLON, CHARLOTTE A MD</b>
Address	258 BUCKMINSTER WAY, PORTSMOUTH, NH, 03801
Specialty	FP
Board Certified	
School and Year of Graduation	OHIO STATE UNIV COLL MED - COLUMBUS, OH USA 1982
Internship and Year	SHADYSIDE HOSPITAL - PITTSBURGH, PA 1983
Residency and Year	SHADYSIDE HOSPITAL - PITTSBURGH, PA 1985
License Expiration Date	<b>6/30/2006</b>
Remarks	<b>LAPSED FOR NON-RENEWAL 6/30/01 - REINSTATED 10/6/04</b>

License Number	16044
License Date	3/6/2013
Name	<b>KAPOOR, MUKESH MD</b>
Address	1612 HAZEL DRIVE, APT ECLEVELAND, OH, 44106
Specialty	FP
Board Certified	FP
School and Year of Graduation	MADRAS MEDICAL COLLEGE INDIA 2001
Internship and Year	ADVOCATE LUTHERAN GENERAL HOSPITAL - PARK RIDGE, IL 2006
Residency and Year	ADVOCATE LUTHERAN GENERAL HOSPITAL - PARK RIDGE, IL 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13546
License Date	6/6/2007
Name	<b>KAPOOR, SUDHIR MD</b>
Address	ALTON MEMORIAL HOSPITAL, 1 MEMORIAL DRALTON, IL, 62002
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF DELHI INDIA 1997
Internship and Year	BROOKDALE UNIV HOSPITAL & MEDICAL CENTER-BROOKLYN, NY 2003
Residency and Year	INDIANA UNIV SCHOOL OF MEDICINE-INDIANAPOLIS, IN 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11567
License Date	4/3/2002
Name	<b>KARABANOW, ANTHONY B MD</b>
Address	DARTMOUTH HITCHCOCK CLINIC, 253 PLEASANT STCONCORD, NH, 03301
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF CONNECTICUT SCH OF MED - FARMINGTON,CT USA 1999
Internship and Year	UNIV OF WISCONSIN HOSPITAL - MADISON, WI 2000
Residency and Year	UNIV OF WISCONSIN HOSPITAL - MADISON, WI 2002
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	11507
License Date	2/6/2002
Name	<b>KARAGEORGE, KRYSTIE M MD</b>
Address	MWV HEALTHCARE ASSOC INC, PO BOX 2540NORTH CONWAY, NH, 03860
Specialty	FP
Board Certified	FP
School and Year of Graduation	MICHIGAN STATE UNIV - EAST LANSING, MI USA 1997
Internship and Year	MAINE-DARTMOUTH FAMILY PRACTICE RESIDENCY - AUGUSTA, ME 1998
Residency and Year	MAINE-DARTMOUTH FAMILY PRACTICE RESIDENCY - AUGUSTA, ME 2000
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	6926
License Date	7/5/1984
Name	<b>KARAGIANNIS, EMILIANOS N MD</b>
Address	757 CHESTNUT ST, MANCHESTER, NH, 03104-3011
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF THESSALONIKI FAC OF MED GREECE 1970
Internship and Year	CASE WESTERN RES U AFFIL HOSP - CLEVELAND, OH 1984
Residency and Year	CASE WESTERN RES U AFFIL HOSP-CLEVELAND,OH 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12386
License Date	7/7/2004
Name	<b>KARAGOSIAN, ELIZABETH A MD</b>
Address	SOUTHERN NH MED CTR, 8 PROSPECT STNASHUA, NH, 03060
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF MASS, WORCESTER MA US 2001
Internship and Year	ALBANY MEDICAL COLLEGE, ALBANY NY 2003
Residency and Year	ALBANY MEDICAL COLLEGE, ALBANY NY 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8195
License Date	7/12/1989
Name	<b>KARAJGI, BHARAT M MD</b>
Address	GRANITE STATE ANESTHESIA, 168 KINSLEY ST STE 4NASHUA, NH, 03060-3676
Specialty	AN
Board Certified	
School and Year of Graduation	KARNATAK MED COLL -KARNATAK-INDIA INDIA 1970
Internship and Year	KINGS COUNTY HOSP-BROOKLYN,NY 1978
Residency and Year	KINGS COUNTY HOSP-BROOKLYN,NY 1981
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15482
License Date	12/7/2011
Name	<b>KARAM, NICOLAS M MD</b>
Address	STRAFFORD CARDIOLOGY ASSOC, 21 WHITEHALL RD STE 301ROCHESTER, NH, 03867
Specialty	ICE
Board Certified	ICE
School and Year of Graduation	LEBANESE UNIVERSITY BEIRUT 1999
Internship and Year	STATEN ISLAND UNIVERSITY HOSPITAL - STATEN ISLAND, NY 2003
Residency and Year	SUNY DOWNSTATE MEDICAL CENTER - BROOKLYN, NY 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11871
License Date	4/2/2003
Name	<b>KARAM, RACHID B MD</b>
Address	23 STILES RD, STE 214SALEM, NH, 03079
Specialty	IM
Board Certified	IM
School and Year of Graduation	ST JOSEPHS UNIV - BEIRUT, LEBANON BEYROUTH-LIBAN 1989
Internship and Year	COOK COUNTY HOSPITAL - CHICAGO, IL 1993
Residency and Year	COOK COUNTY HOSPITAL - CHICAGO, IL 1995
License Expiration Date	<b>11/1/2005</b>
Remarks	<b>DECEASED 11/1/05</b>

License Number	13458
License Date	4/4/2007
Name	<b>KARANOUH, MUSTAPHA D MD</b>
Address	CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty	IM
Board Certified	IM
School and Year of Graduation	BEIRUT ARAB UNIV BEIRUT 2003
Internship and Year	BAYSTATE MEDICAL CENTER-SPRINGFIELD, MA 2005
Residency and Year	BAYSTATE MEDICAL CENTER-SPRINGFIELD, MA 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16074
License Date	4/3/2013
Name	<b>KARANTH, KOTA S MD</b>
Address	NEW ENGLAND NEUROLOGICAL ASSOC., 354 MERRIMACK STLAWRENCE, MA, 01810
Specialty	NS
Board Certified	
School and Year of Graduation	KASTURBA MEDICAL COLLEGE INDIA 1992
Internship and Year	UNIVERSITY OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 2007
Residency and Year	UNIVERSITY OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 15063  
 License Date 11/3/2010  
 Name **KARAVAS, ALEXANDROS N MD**  
 Address CMC, 100 MCGREGOR STMANCHESTER, NH, 03102  
 Specialty CTS  
 Board Certified GS  
 School and Year of Graduation HUMBOLDT UNIV ZU BERLIN GERMANY 1997  
 Internship and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2002  
 Residency and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2003  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 13162  
 License Date 7/5/2006  
 Name **KARAVASILIS, ANGELA L DO**  
 Address ST JOSEPHS FAMILY MEDICAL CENTER, 460 AMHERST STREETNASHUA, NH, 03063  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF NE COLLEGE OF OSTEOPATHIC MED USA 1995  
 Internship and Year ST CLARES HOSPITAL - SCHENECTADY, NY 1996  
 Residency and Year ST CLARES HOSPITAL - SCHENECTADY, NY 1998  
 License Expiration Date **6/30/2016**  
 Remarks **1998 - Order of Denial of license issued to Dr. Karavasilis.**

License Number 12497  
 License Date 10/6/2004  
 Name **KARDELL, RICHARD G DO**  
 Address ANDROSCOGGIN VALLEY HOSP, 59 PAGE HILL RDBERLIN, NH, 03570  
 Specialty FPS  
 Board Certified FPS  
 School and Year of Graduation UNIVERSITY OF NEW JERSEY, STRATFORD NJ US 1988  
 Internship and Year KENNEDY MEMORIAL HOSP, STRATFORD NJ 1989  
 Residency and Year KENNEDY MEMORIAL HOSP, STRATFORD NJ 1992  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15757  
 License Date 7/11/2012  
 Name **KAREORES, CHRISTOPHER DO**  
 Address ANNA JAQUES HOSP, 25 HIGHLAND AVENEBURYPORT, MA, 01950  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MED USA 1993  
 Internship and Year ST VINCENT HOSPITAL- WORCESTER, MA 1994  
 Residency and Year LAHEY CLINIC - BURLINGTON, MA 1996  
 License Expiration Date **6/30/2014**  
 Remarks



License Number	4478
License Date	9/9/1969
Name	<b>KARETZKY, MONROE S MD</b>
Address	441 EAST TREMONT AVE, BRONX, NY, 10457
Specialty	PUD
Board Certified	PUD
School and Year of Graduation	CORNELL UNIV MEDICAL COLLEGE - NY USA 1963
Internship and Year	MARY IMOGENE BASSETT HOSPITAL - COOPERTOWN, NY 1964
Residency and Year	MARY IMOGENE BASSETT HOSPITAL - COOPERTOWN, NY 1965
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	10236
License Date	2/4/1998
Name	<b>KARIM-JETHA, ZAHEER S MD</b>
Address	LONGMEADOW ANES CONSULTANTS, PO BOX 60724LONGMEADOW, MA, 01116
Specialty	AN
Board Certified	AN
School and Year of Graduation	CORNELL UNIV MEDICAL COLLEGE - NY, NY USA 1980
Internship and Year	NY HOSPITAL, CORNELL MEDICAL CENTER - NY, NY 1983
Residency and Year	NY HOSPITAL, CORNELL MEDICAL CENTER - NY, NY 1983
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	11062
License Date	9/6/2000
Name	<b>KARKOS, KENNETH R DO</b>
Address	130 CENTRAL AVE, DOVER, NH, 03820
Specialty	P
Board Certified	
School and Year of Graduation	MICHIGAN STATE UNIV COLL - E LANSING, MI USA 1994
Internship and Year	MUNSON MEDICAL CENTER - TRAVERSE CITY, MI 1995
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1999
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	4570
License Date	6/1/1970
Name	<b>KARL, RICHARD C MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1992</b>
Remarks	Deceased 6/24/2012

License Number	7950
License Date	8/10/1988
Name	<b>KARL, STEPHEN R MD</b>
Address	PEDIATRIC SURGICAL ASSOCIATES, 10016 21ST ST STE 012SIOUX FALLS, SD, 57105-9999
Specialty	PDS
Board Certified	GS
School and Year of Graduation	CORNELL UNIVERSITY MEDICAL COLLEGE USA 1974
Internship and Year	UNIVERSITY OF VIRGINIA HOSPITAL - CHARLOTTESVILLE VA 1975
Residency and Year	ST CHRISTOPHERS HOSPITAL - PHILADELPHIA PA 1981
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	10084
License Date	8/6/1997
Name	<b>KARLSON, KRISTINE A MD</b>
Address	COMMUNITY & FAMILY MEDICINE, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	FSM
Board Certified	FP
School and Year of Graduation	UNIV OF CT SCHOOL OF MED - FARMINGTON, CT USA 1990
Internship and Year	ST FRANCIS HOSPITAL MEDICAL CENTER - CT 1994
Residency and Year	UNIV OF MICHIGAN HOSPITAL - MI 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	RT771
License Date	6/24/1999
Name	<b>KARLSSON, GUDBJORN A DO</b>
Address	DHMC, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	AN
Board Certified	
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND USA 1999
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2000
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2003
License Expiration Date	<b>7/9/2003</b>
Remarks	<b>2/13/2002 - Settlement Agreement</b>

License Number	11282
License Date	6/6/2001
Name	<b>KARLSSON, JULIA ANN deFOREST W MD</b>
Address	SEBASTICOOK VALLEY HOSP, 99 GROVE STPITTSFIELD, ME, 04967
Specialty	PS
Board Certified	
School and Year of Graduation	UNIV OF VIRGINIA SCH OF MED - CHARLOTTESVILLE, VA USA 1997
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR- LEBANON, NH 1998
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	10180
License Date	12/3/1997
Name	<b>KARN, CIELETTE M MD</b>
Address	RIVERTON MEM HOSP, 2100 W SUNSET DRRIVERTON, WY, 82501
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF NM SCH OF MED-ALBUQUERQUE,NM MEXICO 1990
Internship and Year	FLETCHER ALLEN HLTH CARE-VT 1990
Residency and Year	UNIV OF NM SCH OF MED-NEW MEXICO 1995
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	13212
License Date	8/2/2006
Name	<b>KARNA, ARTI MD</b>
Address	172 KINSLEY ST, NASHUA, NH, 03061
Specialty	IM
Board Certified	IM
School and Year of Graduation	ST GEORGE'S UNIV GRENADA 2002
Internship and Year	SOUND SHORE MEDICAL CTR OF WESTCHESTER-NEW ROCHELLE, NY 2003
Residency and Year	SOUND SHORE MEDICAL CTR OF WESTCHESTER-NEW ROCHELLE, NY 2005
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	15538
License Date	2/1/2012
Name	<b>KARNE, RAJARAM J MD</b>
Address	9874 MACDONALD DR, DUBLIN, OH, 43017
Specialty	END
Board Certified	END
School and Year of Graduation	SHIVAJI UNIVERSITY INDIA 1986
Internship and Year	BRONX-LEBANON HOSPITAL CENTER - BRONX, NY 2000
Residency and Year	BRONX-LEBANON HOSPITAL CENTER - BRONX, NY 2002
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	12657
License Date	4/6/2005
Name	<b>KAROUNI, GHALEB M MD</b>
Address	PRH-HOSPITALIST PROGRAM LLC, 333 BORTHWICK AVENUEPORTSMOUTH, NH, 03801
Specialty	IM
Board Certified	IM
School and Year of Graduation	KURSK STATE MEDICAL UNIVERSITY, KURSK RUSSIA 2000
Internship and Year	TEXAS STATE UNIVERSITY, AMARILLO TX 2003
Residency and Year	TEXAS STATE UNIVERSITY, AMARILLO TX 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 10502  
 License Date 2/3/1999  
 Name **KARPICZ JR, JOSEPH P MD**  
 Address BEVERLY HOSPITAL, 85 HERRICK ST BEVERLY, MA, 01915  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF MASS MED SCH - WORCESTER, MA USA 1990  
 Internship and Year ST VINCENT HOSPITAL - WORCESTER, MA 1991  
 Residency and Year ST VINCENT HOSPITAL - WORCESTER, MA 1992  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 9003  
 License Date 7/7/1993  
 Name **KARPOVSKY, BORIS MD**  
 Address COMMONWEALTH HEMA/ONCO, 41 MONTVALE AVE STE 450 STONEHAM, MA, 02180  
 Specialty ON  
 Board Certified ON  
 School and Year of Graduation FIRST MOSKOWSKIJ MEDICAL INSTITUTE RUSSIA 1971  
 Internship and Year BETH ISRAEL HOSPITAL - BOSTON MA 1979  
 Residency and Year N I H-W G MAGNUSON CLINIC CENTER - BETHESDA MD 1984  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 10622  
 License Date 7/7/1999  
 Name **KARRENBAUER, CAMTU N DO**  
 Address BACKUS HEALTH CTR/CONN CARE, 163 BROADWAY ST COLCHESTER, CT, 06415  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation SOUTHEASTERN COLL OSTEO MED-FT LAUDERDALE, FL USA 1996  
 Internship and Year NSUCOM/SUN COAST HOSPITAL - LARGO, FL 1997  
 Residency and Year NHSUCOM/SUN COAST HOSPITAL - LARGO, FL 1998  
 License Expiration Date **6/30/2002**  
 Remarks

License Number 16347  
 License Date 10/2/2013  
 Name **KARSEN, ETHAN F MD**  
 Address DHMC, 1 MED CTR DR LEBANON, NH, 03576  
 Specialty P  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE USA 2011  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014  
 License Expiration Date **6/30/2015**  
 Remarks

License Number	12200
License Date	1/7/2004
Name	<b>KARSHBAUM, STEPHEN H MD</b>
Address	THE MRI CENTERS OF NEW ENGLAND, 800 WEST CUMMINGS PARKWOBURN, MA, 01801
Specialty	R
Board Certified	R
School and Year of Graduation	TUFTS UNIVERSITY, BOSTON MA US 1991
Internship and Year	NEWTON-WELLESLEY HOSPITAL, NEWTON LOWER FALLS MA 1992
Residency and Year	NEWTON-WELLESLEY HOSPITAL, NEWTON LOWER FALLS MA 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5263
License Date	11/7/1974
Name	<b>KARTELL, JAMES P MD</b>
Address	76 ALLDS ST, NASHUA, NH, 03060-4758
Specialty	PS
Board Certified	PS
School and Year of Graduation	CHICAGO MEDICAL SCHOOL - IL USA 1966
Internship and Year	COOK COUNTY HOSPITAL - CHICAGO, IL 1967
Residency and Year	NASSAU HOSPITAL - MINEOLA, NY 1974
License Expiration Date	<b>3/18/1999</b>
Remarks	3/18/99 - Voluntary Surrender 3/12/99 - Order Approving Interim Stipulation 4/4/01 - Settlement Agreement 1/7/09 - Order of License Denial 5/5/10 - Decision and Order

License Number	10807
License Date	1/5/2000
Name	<b>KSALES, CLAUDIA J MD</b>
Address	DHMC-DEPT OF RADIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	R
Board Certified	R
School and Year of Graduation	PA STATE UNIV COLL OF MED-HERSHEY, PA USA 1986
Internship and Year	BRYN MAWR HOSPITAL - BRYN MAWR, PA 1987
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1991
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	4096
License Date	7/3/1967
Name	<b>KASCHUB, ROBERT W MD</b>
Address	RWK ECT, PMB 216 4319 MEDICAL DR #131SAN ANTONIO, TX, 78229-
Specialty	IM
Board Certified	
School and Year of Graduation	MC GILL UNIV USA 1965
Internship and Year	DARTMOUTH AFFILIATED HOSPITALS 1971
Residency and Year	DARTMOUTH AFFILIATED HOSPITALS 1971
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	12793
License Date	7/6/2005
Name	<b>KASIBHATLA, MOHIT S MD</b>
Address	DHMC, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	RO
Board Certified	
School and Year of Graduation	DUKE UNIVERSITY, DURHAM NC USA 2000
Internship and Year	HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA PA 2001
Residency and Year	DUKE UNIVERSITY, DURHAM NC 2004
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	14420
License Date	5/6/2009
Name	<b>KASIYAN, VASYL MD</b>
Address	THE ELLIOT SENIOR HEALTH CTR, 138 WEBSTER STMANCHESTER, NH, 03104
Specialty	IM
Board Certified	IM
School and Year of Graduation	VINNICA MEDICAL UNIVERSITY UKRAINE 1998
Internship and Year	FLUSHING HOSPITAL MEDICAL CENTER - FLUSHING, NY 2006
Residency and Year	FLUSHING HOSPITAL MEDICAL CENTER - FLUSHING, NY 2008
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	6205
License Date	5/15/1980
Name	<b>KASPER, LLOYD H MD</b>
Address	128 UPPER PASTURE RD, NORWICH, VT, 05055
Specialty	N
Board Certified	
School and Year of Graduation	RUSH MEDICAL COLLEGE - CHICAGO, IL USA 1975
Internship and Year	DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1976
Residency and Year	DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1980
License Expiration Date	<b>4/3/2015</b>
Remarks	<b>4/3/15 - Voluntary Permanent Surrender of License.</b>

License Number	8906
License Date	3/3/1993
Name	<b>KASPRISIN, DUKE O MD</b>
Address	8 DEERFIELD RD, S BURLINGTON, VT, 05403-
Specialty	PD
Board Certified	PD
School and Year of Graduation	MT SIANI SCHOOL OF MEDICINE USA 1972
Internship and Year	LONG ISLAND JEWISH MEDICAL CENTER - NEW HYDE PARK NY 1973
Residency and Year	MT SINAI MEDICAL CENTER - NEW YORK NY 1974
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	8646
License Date	11/6/1991
Name	<b>KASS, NEAL S MD</b>
Address	91 MAIN ST, CONCORD, MA, 01742-2527
Specialty	P
Board Certified	P
School and Year of Graduation	TEMPLE UNIVERSITY UNITED STATES 1989
Internship and Year	LEMUEL SHATTUCK HOSPITAL - TUFTS MEDICAL SCHOOL BOSTON - MASSACHUSETTS 1990
Residency and Year	HARVARD MEDICAL SCHOOL BOSTON - MASSACHUSETTS 0000
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	16828
License Date	11/6/2014
Name	<b>KASS, ROBIN M MD</b>
Address	389 SE SAINT LUCIE BLVD, STUART, FL, 34996
Specialty	N
Board Certified	N
School and Year of Graduation	UB SUNY SCHOOL OF MED & BIOMEDICAL SCIENCE USA 1993
Internship and Year	FAULKER HOSPITAL - BOSTON, MA 1994
Residency and Year	NEW YORK PRESBYTERIAN HOSPITAL-COLUMBIA CAMPUS - NEW YORK, NY 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9927
License Date	2/11/1997
Name	<b>KASSAB, CHARLOTTE A MD</b>
Address	MEDICAL PRACTICE WOMENS HLTH, 168 KINSLEY STNASHUA, NH, 03061
Specialty	OBG
Board Certified	
School and Year of Graduation	GEORGETOWN UNIV SCH OF MED - WASHINGTON USA 1991
Internship and Year	ST PETER HOSPITAL - WASHINGTON, DC 1993
Residency and Year	MAINE MEDICAL CENTER - ME 1996
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	13287
License Date	10/4/2006
Name	<b>KASSCHAU, MICHAEL F MD</b>
Address	CHESHIRE MEDICAL CTR, 590 COURT STKEENE, NH, 03431
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF TEXAS, DALLAS TX US 1999
Internship and Year	JOHN PETER SMITH HOSP, FORT WORTH TX 2000
Residency and Year	JOHN PETER SMITH HOSP, FORT WORTH TX 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10715
License Date	10/6/1999
Name	<b>KASSELS, STEVEN J MD</b>
Address	C/O HEALTH CARE RESOURCES, 125 NORTH ELM ST, 3RD FLWESTFIELD, MA, 01085
Specialty	ADM
Board Certified	ADM
School and Year of Graduation	WAYNE STATE UNIVERSITY SCHL OF MEDICINE DETROIT MI USA 1975
Internship and Year	TRUMAN MEDICAL CENTER DEPT OF EM 1977
Residency and Year	TRUMAN MEDICAL CENTER DEPT OF EM 1979
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10716
License Date	10/6/1999
Name	<b>KASSLER, WILLIAM J MD</b>
Address	CTR FOR MEDICARE AND MEDICAID, JFK FEDERAL BLDGBOSTON, MA, 02203
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL BOSTON USA 1984
Internship and Year	RHODE ISLAND HOSPITAL DAPT OF IM 1986
Residency and Year	RHODE ISLAND HOSPITAL DEPT OF IM 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11451
License Date	11/7/2001
Name	<b>KASTURI, VIJAY K MD</b>
Address	DARTMOUTH HITCHCOCK CLI KEENE, 580 COURT STKEENE, NH, 03431
Specialty	IM
Board Certified	IM
School and Year of Graduation	RUSH MEDICAL COLL OF RUTH UNIV-CHICAGO,IL USA 1992
Internship and Year	RUSH-PRESBYTERIAN - ST LUKES MEDICAL CENTER - CHICAGO, IL 1993
Residency and Year	RUSH-PRESBYTERIAN - ST LUKES MEDICAL CENTER - CHICAGO, IL 1995
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	9162
License Date	5/4/1994
Name	<b>KATES, JAMES R MD</b>
Address	SEACOAST MENTAL HEALTH, 30 PROSPECT STEXETER, NH, 03833
Specialty	P
Board Certified	P
School and Year of Graduation	GEORGE WASHINGTON UNIVERSITY SCHOOL OF MEDICINE USA 1990
Internship and Year	NY HOSPITAL - WHITE PLAINS NY 1994
Residency and Year	NY HOSPITAL - WHITE PLAINS NY 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	6497
License Date	2/8/1982
Name	<b>KATHAN JR, NORMAN D MD</b>
Address	HUGGINS HOSP, S MAIN STWOLFEBORO, NH, 03894
Specialty	PD
Board Certified	PD
School and Year of Graduation	ALBANY MED COLL OF UNION UNIV-ALBANY,NY USA 1964
Internship and Year	HOSP OF THE GOOD SAMARITAN-LOS ANGELES,CA 1965
Residency and Year	ALBANY MED CTR HOSP-ALBANY,NY 1967
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	10533
License Date	4/7/1999
Name	<b>KATIRA, SHEPHALI C MD</b>
Address	57 WAGONWHEEL DR, E AMHERST, NY, 14051
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF MINNESOTA MED SCH - MINNEAPOLIS, MN USA 1995
Internship and Year	COLUMBUS CHILDRENS HOSPITAL - COLUMBUS, OH 1996
Residency and Year	COLUMBUS CHILDRENS HOSPITAL - COLUMBUS, OH 1997
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	9279
License Date	9/7/1994
Name	<b>KATKOVSKY, LEONID M MD</b>
Address	79 SEMINARY HILL RD 5, LEBANON, NH, 03784
Specialty	GP
Board Certified	
School and Year of Graduation	MINSKIJ MEDICAL INSTITUTE USSR 1985
Internship and Year	ST BARNABAS HOSPITAL - BRONX NY 1993
Residency and Year	WILSON MEMORIAL REGIONAL MEDICAL CENTER - JACKSON CITY NY 1994
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	14556
License Date	8/5/2009
Name	<b>KATO, YOICHI MD</b>
Address	6-7-97 OBIYAMA, CHOU-KUKUMAMOTO JAPAN, , 862-0924
Specialty	EM
Board Certified	EM
School and Year of Graduation	TOYAMA MEDICAL & PHARMACEUTICAL UNIVERSITY JAPAN 2002
Internship and Year	BETH ISRAEL MEDICAL CENTER - NEW YORK, NY 2007
Residency and Year	BETH ISRAEL MEDICAL CENTER - NEW YORK, NY 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13068
License Date	5/3/2006
Name	<b>KATRAGADDA, SREENIVAS MD</b>
Address	148 COOLIDGE STREET, MANCHESTER, NH, 03102
Specialty	P
Board Certified	P
School and Year of Graduation	ANDHRA UNIV USA 1998
Internship and Year	BERGEN REGIONAL MEDICAL CTR, PARAMUS NJ 2005
Residency and Year	BERGEN REGIONAL MEDICAL CENTER 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10808
License Date	1/5/2000
Name	<b>KATS, MARK MD</b>
Address	25 HIGHLAND AVE, NEWBURYPORT, MA, 01950
Specialty	AN
Board Certified	AN
School and Year of Graduation	LENINGRAD PEDIATRIC MED INST-ST PETERSBURG, RUSSIA RUSSIA 1984
Internship and Year	LEMUEL SHATTUCK HOSPITAL - JAMAICA PLAIN, MA 1993
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1996
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	8274
License Date	2/7/1990
Name	<b>KATZ, ERIC J MD</b>
Address	SHRIVERS HOSPITAL, 2425 STOCKTON BLVDSACRAMENTO, CA, 95817
Specialty	AN
Board Certified	AN
School and Year of Graduation	NEW YORK UNIVERSITY MEDICAL SCHOOL USA 1979
Internship and Year	LETTERMAN ARMY MEDICAL CENTER                      SAN FRANCISCO CA 1985
Residency and Year	LETTERMAN ARMY MEDICAL CENTER                      SAN FRANCISCO CA 1985
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	7843
License Date	5/4/1988
Name	<b>KATZ, JAMES E MD</b>
Address	20 PARK PLAZA #804, BOSTON, MA, 02116
Specialty	OM
Board Certified	OM
School and Year of Graduation	UNIV CONNECTICUT SCH MED - FARMINGTON, CT USA 1978
Internship and Year	THOMAS JEFFERSON UNIV HOSPITAL - PHILA, PA 1979
Residency and Year	HARVARD SCHOOL OF PUBLIC HEALTH - BOSTON, MA 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12304
License Date	5/5/2004
Name	<b>KATZ, MATTHEW S MD</b>
Address	LOWELL GENERAL HOSPITAL, 295 VARNUM AVELOWELL, MA, 01854
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF MASS, WORCESTER MA US 1998
Internship and Year	EVANSTON NORTHWESTERN HEALTHCARE, EVANSTON IL 1999
Residency and Year	MEMORIAL SLOAN-KETTERING CANCER CTR, NEW YORK NY 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5302
License Date	2/24/1975
Name	<b>KATZ, SIDNEY R MD</b>
Address	13 RESERVOIR ST, NASHUA, NH, 03064
Specialty	U
Board Certified	U
School and Year of Graduation	NY MEDICAL SCHOOL USA 1968
Internship and Year	METROPOLITAN HOSPITAL - NY CITY, NY 1969
Residency and Year	METROPOLITAN HOSPITAL- NY CITY, NY 1970
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6757
License Date	8/4/1983
Name	<b>KATZMAN, LAURIE E MD</b>
Address	, , ,
Specialty	IM
Board Certified	
School and Year of Graduation	UNIVERSITY OF GUADALAJARA - MEXICO MEXICO 1979
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1985</b>
Remarks	

License Number	16045
License Date	3/6/2013
Name	<b>KAUFFMAN, JEFFREY I MD</b>
Address	LITTLETON REGIONAL HOSPITAL/THE ALPINE CLINIC, 1095 PROFILE RD FRANCONIA, NH, 03580
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	CORNELL UNIVERSITY MEDICAL COLLEGE USA 1993
Internship and Year	NYU HOSPITAL FOR JOINT DISEASES - NY, NY 1994
Residency and Year	NYU HOSPITAL FOR JOINT DISEASES - NY, NY 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16717
License Date	8/6/2014
Name	<b>KAUFMAN, ANNICK-MARIE V MD</b>
Address	1150 S STAGE RD, MEDFORD, OR, 97501
Specialty	GS
Board Certified	
School and Year of Graduation	ROSS UNIVERSITY DOMINICA 2002
Internship and Year	WRIGHT STATE UNIVERSITY BOONSHOFT SCHOOL OF MEDICINE - DAYTON, OH 2003
Residency and Year	WRIGHT STATE UNIVERSITY BOONSHOFT SCHOOL OF MEDICINE - DAYTON, OH 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4932
License Date	12/4/1972
Name	<b>KAUFMAN, ELLIOT M MD</b>
Address	18 MECHANIC ST, PO BOX 953BETHEL, ME, 04217
Specialty	P
Board Certified	P
School and Year of Graduation	CHICAGO MEDICAL SCHOOL-CHICAGO IL USA 1963
Internship and Year	MICHAEL REESE HOSP-CHICAGO IL 1964
Residency and Year	MICHAEL REESE HOSP - CHICAGO, IL 1964
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7951
License Date	8/10/1988
Name	<b>KAUFMAN, GARY E MD</b>
Address	DIV OF MATERNAL FETAL MED - ELLIOT HOSPITAL, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty	MFM
Board Certified	MFM
School and Year of Graduation	HAHNEMANN UNIV SCH OF MED - PHILADELPHIA,PA USA 1985
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1986
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8676
License Date	1/8/1992
Name	<b>KAUFMAN, PETER A MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	ON
Board Certified	ON
School and Year of Graduation	NEW YORK UNIVERSITY SCHOOL OF MEDICINE UNITED STATES 1983
Internship and Year	DUKE UNIVERSITY MEDICAL CENTER                      DURHAM - NORTH CAROLINA 1984
Residency and Year	DUKE UNIVERSITY MEDICAL CENTER                      DURHAM - NORTH CAROLINA 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8046
License Date	3/1/1989
Name	<b>KAUFMAN, SVETLANA L MD</b>
Address	144 MERRIMACK ST #432, LOWELL, MA, 01852
Specialty	GP
Board Certified	
School and Year of Graduation	FIRST LENINGRAD MED INST-LENINGRAD RUSSIA 1955
Internship and Year	COLUMBIA UNIV NY 1981
Residency and Year	WOODHULL HOSP-NY 1983
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	16451
License Date	1/8/2014
Name	<b>KAUL, HEEMA MD</b>
Address	360 MERRIMACK ST, BLDG #9 1ST FLLAWRENCE, MA, 01843
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2005
Internship and Year	STEWART CARNEY HOSPITAL - BOSTON, MA 2006
Residency and Year	BOSTON UNIVERSITY SCHOOL OF MEDICINE - BOSTON, MA 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3454
License Date	7/6/1961
Name	<b>KAUPAS, VLADAS MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1992</b>
Remarks	

License Number	11962
License Date	6/4/2003
Name	<b>KAUPP, CARA D MD</b>
Address	MERRIMACK MEDICAL CENTER, 696 DANIEL WEBSTER HWYMERRIMACK, NH, 03054
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS - WORCESTER MA USA 2000
Internship and Year	CHILDRENS HOSPITAL AT STRONG - ROCHESTER NY 2001
Residency and Year	CHILDRENS HOSPITAL AT STRONG - ROCHESTER NY 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11918
License Date	5/7/2003
Name	<b>KAUPP, GREGORY W MD</b>
Address	MEDICINE-PEDIATRICS OF NASHUA, 17 PROSPECT ST SUITE N 103NASHUA, NH, 03060
Specialty	IM
Board Certified	PD
School and Year of Graduation	UNIV OF MASSACHUSETTS MED SCH - WORCESTER,MA USA 1998
Internship and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1999
Residency and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12880
License Date	9/7/2005
Name	<b>KAUR, PRABHJOT MD</b>
Address	DHMC-PATHOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	DIBRUGARH UNIVERSITY, INDIA INDIA 1997
Internship and Year	ALBANY MEDICAL CTR HOSP, ALBANY NY 2002
Residency and Year	ALABANY MEDICAL CTR HOSP, ALBANY NY 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17011
License Date	4/1/2015
Name	<b>KAUR, RAMANDEEP MD</b>
Address	LRGH - ADMIN/HOSPITALIST OFFICE, 80 HIGHLAND STLACONIA, NH, 03246
Specialty	IM
Board Certified	
School and Year of Graduation	GOVERNMENT MEDICAL COLLEGE AMRITSAR INDIA 2004
Internship and Year	MOUNT SINAI HOSPITAL - CHICAGO, IL 2013
Residency and Year	MOUNT SINAI HOSPITAL - CHICAGO, IL 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13969
License Date	5/7/2008
Name	<b>KAVANAGH, MARSHA C MD</b>
Address	155 BORTHWICK AVE STE 200E, PORTSMOUTH, NH, 03801
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 2001
Internship and Year	CAMBRIDGE HOSPITAL - CAMBRIDGE, MA 2002
Residency and Year	UNIV OF CALIFORNIA SAN FRANCISCO SCHOOL OF MEDICINE - SAN FRANCISCO, CA 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13674
License Date	9/5/2007
Name	<b>KAVATHEKAR, POORNIMA K MD</b>
Address	PEDIATRIC HEALTH ASSOC, 275 MAMMOTH RD STE 1MANCHESTER, NH, 03109
Specialty	PD
Board Certified	
School and Year of Graduation	BOSTON UNIV USA 2004
Internship and Year	UNIV OF MINNESOTA-MINNEAPOLIS, MN 2005
Residency and Year	UNIV OF MINNESOTA-MINNEAPOLIS, MN 2007
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	13800
License Date	1/11/2008
Name	<b>KAW, YAO T MD</b>
Address	QUEST LABORATORY, 1524 ATWOOD AVE STE 122JOHNSTON, RI, 02919
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF THE EAST PHILIPPINES 1983
Internship and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1988
Residency and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1991
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	15444
License Date	11/2/2011
Name	<b>KAWATSUJI, RYOSUKE MD</b>
Address	NEW HAMPSHIRE HOSPITAL, 36 CLINTON STCONCORD, NH, 03301
Specialty	P
Board Certified	
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 2006
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7877
License Date	6/8/1988
Name	<b>KAY, RUSSELL S MD</b>
Address	LEE URGEN CARE, 65 CALEF HWYLEE, NH, 03861
Specialty	EM
Board Certified	EM
School and Year of Graduation	BROWN UNIV PROGRAM IN MED - PROVIDENCE,RI USA 1979
Internship and Year	PROVIDENCE HOSPITAL - WASHINGTON, DC 1980
Residency and Year	PROVIDENCE HOSPITAL - WASHINGTON, DC 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 10085  
 License Date 8/6/1997  
 Name **KAYE, JESSE J MD**  
 Address 79 SAUSALITO DR, BOYNTON BEACH, FL, 33436  
 Specialty P  
 Board Certified P  
 School and Year of Graduation ALBANY MEDICAL COLLEGE - ALBANY, NY USA 1954  
 Internship and Year ALBANY MEDICAL CENTER HOSPITAL - NY 1955  
 Residency and Year ALBANY MEDICAL CENTER HOSPITAL - NY 1958  
 License Expiration Date **6/30/2005**  
 Remarks **DECEASED 04/01/08**

License Number 16643  
 License Date 6/4/2014  
 Name **KAYSI, KAYS MD**  
 Address 207 SHAW ST APT 44, GREENVILLE, SC, 29609  
 Specialty FP  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF KENTUCKY COLLEGE OF MEDICINE USA 2011  
 Internship and Year MID-HUDSON FAMILY HEALTH INSTITUTE - KINGSTON, NY 2012  
 Residency and Year GREENVILLE HOSPITAL SYSTEM - GREENVILLE, SC 2014  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11778  
 License Date 11/6/2002  
 Name **KAZAL JR, LOUIS A MD**  
 Address HEATER ROAD, ONE MEDICAL CENTER DR LEBANON, NH, 03756  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation THOMAS JEFFERSON UNIV - PHILADELPHIA, PA USA 1984  
 Internship and Year MCKAY-DEE HOSPITAL CENTER - OGDEN, UT 1985  
 Residency and Year MCKAY-DEE HOSPITAL CENTER - OGDEN, UT 1986  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13164  
 License Date 7/5/2006  
 Name **KAZMI, SYED A MD**  
 Address 619 19TH ST S PDGA 175, BIRMINGHAM, AL, 35249  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation UNIV OF KARACHI PAKISTAN 1989  
 Internship and Year BAYSTATE MEDICAL CTR-SPRINGFIELD, MA 2002  
 Residency and Year BAYSTATE MEDICAL CTR-SPRINGFIELD, MA 2005  
 License Expiration Date **6/30/2008**  
 Remarks



License Number	14925
License Date	7/7/2010
Name	<b>KAZMOUZ, SAFWAN MD</b>
Address	MEDICINE AT YOUR DOOR LLC, 18 ROCKLAND RDCONCORD, NH, 03301
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF PUNJAB PAKISTAN 1987
Internship and Year	HENRY FORD HOSPITAL- DETROIT, MI 1994
Residency and Year	HENRY FORD HOSPITAL- DETROIT, MI 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3291
License Date	3/11/1959
Name	<b>KEAMY, DONALD G MD</b>
Address	16 MARIE DR, ANDOVER, MA, 01810
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE UNITED STATES 1957
Internship and Year	SAINT ELIZABETH'S HOSPITAL 1958
Residency and Year	SAINT ELIZABETH'S HOSPITAL 1959
License Expiration Date	<b>4/21/2009</b>
Remarks	<b>DECEASED 4/21/09</b>

License Number	9043
License Date	9/1/1993
Name	<b>KEANE, ELIZABETH M MD</b>
Address	MANCHESTER COMM HLTH CTR, 145 HOLLIS STMANCHESTER, NH, 03101
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF MA MED SCHOOL USA 1987
Internship and Year	CHILDREN'S NATIONAL MED CTR 1988
Residency and Year	CHILDRENS NATIONAL MED CTR 1990
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	3624
License Date	7/2/1963
Name	<b>KEARNEY, WILLIAM F MD</b>
Address	1415 ELM ST, MANCHESTER, NH, 03101-1325
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1959
Internship and Year	BOSTON CITY HOSPITAL - BOSTON, MA 1960
Residency and Year	NEW YORK HOSPITAL - NEW YORK, NY 1963
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	13711
License Date	10/3/2007
Name	<b>KEATING, DAVID P MD</b>
Address	FAHC-RADIOLOGY DEPT, 111 COLCHESTER AVEBURLINGTON, VT, 05401
Specialty	R
Board Certified	R
School and Year of Graduation	COLUMBIA UNIV COLLEGE OF PHYSICIANS & SURGEONS USA 1999
Internship and Year	ST LUKES ROOSEVELT HOSPITAL CENTER - NEW YORK, NY 1991
Residency and Year	WINTHROP UNIV HOSPITAL - MINEOLA, NY 2001
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	15307
License Date	7/6/2011
Name	<b>KEBBEKUS, PETER E MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	UNIVERSITY OF MINNESOTA USA 2008
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	14462
License Date	6/3/2009
Name	<b>KECHAVARZ, LIDA MD</b>
Address	195 N HARBOR DR #2009, CHICAGO, IL, 60601
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV DE GENEVE SWITZERLAND 1967
Internship and Year	PHILADELPHIA GENERAL HOSPITAL - PHILADELPHIA, PA 1969
Residency and Year	PHILADELPHIA GENERAL HOSPITAL - PHILADELPHIA, PA 1970
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	9397
License Date	4/5/1995
Name	<b>KEEFE HASSETT, VIRGINIA MD</b>
Address	STRAFFORD MEDICAL ASSOC, 10 MEMBERS WAY STE 302DOVER, NH, 03820-
Specialty	IM
Board Certified	IM
School and Year of Graduation	GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 1988
Internship and Year	FITZSIMONS ARMY MEDICAL CENTER - AURORA CO 1991
Residency and Year	FITZSIMONS ARMY MEDICAL CENTER - AURORA CO 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10951
License Date	6/7/2000
Name	<b>KEEFE, KRISTIN A MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CTR DR OB/GYNLEBANON, NH, 03756
Specialty	OBG
Board Certified	
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1992
Internship and Year	BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1993
Residency and Year	BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1996
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	15308
License Date	7/6/2011
Name	<b>KEEFE, PATRICIA A MD</b>
Address	PREMIER MEDICAL GROUP, 2147 WILMA RUDOLPH BLVDCLARKSVILLE, TN, 37040
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENC USA 1999
Internship and Year	WILLIAM BEAUMONT ARMY MEDICAL CENTER - EL PASO, TX 2000
Residency and Year	TRIPLER ARMY MEDICAL CENTER - TRIPLE AMC, HI 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11919
License Date	5/7/2003
Name	<b>KEEFE, PAUL A MD</b>
Address	29 EATON RD, NEEDHAM, MA, 02492
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF MASSACHUSETTS MED SCH - WORCESTER, MA USA 1981
Internship and Year	UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1982
Residency and Year	UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1984
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	16912
License Date	1/21/2015
Name	<b>KEEFE, SANDRA O MD</b>
Address	702 COUNTRY CLUB DR, TITUSVILLE, FL, 32780
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSIDADE DE MOGI DAS CRUZES BRAZIL 1996
Internship and Year	LEHIGH VALLEY HOSPITAL - ALLENTOWN, PA 2002
Residency and Year	UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES - LITTLE ROCK, AR 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15925
License Date	11/7/2012
Name	<b>KEEGAN, BRIAN M MD</b>
Address	MAYO CLINIC, 200 1ST ST SOUTHWEST ROCHESTER, MN, 55905
Specialty	N
Board Certified	N
School and Year of Graduation	UNIVERSITY OF SASKATCHEWAN COLLEGE OF MED CANADA 1994
Internship and Year	UNIVERSITY OF SASKATCHEWAN - SASKATOON, CANADA 1995
Residency and Year	UNIVERSITY OF SASKATCHEWAN - SASKATOON, CANADA 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16452
License Date	1/8/2014
Name	<b>KEEGAN, CATHERINE N MD</b>
Address	WAYS, 13737 NOEL RD STE 1600 DALLAS, TX, 75240
Specialty	DR
Board Certified	DR
School and Year of Graduation	LOUISIANA STATE UNIVERSITY USA 2006
Internship and Year	HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 2007
Residency and Year	SUNY HEALTH SCIENCE CENTER - SYRACUSE, NY 2011
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14735
License Date	2/3/2010
Name	<b>KEEGAN, CLARA M MD</b>
Address	BLACKWELL FAMILY MEDICINE, 506 GROTON RD WESTFORD, MA, 01886
Specialty	FP
Board Certified	FP
School and Year of Graduation	COLUMBIA UNIVERSITY USA 2002
Internship and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2003
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2005
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	10866
License Date	4/5/2000
Name	<b>KEEHN, LOUIS MD</b>
Address	35 MARGARET AVE, LAWRENCE, NY, 11559
Specialty	AN
Board Certified	AN
School and Year of Graduation	ST GEORGE UNIVERSITY SCHOOL OF MEDICINE-NEW YORK USA 1984
Internship and Year	NEW JERSEY MEDICAL SCHOOL-NEWARK, NJ 1985
Residency and Year	NEW JERSEY MEDICAL SCHOOL-NEWARK, NJ 1987
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	9656
License Date	3/6/1996
Name	<b>KEENAN, KEVIN N MD</b>
Address	VA MEDICAL CENTER, 718 SMYTH RDMANCHESTER, NH, 03104
Specialty	OM
Board Certified	OM
School and Year of Graduation	UNIFORMED SERVICES UNIV OF THE HLTH SCIENCE - MD USA 1981
Internship and Year	WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1982
Residency and Year	TULAND UNIV - NEW ORLEANS, LA 1987
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15445
License Date	11/2/2011
Name	<b>KEENAN, SEAN C MD</b>
Address	RAYS, 13737 NOEL RD STE 1600DALLAS, TX, 75240
Specialty	DR
Board Certified	DR
School and Year of Graduation	INDIANA UNIVERSITY SCHOOL OF MEDICINE USA 2001
Internship and Year	WILLIAM BEAUMONT ARMY MEDICAL CENTER - EL PASO, TX 2002
Residency and Year	BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13165
License Date	7/5/2006
Name	<b>KEENAN, TIMOTHY G MD</b>
Address	SEACOAST FAMILY PRACTICE, 118 PORTSMOUTH AVE STE 201STRATHAM, NH, 03885
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF NEW YORK USA 1997
Internship and Year	CHRISTIANA CARE HEALTH SYSTEM-CHRISTIANA HOSPITAL, NEWARK , DE 1998
Residency and Year	CHRISTIANA HOSPITAL 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7791
License Date	3/9/1988
Name	<b>KEENE, DOUGLAS W MD</b>
Address	DARTMOUTH-HITCHCOCK KEENE, 590 COURT STKEENE, NH, 03431-1798
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF TX MED SCH AT SAN ANTONIO-TX' USA 1982
Internship and Year	BROWN UNIV AFFIL HOSP-PROVIDENCE,RI 1983
Residency and Year	BROWN UNIV AFFIL HOSP-PROVIDENCE,RI 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10534
License Date	4/7/1999
Name	<b>KEESHIN, MAUDE O MD</b>
Address	WEEKS MEM HOSP, 170 MIDDLE STLANCASTER, NH, 03584
Specialty	GS
Board Certified	GS
School and Year of Graduation	RUSH MEDICAL COLL OF RUSH UNIV - CHICAGO,IL USA 1988
Internship and Year	BOSTON UNIV MEDICAL CENTER - BOSTON,MA 1989
Residency and Year	BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1990
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10535
License Date	4/7/1999
Name	<b>KEESHIN, NEAL D MD</b>
Address	AVH, 59 PAGE HILL RDBERLIN, NH, 03570
Specialty	FP
Board Certified	FP
School and Year of Graduation	RUSH MED COLL OF RUSH UNIV - CHICAGO,IL USA 1989
Internship and Year	UNIV OF MASSACHUSETTS MEDICAL CENTER - WORCESTER, MA 1990
Residency and Year	UNIV OF MASSACHUSETTS MEDICAL CENTER - WORCESTER, MA 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17172
License Date	7/1/2015
Name	<b>KEETON, NANCY C MD</b>
Address	4813 E PICCADILLY RD, PHOENIX, AZ, 85018
Specialty	DR
Board Certified	DR
School and Year of Graduation	GEORGETOWN UNIVERSITY USA 1982
Internship and Year	COOPER MED SCHOOL OF ROWAN UNIV/COOPER UNIV HOSPITAL-CAMDEN, NJ 1983
Residency and Year	MCPHU/MEDICAL COLLEGE OF PENNSYLVANIA HOSPITAL - PHILADELPHIA, PA 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8968
License Date	6/2/1993
Name	<b>KEGEL, MARK S MD</b>
Address	DARTMOUTH-HITCHCOCK CLINIC, 253 PLEASANT STCONCORD, NH, 03301-
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	VA COMMONWEALTH UNIVERSITY MEDICAL COLLEGE USA 1986
Internship and Year	MEDICAL COLLEGE OF VIRGINIA HOSPITAL - RICHMOND VA 1990
Residency and Year	MEDICAL COLLEGE OF VIRGINIA HOSPITAL - RICHMOND VA 1990
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8969
License Date	6/2/1993
Name	<b>KEGEL, PATRICIA B MD</b>
Address	DARTMOUTH-HITCHCOCK, 253 PLEASANT STCONCORD, NH, 03301-
Specialty	FP
Board Certified	FP
School and Year of Graduation	VA COMMONWEALTH UNIVERSITY MEDICAL COLLEGE USA 1990
Internship and Year	RIVERSIDE HOSPITAL - NEWPORT NEWS VA 1993
Residency and Year	RIVERSIDE HOSPITAL - NEWPORT NEWS VA 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13250
License Date	9/6/2006
Name	<b>KEHAS, DAVID J MD</b>
Address	ELLIOT FAMILY MED AT HOOKSETT, 20 CHAMBERS RD STE 1200HOOKSETT, NH, 03106
Specialty	FP
Board Certified	FP
School and Year of Graduation	TUFTS UNIV USA 2003
Internship and Year	CONCORD HOSPITAL-CONCORD NH 2004
Residency and Year	CONCORD HOSPITAL-CONCORD NH 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9486
License Date	7/5/1995
Name	<b>KEHLER, ELISABETH G MD</b>
Address	CENTRAL TEXAS VA HEALTH CARE, 1901 VETERANS MEM BLVD 111-10TEMPLE, TX, 76504
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV HAMBURG KRANKENHAUS EPPENDORF GERMANY 1985
Internship and Year	ST LOUIS UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS MO 1991
Residency and Year	ST LOUIS UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS MO 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14508
License Date	7/1/2009
Name	<b>KEIRNS, CARLA C MD</b>
Address	STONY BROOK UNIV-PREVENT MED, HSC LEVEL 3-080STONY BROOK, NY, 11794-8335
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF PENNSYLVANIA USA 2003
Internship and Year	UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM - PHILADELPHIA, PA 2004
Residency and Year	UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM - PHILADELPHIA, PA 2006
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	14292
License Date	1/7/2009
Name	<b>KEITH, ARTHUR L MD</b>
Address	1351 HWY 534, RURAL ROUTE 2POWASSAN ON CAN, , POH 1Z0
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF SO ALABAMA USA 1979
Internship and Year	WRIGHT STATE UNIV SCHOOL OF MEDICINE - DAYTON, OH 1980
Residency and Year	WRIGHT STATE UNIV SCHOOL OF MEDICINE - DAYTON, OH 1983
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	13712
License Date	10/3/2007
Name	<b>KELIDDARI, FARHAD MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	NEW YORK MEDICAL COLLEGE USA 2001
Internship and Year	KAISER PERMANENTE MEDICAL CENTER - LOS ANGELES, CA 2002
Residency and Year	KAISER PERMANENTE MEDICAL CENTER - LOS ANGELES, CA 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6518
License Date	4/1/1982
Name	<b>KELLAN, ROBERT E MD</b>
Address	60 EAST ST STE 1100, METHUEN, MA, 01844-4547
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	TUFTS UNIV SCH MED-BOSTON,MA USA 1963
Internship and Year	BOSTON CITY HOSP-BOSTON,MA 1964
Residency and Year	NEW YORK EYE EAR INFIRMARY-NEW YORK 1967
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10181
License Date	12/3/1997
Name	<b>KELLEHER, DANIEL R MD</b>
Address	MAIN ST, PO BOX 1155FARMINGTON, CT, 06034
Specialty	CHP
Board Certified	P
School and Year of Graduation	NATL UNIV OF IRELAND IRELAND 1974
Internship and Year	HARBOR HOSP CTR-MD 1975
Residency and Year	KINGS COUNTY HOSP-NY 1978
License Expiration Date	<b>6/30/2005</b>
Remarks	



License Number	14509
License Date	7/1/2009
Name	<b>KELLER, DAVID J MD</b>
Address	4 DEER RUN, MENDON, VT, 05701
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIVERSITY OF VERMONT USA 1968
Internship and Year	YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1969
Residency and Year	YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1970
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	5093
License Date	10/10/1973
Name	<b>KELLER, DIETER H MD</b>
Address	36 GEORGE TER, LEOMINSTER, MA, 01453
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	TUFTS UNIVERSITY-BOSTON MA USA 1957
Internship and Year	CITY OF CAMBRIDGE-CAMBRIDGE MA 1958
Residency and Year	NEW ENGLAND MEDICAL CTR HOSP-BOSTON MA 1960
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	4650
License Date	2/1/1971
Name	<b>KELLER, JEANNE D MD</b>
Address	U OF MASS MEDICAL CENTER, 55 LAKE AVE NWORCESTER, MA, 01655-0001
Specialty	R
Board Certified	R
School and Year of Graduation	BOSTON UNIV SCHOOL OF MEDICINE USA 1955
Internship and Year	CAMBRIDGE HOSPITAL - CAMBRIDGE, MA 1956
Residency and Year	CAMBRIDGE HOSPITAL - CAMBRIDGE, MA 1958
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	13106
License Date	6/7/2006
Name	<b>KELLER, JENNIFER G MD</b>
Address	NASHUA ANESTHESIA PARTNERS, 8 PROSPECT ST / SO NH MED CTRNASHUA, NH, 03060
Specialty	AN
Board Certified	AN
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2001
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR-LEBANON, NH 2002
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR-LEBANON, NH 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>lapsed 6/30/08 - reinstated 10/2/13</b>

License Number	6048
License Date	5/7/1979
Name	<b>KELLER, MARC I MD</b>
Address	KINGDOM EMERGENCY SERVICE, RR 2 BOX 91LYDONVILLE, VT, 05851
Specialty	IM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF VERMONT-VT USA 1973
Internship and Year	BAYSTATE MEDICAL CENTER-MA 1974
Residency and Year	BAYSTATE MEDICAL CENTER-MA 1976
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11662
License Date	7/3/2002
Name	<b>KELLER, RICHARD J MD</b>
Address	CHILDREN'S HOSPITAL, 300 LONGWOOD AVEBOSTON, MA, 02115
Specialty	PD
Board Certified	PD
School and Year of Graduation	NEW YORK UNIV SCH OF MED - NEW YORK, NY USA 1982
Internship and Year	YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1983
Residency and Year	YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1985
License Expiration Date	<b>9/20/2012</b>
Remarks	9/20/12 - Order of Emergency License Suspension and Notice of Hearing 10/11/12 - Order 4/7/14 - Voluntary Surrender of License

License Number	4018
License Date	3/29/1967
Name	<b>KELLEY JR, MAURICE L MD</b>
Address	DHMC-GENERAL INTERNAL MED, 1 MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF ROCHESTER, NY USA 1949
Internship and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1950
Residency and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1951
License Expiration Date	<b>10/19/2008</b>
Remarks	DECEASED 10/19/2008

License Number	10753
License Date	11/3/1999
Name	<b>KELLEY, COLIN T MD</b>
Address	51 SYLVAN ST PRIVATE BAG 4733, CHRISTCHURCHNEW ZEALAND, , 8024
Specialty	P
Board Certified	P
School and Year of Graduation	UNIFORMED SERVICES UNIVERSITY-BETHESDA,MD USA 1988
Internship and Year	DWIGHT DAVID ENISENHOWER ARMY MEDICAL CENTER-FORT GORDON,GA 1989
Residency and Year	DWIGHT DAVID ENISENHOWER ARMY MEDICAL CENTER-FORT GORDON,GA 1992
License Expiration Date	<b>6/30/2009</b>
Remarks	Settlement Agreement - 1/11/2013

License Number	13547
License Date	6/6/2007
Name	<b>KELLEY, DAVID W DO</b>
Address	D W KELLEY ASSOCIATES LLC, 14524 CANTRELL RD STE 140 PMB210LITTLE ROCK, AR, 72223
Specialty	AN
Board Certified	AN
School and Year of Graduation	KIRKSVILLE COLLEGE USA 2003
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2004
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	9858
License Date	10/2/1996
Name	<b>KELLEY, GENEVIEVE M MD</b>
Address	LITTLETON REGIONAL HOSPITAL, ST JOHNSBURY RDLITTLETON, NH, 03561
Specialty	FP
Board Certified	FP
School and Year of Graduation	ALBANY MEDICAL COLLEGE - ALBANY, NY USA 1989
Internship and Year	DAVID GRANT USAF MEDICAL CENTER - CA 1992
Residency and Year	DAVID GRANT USAF MEDICAL CENTER - CA 1992
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	12066
License Date	9/3/2003
Name	<b>KELLEY, LAURA S DO</b>
Address	DARTMOUTH HITCHCOCK-KEENE, 590 COURT STKEENE, NH, 03431
Specialty	PD
Board Certified	
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME US 1999
Internship and Year	STATE UNIVERSITY OF NY, SYRACUSE NY 2001
Residency and Year	STATE UNIVERSITY OF NY, SYRACUSE NY 2003
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	16948
License Date	2/4/2015
Name	<b>KELLEY, MICHAEL E MD</b>
Address	100 CAMPUS AVE, LEWISTON, ME, 04240
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF TX-HOUSTON MEDICAL SCHOOL USA 1994
Internship and Year	OREGON HEALTH SCIENCES UNIVERSITY - PORTLAND, OR 1995
Residency and Year	EMORY UNIVERSITY SCHOOL OF MEDICINE - ATLANTA, GA 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8949
License Date	5/5/1993
Name	<b>KELLEY, MICHAEL S MD</b>
Address	FAIRVIEW SOUTHDALE ANESTHESIOLOGISTS LLC, 6401 FRANCE AVE SOUTHEDINA, MN, 55435
Specialty	AN
Board Certified	AN
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1990
Internship and Year	BROOKE ARMY MEDICAL CENTER - FT S HOUSTON TX 1991
Residency and Year	WALTER REED ARMY MEDICAL CENTER - WASHINGTON DC 1994
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14626
License Date	10/7/2009
Name	<b>KELLEY, SAMUEL K MD</b>
Address	DCS MENTAL HEALTH, 151 MYSTIC AVEMEDFORD, MA, 02122
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF LOUISVILLE USA 1987
Internship and Year	TUFTS-NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1990
Residency and Year	MCLEAN HOSPITAL-BELMONT, MA 1992
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	10254
License Date	4/1/1998
Name	<b>KELLEY, SHAWN C MD</b>
Address	DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CTR DRLEBANON, NH, 03781
Specialty	IM
Board Certified	
School and Year of Graduation	UNIVERSITY OF WISCONSIN MED SCHOOL USA 1995
Internship and Year	DARTMOUTH MEDICAL SCHOOL-LEBANON,NH 1996
Residency and Year	DARTMOUTH MEDICAL SCHOOL-LEBANON,NH 1998
License Expiration Date	<b>6/30/1999</b>
Remarks	<b>Deceased 7/29/2013</b>

License Number	15758
License Date	7/11/2012
Name	<b>KELLEY, WILLIAM H MD</b>
Address	ANESTHESIA CARE GROUP PC, 88 MCGREGOR ST STE 303MANCHESTER, NH, 03102
Specialty	AN
Board Certified	AN
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1990
Internship and Year	STEWART CARNEY HOSPITAL - BOSTON, MA 1991
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13108
License Date	6/7/2006
Name	<b>KELLOGG, VERNON S MD</b>
Address	105 JEWETT ST, PEPPERELL, MA, 01463
Specialty	EM
Board Certified	
School and Year of Graduation	UNIV OF VT USA 1972
Internship and Year	TRIPLER ARMY MEDICAL CTR-HONOLULU, HI 1973
Residency and Year	
License Expiration Date	<b>12/12/2007</b>
Remarks	12/12/07 - Preliminary Agreement for Practice Restrictions.

License Number	8710
License Date	5/6/1992
Name	<b>KELLY, DENNIS L MD</b>
Address	ANESTHESIA CARE GROUP PC, 88 MC GREGOR ST STE 303MANCHESTER, NH, 03102
Specialty	AN
Board Certified	AN
School and Year of Graduation	SUNY - SYRACUSE USA 1987
Internship and Year	AKRON GENERAL MEDICAL CENTER 1988
Residency and Year	AKRON GENERAL MEDICAL CENTER 1989
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12937
License Date	11/2/2005
Name	<b>KELLY, DOROTHY H MD</b>
Address	WESTERN MA PED HOLYOKE MED CTR, 18 HOSPITAL DRHOLYOKE, MA, 01041
Specialty	PD
Board Certified	PD
School and Year of Graduation	WAYNE STATE UNIVERSITY, DETROIT MI US 1972
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL, BOSTON MA 1973
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL, BOSTON MA 1975
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	9735
License Date	6/5/1996
Name	<b>KELLY, JAMES E MD</b>
Address	UROLOGICAL SURGERY PA, 168 KINSLEY ST STE 20NASHUA, NH, 03060-
Specialty	U
Board Certified	U
School and Year of Graduation	UNIVERSITY OF KANSAS-KANSAS CITY KS USA 1991
Internship and Year	GREISINGER MEDICAL CENTER - DANVILLE, PA 1996
Residency and Year	GEISINGER MEDICAL CENTER-DANVILLE PA 1996
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	8219
License Date	9/6/1989
Name	<b>KELLY, JAMES H MD</b>
Address	DARTMOUTH-HITCHCOCK NASHUA, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV DI BOLOGNA FAC DI MED CHIRURGIA BOLOGNA ITALY 1984
Internship and Year	EAU CLAIRE REG EDUC CONSORTIUM - CLAIRE, WI 1986
Residency and Year	EAU CLAIRE REG EDUC CONSORTIUM - CLAIRE, WI 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12498
License Date	10/6/2004
Name	<b>KELLY, JOHN A MD</b>
Address	WHITE RIVER JUNCTION VA, 2-123 BEN 44, NO MAIN STWHITE RIVER JUNCTION, VT, 05009
Specialty	IM
Board Certified	IM
School and Year of Graduation	ROYAL COLLEGE OF SURGIONS, IRELAND IRELAND 1988
Internship and Year	ALBANY MEDICAL CTR, ALBANY NY 1990
Residency and Year	ALBANY MEDICAL CTR, ALBANY NY 1992
License Expiration Date	<b>10/14/2011</b>
Remarks	<b>DECEASED</b>

License Number	10182
License Date	12/3/1997
Name	<b>KELLY, KATHLEEN M MD</b>
Address	CORE PHYSICIANS, 4 ALUMNI DREXETER, NH, 03833
Specialty	IM
Board Certified	IM
School and Year of Graduation	BOSTON UNIV SCH OF MED-BOSTON,MA USA 1990
Internship and Year	ST ELIZABETH MED CTR-MA 1993
Residency and Year	ST ELIZABETH MED CTR,MA 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11416
License Date	10/3/2001
Name	<b>KELLY, MARK F MD</b>
Address	ENT ASSOC OF NH, 85 SPRING STREETLACONIA, NH, 03246
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	JEFFERSON MED COLL - PHILADELPHIA, PA USA 1985
Internship and Year	THOMAS JEFFERSON UNIV - PHILADELPHIA, PA 1986
Residency and Year	THOMAS JEFFERSON UNIV - PHILADELPHIA, PA 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8312
License Date	5/9/1990
Name	<b>KELLY, MICHAEL A MD</b>
Address	ONE PAVILION DR, DANIELS, WV, 25832-9232
Specialty	EM
Board Certified	EM
School and Year of Graduation	DALHOUSIE UNIV FAC OF MED HALIFAX - NS CANADA 1981
Internship and Year	DALHOUSIE UNIV - HALIFAX, NOVA SCOTIA CANADA 1982
Residency and Year	DALHOUSIE UNIV - HALIFAX, NOVA SCOTIA CANADA 1982
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	9542
License Date	9/6/1995
Name	<b>KELLY, RAYMOND P DO</b>
Address	WOODBIDGE ESTATES, 32 BOBANK RD YORK, ME, 03909
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF NEW ENGLAND COLLEGE OF OSTEOPOD BIDDFORD ME USA 1986
Internship and Year	MEMORIAL HOSPITAL-OSTEOPATHIC YORK ME 1989
Residency and Year	MEMORIAL HOSPITAL-OSTEOPATHIC YORK ME 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16913
License Date	1/21/2015
Name	<b>KELLY, ROBERT C MD</b>
Address	250 PLEASANT ST, CONCORD, NH, 03301
Specialty	FP
Board Certified	
School and Year of Graduation	DREXEL UNIVERSITY USA 2012
Internship and Year	CONCORD HOSPITAL - CONCORD, NH 2013
Residency and Year	CONCORD HOSPITAL - CONCORD, NH 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11704
License Date	8/7/2002
Name	<b>KELLY, ROBERT M MD</b>
Address	FALL RIVER EYE CARE, 1565 N MAIN ST STE 406 FALL RIVER, MA, 02720
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	NEW YORK UNIV SCH OF MED- NEW YORK, NY USA 1995
Internship and Year	ST VINCENTS HOSPITAL AND MEDICAL CENTER - NEW YORK, NY 1996
Residency and Year	ST VINCENTS HOSPITAL AND MEDICAL CENTER - NEW YORK, NY 1999
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	12906
License Date	10/5/2005
Name	<b>KELLY, SUSAN C DO</b>
Address	SUE KELLY DERMATOLOGY, LLC, 320 PHILLIPS ST STE 203N KINGSTOWN, RI, 02852
Specialty	D
Board Certified	
School and Year of Graduation	DES MOINES UNIVERSITY, DES MOINES IA US 1999
Internship and Year	BERKSHIRE MEDICAL CTR, PITTSFIELD MA 2000
Residency and Year	BERKSHIRE MEDICAL CTR, PITTSFIELD MA 2001
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	5151
License Date	3/22/1974
Name	<b>KELLY, THOMAS L MD</b>
Address	, PO BOX 4637EDWARDS, CO, 81632
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	TUFTS UNIVERSITY-BOSTON MA USA 1964
Internship and Year	ALBANY MEDICAL COLLEGE-ALBANY NY 1965
Residency and Year	NEW YORK EYE & EAR INFIRMARY-NEW YORK NY 1970
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	12463
License Date	9/1/2004
Name	<b>KELLY, WAYNE D MD</b>
Address	NEUROSTAT CONSULTANTS LTD, 1005 NORTH WATER STDECATUR, IL, 62523
Specialty	N
Board Certified	
School and Year of Graduation	ROSS UNIVERSITY, DOMINICA WEST INDIES WEST INDIES 1987
Internship and Year	WEST SUBURBAN HOSP, OAK PARK IL 1988
Residency and Year	LOYOLA UNIVERSITY, MAYWOOD IL 1991
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	6088
License Date	7/16/1979
Name	<b>KELSEY, FREDERICK S MD</b>
Address	101 BOULDER POINT DR, STE APLYMOUTH, NH, 03264-1130
Specialty	IM
Board Certified	IM
School and Year of Graduation	PENNSYLVANIA STATE UNIV MILTON S HERSHEY MED CTR USA 1975
Internship and Year	HOSPITAL UNIV PITTSBURGH HEALTH CENTER - PITTSBURGH, PA 1976
Residency and Year	HOSPITAL UNIV PITTSBURGH HEALTH CENTER - PITTSBURGH, PA 1978
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number	8654
License Date	11/6/1991
Name	<b>KELSEY, JAMES V MD</b>
Address	CLEARCHOICEMD, 410 MIRACLE MILELEBANON, NH, 03766
Specialty	PD
Board Certified	EM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1988
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1989
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16075
License Date	4/3/2013
Name	<b>KEMBLE, SARAH A MD</b>
Address	VA CENTRAL WESTERN MA HEALTHCARE SYSTEM, 421 NORTH MAIN STNORTHAMPTON, MA, 0105
Specialty	IM
Board Certified	IM
School and Year of Graduation	ALBANY MEDICAL SCHOOL USA 1992
Internship and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1993
Residency and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13213
License Date	8/2/2006
Name	<b>KEMP, JASON A MD</b>
Address	DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty	GS
Board Certified	
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2004
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CTR-LEBANON, NH 2005
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CTR-LEBANON, NH 2006
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	14254
License Date	12/3/2008
Name	<b>KEMP, JOHN G DO</b>
Address	76 NEWFANE RD, BEDFORD, NH, 03110
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND USA 2002
Internship and Year	ST VINCENT HOSPITAL - WORCESTER, MA 2003
Residency and Year	ST VINCENT HOSPITAL - WORCESTER, MA 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9063
License Date	10/6/1993
Name	<b>KEMP, MARGARET V MD</b>
Address	1 TANGLEWOOD WAY, AMHERST, NH, 03031-
Specialty	OM
Board Certified	OM
School and Year of Graduation	HAHNEMANN UNIVERSITY SCHOOL OF MEDICINE USA 1987
Internship and Year	UNIVERSITY MINNESOTA HOSPITALS - MINNEAPOLIS MN 1988
Residency and Year	UNIVERSITY OF PITTSBURGH GRADUATE SCHOOL - PITTSBURGH PA 1990
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	10774
License Date	11/16/1999
Name	<b>KENDALL, KEVIN M MD</b>
Address	CENTRAL MAINE MED CTR, 300 MAINE STEWISTON, ME, 04240
Specialty	EM
Board Certified	EM
School and Year of Graduation	CASE WESTERN RESERVE UNIV SCH - CLEVELAND, OH USA 1985
Internship and Year	UNIV OF WASHINGTON - SEATTLE, WA 1991
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1999
License Expiration Date	<b>9/25/2012</b>
Remarks	10/6/99 - Order of Conditional Approval 9/25/12 - Order of Emergency License Suspension and Notice of Hearing. 5/3/13 - Voluntary Surrender of License

License Number	5221
License Date	7/15/1974
Name	<b>KENDALL, MARVIN R MD</b>
Address	279 MAIN ST, ST JOHNBURY, VT, 05819-
Specialty	FP
Board Certified	
School and Year of Graduation	LOMA LINDA UNIV - CA USA 1973
Internship and Year	BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1974
Residency and Year	BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1974
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10623
License Date	7/7/1999
Name	<b>KENDRICK, SHEILA J MD</b>
Address	RIVERSIDE INTERNAL MEDICINE, PO BOX 416ASCUTNEY, VT, 05030
Specialty	IM
Board Certified	
School and Year of Graduation	VIRGINIA UNIV SCH OF MED - RICHMOND, VA USA 1991
Internship and Year	SHADYSIDE HOSPITAL - PITTSBURGH, PA 1992
Residency and Year	SHADYSIDE HOSPITAL - PITTSBURGH, PA 1993
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	13251
License Date	9/6/2006
Name	<b>KENKRE, PRABHAV V MD</b>
Address	1620 S MICHIGAN AVE UNIT 819, CHICAGO, IL, 60616
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF NEW MEXICO USA 2003
Internship and Year	RHODE ISLAND HOSPITAL-PROVIDENCE RI 2004
Residency and Year	RHODE ISLAND HOSPITAL-PROVIDENCE RI 2006
License Expiration Date	<b>6/30/2010</b>
Remarks	3/8/10 - Settlement Agreement

License Number	3536
License Date	7/9/1962
Name	<b>KENNEDY II, FRANK L MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1993</b>
Remarks	

License Number	10717
License Date	10/6/1999
Name	<b>KENNEDY, ALEXANDER W MD</b>
Address	DHMC - DEPT OB-GYN, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	CASE WESTERN RESERVE SCHL OF MED CLEVELAND OH USA 1975
Internship and Year	UNIV OF MICHIGAN MED CTR 1981
Residency and Year	UNIV OF CT HEALTH CTR 1979
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	6347
License Date	3/5/1981
Name	<b>KENNEDY, JAMES G MD</b>
Address	, , ,
Specialty	FP
Board Certified	FP
School and Year of Graduation	USA 1976
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1995</b>
Remarks	

License Number	7878
License Date	6/8/1988
Name	<b>KENNEDY, JOHN GERALD MD</b>
Address	LAHEY-HITCHCOCK CLINIC, 8 PROSPECT ST PO BOX 1184NASHUA, NH, 03061
Specialty	NS
Board Certified	NS
School and Year of Graduation	SOUTHERN ILLINOIS UNIV SCH OF MED-SPRINGFIELD IL USA 1978
Internship and Year	VETS ADMIN MED CTR-WASHINGTON,DC 1979
Residency and Year	VETS ADMIN MED CTR-WASHINGTON,DC 1988
License Expiration Date	<b>8/27/1999</b>
Remarks	<b>DECEASED 8-27-99</b>

License Number	5679
License Date	3/3/1977
Name	<b>KENNEDY, RONALD C MD</b>
Address	70 KALER RD, BELFAST, ME, 04915
Specialty	AN
Board Certified	AN
School and Year of Graduation	ST LOUIS UNIVERSITY-ST LOUIS MO USA 1970
Internship and Year	ST JOHNS MERCY HOSPITAL-ST LOUIS MO 1971
Residency and Year	ST JOHNS MERCY HOSPITAL - ST LOUIS, MO 1971
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	3681
License Date	3/11/1964
Name	<b>KENNEDY, SYLVIA R MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/16/1995</b>
Remarks	

License Number	16759
License Date	9/3/2014
Name	<b>KENOSI, THABO MD</b>
Address	4512 N SAGINAW RD #910, MIDLAND, MI, 48640
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY COLLEGE DUBLIN IRELAND 2004
Internship and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2005
Residency and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13109
License Date	6/7/2006
Name	<b>KENT, LAURA K MD</b>
Address	451 W END AVE 1J, NEW YORK, NY, 10024
Specialty	IM
Board Certified	IM
School and Year of Graduation	ALBERT EINSTEIN COLLEGE USA 2003
Internship and Year	NEW YORK & PRESBYTERIAN MED CTR(COLUMBIA CAMPUS)-NEW YORK, NY 2004
Residency and Year	NEW YORK & PRESBYTERIAN MED CTR(COLUMBIA CAMPUS)-NEW YORK, NY 2006
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	10364
License Date	8/5/1998
Name	<b>KENT, MADELINE G MD</b>
Address	, PO BOX 549WARNER, NH, 03278
Specialty	FP
Board Certified	FP
School and Year of Graduation	PEDIATRIC MED FACULTY CHARLES UNIV CZECH REPUBLIC 1965
Internship and Year	WOMENS COLLEGE HOSPITAL - TORONTO ONTARIO, CANADA 1971
Residency and Year	MOUNT SINAI HOSPITAL- TORONTO ONTARIO, CANADA 1972
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	11872
License Date	4/2/2003
Name	<b>KENWORTHY, PAMELA R MD</b>
Address	COUNCELING CTR OF NASHUA, 1 MAIN STNASHUA, NH, 03060
Specialty	P
Board Certified	P
School and Year of Graduation	NJ ROBERT WOOD JOHNSON MED SCH- PISCATAWAY, NJ USA 1996
Internship and Year	ALBERT EINSTEIN COLLEGE OF MEDICINE AT BETH ISRAEL MEDICAL CENTER - NEW YORK, NY 1997
Residency and Year	NEW YORK AND PRESBYTRIAN HOSPITAL - NEW YORK, NY 2000
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	14876
License Date	6/2/2010
Name	<b>KENYHERZ, GREGORY E MD</b>
Address	VIRTUAL RADIOLOGIC PROF LLC, 11995 SINGLETREE LANE STE 500EDEN PRAIRIE, MN, 55344
Specialty	DR
Board Certified	R
School and Year of Graduation	WASHINGTON UNIVERSITY USA 1994
Internship and Year	UNIVERSITY OF NEW MEXICO HEALTH SCIENCE CENTER - ALBUQUERQUE, NM 1995
Residency and Year	UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE - ALBUQUERQUE, NM 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16314
License Date	9/4/2013
Name	<b>KEPLER, MARGARET E MD</b>
Address	18 OLD ETNA ROAD, LEBANON, NH, 03756
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF CT SCHOOL OF MEDICINE USA 2004
Internship and Year	ALASKA FAMILY MEDICINE/PROVIDENCE HOSPITAL - ANCHORAGE, AK 2006
Residency and Year	ALASKA FAMILY MEDICINE/PROVIDENCE HOSPITAL - ANCHORAGE, AK 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9775
License Date	7/3/1996
Name	<b>KERIN, KEVIN D MD</b>
Address	CENTRAL VT MED CTR, 130 FISHER RDBERLIN, VT, 05641
Specialty	IM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1993
Internship and Year	MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER ,NH 1996
Residency and Year	MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13403
License Date	2/7/2007
Name	<b>KERN, AUDREY M MD</b>
Address	PINEWOOD PROFESSIONALS, 255 RT 108SOMERSWORTH, NH, 03878
Specialty	ADM
Board Certified	ADM
School and Year of Graduation	NEW YORK MEDICAL USA 1988
Internship and Year	FAULKNER HOSPITAL - BOSTON, MA 1989
Residency and Year	ALBANY MEDICAL COLLEGE - ALBANY, NH 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6901
License Date	6/7/1984
Name	<b>KERNAN, DONALD MD</b>
Address	COOS COUNTY FAMILY HEALTH SERV, 2 BROADWAY AVEGORHAM, NH, 03581-1597
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF ROCHESTER SCH MED-DENTISTRY-NY USA 1981
Internship and Year	HIGHLAND HOSP-ROCHESTER,NY 1982
Residency and Year	HIGHLAND HOSP-ROCHESTER,NY 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 11196  
 License Date 3/7/2001  
 Name **KERNAN, JENNIFER C MD**  
 Address 26 S MAIN ST, CONCORD, NH, 03301  
 Specialty NS  
 Board Certified N  
 School and Year of Graduation NEW YORK UNIV SCH OF MED - NEW YORK, NY USA 1993  
 Internship and Year OREGON HLTH SCI UNIV- PORTLAND, OR 1993  
 Residency and Year OREGON HLTH SCI UNIV - PORTLAND, OR 1999  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 10183  
 License Date 12/3/1997  
 Name **KERNAN, NICOLA E MD**  
 Address ST JOSEPH FAMILY MED CTR, 382 DANIEL WEBSTER HIGHWAYMERRIMACK, NH, 03054  
 Specialty  
 Board Certified FP  
 School and Year of Graduation QUEENS UNIV FAC OF MED-KINGSTON ONTARIO CANADA 1983  
 Internship and Year OTTAWA GEN HOSP 1983  
 Residency and Year OTTAWA GEN HOSP 1985  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16012  
 License Date 2/6/2013  
 Name **KEROACK, MYLES D MD**  
 Address ELLIOT GASTROENTEROLOGY, 185 QUEEN CITY AVEMANCHESTER, NH, 03101  
 Specialty GE  
 Board Certified GE  
 School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1988  
 Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1989  
 Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1991  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9810  
 License Date 8/7/1996  
 Name **KERRIGAN, CAROLYN L MD**  
 Address DHMC-PLASTIC SURGERY, 1 MEDICAL CENTER DRLEBANON, NH, 03756-  
 Specialty PS  
 Board Certified PS  
 School and Year of Graduation MC GILL UNIV FACILITY OF MEDICINE - QUEBEC CANADA 1977  
 Internship and Year MC GILL UNIV OF MEDICINE - CANADA 1978  
 Residency and Year MC GILL UNIV OF MEDICINE - CANADA 1983  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	16116
License Date	5/1/2013
Name	<b>KERRIGAN, SEAN MD</b>
Address	21 BLOOMINGDALE RD, WHITE PLAINS, NY, 10605
Specialty	P
Board Certified	P
School and Year of Graduation	LOUISIANA STATE UNIVERSITY SCHOOL OF MEDICINE USA 2008
Internship and Year	HARVARD LONGWOOD PSYCHIATRY PROGRAM - BOSTON, MA 2009
Residency and Year	HARVARD LONGWOOD PSYCHIATRY PROGRAM - BOSTON, MA 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8313
License Date	5/9/1990
Name	<b>KERT, CHARLES J MD</b>
Address	ADULT HOSPITALIST PROGRAM, 8 PROSPECT STNASHUA, NH, 03060
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF SOUTHERN CALIFORNIA SCH OF MED -CA USA 1981
Internship and Year	THE JEWISH HOSP-ST LOUIS,MO 1982
Residency and Year	THE JEWISH HOSP-ST LOUIS,MO 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5832
License Date	11/3/1977
Name	<b>KERZNER, LAWRENCE J MD</b>
Address	HENNEPIN COUNTGY MED CTR, 701 PARK AEMINNEAPOLIS, MN, 55436
Specialty	IM
Board Certified	IM
School and Year of Graduation	GEORGETOWN UNIV SCHOOL OF MEDICINE, WASHINGTON, DC USA 1974
Internship and Year	UNIV HOSPITAL - BOSTON, MA 1975
Residency and Year	UNIV HOSPITAL - BOSTON, MA 1977
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	15879
License Date	10/3/2012
Name	<b>KERZNER, LESLIE S MD</b>
Address	MASS GEN HOSP, 55 FRUIT ST FND S30BOSTON, MA, 02114
Specialty	NPM
Board Certified	NPM
School and Year of Graduation	UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1995
Internship and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1996
Residency and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>LAPSED FOR NONRENEWAL 6/30/14 RENEWED 7/22/14</b>



License Number	4793
License Date	6/14/1971
Name	<b>KESHISHIAN, KEVORK B MD</b>
Address	, , ,
Specialty	R
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1996</b>
Remarks	

License Number	12794
License Date	7/6/2005
Name	<b>KESSERWAN, CHIMENE A MD</b>
Address	ST JUDE CHILDRENS RESEARCH HOSP, 262 DANNY THOMAS PLMEMPHIS, TN, 38105
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	LEBANESE UNIVERSITY, BEIRUT LEBANON LEBANON 1992
Internship and Year	UNIVERSITY OF OKLAHOMA, OKLAHOMA CITY OK 2004
Residency and Year	UNIVERSITY OF OKLAHOMA, OKLAHOMA CITY OK 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14877
License Date	6/2/2010
Name	<b>KESSLER, LARRY S MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF FLORIDA USA 1991
Internship and Year	EMORY UNIVERSITY HOSPITAL - ATLANTA, GA 1992
Residency and Year	EMORY UNIVERSITY HOSPITAL - ATLANTA, GA 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8375
License Date	6/6/1990
Name	<b>KESSNER, DAVID M MD</b>
Address	PORTSMOUTH COLLABORATIVE, 404 THE HILL PHOEBE HART HOUSEPORTSMOUTH, NH, 03801
Specialty	P
Board Certified	IM
School and Year of Graduation	WASHINGTON UNIV SCH OF MED-ST LOUIS,MO USA 1958
Internship and Year	MARY I BASSETT HOSP-COOPERSTOWN,NY 1959
Residency and Year	MARY I BASSETT HOSP-COOPERSTOWN,NY 1960
License Expiration Date	<b>6/30/2004</b>
Remarks	<b>09/12/06 - Voluntary Surrender of License.</b>

License Number 4989  
 License Date 5/22/1973  
 Name **KETTERER, JOHN G MD**  
 Address 20 CULVER HILL LN, LYME, NH, 03768  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation NEW YORK MEDICAL COLLEGE-NEW YORK CITY NY USA 1961  
 Internship and Year CLEVELAND CLINIC ED FOUNDATION-CLEVELAND OH 1963  
 Residency and Year ST LUKE'S HOSP CTR-NEW YORK NY 1966  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 15711  
 License Date 6/6/2012  
 Name **KEUP, HEIDI L MD**  
 Address HARBOUR WOMENS HEALTH, 155 GRIFFIN RDPORTSMOUTH, NH, 03801  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2008  
 Internship and Year UNIVERSITY OF VIRGINIA HEALTH SCIENCES CENTER - CHARLOTTESVILLE, VA 2009  
 Residency and Year UNIVERSITY OF VIRGINIA HEALTH SCIENCES CENTER - CHARLOTTESVILLE, VA 2012  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10536  
 License Date 4/7/1999  
 Name **KEYES, NANYEE L MD**  
 Address DARTMOUTH HTCHCOCK CLINIC, 2300 SOUTHWOOD DRNASHUA, NH, 03063  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF S CAROLINA SCH OF MED - COLUMBIA, SC USA 1990  
 Internship and Year UNIV OF MASSACHUSETTS FITCHBURG PROGRAM - FITCHBURG, MA 1991  
 Residency and Year UNIV OF MASSACHUSETTS FITCHBURG - FITCHBURG, MA 1993  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12305  
 License Date 5/5/2004  
 Name **KEYHANI, KAYVAN MD**  
 Address C/O DAVID WEINBERG MD, ONE SOUTH PROSPECT STBURLINGTON, VT, 05401  
 Specialty OPH  
 Board Certified  
 School and Year of Graduation OHIO STATE UNIVERSITY, COLUMBUS OH US 1999  
 Internship and Year RIVERSIDE METHODIST HOSP, COLUMBUS OH 2001  
 Residency and Year NEW YORK EYE & EAR INFIRMARY, NEW YORK NY 2003  
 License Expiration Date **6/30/2006**  
 Remarks

License Number	16370
License Date	11/6/2013
Name	<b>KHADKA, BHUPESH MD</b>
Address	THE KIDNEY & HYPERTENSION, 4600 MONTGOMERY RD, STE 105CINCINNATI, OH, 45212
Specialty	IM
Board Certified	
School and Year of Graduation	TRIBHUVAN UNIVERSITY NEPAL 2005
Internship and Year	SAINT MARYS HEALTH CENTER - ST LOUIS, MO 2007
Residency and Year	SAINT MARYS HEALTH CENTER - ST LOUIS, MO 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15414
License Date	10/5/2011
Name	<b>KHAGI, SIMON MD</b>
Address	10 EMERSON PLACE, BOSTON, MA, 02114
Specialty	IM
Board Certified	
School and Year of Graduation	UNIVERSITY OF MISSOURI-KANSAS CITY SCHOOL OF MEDIC USA 2009
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	15193
License Date	4/6/2011
Name	<b>KHALAF AL-TAWIL, MOHAMMED OMAR K MD</b>
Address	KHALAF & KHALAF IMAGING, 124 ASPEN ROADPUNXSUTAWNEY, PA, 15767
Specialty	DR
Board Certified	R
School and Year of Graduation	GEORGE WASHINGTON UNIVERSITY USA 2006
Internship and Year	WASHING HOSPITAL CENTER - WASHINGTON, DC 2007
Residency and Year	BETH ISRAEL MEDICAL CENTER - NEW YORK, NY 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13288
License Date	10/4/2006
Name	<b>KHALAF, MAJID Z MD</b>
Address	NUCLEAR MEDICINE DEPT, 3435 WIASPEAR STBUFFALO, NY, 14214
Specialty	NM
Board Certified	
School and Year of Graduation	UNIVERSITY OF AL-MUSTANSIRIYAH, BAGHDAD IRAQ IRAQ 1988
Internship and Year	DUKE UNIVERSITY, DURHAM NC 2004
Residency and Year	UNIVERSITY AT BUFFALO, BUFFALO NY 2006
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	15880
License Date	10/3/2012
Name	<b>KHALIL, EDWARD C MD</b>
Address	1 PARKLAND DRIVE, DERRY, NH, 03038
Specialty	GER
Board Certified	GER
School and Year of Graduation	LEBANESE UNIVERSITY BEIRUT 2001
Internship and Year	TRINITAS REGIONAL MEDICAL CENTER - ELIZABETH, NJ 2003
Residency and Year	TRINITAS REGIONAL MEDICAL CENTER - ELIZABETH, NJ 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13865
License Date	3/5/2008
Name	<b>KHALLUF, EDGAR G MD</b>
Address	QUEST DIAGNOSTICS, 1901 SULPHUR SPRINGS RDBALTIMORE, MD, 21227
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	AMERICAN UNIV OF BEIRUT USA 1979
Internship and Year	UNIV OF MARYLAND MEDICAL SYSTEM - BALTIMORE, MD 1982
Residency and Year	UNIV OF MARYLAND MEDICAL SYSTEM - BALTIMORE, MD 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13404
License Date	2/7/2007
Name	<b>KHAN, ADNAN S MD</b>
Address	NEW LONDON HOSPITAL, 273 COUNTY RDNEW LONDON, NH, 03257
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF SILESIA POLAND 2004
Internship and Year	UNIV OF NORTH DAKOTA SCHOOL OF MEDICINE - MINOT, ND 2005
Residency and Year	IMOV PF MPRTJ DALPTA SCHOOL OF MEDICINE - MINOT, ND 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>4/4/14 - Settlement Agreement</b>

License Number	16172
License Date	6/5/2013
Name	<b>KHAN, AKBAR A MD</b>
Address	CARRIER CLINIC, 252 RT 601BELLE MEAD, NJ, 08502
Specialty	IM
Board Certified	IM
School and Year of Graduation	SABA UNIVERSITY SCHOOL OF MEDICINE NETHERLANDS ANTILLES 1996
Internship and Year	DREXEL UNIVERSITY COM-HAHNEMANN UNIV HOSP - PHILADELPHIA, PA 1997
Residency and Year	UMDNJ/ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK, NJ 1999
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	10028
License Date	6/4/1997
Name	<b>KHAN, AMIR R MD</b>
Address	207 5TH AVE SW 804, ROCHESTER, MN, 55902
Specialty	OPH
Board Certified	
School and Year of Graduation	MAYO MEDICAL SCHOOL-MN USA 1995
Internship and Year	MAYO GRAD SCHOOL MEDICINE - MN 1996
Residency and Year	MAYO GRAD SCHOOL MEDICINE-MN 1996
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	16516
License Date	3/5/2014
Name	<b>KHAN, FARMAN U MD</b>
Address	48 FIRST TENTH CT, DOVER, DE, 19901-6122
Specialty	IM
Board Certified	IM
School and Year of Graduation	KHYBER MEDICAL COLLEGE UNIV OF PESHAWAR PAKISTAN 1997
Internship and Year	UNIVERSITY OF UTAH- SALT LAKE CITY, UT 2007
Residency and Year	UNIVERSITY OF UTAH- SALT LAKE CITY, UT 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13252
License Date	9/6/2006
Name	<b>KHAN, HABIB-UR-REHMAN MD</b>
Address	1736 BRIDGEWOOD DR, BOCA RATON, FL, 33434
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF SANTIAGO DOMINICAN REPUBLIC 1994
Internship and Year	BRONX-LEBANON HOSPITAL-BRONX NY 2003
Residency and Year	BROOKLYN HOSPITAL CTR-BROOKLYN NY 2005
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	15128
License Date	2/2/2011
Name	<b>KHAN, MUHAMMAD A MD</b>
Address	25 JUNE ST, SANFORD, ME, 04073
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF KARACHI PAKISTAN 1988
Internship and Year	MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 1992
Residency and Year	MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 1995
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number 13627  
 License Date 8/1/2007  
 Name **KHAN, NADIA H MD**  
 Address DARTMOUTH-HITCHCOCK, 14 ARMORY RDMILFORD, NH, 03055  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF KARACHI PAKISTAN 2000  
 Internship and Year SUNY HEALTH SCIENCE CENTER - BROOKLYN, NY 2005  
 Residency and Year SUNY HEALTH SCIENCE CENTER - BROOKLYN, NY 2007  
 License Expiration Date **6/30/2017**  
 Remarks **7/13/12 - Settlement Agreement**

License Number 14078  
 License Date 7/9/2008  
 Name **KHAN, OMAR I MD**  
 Address DHMC, 1 MED CTR DRLEBANON, NH, 03756  
 Specialty N  
 Board Certified  
 School and Year of Graduation BAQAI MEDICAL UNIV PAKISTAN 1999  
 Internship and Year VCU-SHENANDOAH VALLEY FAMILY PRACTICE RESIDENCY-FRONT ROYAL, VA 2004  
 Residency and Year VCU-SHENANDOAH VALLEY FAMILY PRACTICE RESIDENCY-FRONT ROYAL, VA 2006  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 12847  
 License Date 8/3/2005  
 Name **KHAN, RIHAN MD**  
 Address UNIV OF AZ HLTH CTR-RADIOLOGY, 1501 NORTH CAMPBELL AVETUCSON, AZ, 85724  
 Specialty R  
 Board Certified R  
 School and Year of Graduation DARTMOUTH MED SCHOOL, LEBANON NH US 2002  
 Internship and Year TUCSON HOSPITALS MED ED, TUCSON AZ 2003  
 Residency and Year ST VINCENT HOSPITAL, WORCESTER MA 2004  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 5202  
 License Date 6/27/1974  
 Name **KHAN, SAADAT U MD**  
 Address 54 MAIN ST, GORHAM, NH, 03581  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation PUNJAB UNIVERSITY-LAHORE PAKISTAN PAKISTAN 1962  
 Internship and Year STAFFORDSHIRE GENERAL INFIRMARY-STAFFORD ENGLAND 1969  
 Residency and Year GROUNDSLOW HOSP-TITTENSOR UNITED KINGDOM 1970  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15129  
 License Date 2/2/2011  
 Name **KHAN, SHAHZEB A MD**  
 Address ELLIOT HEALTH SYSTEM, ONE ELLIOT WAYMANCHESTER, NH, 03103  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF THE PUNJAB PAKISTAN 2005  
 Internship and Year WAYNE STATE UNIVERSITY/DETROIT MEDICAL CENTER - DETROIT, MI 2008  
 Residency and Year WAYNE STATE UNIVERSITY/DETROIT MEDICAL CENTER - DETROIT, MI 2011  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12464  
 License Date 9/1/2004  
 Name **KHAN, TOSEEF MD**  
 Address VIRTUAL RADIOLOGIC CORP, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation STATE UNIVERSITY OF NY US 1998  
 Internship and Year HOSP OF ST RAPHAEL, NEW HAVEN CT 1999  
 Residency and Year TEMPLE UNIVERSITY, PHILADELPHIA PA 2001  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9870  
 License Date 11/6/1996  
 Name **KHATRI, KHALILULLAH A MD**  
 Address SKIN & LASER SURGERY CENTER, 74 ALLDS STNASHUA, NH, 03060  
 Specialty D  
 Board Certified  
 School and Year of Graduation SIND MEDICAL COLLEGE UNIV OF KARACHI-PAKISTAN PAKISTAN 1983  
 Internship and Year CARNEY HOSPITAL DID RESIDENCY - MA 1992  
 Residency and Year UNIV CALIFORNIA DAVIS MEDICAL CENTER - CA 1995  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 4309  
 License Date 10/22/1968  
 Name **KHAVARI, PARIS MD**  
 Address INTERNAL MEDICINE, 330 BORTHWICK AVE STE 210PORTSMOUTH, NH, 03801  
 Specialty IM  
 Board Certified  
 School and Year of Graduation UNIV OF MESHED IRAN 1958  
 Internship and Year EASTERN TENN BAPTIST HOSPITAL - KNOXVILLE, TN 1961  
 Residency and Year FAIRVIEW PARK HOSPITAL - CLEVELAND, OH 1964  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	15624
License Date	4/4/2012
Name	<b>KHAWAJA, OWAIS A MD</b>
Address	150 S HUNTINGTON AVE, 13TH FL MAVERICBOSTON, MA, 02130
Specialty	IM
Board Certified	IM
School and Year of Graduation	DOW MEDICAL COLLEGE PAKISTAN 2001
Internship and Year	PROVIDENCE HOSPITAL & MEDICAL CENTERS - SOUTHFIELD, MI 2006
Residency and Year	PROVIDENCE HOSPITAL & MEDICAL CENTERS - SOUTHFIELD, MI 2008
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	10470
License Date	12/2/1998
Name	<b>KHAWAJA, SHAZIB N MD</b>
Address	DARTMOUTH MEDICAL CENTER, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF SOUTH ALABAMA - MOBILE, AL USA 1995
Internship and Year	ALBANY MEDICAL CENTER - ALBANY, NY 1996
Residency and Year	ALBANY MEDICAL CENTER - ALBANY, NY 1997
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	4034
License Date	3/16/1967
Name	<b>KHAZEI, AMIR M MD</b>
Address	14 WIGGIN RD, BEDFORD, NH, 03110-
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF LAUSANNE SWITZERLAND 1957
Internship and Year	MERCY HOSPITAL - PITTSBURGH, PA 1958
Residency and Year	MERCY HOSPITAL - PITTSBURGH, PA 1962
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	14685
License Date	12/2/2009
Name	<b>KHERAJ, NAUSHAD A MD</b>
Address	ST JOSEPH HOSPITAL, 172 KINSLEY STNASHUA, NH, 03061
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF MUMBAI INDIA 1972
Internship and Year	GOLDWATER MEMORIAL HOSPITAL - ROOSEVELT ISLAND, NY 1977
Residency and Year	JEWISH HOSPITAL & MEDICAL CTR OF BROOKLYN - BROOKLYN, NY 1979
License Expiration Date	<b>6/30/2011</b>
Remarks	



License Number	13322
License Date	11/1/2006
Name	<b>KHERDE, SMITA S MD</b>
Address	7 DAFFODIL DR, NASHUA, NH, 03062
Specialty	IM
Board Certified	IM
School and Year of Graduation	SAMAJ'S MEDICAL COLLEGE INDIA 1997
Internship and Year	MT VERNON HOSPITAL-MT VERNON, NY 2003
Residency and Year	NEWTON-WELLESLEY HOSPITAL-NEWTON LOWER FALLS, MA 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15155
License Date	3/2/2011
Name	<b>KHETPAL, SANGEETA MD</b>
Address	1400 BRYAN DR STE 208, DURANT, OK, 74701
Specialty	IM
Board Certified	IM
School and Year of Graduation	LIAQUAT UNIVERSITY OF MED & HLTH SCIENCES PAKISTAN 1996
Internship and Year	UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE - TULSA, OK 2003
Residency and Year	UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE - TULSA, OK 2005
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	14510
License Date	7/1/2009
Name	<b>KHOT, KHANDURAO B MD</b>
Address	WENTWORTH-DOUGLASS HOSP, 789 CENTRAL AVEDOVER, NH, 03870
Specialty	IM
Board Certified	
School and Year of Graduation	SETH GS MEDICAL COLLEGE INDIA 2002
Internship and Year	UNIVERSITY OF NORTH DAKOTA MEDICAL CENTER - FARGO, ND 2007
Residency and Year	UNIVERSITY OF NORTH DAKOTA MEDICAL CENTER - FARGO, ND 2009
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	16173
License Date	6/5/2013
Name	<b>KHOUEIRY, GEORGES MD</b>
Address	312 BROOK HOLLOW RD, HANOVER, NH, 03755
Specialty	IM
Board Certified	IM
School and Year of Graduation	LEBANESE UNIVERSITY LEBANON 2004
Internship and Year	STATEN ISLAND UNIVERSITY HOSPITAL - STATEN ISLAND, NY 2006
Residency and Year	STATEN ISLAND UNIVERSITY HOSPITAL - STATEN ISLAND, NY 2009
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	13801
License Date	1/11/2008
Name	<b>KHOURY, LISA D MD</b>
Address	NORTHERN NH ORTHOPAEDICS, PO BOX 2250N CONWAY, NH, 03860
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIV OF PENNSYLVANIA USA 2001
Internship and Year	HOSPITAL OF THE UNIV OF PENNSYLVANIA - PHILADELPHIA, PA 2002
Residency and Year	HOSPITAL OF THE UNIV OF PENNSYLVANIA - PHILADELPHIA, PA 2006
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	8799
License Date	9/2/1992
Name	<b>KHOUZAM, HANI R MD</b>
Address	DHMC - GEISEL SCHOOL OF MEDICINE, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF CAIRO EGYPT 1977
Internship and Year	UNIVERSITY OF OKLAHOMA SCIENCE CENTER OKLAHOMA CITY - OKLAHOMA 1987
Residency and Year	UNIVERSITY OF OKLAHOMA SCIENCE CENTER OKLAHOMA CITY - OKLAHOMA 1987
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12907
License Date	10/5/2005
Name	<b>KHURANA, BHARTI MD</b>
Address	BRIGHAM & WOMENS HOSPITAL, 75 FRANCIS STBOSTON, MA, 02115
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF DELHI, NEW DELHI, DELHI INDIA INDIA 1995
Internship and Year	READING HOSPITAL & MED CTR., READING PA 1999
Residency and Year	READING HOSPITAL & MED CTR, READING PA 2000
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	10086
License Date	8/6/1997
Name	<b>KHURSHID, ANWAR MD</b>
Address	ARLINGTON CANCER CENTER, 906 W RANDOL MILL RDARLINGTON, TX, 76012
Specialty	HEM
Board Certified	IM
School and Year of Graduation	DOW MED COLL UNIV OF KARACHI PAKISTAN 1989
Internship and Year	UNIV HOSP-SUNY STONY BROOK -NY 1994
Residency and Year	UNIV HOSPITL-SUNY STONY BROOK - NY 1994
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	14589
License Date	9/2/2009
Name	<b>KHWAJA, KHALID O MD</b>
Address	THE TRANSPLANT INSTITUTE BETH ISRAEL DEACONESS, 110 FRANCIS STREET 7TH FLOORBOSTON,
Specialty	GS
Board Certified	GS
School and Year of Graduation	AGA KHAN MEDICAL COLLEGE - KARACHI, PAKISTAN PAKISTAN 1991
Internship and Year	LEMUEL SHATTOCK HOSPITAL - JAMAICA PLAIN, MA 1994
Residency and Year	UNIVERSITY OF CONNECTICUT - FARMINGTON, CT 2000
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	17220
License Date	8/5/2015
Name	<b>KIBIROVA, ALBINA MD</b>
Address	3001 HOSPITAL DR, DEPT OF MEDICINECHEVERLY, MD, 20785
Specialty	IM
Board Certified	
School and Year of Graduation	I M SECHENOV MOSCOW MEDICAL ACADEMY RUSSIA 2004
Internship and Year	PRINCE GEORGES HOSPITAL CENTER - CHEVERLY, MD 2013
Residency and Year	PRINCE GEORGES HOSPITAL CENTER - CHEVERLY, MD 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10904
License Date	5/3/2000
Name	<b>KIEFFER, KELLY A MD</b>
Address	DHMC-GIM, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF CALIFORNIA - SAN FRANCISCO CA USA 1995
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1997
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6785
License Date	9/8/1983
Name	<b>KIEFNER, ROBERT S MD</b>
Address	NEW HAMPSHIRE HOSPITAL, 63 CLINTON STREETCONCORD, NH, 03301
Specialty	FP
Board Certified	FP
School and Year of Graduation	JEFFERSON MED COLL OF THOMAS UNIV-PA USA 1980
Internship and Year	HUNTERDON MED CTR-FLEMINGTON,NJ 1983
Residency and Year	HUNTERDONMED CTR-FLEMINGTON,NJ 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11758
License Date	10/2/2002
Name	<b>KIERNAN, GERARD N MD</b>
Address	DARTMOUTH HITCHCOCK-KEENE, 590 COURT STKEENE, NH, 03431-1798
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF ROCHESTER, ROCHESTER NY USA 1997
Internship and Year	UNIVERSITY OF WISCONSIN, MADISON WI 1998
Residency and Year	UNIVERSITY OF WISCONSIN, MADISON WI 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	10/5/2012 - Settlement Agreement

License Number	9838
License Date	9/4/1996
Name	<b>KIERNAN, JOSEPH ROBERT C MD</b>
Address	SURGICAL SERVICES, 181 CORLISS LANECOLEBROOK, NH, 03576
Specialty	GS
Board Certified	GS
School and Year of Graduation	OHIO STATE UNIV COLLEGE OF MEDICINE COLUMBUS, OH USA 1984
Internship and Year	NEW ENGLAND MEDICAL CENTER HOSPITAL - MA 1985
Residency and Year	MAINE MEDICAL CENTER - ME 1989
License Expiration Date	<b>6/30/2016</b>
Remarks	Lapsed for non-renewal 6/30/02... Reinstated 1/3/07 Lapsed for Nonrenewal 6/30/08 Reinstated 9/3/09

License Number	14025
License Date	6/4/2008
Name	<b>KIJEWSKI, LINDA E MD</b>
Address	RUTLAND REGIONAL MEDICAL CTR, 160 ALLEN STRUTLAND, VT, 05701
Specialty	AN
Board Certified	AN
School and Year of Graduation	PENNSYLVANIA STATE UNIV USA 2004
Internship and Year	LEHIGH VALLEY HOSPITAL - ALLENTOWN, PA 2005
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER-LEBANON, NH 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13591
License Date	7/11/2007
Name	<b>KIKUT, JANUSZ K MD</b>
Address	FAHC - RADIOLOGY DEPT, 111 COLCHESTER AVEBURLINGTON, VT, 05401
Specialty	NM
Board Certified	R
School and Year of Graduation	AKADEMIA MEDYCZNA - WARSAW POLAND 1992
Internship and Year	MONTEFIORE MEDICAL CENTER - BRONX, NY 1994
Residency and Year	MONTEFIORE MEDICAL CENTER - BRONX, NY 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14656
License Date	11/4/2009
Name	<b>KILBRIDGE, KERRY L MD</b>
Address	MASS GEN HOSP, 50 STANIFORD ST 9TH FLBOSTON, MA, 02114
Specialty	IM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1988
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 1989
Residency and Year	BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1991
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	6140
License Date	11/19/1979
Name	<b>KILCULLEN, MICHAEL J MD</b>
Address	OTTAUQUECHEE HEALTH CTR, 32 PLEASANT STWOODSTOCK, VT, 05091-1191
Specialty	PD
Board Certified	PD
School and Year of Graduation	JEFFERSON MED. COLL OF THOMAS JEFF.UNIV PHILA,PA USA 1975
Internship and Year	THOM JEFFERSON UNIV HOSP PHILA,PA 1976
Residency and Year	THOM JEFFERSON UNIV HOSP.PHILA, PA 1977
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5328
License Date	5/2/1975
Name	<b>KILGUS, WILLIAM J MD</b>
Address	465 MAYFAIR DR, KISSIMMEE, FL, 34759
Specialty	ORS
Board Certified	
School and Year of Graduation	UNIV OF BOLOGNA BOLOGNA 1969
Internship and Year	MUHLENBERG HOSPITAL - PLAINFIELD, NJ 1971
Residency and Year	NY UNIV MEDICAL CENTER - NY CITY, NY 1973
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11705
License Date	8/7/2002
Name	<b>KILHENNY, CHARLES F MD</b>
Address	FRISBIE MEMORIAL HOSP, 11 WHITEHALL RDROCHESTER, NH, 03867
Specialty	R
Board Certified	R
School and Year of Graduation	NEW YORK MEDICAL COLLEGE - VALHALLA, NY USA 1957
Internship and Year	ST LUKES-ROOSEVELT HOSPITAL CENTER - NEW YORK, NY 1958
Residency and Year	ST LUKES-ROOSEVELT HOSPITAL CENTER - NEW YORK, NY 1961
License Expiration Date	<b>6/30/2008</b>
Remarks	Deceased 10/12/2012

License Number	8935
License Date	5/5/1993
Name	<b>KILLEEN, KEVIN P MD</b>
Address	UROLOGY SRVC OF THE BERSHIRE, 777 NORTH ST PITTSFIELD, MA, 01201
Specialty	U
Board Certified	U
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1983
Internship and Year	ST ELIZABETH'S HOSPITAL - BOSTON MA 1984
Residency and Year	ST ELIZABETH'S HOSPITAL - BOSTON MA 1985
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	13592
License Date	7/11/2007
Name	<b>KILLIE, HEATHER C MD</b>
Address	NH ORTHOPEDIC CENTER, 17 RIVERSIDE ST STE 101 NASHUA, NH, 03062
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIV OF MASSACHUSETTS USA 2001
Internship and Year	UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2002
Residency and Year	UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16174
License Date	6/5/2013
Name	<b>KILMER, PHILIP R MD</b>
Address	11332 AVERY RD, PALM BEACH GARDENS, FL, 33410
Specialty	FP
Board Certified	FP
School and Year of Graduation	ST GEORGE'S UNIVERSITY GRENADA 1985
Internship and Year	OAKWOOD HEALTHCARE SYSTEM - OAKWOOD HOSPITAL - DEARBORN, MI 1987
Residency and Year	OAKWOOD HEALTHCARE SYSTEM - OAKWOOD HOSPITAL - DEARBORN, MI 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11920
License Date	5/7/2003
Name	<b>KILROY, JONATHAN D DO</b>
Address	DERRY MEDICAL CTR, 6 TSIENNETO RD STE 100 DERRY, NH, 03038
Specialty	FP
Board Certified	FP
School and Year of Graduation	PHILADELPHIA COLL OF OSTEOPATHIC MED - PHILA, PA USA 2000
Internship and Year	MAINE-DARTMOUTH FAMILY PRACTICE RESIDENCY - AUGUSTA, ME 2001
Residency and Year	MAINE-DARTMOUTH FAMILY PRACTICE RESIDENCY - AUGUSTA, ME 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15712
License Date	6/6/2012
Name	<b>KIM JR, JON S DO</b>
Address	AUSTIN VA OUTPATIENT CLINIC, 7901 METROPOLIS DRAUSTIN, TX, 78744
Specialty	DR
Board Certified	DR
School and Year of Graduation	EDWARD VIA VIRGINIA COLLEGE OF OSTEOPATHIC MED USA 2007
Internship and Year	CHRISTIANA CARE HEALTH SYSTEM - NEWARK, DE 2008
Residency and Year	NYCOM-ST BARNABAS HOSPITAL - BRONX, NY 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12908
License Date	10/5/2005
Name	<b>KIM, BERNARD S MD</b>
Address	FOUNDATION MEDICAL PARTNERS, 8 PROSPECT STNASHUA, NH, 03060
Specialty	IM
Board Certified	
School and Year of Graduation	TUFTS UNIVERSITY, BOSTON MA US 2002
Internship and Year	LAHEY CLINIC, BURLINGTON MA 2003
Residency and Year	LAHEY CLINIC, BURLINGTON MA 2005
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	16518
License Date	3/5/2014
Name	<b>KIM, DANIEL DO</b>
Address	PORTSMOUTH PULMONARY ASSOC, 330 BORTHWICK AVE - STE 108PORTSMOUTH, NH, 03801
Specialty	CCM
Board Certified	CCM
School and Year of Graduation	KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE USA 2003
Internship and Year	WALTER REED NATIONAL MILITARY MEDICAL CENTER - BETHESDA, MD 2004
Residency and Year	WALTER REED NATIONAL MILITARY MEDICAL CENTER - BETHESDA, MD 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14347
License Date	3/4/2009
Name	<b>KIM, DAVID K MD</b>
Address	10385 NE SASQUATCH LN, BAINBRIDGE ISLAND, WA, 98110
Specialty	R
Board Certified	R
School and Year of Graduation	MAYO MEDICAL SCHOOL USA 1999
Internship and Year	MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 2002
Residency and Year	MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 2006
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	13214
License Date	8/2/2006
Name	<b>KIM, HYUN H MD</b>
Address	NEW ENGLAND HEART INSTITUTE, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty	ICE
Board Certified	ICE
School and Year of Graduation	TUFTS UNIV USA 1999
Internship and Year	NEW ENGLAND MEDICAL CENTER-BOSTON, MA 2000
Residency and Year	NEW ENGLAND MEDICAL CENTER-BOSTON, MA 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10304
License Date	6/3/1998
Name	<b>KIM, JOOHAHN J MD</b>
Address	DARTMOUTH-HITCHCOCK, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty	IM
Board Certified	IM
School and Year of Graduation	FINCH UNIV HLTH SCI / CHICAGO MED SCH - IL USA 1995
Internship and Year	BETH ISRAEL DEACONESS MED CTR - BOSTON, MA 1996
Residency and Year	BETH ISRAEL DEACONESS MED CTR - BOSTON, MA 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13110
License Date	6/7/2006
Name	<b>KIM, JULIE MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PD
Board Certified	PD
School and Year of Graduation	W VIRGINIA UNIV USA 2001
Internship and Year	YALE UNIV SCHOOL OF MEDICINE-NEW HAVEN, CT 2003
Residency and Year	YALE-NEW HAVEN MED CTR-NEW HAVEN, CT 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7908
License Date	7/6/1988
Name	<b>KIM, MOO K MD</b>
Address	223 WALNUT ST STE 24, FRAMINGHAM, MA, 01701
Specialty	PM
Board Certified	PM
School and Year of Graduation	YONSEI UNIV COLL OF MED-SUDI-MOON-KU SOUTH KOREA 1977
Internship and Year	DETROIT MACOMB HOSP-DETROIT,MI 1983
Residency and Year	DETROIT MACOMB HOSP-DETROIT,MI 1987
License Expiration Date	<b>6/30/2004</b>
Remarks	<b>7/12/05 - Settlement Agreement</b>



License Number	13541
License Date	6/6/2007
Name	<b>KIM, PAUL S MD</b>
Address	SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200SOUTH PORTLAND, ME, 04106
Specialty	R
Board Certified	R
School and Year of Graduation	WASHINGTON UNIV USA 2001
Internship and Year	UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2002
Residency and Year	UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16671
License Date	7/2/2014
Name	<b>KIM, RICHARD J MD</b>
Address	723 HIDDEN VALLEY CT, FAIRBORN, OH, 45324
Specialty	IM
Board Certified	
School and Year of Graduation	ST GEORGES UNIVERSITY GRENADA 2011
Internship and Year	WRIGHT STATE UNIVERSITY - DAYTON, OH 2012
Residency and Year	WRIGHT STATE UNIVERSITY - DAYTON, OH 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12499
License Date	10/6/2004
Name	<b>KIM, ROBERT J MD</b>
Address	DHMC- DEPT OF CARDIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	TUFTS UNIVERSITY, BOSTON MA US 1998
Internship and Year	ST ELIZABETHS MED CTR, BOSTON MA 1999
Residency and Year	ST ELIZABETHS MED CTR, BOSTON MA 2001
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	6010
License Date	1/4/1979
Name	<b>KIM, SAMUEL H MD</b>
Address	DIV OF PEDIATRIC SURGERY, WARREN BLDG 11 TH FLOORBOSTON, MA, 02114
Specialty	PDS
Board Certified	PDS
School and Year of Graduation	HARVERD MED SCHOOL BOSTON USA 1962
Internship and Year	BOSTON CITY HOSPITAL 1964
Residency and Year	BOSTON CITY HOSPITAL 1969
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	14627
License Date	10/7/2009
Name	<b>KIM, SUE Y MD</b>
Address	29 STILES RD #204, SALEM, NH, 03079
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	COLUMBIA UNIVERSITY USA 2000
Internship and Year	WASHINGTON UNIVERSITY BARNES-JEWISH HOSPITAL - ST LOUIS, MO 2002
Residency and Year	WASHINGTON UNIVERSITY BARNES-JEWISH HOSPITAL - ST LOUIS, MO 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12848
License Date	8/3/2005
Name	<b>KIM, VICTOR B MD</b>
Address	712 RIVERSIDE PINES CT, SALISBURY, MD, 21801
Specialty	CTS
Board Certified	TS
School and Year of Graduation	VIRGINIA UNIVERSITY, RICHMOND VA US 1995
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 1997
Residency and Year	EAST CAROLINA UNIVERSITY, GREENVILLE NC 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15881
License Date	10/3/2012
Name	<b>KIMBALL, DAVID L MD</b>
Address	2738 NORTHLAKE RD, GAINESVILLE, GA, 30506
Specialty	DR
Board Certified	DR
School and Year of Graduation	WRIGHT STATE UNIVERSITY SCHOOL OF MEDICINE USA 1994
Internship and Year	AULTMAN HOSPITAL - CANTON, OH 1995
Residency and Year	AULT HOSPITAL - CANTON, OH 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6325
License Date	12/1/1980
Name	<b>KIMBALL, KAROLINE L MD</b>
Address	DARTMOUTH-HITCHCOCK KEENE, 590 COURT STKEENE, NH, 03431-1798
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF MASS.SCH OF MED-WORCESTER,MA USA 1977
Internship and Year	UNIV OF CT, FAMILY MED-FARMINGTON,CT 1980
Residency and Year	UNIV OF CT FAMILY MED - FARMINGTON, CT 1980
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15254
License Date	6/1/2011
Name	<b>KIMBERLY, WILLIAM T MD</b>
Address	MGH, 55 FRUIT ST BIGELOW 1206BOSTON, MA, 02114
Specialty	N
Board Certified	N
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 2004
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2005
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11797
License Date	12/4/2002
Name	<b>KINBACK, RITA M MD</b>
Address	DHMC DEPT RADIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	R
Board Certified	
School and Year of Graduation	DREXEL UNIV - PHILADELPHIA, PA USA 1998
Internship and Year	PRESBYTERIAN MEDICAL CENTER - PHILADELPHIA, PA 1999
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2002
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	8592
License Date	7/17/1991
Name	<b>KINCARE, PATRICIA M MD</b>
Address	WOODLAND PROFESSIONAL ASSOC, 20 MARY E CLARK DR UNIT 8HAMPSTEAD, NH, 03841
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF MASS MED SCH - WORCESTER, MA USA 1984
Internship and Year	YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1985
Residency and Year	CONNECTICUT MENTAL HEALTH CENTER - NEW HAVEN, CT 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13748
License Date	11/7/2007
Name	<b>KINDRED, MICHAEL G MD</b>
Address	UNIVERSITY OF KY, DEPT OF PSYCHIATRY, 245 FOUNTAIN CTLEXINGTON, KY, 40509
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF COLORADO USA 2003
Internship and Year	UNIV OF OKLAHOMA HEALTH SCIENCES CENTER - TULSA, OK 2006
Residency and Year	UNIV OF OKLAHOMA HEALTH SCIENCES CTR - TULSA, OK 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16371
License Date	11/6/2013
Name	<b>KING, BETHANY J MD</b>
Address	ENT ASSOCIATES OF NH, 85 SPRING STLACONIA, NH, 03246
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	LOUISIANA STATE UNIVERSITY SCHOOL OF MEDICINE USA 2004
Internship and Year	MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 2005
Residency and Year	UNIVERSITY OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10450
License Date	11/4/1998
Name	<b>KING, BRYAN H MD</b>
Address	CHILDREN'S HOSPITAL & MED CTR, 4800 SAND POINT WAY NESEATTLE, WA, 98105
Specialty	P
Board Certified	P
School and Year of Graduation	MEDICAL COLL OF WISCONSIN -MILWAUKEE, WI USA 1983
Internship and Year	UCLA NEUROPSYCHIATRIC INSTITUTE - LOS ANGELES, CA 1987
Residency and Year	UCLA NEUROPSYCHIATRIC INSTITUTE- LOS ANGELES, CA 1988
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	13215
License Date	8/2/2006
Name	<b>KING, CYNTHIA G MD</b>
Address	250 PLEASANT ST, YEAPLE BLDGCONCORD, NH, 03301
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF MASSACHUSETTS USA 2002
Internship and Year	HIGHLAND FAMILY MEDICINE-ROCHESTER, NY 2003
Residency and Year	HIGHLAND FAMILY MEDICINE-ROCHESTER, NY 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5904
License Date	5/4/1978
Name	<b>KING, EDWARD W MD</b>
Address	ACCESS SPORTS MEDICINE, ONE HAMPTON RDEXETER, NH, 03833
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	CASE WESTERN RESERVE UNIV SCHOOL OF MEDICINE - OH USA 1972
Internship and Year	DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1973
Residency and Year	NEWINGTON CHILDRENS HOSPITAL - NEWINGTON,CT 1977
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number 4593  
 License Date 8/13/1970  
 Name **KING, HOWARD S MD**  
 Address 2000 WASHINGTON ST, NEWTON, MA, 02462  
 Specialty  
 Board Certified PD  
 School and Year of Graduation BOSTON UNIV, MA USA 1956  
 Internship and Year MASS MEMORIAL HOSPITAL - BOSTON, MA 1957  
 Residency and Year MASS GENERAL HOSPITAL - BOSTON, MA 1959  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 10586  
 License Date 6/2/1999  
 Name **KING, MARGARET W MD**  
 Address 4021 S 700 EAST STE 300, SALT LAKE CITY, UT, 84107  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF MINNESOTA MED SCH - MINNEAPOLIS, MN USA 1985  
 Internship and Year UNIV OF CALIFORNIA - SAN FRANCISCO, CA 1988  
 Residency and Year UNIV OF CALIFORNIA - SAN FRANCISCO, CA 1990  
 License Expiration Date **6/30/2001**  
 Remarks

License Number 7747  
 License Date 12/2/1987  
 Name **KING, RAYMOND T MD**  
 Address 39 SIMON ST UNIT 6, NASHUA, NH, 03060-  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV TEC DE SANTIAGO ESCUELA DE MED CHILE 1984  
 Internship and Year ST MARYS HOSPITAL WATERBURY CT 1985  
 Residency and Year ST MARYS HOSPITAL WATERBURY CT 1987  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 6263  
 License Date 8/7/1980  
 Name **KING, RICHARD S MD**  
 Address ELLIOT HOSP, 1 ELLIOT WAYMANCHESTER, NH, 03103-3599  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation ALBANY MED COLL OF UNION UNIV - ALBANY, NY USA 1977  
 Internship and Year THOMAS JEFFERSON UNIV HOSPITAL - PHILA, PA 1978  
 Residency and Year THOMAS JEFFERSON UNIV HOSPITAL - PHILA, PA 1980  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	7044
License Date	2/7/1985
Name	<b>KING, THOMAS V MD</b>
Address	THE KNEE HIP SHOULDER CENTER, MOB 333 BORTHWICK AVE STE 301PORTSMOUTH, NH, 03801
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	HARVARD MED SCH -BOSTON,MA USA 1978
Internship and Year	MASS GEN HOSP-BOSTON,MA 1979
Residency and Year	BRINGHAM-WOMANS HOSP-BOSTON,MA 1984
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6112
License Date	9/6/1979
Name	<b>KINLAW III, WILLIAM B MD</b>
Address	DHMC-ENDOCRINOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	TUFTS UNIV SCHOOL MEDICINE - BOSTON, MA USA 1977
Internship and Year	DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1978
Residency and Year	DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1979
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12938
License Date	11/2/2005
Name	<b>KINNEY, KELLY L MD</b>
Address	NEW LONDON PHYSICIAN PRACTICES, NEW LONDON HOSPITAL COUNTY ROADNEW LONDON, NH,
Specialty	FP
Board Certified	FP
School and Year of Graduation	MICHIGAN STATE UNIVERSITY, EAST LANSING MI US 1984
Internship and Year	SPARROW HOSPITAL, LANSING MI 1985
Residency and Year	SPARROW HOSPITAL, LANSING MI 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14878
License Date	6/2/2010
Name	<b>KINSLER, ERRON L MD</b>
Address	DH CLINIC-BEDFORD MED PARK, 5 WASHINGTON PLACEBEDFORD, NH, 03110
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF VERMONT USA 2006
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13866
License Date	3/5/2008
Name	<b>KIPROP, PETER MD</b>
Address	MANCHESTER COMM HLTH CARE, 145 HOLLIS STMANCHESTER, NH, 03101
Specialty	FP
Board Certified	FP
School and Year of Graduation	MOI UNIV KENYA 1999
Internship and Year	UNION HOSPITAL FAMILY MEDICINE PROGRAM - TERRE HAUTE, IN 2006
Residency and Year	UNION HOSPITAL FAMILY MEDICINE PROGRAM - TERRE HAUTE, IN 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8450
License Date	10/10/1990
Name	<b>KIRBY, CHRISTOPHER B MD</b>
Address	EASTER SEALS - FARNUM CTR, 235 HANOVER STMANCHESTER, NH, 03104
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF MISSOURI-KANSAS CITY SCH OF MED USA 1980
Internship and Year	WILFORD HALL USAF MEDICAL CENTER - LACKLAND AFB,, TX 1982
Residency and Year	WILFORD HALL USAF MEDICAL CENTER - LACKLAND AFB, TX 1983
License Expiration Date	<b>7/13/2012</b>
Remarks	3/12/09 - Preliminary Agreement for Practice Restrictions. 11/8/10 - Settlement Agreement 12/27/10 - Order Waiving Reinstatement Requirement. Dr. Kirby is required to renew license rather than reinstate. 12/27/10 - renewed license. 7/13/12 - Emergency License Suspension and Notice of Hearing. 7/26/12 - Preliminary Agreement for Practice Restrictions. 7/8/14 - Settlement Agreement

License Number	13628
License Date	8/1/2007
Name	<b>KIRBY-LONG, PAULA C MD</b>
Address	DHMC-SLEEP DISORDER CTR, ONE MED CTR DRLEBANON, NH, 03756
Specialty	P
Board Certified	P
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1994
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1995
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2000
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	16914
License Date	1/21/2015
Name	<b>KIREYEV, DMITRIY MD</b>
Address	MGH-ECHOCARDIOGRAPHY DEPT, 55 FRUIT ST YAWKEE 5BOSTON, MA, 02114
Specialty	CD
Board Certified	CD
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2004
Internship and Year	CARITAS ST ELIZABETH'S MEDICAL CENTER - BOSTON, MA 2005
Residency and Year	CARITAS ST ELIZABETH'S MEDICAL CENTER - BOSTON, MA 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8800
License Date	9/2/1992
Name	<b>KIRK, EILEEN P MD</b>
Address	NEW LONDON HOSP, 270 COUNTY RDNEW LONDON, NH, 03257
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	SUNY HEALTH SCIENCE CENTER AT SYRACUSE USA 1988
Internship and Year	MAYO GRADUATE SCHOOL OF MEDICINE ROCHESTER - MINNESOTA 1992
Residency and Year	MAYO GRADUATE SCHOOL OF MEDICINE ROCHESTER - MINNESOTA 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5132
License Date	1/2/1974
Name	<b>KIRK, JOHN W MD</b>
Address	NEW LONDON HOSPITAL PRACTICES, 273 COUNTY RDNEW LONDON, NH, 03257
Specialty	IM
Board Certified	IM
School and Year of Graduation	CORNELL UNIVERSITY-NEW YORK NY USA 1970
Internship and Year	UNIVERSITY OF CHICAGO-CHICAGO IL 1971
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR-LEBANON NH 1972
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9992
License Date	5/7/1997
Name	<b>KIRK, STEPHEN M MD</b>
Address	SALEM NH PHYSICIANS NETWORK, 289 MAIN STREETSALEM, NH, 03079
Specialty	IM
Board Certified	IM
School and Year of Graduation	GEORGETOWN UNIV SCH MED-WASHINGTON,DC USA 1992
Internship and Year	UNIV OF MD MED-BALITMORE,MD 1995
Residency and Year	UNIV OF MD MED -BALTIMORE,MD 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number	10787
License Date	12/1/1999
Name	<b>KIRKLAND, KATHRYN B MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL- HANOVER, NH USA 1986
Internship and Year	DARTMOUTH MEDICAL SCHOOL - LEBANON, NH 1987
Residency and Year	PRESBYTERIAN HOSPITAL - NEW YORK, NY 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5369
License Date	7/15/1975
Name	<b>KIRKLAND, KENT L MD</b>
Address	STAFF CARE INC, 5001 STATESMAN DRIRVING, TX, 75063
Specialty	ORS
Board Certified	
School and Year of Graduation	UNIVERSITY OF COLORADO USA 1967
Internship and Year	UNIV OF MICHIGAN HOSPITALS-ANN ARBOR, MI 1968
Residency and Year	UNIV OF COLORADO AFFILIATED PROGRAM-DENVER, CO 1972
License Expiration Date	<b>6/30/2009</b>
Remarks	<b>LAPSED FOR NON-RENEWAL 4/22/91... REINSTATED 5/9/07</b>

License Number	13867
License Date	3/5/2008
Name	<b>KIRKPATRICK, CHRISTINA L MD</b>
Address	CONCORD HOSP, 250 PLEASANT STCONCORD, NH, 03301
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF UTAH USA 2000
Internship and Year	UNIV OF CINCINNATI - CINCINNATI, OH 2001
Residency and Year	UNIV OF CINCINNATI - CINCINNATI, OH 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13970
License Date	5/7/2008
Name	<b>KIRKPATRICK, JENNIFER D MD</b>
Address	NORTH TEXAS ANESTHESIA, 7557 RAMBLER RDDALLAS, TX, 75231
Specialty	AN
Board Certified	
School and Year of Graduation	UNIV OF TEXAS USA 2004
Internship and Year	UNIV OF NORTH CAROLINA SCHOOL OF MEDICINE - CHAPEL HILL, NC 2005
Residency and Year	UNIV OF NORTH CAROLINA SCHOOL OF MEDICINE - CHAPEL HILL, NC 2007
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number 6046  
 License Date 5/3/1979  
 Name **KIRMES, WILLIAM J DO**  
 Address MANCHESTER OSTEOPATHIC, 35 HIGH STMANCHESTER, NH, 03104-6116  
 Specialty OS  
 Board Certified OS  
 School and Year of Graduation KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE - MO USA 1975  
 Internship and Year OSTEOPATHIC HOSPITAL OF MAINE - PORTLAND, ME 1976  
 Residency and Year OSTEOPATHIC HOSPITAL OF MAINE - PORTLAND, ME 1976  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10587  
 License Date 6/2/1999  
 Name **KIRTSMAN, IRINA MD**  
 Address MEDICAL PROFESSIONAL CORPORATION, 4 MONTREAL RD SUITE 205CORNWALL ONTARIO CAN, , K  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation ROSTOV MED INSTITUTE - ROSTOV, RUSSIA RUSSIA 1981  
 Internship and Year NEW YORK METHODIST HOSP- BROOKLYN, NY 1997  
 Residency and Year NEW YORK METHODIST HOSP - BROOKLYN, NY 1997  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15926  
 License Date 11/7/2012  
 Name **KIRWAN, RYAN C MD**  
 Address SO NH RADIOLOGY CONSULTANTS, 703 RIVERWAY PLBEDFORD, NH, 03110  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation MCGILL UNIVERSITY FACULTY OF MEDICINE CANADA 2004  
 Internship and Year TUCSON HOSPITALS MEDICAL EDUCATION PROGRAM - TUCSON, AZ 2005  
 Residency and Year JACKSON MEMORIAL HOSPITAL - MIAMI, FL 2009  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 5064  
 License Date 8/17/1973  
 Name **KISH, GARY MD**  
 Address WOUND CARE CENTER, PO BOX 447PORTSMOUTH, NH, 03802  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation UNIVERSITY OF ROCHESTER-ROCHESTER NY USA 1966  
 Internship and Year MEDICAL COLL OF VIRGINIA-RICHMOND VA 1967  
 Residency and Year STRONG MEMORIAL HOSP-ROCHESTER NY 1971  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12658  
 License Date 4/6/2005  
 Name **KISIEL, STEPHEN L DO**  
 Address BERKSHIRE OSTEOPATHIC HEALTH, 2 PARK ST STE 201ADAMS, MA, 01220  
 Specialty FP  
 Board Certified  
 School and Year of Graduation NY COLLEGE OF OSTEO MEDICINE, OLD WESTBURY NY US 2001  
 Internship and Year BERKSHIRE MED CENTER, PITTSFIELD MA 2002  
 Residency and Year UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME 2004  
 License Expiration Date **6/30/2007**  
 Remarks

License Number 11063  
 License Date 9/6/2000  
 Name **KISPERT, PAUL H MD**  
 Address DHMC, ONE MED CTR DRLEBANON, NH, 03756  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation UNIV OF VERMONT - BURLINGTON, VT USA 1982  
 Internship and Year UNIV OF VERMONT-FLETCHER ALLEN HEALTH CENTER - BURLINGTON, VT 1983  
 Residency and Year UNIV OF VERMONT-FLETCHER ALLEN HEALTH CENTER - BURLINGTON, VT 1987  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16654  
 License Date 6/4/2014  
 Name **KISSEL, JAKOB MD**  
 Address EXETER HOSPITAL, 5 ALUMNI DREXETER, NH, 03833  
 Specialty EM  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF KENTUCKY USA 2011  
 Internship and Year UNIVERSITY OF KENTUCKY MEDICAL CENTER - LEXINGTON, KY 2012  
 Residency and Year UNIVERSITY OF KENTUCKY MEDICAL CENTER - LEXINGTON, KY 2014  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16175  
 License Date 6/5/2013  
 Name **KISSINGER, WENDY A DO**  
 Address EMERGENCY MEDICAL PHYSICIANS, 4535 DRESSLER RD NWCANTON, OH, 44718  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation OHIO UNIVERSITY COLLEGE OF OSTEOPATHIC MED USA 2000  
 Internship and Year SOUTH POINTE HOSPITAL - WARRENSVILLE HEIGHTS, OH 2001  
 Residency and Year SOUTH POINTE HOSPITAL - WARRENSVILLE HEIGHTS, OH 2004  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 4704  
 License Date 6/12/1972  
 Name **KISSMEYER-NIELSEN, PERLA M MD**  
 Address VA MEDICAL CENTER, 718 SMYTH RDMANCHESTER, NH, 03104-7004  
 Specialty P  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF THE PHILIPPINES-MANILA PHILIPPINES 1955  
 Internship and Year SOUTH BALTIMORE GENERAL HOSP-BALTIMORE MD 1956  
 Residency and Year DELAWARE STATE HOSP-FARNHURST DE 1964  
 License Expiration Date **6/30/2008**  
 Remarks **Deceased 8/1/14**

License Number 10718  
 License Date 10/6/1999  
 Name **KISTLER, DIANE L DO**  
 Address NEW HAMPTON FAMILY PRACTICE, 345 NH RTE 104NEW HAMPTON, NH, 03253  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF N.E. COLLEGE OF OSTEOPATHIC MEDICINE USA 1995  
 Internship and Year CENTRAL MAINE MEDICAL CENTER DEPT OF FAMILY PRACTICE LEWISON, ME 1997  
 Residency and Year CENTRAL MAINE MEDICAL CENTER DEPT OF FAM PRACTICE LEWISTON ME 1998  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16315  
 License Date 9/4/2013  
 Name **KITTAY, MICHAEL J MD**  
 Address 24 CHERRY HILL ST, W NEWBURY, MA, 01985  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation NEW YORK UNIVERSITY SCHOOL OF MEDICINE USA 1974  
 Internship and Year MOUNT SINAI MEDICAL CENTER - NY, NY 1975  
 Residency and Year NEW YORK UNIVERSITY MEDICAL CENTER, NY, NY 1977  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 10029  
 License Date 6/4/1997  
 Name **KITTREDGE, DIANE MD**  
 Address DHMC-PEDIATRICS, 1 MEDICAL CTR DRLEBANON, NH, 03756  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation HARVARD MEDICAL SCHOOL-MA USA 1972  
 Internship and Year YALE NEW HAVE HOSPITAL-CT 1973  
 Residency and Year CHILDREN'S HOSPITAL-MA 1975  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15759  
 License Date 7/11/2012  
 Name **KITTU, KAVITHA MD**  
 Address CONCORD HOSP, 250 PLEASANT ST 5WCONCORD, NH, 03301  
 Specialty P  
 Board Certified P  
 School and Year of Graduation SRI RAMACHANDRA MEDICAL COLLEGE & RESEARCH INSTITU INDIA 2003  
 Internship and Year ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 2009  
 Residency and Year ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 2012  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 6949  
 License Date 8/2/1984  
 Name **KIVINIEMI, JAN A MD**  
 Address LAKES REGION GENERAL HOSP, HIGHLAND ST LACONIA, NH, 03247-1305  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation UNIV OF KENTUCKY COLL MED -LEXINGTON,KY USA 1972  
 Internship and Year DARTMOUTH-HITCOCK MED CTR-HANOVER,NH 1973  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1975  
 License Expiration Date **6/30/2001**  
 Remarks

License Number 12966  
 License Date 12/7/2005  
 Name **KIZILBASH, LEENA F MD**  
 Address 22 HAYDEN ST, BOSTON, MA, 02120  
 Specialty P  
 Board Certified  
 School and Year of Graduation ROSS UNIVERSITY, PORTSMOUTH DOMINICA DOMINICA 1998  
 Internship and Year INSTITUTE OF LIVING/HARTFORD HOSPITAL, HARTFORD CT 2001  
 Residency and Year KALAMAZOO CTR FOR MED STUDIES, KALAMAZOO MI 2003  
 License Expiration Date **6/30/2007**  
 Remarks

License Number 13500  
 License Date 5/9/2007  
 Name **KLAGGES, BRIAN D MD**  
 Address ELLIOT HOSPITAL, 1 ELLIOT WAY STE 200MANCHESTER, NH, 03103  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation STATE UNIV OF NEW YORK USA 2000  
 Internship and Year NEW ENGLAND MEDICAL CENTER-BOSTON, MA 2002  
 Residency and Year CARITAS ST ELIZABETHS MEDICAL CENTER-BOSTON, MA 2006  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14419  
 License Date 5/6/2009  
 Name **KLAHR, PHILLIP D MD**  
 Address 6451 NORTH FEDERAL HWY STE 800, FORT LAUDERDALE, FL, 33308  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation ALBERT EINSTEIN COLLEGE OF MED OF YESHIVA UNIV USA 1990  
 Internship and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 1991  
 Residency and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 1993  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 10825  
 License Date 2/2/2000  
 Name **KLAUS, SIDNEY N MD**  
 Address VA MEDICAL CENTER, 215 N MAIN STWHITE RIVER JCT, VT, 05009  
 Specialty D  
 Board Certified D  
 School and Year of Graduation UNIV OF MICHIGAN MED SCH - ANN ARBOR, MI USA 1957  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1958  
 Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1964  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 7321  
 License Date 5/8/1986  
 Name **KLEEMAN, THOMAS J MD**  
 Address NH NEUROSPINE INSTITUTE, 4 HAWTHORNE DRBEDFORD, NH, 03110-  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation YALE UNIV SCH MED - NEW HAVEN, CT USA 1981  
 Internship and Year YALE NEW HAVEN HOSPITAL - NEW HAVEN,CT 1982  
 Residency and Year YALE NEW HAVEN HOSPITAL - NEW HAVEN,CT 1985  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 6591  
 License Date 7/15/1982  
 Name **KLEIN, DAVID A MD**  
 Address NEW ENGLAND NEUROLOGICAL, 10 GEORGE ST STE 300LOWELL, MA, 01852-1713  
 Specialty N  
 Board Certified N  
 School and Year of Graduation UNIV OF TEXAS MED SCH-SAN ANTONIO,TX USA 1978  
 Internship and Year BOSTON CITY HOSP-BOSTON,MA 1979  
 Residency and Year PRESBYTERIAN HOSP-NEW YORK,NY 1982  
 License Expiration Date **6/30/2000**  
 Remarks **Deceased 3/20/2000**

License Number	13713
License Date	10/3/2007
Name	<b>KLEIN, JEFFREY S MD</b>
Address	FLETCHER ALLEN HEALTH CARE, 111 COLCHESTER AVEBURLINGTON, VT, 05401
Specialty	R
Board Certified	R
School and Year of Graduation	STATE UNIV OF NEW YORK USA 1983
Internship and Year	STATEN ISLAND UNIV HOSPITAL-STATEN ISLAND, NY 1984
Residency and Year	SUNY HEALTH SCIENCE CENTER AT BROOKLYN - BROOKLYN, NY 1988
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	14348
License Date	3/4/2009
Name	<b>KLEIN, LAWRENCE E MD</b>
Address	PPS, ONE SCIENCE CT STE 200COLUMBIA, SC, 29203
Specialty	D
Board Certified	D
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1978
Internship and Year	TULANE UNIVERSITY SCHOOL OF MEDICINE - NEW ORLEANS, LA 1979
Residency and Year	YALE UNIVERSITY - NEW HAVEN, CT 1982
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14801
License Date	4/7/2010
Name	<b>KLEIN, LORENZO W MD</b>
Address	WENTWORTH DOUGLASS PHYS CORP, 789 CENTRAL AVEDOVER, NH, 03820-2526
Specialty	PUD
Board Certified	IM
School and Year of Graduation	MEDICAL UPPER SCHOOL OF HANNOVER GERMANY 2002
Internship and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2005
Residency and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5539
License Date	6/25/1976
Name	<b>KLEIN, ROBERT B MD</b>
Address	HASBRO CHILDRENS HOSP, 593 EDDY STPROVIDENCE, RI, 02903
Specialty	PD
Board Certified	PD
School and Year of Graduation	FACULTE DE MED DE L UNIV DE LAUSANNE SWITZERLAND 1971
Internship and Year	BETH ISREAL MEDICAL CENTER NEW YORK 1972
Residency and Year	UNIV OF CALIFORNIA LOS ANGELES 1975
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11963
License Date	6/4/2003
Name	<b>KLEIN, ROBERT M MD</b>
Address	NEWTON-WELLESLEY HOSPITAL, 2014 WASHINGTON STNEWTON, MA, 02462
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF MISSOURI - COLUMBIA MO USA 1986
Internship and Year	NEW ENGLAND MEDICAL CENTER - BOSTON MA 1987
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON MA 1990
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	5662
License Date	1/6/1977
Name	<b>KLEIN, ROBERT Z MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty	PD
Board Certified	PD
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 1944
Internship and Year	CHILDREN'S HOSPITAL - BOSTON MA 1945
Residency and Year	CHILDREN'S HOSPITAL - BOSTON MA 1948
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	13675
License Date	9/5/2007
Name	<b>KLEINMAN, STEPHEN C MD</b>
Address	MGH-CHARLESTOWN HEALTH CARE, 73 HIGH STCHARLESTOWN, MA, 02129
Specialty	P
Board Certified	P
School and Year of Graduation	NEW YORK MEDICAL COLLEGE USA 1973
Internship and Year	LOS ANGELES COUNTY-UNIV OF SOUTHERN CALIFORNIA MEDICAL - LOS ANGELES, CA 1974
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1977
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	16372
License Date	11/6/2013
Name	<b>KLEKERS, ALBERT R MD</b>
Address	VIRTUAL RADIOLOGY, 11995 SINGLETREE LANE STE 500EDEN PRAIRIE, MN, 55344
Specialty	DR
Board Certified	
School and Year of Graduation	WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE USA 2004
Internship and Year	ROCHESTER GENERAL HOSPITAL-UNIVERSITY OF ROCHESTER - ROCHESTER, NY 2005
Residency and Year	UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number 7909  
 License Date 7/6/1988  
 Name **KLEMENTOWICZ, PETER T MD**  
 Address 166 KINSLEY ST STE 301, NASHUA, NH, 03060  
 Specialty CD  
 Board Certified CD  
 School and Year of Graduation TUFTS UNIV SCH OF MED-BOSTON,MA USA 1978  
 Internship and Year MONTEFIORE HOSP MED CTR-BRONX,NY 1979  
 Residency and Year MONTEFIORE HOSP MED CTR-BRONX,NY 1984  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9044  
 License Date 9/1/1993  
 Name **KLEMENTOWSKI, MARC K MD**  
 Address , , ,  
 Specialty FP  
 Board Certified  
 School and Year of Graduation SUNY AT BUFFALO, NEW YORK USA 1990  
 Internship and Year  
 Residency and Year  
 License Expiration Date **6/30/1997**  
 Remarks

License Number 7617  
 License Date 6/3/1987  
 Name **KLEMPERER, MARK A MD**  
 Address 16 FAHEY ST, STE 105BELFAST, ME, 04915  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation ST GEORGES UNIVERSITY, GRENADA GRENADA 1982  
 Internship and Year BROOKLYN HOSP, BROOKLYN NY 1984  
 Residency and Year BROOKLYN HOSP, BROOKLYN NY 1987  
 License Expiration Date **6/30/2005**  
 Remarks **LAPSED FOR NON-RENEWAL 6/30/92 - REINSTATED 4/7/04**

License Number 10140  
 License Date 10/1/1997  
 Name **KLETTI, NICHOLAS B MD**  
 Address UNUM INSURANCE, 2211 CONGRESS ST MAIL C310PORTLAND, ME, 04122  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIV OF CHICAGO PRITZKER SCH OF MED - IL USA 1986  
 Internship and Year MICHAEL REESE HOSPITAL MEDICAL CENTER - IL 1987  
 Residency and Year MASS GENERAL HOSPITAL - MA 1990  
 License Expiration Date **6/30/2017**  
 Remarks **Lapsed for non-renewal 6/30/15  
 Renewed 7/29/15**

License Number	14349
License Date	3/4/2009
Name	<b>KLIBANSKY, DAVID A MD</b>
Address	PORTLAND GASTROENTEROLOGY ASSOCIATES, 1200 CONGRESS ST STE 300PORTLAND, ME, 04102-
Specialty	GE
Board Certified	IM
School and Year of Graduation	CORNELL UNIV USA 2005
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2006
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/2/15</b>

License Number	9535
License Date	8/29/1995
Name	<b>KLINE, KATHLEEN A MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	CHP
Board Certified	P
School and Year of Graduation	YALE UNIV SCHOOL OF MEDICINE NEW HAVEN CT USA 1990
Internship and Year	UNIV OF CONNECTICUT SCHOOL OF MEDICINE 1996
Residency and Year	UNIV OF CONNECTICUT SCHOOL OF MEDICINE 1996
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	5841
License Date	11/14/1977
Name	<b>KLINE, RICHARD B MD</b>
Address	, , ,
Specialty	PD
Board Certified	
School and Year of Graduation	UNIVERSITY OF MARYLAND USA 1972
Internship and Year	
Residency and Year	
License Expiration Date	<b>12/31/1978</b>
Remarks	

License Number	14966
License Date	8/4/2010
Name	<b>KLINE-KIM, JOHANNA F MD</b>
Address	316 NH ROUTE 11, FARMINGTON, NH, 03835
Specialty	FP
Board Certified	FP
School and Year of Graduation	DREXEL UNIVERSITY USA 2007
Internship and Year	UNDERWOOD MEMORIAL HOSPITAL - WOODBURY, NJ 2008
Residency and Year	UNDERWOOD MEMORIAL HOSPITAL - WOODBURY, NJ 2010
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	11996
License Date	7/2/2003
Name	<b>KLINGER, DAGMAR MD</b>
Address	100 MILK ST STE 120, METHUEN, MA, 01844
Specialty	IM
Board Certified	IM
School and Year of Graduation	CHARLES UNIV IN CZECH REPUBLIC CZECH REPUBLIC 1993
Internship and Year	HENNEPIN COUNTY MEDICAL CENTER - MINNEAPOLIS, MN 1998
Residency and Year	HENNEPIN COUNTY MEDICAL CENTER - MINNEAPOLIS, MN 2000
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	2241
License Date	9/20/1940
Name	<b>KLINGER, LEO MD</b>
Address	1319 ALTON WOODS DR, CONCORD, NH, 03301-7865
Specialty	FP
Board Certified	
School and Year of Graduation	NEW YORK UNIVERSITY COLLEGE OF MEDICINE USA 1938
Internship and Year	LINCOLN HOSPITAL - BRONX, NY 1939
Residency and Year	LINCOLN HOSPITAL - BRONX, NY 1940
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	12622
License Date	3/2/2005
Name	<b>KLINGLER, LANCE J MD</b>
Address	CONCORD ORTHOPAEDICS, 264 PLEASANT STCONCORD, NH, 03301
Specialty	HSO
Board Certified	HSO
School and Year of Graduation	VANDERBILT UNIVERSITY, NASHVILLE TN US 1999
Internship and Year	SOUTHERN ILLINOIS UNIVERSITY, SPRINGFIELD IL 2000
Residency and Year	SOUTHERN ILLINOIS UNIVERSITY, SPRINGFIELD IL 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9280
License Date	9/7/1994
Name	<b>KLINKER, MARK R MD</b>
Address	MANILAQ HEALTH CTR, PO BOX 43KOTZEBUE, AK, 99752
Specialty	CD
Board Certified	CD
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1985
Internship and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER NY 1986
Residency and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER NY 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12849
License Date	8/3/2005
Name	<b>KLOC, CURTIS J MD</b>
Address	ELLIOT GEN SURGICAL SPECIALIST, 185 QUEEN CITY AVE MANCHESTER, NH, 03101-7100
Specialty	GS
Board Certified	GS
School and Year of Graduation	WEST VIRGINIA UNIVERSITY, MORGANTOWN WV US 1994
Internship and Year	MERCY HOSPITAL, PITTSBURGH PA 1995
Residency and Year	MERCY HOSPITAL, PITTSBURGH PA 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15446
License Date	11/2/2011
Name	<b>KLODA, DANIEL G DO</b>
Address	SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200S PORTLAND, ME, 04106
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND COLLEGE USA 2005
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2006
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2010
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12795
License Date	7/6/2005
Name	<b>KLONEL, CARRIE B DO</b>
Address	12 ELM ST, ANTRIM, NH, 03440
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF N.E. COLLEGE, BIDDEFORD ME USA 2002
Internship and Year	ST JOSEPHS MEDICAL CENTER, READING PA 2003
Residency and Year	ST JOSEPHS MEDICAL CENTER, READING PA 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12796
License Date	7/6/2005
Name	<b>KLONEL, STEPHEN G DO</b>
Address	JAFFREY FAMILY MEDICINE, 82 PETERBOROUGH ST JAFFREY, NH, 03452
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF N.E. COLLEGE, BIDDEFORD ME USA 2002
Internship and Year	ST JOSEPHS MEDICAL CENTER, READING PA 2003
Residency and Year	ST JOSEPHS MEDICAL CENTER, READING PA 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10503
License Date	2/3/1999
Name	<b>KLONOWSKI, EVA M MD</b>
Address	USAWC HANAI CMR 470, BOX 4840APO AE, , 09165
Specialty	FP
Board Certified	FP
School and Year of Graduation	STATE UNIV OF NEW YORK - BUFFALO, NY USA 1980
Internship and Year	MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 1981
Residency and Year	MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 1983
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	15834
License Date	9/5/2012
Name	<b>KLOSTER, NELS A MD</b>
Address	PO BOX 404, MARLBORO, VT, 05344
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF VT COLLEGE OF MEDICINE USA 2001
Internship and Year	FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2002
Residency and Year	FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11322
License Date	7/11/2001
Name	<b>KLUNK, L JOHN MD</b>
Address	ELLIOT PEDIATRICS & PRIMARY CARE, 15 FREETOWN RD RAYMOND, NH, 03077
Specialty	PD
Board Certified	IM
School and Year of Graduation	JEFFERSON MEDICAL COLLEGE PHILADELPHIA PA USA 1997
Internship and Year	BAYSTATE MEDICAL CENTER SPRINGFIELD MA 1998
Residency and Year	BAYSTATE MEDICAL CENTER SPRINGFIELD MA 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13431
License Date	3/7/2007
Name	<b>KNAB, BRIAN R MD</b>
Address	ELLIOT HOSPITAL, ONE ELLIOT WAY MANCHESTER, NH, 03103
Specialty	RO
Board Certified	RO
School and Year of Graduation	DUKE UNIV USA 2002
Internship and Year	UNIV OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 2003
Residency and Year	UNIV OF CHICAGO - CHICAGO, IL 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8919
License Date	4/7/1993
Name	<b>KNAB, RICHARD E MD</b>
Address	DARTMOUTH-HITCHCOCK CLINIC, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty	GS
Board Certified	GS
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 1966
Internship and Year	BOSTON CITY HOSPITAL - BOSTON MA 1967
Residency and Year	BOSTON CITY HOSPITAL - BOSTON MA 1973
License Expiration Date	<b>2/17/2012</b>
Remarks	DECEASED 2/17/2012

License Number	15927
License Date	11/7/2012
Name	<b>KNAPIK, THERSIA J MD</b>
Address	612 COUNTRY LANE, CARY, NC,
Specialty	GS
Board Certified	
School and Year of Graduation	UNIVERSITY OF NC @ CHAPEL HILL SCHOOL OF MEDICINE USA 2007
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	11374
License Date	9/5/2001
Name	<b>KNAPP, DARLENE A MD</b>
Address	ATLANTIC PATHOLOGY PRH MED OFF, 333 BORTHWICKPORTSMOUTH, NH, 03801
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	CASE WESTERN RESERVE UNIV SCH-CLEVELAND, OH USA 1987
Internship and Year	RAINBOW BABIES AND CHILDRENS HOSPITAL - CLEVELAND, OH 1988
Residency and Year	UNIV HOSPITAL OF CLEVELAND - CLEVELAND, OH 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14382
License Date	4/1/2009
Name	<b>KNAPP, RYAN R MD</b>
Address	DHMC-DEPT OF EMERGENCY MED, ONE MED CTR DRLEBANON, NH, 03756
Specialty	EM
Board Certified	EM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2006
Internship and Year	HENNEPIN COUNTY MEDICAL CENTER - MINNEAPOLIS, MN 2007
Residency and Year	HENNEPIN COUNTY MEDICAL CENTER - MINNEAPOLIS, MN 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 9736  
 License Date 6/5/1996  
 Name **KNEISSL, URSULA S MD**  
 Address PED HOSP PRGRM NHHHC AT THE ELLIOT, ONE ELLIOT WAYMANCHESTER, NH, 03103  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation GEORGE WASHINGTON UNIV-WASHINGTON DC USA 1993  
 Internship and Year GEORGE WASHINGTON UNIVERSITY - WASHINGTON, DC 1995  
 Residency and Year GEORGE WASHINGTON UNIVERSITY-WASHINGTON DC 1996  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9487  
 License Date 7/5/1995  
 Name **KNEPP, MARY E MD**  
 Address 10 N 7TH ST, STROUDSBURG, PA, 18360  
 Specialty D  
 Board Certified D  
 School and Year of Graduation JEFFERSON MEDICAL COLLEGE USA 1965  
 Internship and Year PHILADELPHIA GENERAL HOSPITAL - PHILADELPHIA PA 1966  
 Residency and Year THOMAS JEFFERSON UNIVERSITY HOSPITAL - PHILADELPHIA PA 1976  
 License Expiration Date **6/30/2001**  
 Remarks **Deceased 2/26/2007**

License Number 7684  
 License Date 8/5/1987  
 Name **KNESEVICH, JOHN W MD**  
 Address 27 FARLEY RD, HOLLIS, NH, 03049  
 Specialty P  
 Board Certified P  
 School and Year of Graduation MC GILL UNIV FAC OF MEDICINE-MONTREAL CANADA 1974  
 Internship and Year BARNES HOSP-ST LOUIS, MO 1975  
 Residency and Year WASH UNIV MED SCH-ST LOUIS MO 1977  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 5185  
 License Date 6/10/1974  
 Name **KNIFFIN JR, WAYNE D MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation CASE WESTERN RESERVE UNIV SCHOOL OF MEDICINE, OH USA 1969  
 Internship and Year CLEVELAND METROPOLITAN GENERAL HOSPITAL - CLEVELAND, OH 1970  
 Residency and Year CLEVELAD METROPOLITAN GENERAL HOSPITAL - CLEVELAND, OH 1971  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 11230  
 License Date 4/4/2001  
 Name **KNIGHT, ERIC L MD**  
 Address ELLIOT PRIM CARE @ LONDONDERRY, 40 BUTTRICK RD LONDONDERRY, NH, 03053  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1998  
 Internship and Year MALDEN MEDICAL CENTER - MALDEN, MA 1999  
 Residency and Year MALDEN MEDICAL CENTER - MALDEN, MA 2000  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 7811  
 License Date 4/6/1988  
 Name **KNIGHT, MICHAEL J MD**  
 Address HAMPSTEAD HOSPITAL, 218 EAST RD HAMPSTEAD, NH, 03841  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIV OF NC CHAPEL HILL SCH MED - CHAPEL, NC USA 1984  
 Internship and Year INSTITUTE OF LIVING - HARTFORD, CT 1985  
 Residency and Year INSTITUTE OF LIVING - HARTFORD, CT 1988  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10087  
 License Date 8/6/1997  
 Name **KNIGHT, RANDOLPH R MD**  
 Address LITTLETON REGIONAL HEALTHCARE, 600 ST JOHNSBURY ROAD LITTLETON, NH, 03561  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF VA SCH OF MEDICINE - CHARLOTTESVILLE VA USA 1994  
 Internship and Year MERLE WEST MEDICAL CENTER - OR 1997  
 Residency and Year MERLE WEST MEDICAL CENTER - OR 1997  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13676  
 License Date 9/5/2007  
 Name **KNIRK, JERRY L MD**  
 Address SACO RIVER MEDICAL GROUP, 7 GREENWOOD AVE CONWAY, NH, 03818  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1978  
 Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1980  
 Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1983  
 License Expiration Date **6/30/2017**  
 Remarks



License Number 9993  
 License Date 5/7/1997  
 Name **KNOBLER, STACY B MD**  
 Address 12 INMAN ST APT 25, CAMBRIDGE, MA, 02139-2418  
 Specialty N  
 Board Certified  
 School and Year of Graduation UNIV OF CINCINNATI COLL OF MED USA 1989  
 Internship and Year LONG ISLAND JEWISH MED CTR-NY 1991  
 Residency and Year LONG ISLAND JEWISH MED CTR-NY 1994  
 License Expiration Date **6/30/1998**  
 Remarks

License Number 11323  
 License Date 7/11/2001  
 Name **KNOFF, JON-RICHARD MD**  
 Address NASHUA ANESTHESIA PARTNERS, 8 PROSPECT STREET NASHUA, NH, 03060  
 Specialty AN  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF KANSAS SCHOOL OF MEDICINE USA 1996  
 Internship and Year UNIVERSITY OF KANSAS-WICHITA 1997  
 Residency and Year UNIVERSITY OF KANSAS-WICHITA 2000  
 License Expiration Date **6/30/2007**  
 Remarks

License Number 11417  
 License Date 10/3/2001  
 Name **KNOLL IV, JAMES L MD**  
 Address DEPT OF CORRECTIONS, PO BOX 2828 CONCORD, NH, 03302  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIV OF TEXAS - DALLAS, TX USA 1994  
 Internship and Year UNIV OF TEXAS SOUTHWESTERN MEDICAL SCHOOL - DALLAS, TX 1998  
 Residency and Year UNIV HOSPITALS OF CLEVELAND - CLEVELAND, OH 1999  
 License Expiration Date **6/30/2007**  
 Remarks

License Number 7812  
 License Date 4/6/1988  
 Name **KNOLL, ROBERT MD**  
 Address LAKES REGION RADIOLOGY, 87 SPRING ST STE 101 LACONIA, NH, 03246  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation NEW YORK UNIV SCH MED - NY, NY USA 1982  
 Internship and Year MEDICAL COLLEGE OF VIRGINIA HOSPITAL - RICHMOND, VA 1984  
 Residency and Year MEDICAL COLLEGE OF VIRGINIA HOSPITAL - RICHMOND, VA 1987  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	16517
License Date	3/5/2014
Name	<b>KNOPF, SIMON L MD</b>
Address	2080 BOSTON NECK RD, SAUNDERSTOWN, RI, 02874
Specialty	GS
Board Certified	
School and Year of Graduation	CASE WESTERN RESERVE UNIVERSITY SCH OF MEDICINE USA 1996
Internship and Year	TRUMAN MEDICAL CENTER - KANSAS CITY, MO 1997
Residency and Year	TRUMAN MEDICAL CENTER - KANSAS CITY, MO 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13111
License Date	6/7/2006
Name	<b>KNOWLAND, MICHAEL MD</b>
Address	EASTERN ME ORL, 585 UNION ST STE 145BANGOR, ME, 04401
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	UNIV OF LONDON UNITED KINGDON 1972
Internship and Year	UNIV OF ALBERTA-EDMONTON, ALBERTA CANADA 1977
Residency and Year	UNIV OF ALBERTA-EDMONTON, ALBERTA CANADA 1980
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15835
License Date	9/5/2012
Name	<b>KNOWLES, ROBERT C MD</b>
Address	MEDICAL ARTS BUILDING, 454 OLD STREET ROAD SUITE 201PETERBOROUGH, NH, 03458
Specialty	GS
Board Certified	GS
School and Year of Graduation	WAKE FOREST SCHOOL OF MEDICINE USA 1989
Internship and Year	THE CARILION CLINIC - VTC SCHOOL OF MEDICINE - ROANOKE, VA 1990
Residency and Year	DREXEL UNIVERSITY COLLEGE OF MEDICINE - PHILADELPHIA, PA 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>LAPSED FOR NONRENEWAL 6/30/14 RENEWED 7/2/14</b>

License Number	11921
License Date	5/7/2003
Name	<b>KNOX, CHRISTOPHER J DO</b>
Address	EAR NOSE & THROAT SURGERY, 158 NH ROUTE 108 SUITE BDOVER, NH, 03820
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	UNIV OF NEW ENGLAND COLL OF OSTEO - BIDDEFORD, ME USA 1997
Internship and Year	BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1998
Residency and Year	BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 12998  
 License Date 2/1/2006  
 Name **KNUPPEL, ROBERT A MD**  
 Address 800 WESTCHESTER AVE, STE 540 RYE BROOK, NY, 10573  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIVERSITY OF NEW JERSEY, NEWARK NJ US 1973  
 Internship and Year NEW ENGLAND MED CTR, BOSTON MA 1974  
 Residency and Year NEW ENGLAND MED CTR, BOSTON MA 1976  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 9928  
 License Date 2/5/1997  
 Name **KNUTSON, CLARK J MD**  
 Address 1068 CUMBERLAND HEAD, PLATTSBURGH, NY, 12901  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIV OF IOWA COLL OF MED - IOWA CITY, IA USA 1977  
 Internship and Year DAVID GRANT USAF MEDICAL CENTER - CA 1978  
 Residency and Year DAVID GRANT USAF MEDICAL CENTER - CA 1980  
 License Expiration Date **6/30/2001**  
 Remarks

License Number 12984  
 License Date 1/4/2006  
 Name **KNYCH, STEPHEN A MD**  
 Address 400 CELEBRATION PLACE, CELEBRATION, FL, 34747  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation UNIFORMED SERVICES UNIV OF HEALTH SCIENCES USA 1986  
 Internship and Year WILFORD HALL MEDICAL CENTER, LACKLAND AFB, TX 1987  
 Residency and Year NEW ENGLAND CENTER, BOSTON MA 1991  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 16480  
 License Date 2/5/2014  
 Name **KO, STEPHEN C MD**  
 Address BOSTON UNIVERSITY, 801 MASSACHUSETTS AVE CROSSTOWN CTR, 3RD FL BOSTON, MA, 02118  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation GEORGIA HEALTH SCIENCES UNIVERSITY USA 2004  
 Internship and Year UMDNJ?ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK, NJ 2005  
 Residency and Year SUNY @ STONY BROOK SCHOOL OF MEDICINE-STONY BROOK, NY 2007  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	13714
License Date	10/3/2007
Name	<b>KOBEISSI, ZOULFICAR A MD</b>
Address	ST JOSEPH HOSPITAL, 360 BROADWAYBANGOR, ME, 04401
Specialty	
Board Certified	IM
School and Year of Graduation	AMERICAN UNIV OF BEIRUT LEBANON 1994
Internship and Year	GOOD SAMARITAN HOSPITAL OF MARYLAND - BALTIMORE, MD 2000
Residency and Year	GOOD SAMARITAN HOSPITAL OF MARYLAND - BALTIMORE, MD 2002
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	14967
License Date	8/4/2010
Name	<b>KOBYLARZ, ERIK J MD</b>
Address	DHMC-NEUROLOGY DEPT, 1 MED CTR DRLEBANON, NH, 03756
Specialty	N
Board Certified	N
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1991
Internship and Year	WALTER REED ARMY MEDICAL CENTER - BETHESDA, MD 1992
Residency and Year	WALTER REED ARMY MEDICAL CENTER - BETHESDA, MD 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15064
License Date	11/3/2010
Name	<b>KOCH, CHRISTOPHER T MD</b>
Address	3715 S 170TH CT, OMAHA, NE, 68130
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF NEBRASKA USA 2005
Internship and Year	ST LUKES MEDICAL CENTER - MILWAUKEE, WI 2006
Residency and Year	UNIVERSITY OF NEBRASKA MEDICAL CENTER - OMAHA, NE 2010
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	6735
License Date	7/7/1983
Name	<b>KOCH, ROBERT G MD</b>
Address	SO NH MEDICAL CTR, 8 PROSPECT STNASHUA, NH, 03060
Specialty	EM
Board Certified	EM
School and Year of Graduation	DARTMOUTH MED SCH-HANOVER,NH USA 1979
Internship and Year	ST ELIZABETHS HOSP-BOSTON,MA 1980
Residency and Year	UNIV MA HOSP-MED CTR-WORCHESTER,MA 1982
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 10537  
 License Date 4/7/1999  
 Name **KODALI, SRILATHA MD**  
 Address 49 ATWOOD RD, PO BOX 434PELHAM, NH, 03076  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation SIDDHARTHA MED COLL GUNADALA INDIA 1993  
 Internship and Year MEDICAL COLLEGE OF OHIO - TOLEDO, OH 1997  
 Residency and Year MEDICAL COLLEGE OF OHIO - TOLEDO, OH 1998  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9811  
 License Date 8/7/1996  
 Name **KODE, LAKSHMI MD**  
 Address 30680 BAINBRIDGE RD, SOLON, OH, 44139-  
 Specialty DR  
 Board Certified R  
 School and Year of Graduation UNIV OF CINCINNATI COLLEGE OF MEDICINE - OH USA 1988  
 Internship and Year ST FRANCIS MEDICAL CENTER - PITTSBURGH, PA 1991  
 Residency and Year UNIV OF CALIFORNIA LOS ANGELES, CA 1995  
 License Expiration Date **6/30/1998**  
 Remarks

License Number 12605  
 License Date 2/2/2005  
 Name **KODISH, MARTIN E MD**  
 Address AETNA, 151 FARMINGTON AVE MC17HARTFORD, CT, 06156  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation GEORGE WASHINGTON UNIVERSITY, WASHINGTON DC US 1969  
 Internship and Year OHIO STATE UNIVERSITY, COLUMBUS OH 1970  
 Residency and Year OHIO STATE UNIVERSITY, COLUMBUS OH 1971  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 8852  
 License Date 11/4/1992  
 Name **KOEHLER, PAUL B MD**  
 Address 99 MOUNTAINSIDE DR, NEWBURY, NH, 03255-5205  
 Specialty AI  
 Board Certified AI  
 School and Year of Graduation YALE UNIVERSITY SCHOOL OF MEDICINE USA 1948  
 Internship and Year FRANCIS SCOTT KEY MEDICAL CENTER - BALTIMORE MD 1949  
 Residency and Year JOHNS HOPKINS HOSPITAL - BALTIMORE MD 1950  
 License Expiration Date **6/30/2008**  
 Remarks

License Number	13253
License Date	9/6/2006
Name	<b>KOENIG, CLINT J MD</b>
Address	NH DEPT OF HEALTH & HUMAN SER, 129 PLEASANT STCONCORD, NH, 03301
Specialty	FP
Board Certified	FP
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 1997
Internship and Year	METROHEALTH MEDICAL CTR-CLEVELAND OH 1998
Residency and Year	UNIV OF MISSOURI-COLUMBIA OH 2000
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	12999
License Date	2/1/2006
Name	<b>KOENIG, KARL M MD</b>
Address	DHMC - DEPT OF ORTHO SURGERY, ONE MED CTR DRLEBANON, NH, 03756
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	BAYLOR COLLEGE, HOUSTON TX US 2003
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2004
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>lapsed for non-renewal 6/30/08...</b> <b>Reinstated 10/7/09</b>

License Number	13802
License Date	1/11/2008
Name	<b>KOESTER, ALAN R MD</b>
Address	2533 RAINBOW DR, LAFAYETTE, IN, 47904
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	SO ILLINOIS UNIV USA 1989
Internship and Year	SOUTHERN ILLINOIS SCHOOL OF MEDICINE - SPRINGFIELD, IL 1990
Residency and Year	SOUTHERN ILLINOIS SCHOOL OF MEDICINE - SPRINGFIELD, IL 1993
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	12109
License Date	10/1/2003
Name	<b>KOFF, MATTHEW D MD</b>
Address	DEPT OF CRITICAL CARE MEDICINE, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	CCM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF VERMONT, BURLINGTON VT US 2000
Internship and Year	UNIVERSITY OF MA, WORCESTER MA 2001
Residency and Year	UNIVERSITY OF MA, WORCESTER MA 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11706
License Date	8/7/2002
Name	<b>KOGAN, INNA MD</b>
Address	CARNEY HOSPITAL, 2100 DORCHESTER AVEDORCHESTER, MA, 02124
Specialty	PCC
Board Certified	PCC
School and Year of Graduation	LENINGRAD SANITARY-HYGIENIE MED INSTITUTE RUSSIA 1982
Internship and Year	BOSTON VA MEDICAL CENTER - JAMAICA PLAIN, MA 1992
Residency and Year	BOSTON VA MEDICAL CENTER - JAMAICA PLAIN, MA 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15713
License Date	6/6/2012
Name	<b>KOGAN, JACOB Y MD</b>
Address	30 FARMCREST AVE, LEXINGTON, MA, 02421
Specialty	N
Board Certified	N
School and Year of Graduation	TUFTS UNIVERSITY USA 2000
Internship and Year	YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 2001
Residency and Year	YALE UNIVERSITY SCHOOL OF MEDICINE 2004
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	15962
License Date	12/5/2012
Name	<b>KOGAN, LEONID MD</b>
Address	LITTLETON REGIONAL HEALTHCARE, 580 ST JOHNSBURY ROADLITTLETON, NH, 03561
Specialty	GE
Board Certified	GE
School and Year of Graduation	ROSS UNIVERSITY USA 2002
Internship and Year	NEW YORK METHODIST HOSPITAL - BROOKLYN, NY 2003
Residency and Year	NEW YORK METHODIST HOSPITAL - BROOKLYN, NY 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9839
License Date	9/4/1996
Name	<b>KOHEN-DINIYAK, CAROLE G DO</b>
Address	CHILD HEALTH SERVICES, 1245 ELM STMANCHESTER, NH, 03101
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF NEW ENGLAND COLLEGE OF OSTEO MED BIDDEFORD USA 1986
Internship and Year	BROOKDALE HOSPITAL MEDICAL CENTER - NY 1990
Residency and Year	MEMORIAL HOSPITAL CANCER-ALLIED DISTRICT - NY 1993
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	13377
License Date	1/3/2007
Name	<b>KOHLER, PETER C MD</b>
Address	EYE CENTER OF CENTRAL MAINE, 40 AIRPORT RD STE 1WATERVILLE, ME, 04901
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIV OF VERMONT USA 1988
Internship and Year	BASSETT HEALTHCARE - COOPERSTOWN, NY 1989
Residency and Year	EYE FOUNDATION OF KANSAS CITY - KANSAS CITY , MO 1992
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	13254
License Date	9/6/2006
Name	<b>KOHLI, NEERAJ MD</b>
Address	BRIGHAM UROGYNECOLOGY GROUP, 75 FRANCIS STBOSTON, MA, 02115
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	BOSTON UNIV USA 1991
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CTR-BOSTON MA 1992
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CTR-BOSTON MA 1995
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	7356
License Date	6/12/1986
Name	<b>KOIS, WILLIAM E MD</b>
Address	ZERO KINSLEY ST, NASHUA, NH, 03060
Specialty	PM
Board Certified	PM
School and Year of Graduation	UNIVERSITY OF MICHIGAN USA 1983
Internship and Year	NEW ENGLAND MED CTR HOSPITAL-BOSTON 1984
Residency and Year	NEW ENGLAND MED CTR HOSPITAL 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17065
License Date	5/6/2015
Name	<b>KOKKO, SARAH F MD</b>
Address	62B CHURCH ST, LEBANON, NH, 03766
Specialty	IM
Board Certified	IM
School and Year of Graduation	THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 2012
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number	16548
License Date	4/2/2014
Name	<b>KOLB NAVA, CASEY M MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE USA 2011
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16176
License Date	6/5/2013
Name	<b>KOLKER, CHRISTOPHER T MD</b>
Address	816 A FRISCO, PO BOX 399CLINTON, OK, 73601
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF OKLAHOMA HEALTH SCIENCE CTR USA 1996
Internship and Year	SAINT ANTHONY HOSPITAL - OKLAHOMA CITY, OK 1997
Residency and Year	SAINT ANTHONY HOSPITAL - OKLAHOMA CITY, OK 1999
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	6251
License Date	7/7/1980
Name	<b>KOLLISCH, DONALD O MD</b>
Address	VA MEDICAL CENTER, NORTH MAIN STWHITE RIVER JUNCTION, VT, 05009
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF NEW YORK DOWNSTATE COLLEGE OF MEDICINE USA 1977
Internship and Year	HIGHLAND HOSPITAL - ROCHESTER NY 1978
Residency and Year	HIGHLAND HOSPITAL - ROCHESTER NY 1980
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11324
License Date	7/11/2001
Name	<b>KOLM, LUKAS R MD</b>
Address	WENTWORTH DOUGLASS HOSPITAL, 789 CENTRAL AVEDOVER, NH, 03820
Specialty	EM
Board Certified	EM
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1997
Internship and Year	ST ELIZABETH'S MEDICAL CENTER BOSTON MA 1998
Residency and Year	COOK COUNTY HOSPITAL CHICAGO IL 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 11549  
 License Date 3/6/2002  
 Name **KOLO-CARON, LUCINDA M MD**  
 Address DHMC-JAFFREY, 82 PETERBOROUGH STJAFFREY, NH, 03451  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1999  
 Internship and Year UNION HOSPITAL - TERRE HAUNTE, IN 2000  
 Residency and Year UNION HOSPITAL - TERRE HAUNTE, IN 2001  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 17173  
 License Date 7/1/2015  
 Name **KOMARAGIRI, MAHATHI S MD**  
 Address 2151 ROUTE 38 APT 1011, CHERRY HILL, NJ, 08002  
 Specialty IM  
 Board Certified  
 School and Year of Graduation ST GEORGES UNIVERSITY GRENADA 2012  
 Internship and Year COOPER MED SCHOOL OF ROWAN UNIV/ COOPER UNIV HOSPITAL-CAMDEN, NJ 2013  
 Residency and Year COOPER MED SCHOOL OF ROWAN UNIV/ COOPER UNIV HOSPITAL-CAMDEN, NJ 2015  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14879  
 License Date 6/2/2010  
 Name **KOMARLA, ARATHI R MD**  
 Address DARTMOUTH HITCHCOCK CLINIC, 100 HITCHCOCK WAYMANCHESTER, NH, 03104  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF MIAMI USA 2003  
 Internship and Year TUFTS MEDICAL CENTER - BOSTON, MA 2004  
 Residency and Year TUFTS MEDICAL CENTER - BOSTON, MA 2006  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16760  
 License Date 9/3/2014  
 Name **KOMMANA, HARISHA MD**  
 Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LANE STE 500EDEN PRAIRIE, MN, 55344  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation INSTITUTE OF MEDICAL SCIENCES, BANARAS HINDU UNIV INDIA 2002  
 Internship and Year UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS - GALVESTON, TX 2010  
 Residency and Year UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS - GALVESTON, TX 2013  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	11779
License Date	11/6/2002
Name	<b>KOMMINENI, DEVIKA MD</b>
Address	336 EAST MAIN ST APT 15, MARLBOROUGH, MA, 01752
Specialty	IM
Board Certified	
School and Year of Graduation	UNIV OF MYSORE- KARNATAKA, INDIA INDIA 1996
Internship and Year	ENGLEWOOD HOSPITAL MEDICAL CENTER - ENGLEWOOD, NJ 1999
Residency and Year	ENGLEWOOD HOSPITAL MEDICAL CENTER - ENGLEWOOD, NJ 2001
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	14926
License Date	7/7/2010
Name	<b>KONANUR, INDIRA D DO</b>
Address	HAMPTON HEALTH CORE PHYSICIANS, 879 LAFAYETTE RDHAMPTON, NH, 03842
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF NORTH TEXAS USA 2007
Internship and Year	MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 2008
Residency and Year	MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 2010
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	14421
License Date	5/6/2009
Name	<b>KONDAPANENI, MEERA D MD</b>
Address	, 460 HIGHPOINTE DRPITTSBURG, PA, 15220
Specialty	IM
Board Certified	IM
School and Year of Graduation	GANDHI MEDICAL COLLEGE INDIA 2001
Internship and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2004
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2006
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	13501
License Date	5/9/2007
Name	<b>KONG, YANPING MD</b>
Address	DARTMOUTH HITCHCOCK CLINIC, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty	END
Board Certified	END
School and Year of Graduation	HEBEI MEDICAL COLLEGE CHINA 1986
Internship and Year	CARITAS ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 2003
Residency and Year	CARITAS ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9602
License Date	12/6/1995
Name	<b>KONNIKOW, BORIS A MD</b>
Address	PENINSULA COUNCELING CTR, 124 FRANKLIN PLACEWOODMERE, NY, 11598
Specialty	P
Board Certified	
School and Year of Graduation	SECOND MOSKOVSKIJ MED INSTITUTE, MOSCOW,RUSSIAN RUSSIAN 1973
Internship and Year	NY UNIV MEDICAL CENTER - NEW YORK, NY 1994
Residency and Year	NY UNIV MEDICAL CENTER - NEW YORK, NY 1994
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	11809
License Date	1/8/2003
Name	<b>KONO, ALAN T MD</b>
Address	DHMC CARDIOLOGY SERVICE, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1982
Internship and Year	WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1983
Residency and Year	WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4245
License Date	4/16/1968
Name	<b>KONOPKA, ANNA M MD</b>
Address	92 BUNKER RD, NEW LONDON, NH, 03257-9802
Specialty	PD
Board Certified	PD
School and Year of Graduation	MEDICAL SCHOOL IN CRACOW - POLAND POLAND 1960
Internship and Year	MISERICORDIA HOSPITAL - BRONX, NY 1963
Residency and Year	BROOKLYN-CUMBERLAND MEDICAL CENTER - BROOKLYN, NY 1965
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10088
License Date	8/6/1997
Name	<b>KONTOS, NICHOLAS J MD</b>
Address	DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	P
Board Certified	
School and Year of Graduation	TEMPLE UNIV SCH OF MED - PHILA, PA USA 1995
Internship and Year	MARY-HITCHCOCK MEMORIAL HOSPITAL - LEBANON, NH 1999
Residency and Year	MARY HITCHCOCK MEMORIAL HOSPITAL -LEBANON, NH 1999
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	16373
License Date	11/6/2013
Name	<b>KONTOULES, NATERCIA L MD</b>
Address	INTERNAL MED PHYSICIANS OF NORTH SHORE, 27 CENTENNIAL DR PEABODY, MA, 01960
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	NEW YORK UNIVERSITY SCHOOL OF MEDICINE USA 1984
Internship and Year	TUFTS MEDICAL CENTER - BOSTON, MA 1985
Residency and Year	TUFTS MEDICAL CENTER - BOSTON, MA 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14590
License Date	9/2/2009
Name	<b>KOO, ANDREW L MD</b>
Address	DARTMOUTH-HITCHCOCK-PSYCHIATRY, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty	CHP
Board Certified	
School and Year of Graduation	UNIVERSITY OF VIRGINIA - CHARLOTTESVILLE, VA USA 2005
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	15581
License Date	3/7/2012
Name	<b>KOO, CAROLINE B MD</b>
Address	DHMC - ORTHOPAEDICS, ONE MEDICAL CTR DR LEBANON, NH, 03756
Specialty	PM
Board Certified	PM
School and Year of Graduation	STATE UNIVERSITY OF NY HEALTH SCIENCE CTR USA 2006
Internship and Year	BASSETT MEDICAL CENTER - COOPERSTOWN, NY 2007
Residency and Year	NEW YORK UNIVERSITY HOSPITALS CENTER - NY, NY 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11629
License Date	6/5/2002
Name	<b>KOOP, JENNIFER MD</b>
Address	100 CAMPUS DR, PORTSMOUTH, NH, 03801
Specialty	FP
Board Certified	FP
School and Year of Graduation	HAHNEMANN MED COLL - PHILADELPHIA, PA USA 1999
Internship and Year	UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2000
Residency and Year	UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14511
License Date	7/1/2009
Name	<b>KOPAR, PIROSKA MD</b>
Address	188 BANK ST EXT, LEBANON, NH, 03766
Specialty	GS
Board Certified	
School and Year of Graduation	EMORY UNIVERSITY USA 2007
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13629
License Date	8/1/2007
Name	<b>KOPP, STACEY A MD</b>
Address	DARTMOUTH-HITCHCOCK, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF CONNECTICUT USA 1994
Internship and Year	UNIV OF ARIZONA HEALTH SCIENCES CENTER - TUCSON, AZ 1995
Residency and Year	UNIV OF ARIZONA HEALTH SCIENCES CENTER - TUCSON, AZ 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13047
License Date	4/5/2006
Name	<b>KORAIBAA, KHADIDJA MD</b>
Address	PARRISH MED CTR, 951 N WASHINGTON AVETITUSVILLE, FL, 32796
Specialty	IM
Board Certified	IM
School and Year of Graduation	I.N.E.S.S.M.ALGIERS-ALGIERS ALGERIA ALGERIA 2000
Internship and Year	CAPITAL HEALTH SYSTEM-FULD CAMPUS-TRENTON NJ 2004
Residency and Year	CAPITAL HEALTH SYSTEM-FULD CAMPUS-TRENTON NJ 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13715
License Date	10/3/2007
Name	<b>KORAT, ORLY C MD</b>
Address	2 OCEAN HARBOUR CIRCLE, OCEAN RIDGE, FL, 33435
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF MARYLAND USA 1981
Internship and Year	HOSPITAL OF THE UNIV OF PENNSYLVANIA - PHILADELPHIA, PA 1982
Residency and Year	HOSPITAL OF THE UNIV OF PENNSYLVANIA - PHILADELPHIA, PA 1985
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	12428
License Date	8/4/2004
Name	<b>KORAYM, ASHRAF MD</b>
Address	1892 ANDREA CIR, BEAVER CREEK, OH, 45432
Specialty	IM
Board Certified	IM
School and Year of Graduation	ST GEORGE'S UNIVERSITY, SAINT GEORGES GRENADA GRENADA 1998
Internship and Year	UMDNJ-ROBERT WOOD JOHNSON MED SCHOOL, NEW BRUNSWICK NJ 1999
Residency and Year	UMDNJ-ROBERT WOOD JOHNSON MED SCHOOL, NEW BRUNSWICK NJ 2001
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	7059
License Date	4/4/1985
Name	<b>KORBEY, AZAR A MD</b>
Address	22 MAIN ST, SALEM, NH, 03079-2731
Specialty	FP
Board Certified	FP
School and Year of Graduation	GEORGETOWN UNIVERSITY-WASHINGTON, DC USA 1980
Internship and Year	ST ELIZABETH MED CENTER-DAYTON, OH 1981
Residency and Year	ST ELIZABETH MED CENTER-DAYTON, OH 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12214
License Date	2/4/2004
Name	<b>KORC, ANTOINETTE MD</b>
Address	1654 NORTH NEW JERSEY ST, INDIANAPOLIS, IN, 46202
Specialty	D
Board Certified	D
School and Year of Graduation	UNIVERSITY OF BRUSSELS, BRUXELLES BELGIUM BELGIUM 1978
Internship and Year	SAN FRANCISCO GENERAL HOSP, SAN FRANCISCO CA 1981
Residency and Year	UNIVERSITY OF ARIZONA, TUCSON AZ 1984
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	12167
License Date	12/3/2003
Name	<b>KORC, MURRAY MD</b>
Address	INDIANA UNIV SCHOOL OF MEDICINE, 980 W WALNUT ST. RM C528EINDIANAPOLIS, IN, 46202-161
Specialty	IM
Board Certified	IM
School and Year of Graduation	ALBANY MEDICAL COLLEGE, ALBANY NY US 1974
Internship and Year	ALBANY MEDICAL CTR, ALBANY NY 1975
Residency and Year	ALBANY MEDICAL CTR, ALBANY NY 1977
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	14710
License Date	1/6/2010
Name	<b>KORDUNSKY, LANA MD</b>
Address	17 BAYSIDE ROAD, QUINCY, MA, 02171
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	RUSSIAN STATE MEDICAL UNIVERSITY MOSCOW 1983
Internship and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2002
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2005
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	13971
License Date	5/7/2008
Name	<b>KOREN JR, JAMES P MD</b>
Address	PLYMOUTH GENERAL SURGERY, 16 HOSPITAL RDPLYMOUTH, NH, 03264
Specialty	GS
Board Certified	GS
School and Year of Graduation	OHIO STATE UNIV USA 1996
Internship and Year	ST ELIZABETH HEALTH CENTER - YOUNGSTOWN, OH 1997
Residency and Year	ST ELIZABETH HEALTH CENTER - YOUNGSTOWN, OH 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9080
License Date	11/3/1993
Name	<b>KORKOSZ, TANYA J MD</b>
Address	60 WELLESLEY RD, BELMONT, MA, 02478
Specialty	P
Board Certified	P
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1977
Internship and Year	CAMBRIDGE-SOMERVILLE HOSPITAL - CAMBRIDGE MA 1978
Residency and Year	CAMBRIDGE HOSPITAL - CAMBRIDGE MA 1980
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/2/15</b>

License Number	5152
License Date	3/27/1974
Name	<b>KORN, LEONARD MD</b>
Address	JACKSON GRAY MED BLDG STE 111, 330 BORTHWICK AVEPORTSMOUTH, NH, 03801-4102
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF CHICAGO-CHICAGO IL USA 1968
Internship and Year	MAINE MEDICAL CENTER-PORTLAND ME 1969
Residency and Year	MAINE MEDICAL CENTER-PORTLAND ME 1970
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	13405
License Date	2/7/2007
Name	<b>KORN, STEVEN A MD</b>
Address	ANTHEM CAMPUS AT GREENHILL, 108 LEIGUS RDWALLINGFORD, CT, 06492
Specialty	CHP
Board Certified	CHP
School and Year of Graduation	NORTHWESTERN UNIV USA 1981
Internship and Year	METROWEST MEDICAL CTR-FRAMINGHAM UNION HOSPITAL - FRAMINGHAM, MA 1982
Residency and Year	BOSTON UNIV MEDICAL CENTER - BOSTON (ROXBURY), MA 1984
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10788
License Date	12/1/1999
Name	<b>KORNACK, FULTON C MD</b>
Address	1 HAWTHORNE PL, SUITE 105BOSTON, MA, 02114
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIV OF MASS MED SCH - WORCESTER, MA USA 1980
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1981
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1982
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14927
License Date	7/7/2010
Name	<b>KORNACKI, SUSAN MD</b>
Address	1 GREENWICH PL, SHELTON, CT, 06484
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSITY OF NJ MEDICAL SCHOOL USA 1988
Internship and Year	UNIVERSITY OF CHICAGO MEDICAL CENTER - CHICAGO, IL 1989
Residency and Year	UMDNJ-NEW JERSEY MEDICAL SCHOOL & UNIVERSITY HOSPITAL - NEWARK, NJ 1992
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	14383
License Date	4/1/2009
Name	<b>KORNFELD, LINDA MD</b>
Address	ELLIOT HOSP - HOSPITALIST PROG, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty	IM
Board Certified	IM
School and Year of Graduation	DREXEL UNIVERSITY USA 2004
Internship and Year	MOUNTAIN AREA HEALTH EDUCATION CTR - ASHEVILLE, NC 2005
Residency and Year	LEHIGH VALLEY HOSPITAL - ALLENTOWN, PA 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9346
License Date	1/11/1995
Name	<b>KORSEN, NEIL MD</b>
Address	SACOPEE VALLEY HEALTH CENTER, PO BOX 777PARSONSFIELD, ME, 04047-0777
Specialty	FP
Board Certified	FP
School and Year of Graduation	HAHNEMANN UNIVERSITY SCHOOL OF MEDICINE USA 1979
Internship and Year	MAINE MEDICAL CENTER - PORTLAND ME 1980
Residency and Year	MAINE MEDICAL CENTER - PORTLAND ME 1982
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	13749
License Date	11/7/2007
Name	<b>KORTUM, CYNTHIA L MD</b>
Address	13093 DANIELSON BEACH LN, LAKE PARK, MN, 56554-9004
Specialty	FP
Board Certified	FP
School and Year of Graduation	CREIGHTON UNIV SCHOOL OF MEDICINE USA 1980
Internship and Year	SIOUX FALLS FAMILY MEDICINE RESIDENCY - SIOUX FALLS, SD 1981
Residency and Year	UNIV OF NORTH DAKOTA - FARGO, ND 1991
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	11737
License Date	9/4/2002
Name	<b>KOSHY, AJAY MD</b>
Address	AMOSKEAG PRIMARY CARE, 1650 ELM ST STE 302MANCHESTER, NH, 03101
Specialty	FP
Board Certified	FP
School and Year of Graduation	MED COLL OF PENNSYLVANIA - PHILADELPHIA,PA USA 1998
Internship and Year	WILLIAMSPORT HOSPITAL - WILLIAMSPORT, PA 1999
Residency and Year	WILLIAMSPORT HOSPITAL - WILLIAMSPORT, PA 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14928
License Date	7/7/2010
Name	<b>KOSOWSKI, TOMASZ R MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	GS
Board Certified	
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2007
Internship and Year	MEMORIAL SLOAN KETTERING CANCER CENTER - NEW YORK, NY 2008
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number 10538  
 License Date 4/7/1999  
 Name **KOSS, JAMES MD**  
 Address , PO BOX 70918POINT RICHMOND, CA, 94807-0518  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIV OF MICHIGAN MED SCH - ANN ARBOR, MI USA 1968  
 Internship and Year KAISER PERMANENTE MEDICAL GROUP - OAKLAND, CA 1969  
 Residency and Year KAISER PERMANENTE MEDICAL GROUP - OAKLAND, CA 1969  
 License Expiration Date **6/30/2003**  
 Remarks

License Number 8711  
 License Date 5/6/1992  
 Name **KOSSAK, BRIAN D MD**  
 Address DH @ NOTRE DAME PAVILION, 87 MCGREGOR ST STE 2200MANCHESTER, NH, 03102  
 Specialty CHN  
 Board Certified CHN  
 School and Year of Graduation NORTHWESTERN UNIVERSITY USA 1986  
 Internship and Year CHILDRENS HOSPITAL 1987  
 Residency and Year UNIVERSITY OF CHICAGO HOSPITALS 1989  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 7087  
 License Date 5/2/1985  
 Name **KOSSAYDA, NORMAN P MD**  
 Address SOUTHERN NH MED CTR/EMG DEPT, 8 PROSPECT STNASHUA, NH, 03060  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation WAYNE STATE UNIVERSITY-DETROIT, MI USA 1976  
 Internship and Year DUKE UNIVERSITY MED CTR-DURHAM, NC 1977  
 Residency and Year DUKE UNIVERSITY MED CTR-DURHAM, NC 1978  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 7845  
 License Date 5/4/1988  
 Name **KOSTAS, CONSTANTINE I MD**  
 Address 9 CIDER MILL RD, LYNNFIELD, MA, 01940  
 Specialty U  
 Board Certified U  
 School and Year of Graduation TUFTS UNIV SCH MED - BOSTON, MA USA 1954  
 Internship and Year WILLIAM BEAUMONT ARMY MEDICAL CENTER - EL PASO, TX 1955  
 Residency and Year UNIV HOSPITAL- BOSTON, MA 1963  
 License Expiration Date **6/30/2004**  
 Remarks **DECISION AND ORDER OF REPRIMAND**

License Number	13548
License Date	6/6/2007
Name	<b>KOSTECKE, RITA A MD</b>
Address	MEMORIAL HOSPITAL, 3073 WHITE MTN HWYNORTH CONWAY, NH, 03860
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF NORTH CAROLINA USA 1991
Internship and Year	RHODE ISLAND HOSPITAL-PROVIDENCE, RI 1992
Residency and Year	RHODE ISLAND HOSPITAL-PROVIDENCE, RI 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9701
License Date	5/1/1996
Name	<b>KOSTELNIK, KEITH E MD</b>
Address	295 PARK AVE, PORTLAND, ME, 04102
Specialty	D
Board Certified	D
School and Year of Graduation	JEFFERSON MEDICAL SCHOOL USA 1992
Internship and Year	PENNSYLVANIA HOSPITAL - PA 1993
Residency and Year	DARTMOUTH-HITCHCOCK MED - LEBANON, NH 1996
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	15539
License Date	2/1/2012
Name	<b>KOTECHA, MONA MD</b>
Address	MONA KOTECHA, MD, INC, 201 THATCHER LANEFOSTER CITY, CA, 94404
Specialty	AN
Board Certified	AN
School and Year of Graduation	YALE UNIVERSITY SCHOOL OF MEDICINE USA 2004
Internship and Year	WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 2005
Residency and Year	UNIVERSITY OF CALIFORNIA - SAN FRANCISCO, CA 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16761
License Date	9/3/2014
Name	<b>KOTLAR, ELON Y MD</b>
Address	FOUNDATION MEDICAL PARTNERS, OB/GYN HOSPITALIST, 8 PROSPECT STNASHUA, NH, 03060
Specialty	OBG
Board Certified	
School and Year of Graduation	DREXEL UNIVERSITY COLLEGE OF MEDICINE USA 2010
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 8415  
 License Date 8/8/1990  
 Name **KOTRADY, KONRAD P MD**  
 Address BRISTOL-MYERS SQUIBB OCCUPATIO, 5 RESEARCH PARKWAYWALLINGFORD, CT, 06492  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation SUNY AT BUFFALO SCH OF MED-BUFFALO,NY USA 1972  
 Internship and Year UNIV UTAH MED CTR - SALT LAKE CITY, UT 1975  
 Residency and Year UNIV UTAH MED CTR-SALT LAKE CITY,UT 1975  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 14968  
 License Date 8/4/2010  
 Name **KOTSINYAN, VAHAGN MD**  
 Address ELLIOT HOSP, 1 ELLIOT WAYMANCHESTER, NH, 03103  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation YEREVAN STATE MEDICAL UNIVERSITY ARMENIA 1993  
 Internship and Year KINGSBROOK JEWISH MEDICAL CENTER - BROOKLYN, NY 2008  
 Residency and Year KINGSBROOK JEWISH MEDICAL CENTER - BROOKLYN, NY 2010  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10754  
 License Date 11/3/1999  
 Name **KOTZKER, WAYNE R MD**  
 Address 8216 MARSHALL AVE, MARGATE, NJ, 08402  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF MEDAND DENTISTRY-PISCATAWAY,NJ USA 1994  
 Internship and Year UMDNJ -ROBERT WOOD JOHNSON MEDICAL SCHOOL-NEW BRUNSWICK,NJ 1995  
 Residency and Year UMDNJ -ROBERT WOOD JOHNSON MEDICAL SCHOOL -NEW BRINSWICK ,NJ 1997  
 License Expiration Date **6/30/2000**  
 Remarks

License Number 8791  
 License Date 8/5/1992  
 Name **KOURI, YAMIL H MD**  
 Address COMMONWEALTH HEMATOLOGY-ONCOLOGY PC, 25 MARSTON ST STE 301LAWRENCE, MA, 01841  
 Specialty HO  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF PUERTO RICO PUERTO RICO 1985  
 Internship and Year UNIVERSITY HEALTH SCIENCE/CHICAGO MEDICAL SCHOOL NORTH - CHICAGO 1986  
 Residency and Year VETERANS AFFAIRS MEDICAL CENTER SAN JUAN - PUERTO RICO 1988  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	10650
License Date	8/4/1999
Name	<b>KOUROS, PETER G DO</b>
Address	BARRINGTON FAMILY PRACTICE, 425 RTE 125 PO BOX 590BARRINGTON, NH, 03825
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF NEW ENGLAND COLL OF OSTEO MED - ME USA 1992
Internship and Year	UNECOM/EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1993
Residency and Year	UNECOM/EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1995
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	16117
License Date	5/1/2013
Name	<b>KOUSAR, NADIA MD</b>
Address	35235 W NIMROD ST, SOLON, OH, 44139
Specialty	IM
Board Certified	IM
School and Year of Graduation	ALLAMA IQBAL MEDICAL SCHOOL PAKISTAN 2004
Internship and Year	UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE - URBANA, IL 2009
Residency and Year	UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE - URBANA, IL 2011
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	12606
License Date	2/2/2005
Name	<b>KOUSOUBRIS, PHILIP D MD</b>
Address	LAHEY CLINIC - RADIOLOGY, 41 MALL RDBURLINGTON, MA, 01805
Specialty	R
Board Certified	R
School and Year of Graduation	JEFFERSON MEDICAL COLLEGE, PHILADELPHIA PA US 1993
Internship and Year	BRYN MAWR HOSPITAL, BRYN MAWR PA 1994
Residency and Year	BRYN MAWR HOSPITAL, BRYN MAWR PA 1997
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	16076
License Date	4/3/2013
Name	<b>KOUSSA, GHASSAN J MD</b>
Address	FRISBEE MEMORIAL HOSPITAL, 21 WHITEHALL RD, SUITE 302ROCHESTER, NH, 03867
Specialty	
Board Certified	IM
School and Year of Graduation	ST GEORGE'S UNIVERSITY GRENADA 2006
Internship and Year	ALBANY MEDICAL CENTER - ALBANY, NY 2007
Residency and Year	ALBANY MEDICAL CENTER - ALBANY, NY 2010
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 3737  
 License Date 10/14/1964  
 Name **KOUTRAS, CHRISTOS A MD**  
 Address 63 SCHOOL ST, CONCORD, NH, 03301  
 Specialty P  
 Board Certified P  
 School and Year of Graduation NATIONAL UNIV OF ATHEN, GREECE GREECE 1954  
 Internship and Year MIDDLESEX MEMORIAL HOSPITAL - MIDDLETOWN, CT 1960  
 Residency and Year CONNECTICUT VALLEY - MIDDLETOWN, CT 1959  
 License Expiration Date **3/5/2004**  
 Remarks **3/5/04 - Voluntary Surrender of License**  
**DECEASED 4-30-11**

License Number 10089  
 License Date 8/6/1997  
 Name **KOUTRAS, PAUL C MD**  
 Address CHESHIRE MEDICAL CENTER, COURT STKEENE, NH, 03431  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation DARTMOUTH MEDICAL - HANOVER, NH USA 1990  
 Internship and Year FITZSIMONS ARY MEDICAL CENTER - CO 1991  
 Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL - NH 1998  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16796  
 License Date 10/1/2014  
 Name **KOVACS, ZSUZSA I MD**  
 Address 2655 NORTHWINDS PKWY, ALPHARETTA, GA, 30009  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIV OF DEBRECEN,MED & HEALTH SCIENCES CTR HUNGARY 1999  
 Internship and Year NORTH SHORE UNIVERSITY HOSPITAL - MANHASSET, NY 2006  
 Residency and Year NORTH SHORE UNIVERSITY HOSPITAL - MANHASSET, NY 2009  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9098  
 License Date 1/5/1994  
 Name **KOVAL, JANICE A MD**  
 Address INTERNAL MEDICINE ASSOC, 2841 DEBARR RD STE 50ANCHORAGE, AK, 99508  
 Specialty IM  
 Board Certified END  
 School and Year of Graduation UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE USA 1990  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1993  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1993  
 License Expiration Date **6/30/2008**  
 Remarks

License Number	12209
License Date	1/7/2004
Name	<b>KOVAL, KENNETH J MD</b>
Address	1222 SOUTH ORANGE AVE MP43, ORLANDO, FL, 32806
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	NEW YORK UNIVERSITY, NEW YORK NY US 1984
Internship and Year	BETH ISRAEL MED CTR, NEW YORK NY 1985
Residency and Year	NEW YORK UNIVERSITY, NEW YORK NY 1989
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>12/3/10 - Settlement Agreement</b>

License Number	16416
License Date	12/4/2013
Name	<b>KOVANKO, ALEXANDER P DO</b>
Address	44 BIRCH ST, STE 200DERRY, NH, 03038
Specialty	FP
Board Certified	FP
School and Year of Graduation	PHILADELPHIA COLLEGE OF OSTEOPATHIC MED- PA USA 1988
Internship and Year	OUCOM-ST JOSEPH HEALTH CENTER - WARREN, OH 1989
Residency and Year	BRENTWOOD HOSPITAL - CLEVELAND, OH 1990
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15625
License Date	4/4/2012
Name	<b>KOVTUNOVA, SVETLANA V MD</b>
Address	EASTERN NIAGARA HOSP, 521 EAST AVELOCKPORT, NY, 14094
Specialty	FP
Board Certified	FP
School and Year of Graduation	VINNICA MEDICAL UNIVERSITY UKRAINE 1990
Internship and Year	NIAGARA FALLS MEMORIAL MEDICAL CENTER - NIAGARA FALLS, NY 2004
Residency and Year	NIAGARA FALLS MEMORIAL MEDICAL CENTER - NIAGARA FALLS, NY 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12137
License Date	11/5/2003
Name	<b>KOWALCHYK, KATHY L DO</b>
Address	104 CORTLAND RD, MILFORD, NH, 03055
Specialty	FP
Board Certified	FP
School and Year of Graduation	LAKE ERIE COLLEGE, ERIE PA US 1998
Internship and Year	UNITED HEALTH SERVICES HOSPITALS, JOHNSON CITY NY 1999
Residency and Year	UNITED HEALTH SERVICES HOSPITALS, JOHNSON CITY NY 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number 14686  
 License Date 12/2/2009  
 Name **KOWALCZYK, ANNA K MD**  
 Address DEPT OF ANESTHESIOLOGY & PAIN MEDICINE, 4150 V STREET, PSSB 1200SACRAMENTO, CA, 95817  
 Specialty AN  
 Board Certified  
 School and Year of Graduation POMORSKA AKADEMIA MEDYCZNA POLAND 2005  
 Internship and Year SIGNATURE HEALTHCARE BROCKTON HOSPPITAL - BROCKTON, MA 2008  
 Residency and Year UNIVERSITY OF FLORIDA - GAINESVILLE, FL 2009  
 License Expiration Date **6/30/2013**

Remarks

License Number 10159  
 License Date 11/5/1997  
 Name **KOWALCZYK, JAMES M MD**  
 Address 750 EAST ADAMS STREET, DEPT OF ANESTHESIASYRACUSE, NY, 13210  
 Specialty AN  
 Board Certified  
 School and Year of Graduation UNIV DEL NORESTE ESC DE MED TAMPICO MEXICO 1984  
 Internship and Year LEHIGH VALLEY HOSP - PA 1992  
 Residency and Year U HOSP- SUNY HEALTH SCIENCE CTR - NY 1996  
 License Expiration Date **6/30/1998**

Remarks **12/7/98 - SETTLEMENT AGREEMENT  
 DECEASED 12/30/2011**

License Number 7651  
 License Date 7/8/1987  
 Name **KOWALSKI, LOUIS A MD**  
 Address 276 NEWPORT RD STE 108, NEW LONDON, NH, 03257  
 Specialty IM  
 Board Certified  
 School and Year of Graduation UNIV OF CONNECTICUT SCHOOL OF MEDICINE USA 1984  
 Internship and Year NEW YORK HOSPITAL - NEW YORK NY 1985  
 Residency and Year NEW YORK HOSPITAL - NEW YORK NY 1987  
 License Expiration Date **6/30/2017**

Remarks

License Number 5825  
 License Date 9/19/1977  
 Name **KOWLES, JAMES A MD**  
 Address 221 ESTEY LANE, WINDSOR, VT, 05089  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation ALBANY MEDICAL COLLEGE OF UNION UNIV,ALBANY USA 1974  
 Internship and Year ST JOSEPH'S HOSPITAL 1975  
 Residency and Year ST JOSEPHS HOSPITAL YONKERS 1975  
 License Expiration Date **4/9/2007**

Remarks **4/9/07 - Decision and Order.**

License Number	15309
License Date	7/6/2011
Name	<b>KOZACHEK, JOSEPH W MD</b>
Address	AETNA INC, 151 FARMINGTON AVE ASB2HARTFORD, CT, 06156
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF MED & DENTISTRY NEW JERSEY USA 1981
Internship and Year	HARTFORD HOSPITAL - HARTFORD, CT 1982
Residency and Year	HARTFORD HOSPITAL - HARTFORD, CT 1984
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	13549
License Date	6/6/2007
Name	<b>KPENU, ELIKEM MD</b>
Address	ST LUKE'S HOSPITAL OF KANSAS CITY, 4401 WORNALL RDKANSAS CITY, MO, 64111
Specialty	IM
Board Certified	IM
School and Year of Graduation	SABA UNI NETHERLANDS 2004
Internship and Year	BROOKLYN HOSPITAL CENTER-BROOKLYN, NY 2005
Residency and Year	BROOKLYN HOSPITAL CENTER-BROOKLYN, NY 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9627
License Date	1/3/1996
Name	<b>KRAMER, MICHAEL J MD</b>
Address	C/O COLLEGIATE HLTH CARE, 800 CONNECTICUT AVENORWALK, CT, 06856-
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIV OF PA SCHOOL OF MEDICINE - PHILADELPHIA, PA USA 1984
Internship and Year	MT SINAI MEDICAL CENTER - NEW YORK, NY 1985
Residency and Year	NORTH SHORE UNIV HOSPITAL - MANHASSET, NY 1989
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	7477
License Date	12/4/1986
Name	<b>KRAMER, ROBERT S MD</b>
Address	ANESTHESIA ASSOCIATES, 1 PILLSBURY ST STE 202CONCORD, NH, 03301
Specialty	AN
Board Certified	AN
School and Year of Graduation	VANDERBILT UNIV SCHOOL OF MEDICINE USA 1981
Internship and Year	MEDICAL COLLEGE OF WISCONSIN - MILWAUKEE WI 1982
Residency and Year	YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN CT 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14230
License Date	11/5/2008
Name	<b>KRAMER, RYAN M MD</b>
Address	CONCENTRA URGENT CARE, 1279 SO WILLOW ST., STE EMANCHESTER, NH, 03103
Specialty	FP
Board Certified	FP
School and Year of Graduation	DREXEL UNIV USA 2005
Internship and Year	FRANKLIN SQUARE HOSPITAL CENTER - BALTIMORE, MD 2006
Residency and Year	FRANKLIN SQUARE HOSPITAL CENTER - BALTIMORE, MD 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11663
License Date	7/3/2002
Name	<b>KRAMER, SARAH S MD</b>
Address	9 CHANDLER RD, WESTFORD, MA, 01886-6301
Specialty	FP
Board Certified	FP
School and Year of Graduation	MEDICAL COLLEGE OF PENNSYLVANIA, PHILA, PA USA 1987
Internship and Year	THOMAS JEFFERSON UNIV - PHILADELPHIA, PA 1988
Residency and Year	THOMAS JEFFERSON UNIV - PHILADELPHIA, PA 1990
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	9559
License Date	9/6/1995
Name	<b>KRANC, MARK A T MD</b>
Address	LAKES REGION GENERAL HOSP, 80 HIGHLAND ST LACONIA, NH, 03246
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	AKAD MED, KRAKOW, KOPERNIKA, POLAND POLAND 1982
Internship and Year	OVERLOOK HOSPITAL SUMMIT NJ 1986
Residency and Year	BOSTON UNIV MEDICAL CENTER/UNIV HOSPITAL BOSTON,MA 1990
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15225
License Date	5/4/2011
Name	<b>KRANITZKY, BETHANY G MD</b>
Address	DARTMOUTH-HITCHCOCK MEDICAL CENTER, ONE MEDICAL CENTER LEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	OHIO STATE UNIVERSITY USA 2008
Internship and Year	OHIO STATE UNIVERSITY HOSPITALS - COLUMBUS, OH 2009
Residency and Year	OHIO STATE UNIVERSITY HOSPITALS - COLUMBUS, OH 2011
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number 11997  
 License Date 7/2/2003  
 Name **KRASNER, HOWARD E MD**  
 Address 14 DURGINS WAY, HOLLIS, NH, 03049  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation NEW YORK UNIV - NEW YORK, NY USA 1980  
 Internship and Year MEDICAL COLLEGE OF VIRGINIA - RICHMOND, VA 1981  
 Residency and Year UNIV HOSPITAL OF CLEVELAND - CLEVELAND, OH 1984  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 13550  
 License Date 6/6/2007  
 Name **KRASNOF, REBECCA E MD**  
 Address DERRY MEDICAL CENTER, 6 TSIENNETO RD STE 100 DERRY, NH, 03038  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation BROWN UNIV USA 2004  
 Internship and Year TUFTS UNIV FAMILY PRACTICE RESIDENCY - MALDEN, MA 2005  
 Residency and Year TUFTS UNIV FAMILY PRACTICE RESIDENCY - MALDEN, MA 2007  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 7911  
 License Date 7/6/1988  
 Name **KRASNOFF, MARGO J MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DR LEBANON, NH, 03756  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation DARTMOUTH MEDICAL SCH - HANOVER, NH USA 1982  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1983  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1985  
 License Expiration Date **1/13/2015**  
 Remarks **DECEASED 1/13/2015**

License Number 7227  
 License Date 11/7/1985  
 Name **KRAUNZ, ROBERT F MD**  
 Address 4 FAIRFIELD DR, DOVER, NH, 03820-  
 Specialty CD  
 Board Certified CD  
 School and Year of Graduation UNIV OF ROCHESTER SCH MED - ROCHESTER, NY USA 1961  
 Internship and Year UNIV WISCONSIN HOSPITAL - MADISON, WI 1962  
 Residency and Year VA MEDICAL CENTER - WASHINGTON, DC 1967  
 License Expiration Date **6/30/2013**  
 Remarks

License Number	12429
License Date	8/4/2004
Name	<b>KRAUS, FREDERICK C MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	DR
Board Certified	DR
School and Year of Graduation	CASE WESTERN RESERVE, CLEVELAND OH US 1991
Internship and Year	HENNEPIN COUNTY MED CTR, MINNEAPOLIS MN 1992
Residency and Year	UNIVERSITY OF MINNESOTA, MINNEAPOLIS MN 1996
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	6833
License Date	1/5/1984
Name	<b>KRAUSE, RICHARD S MD</b>
Address	239 QUAIL HOLLOW LN, E AMHERST, NY, 14051-
Specialty	EM
Board Certified	EM
School and Year of Graduation	MED COLL OF OHIO AT TOLEDO,OH USA 1980
Internship and Year	HENRY FORD HOSP-DETROIT,MI 1981
Residency and Year	JOHN HOPKINS HOSP-BALTIMORE,MD 1983
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	9364
License Date	2/1/1995
Name	<b>KRAUSE, WILLIAM L MD</b>
Address	LITTLETON REGIONAL HOSP, 580 ST JOHNSBURY RDLITTLETON, NH, 03561
Specialty	IM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1992
Internship and Year	MARY IMOGENE BASSETT HOSPITAL - COOPERSTOWN NY 1994
Residency and Year	MARY IMOGENE BASSETT HOSPITAL - COOPERSTOWN NY 1994
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	9099
License Date	1/5/1994
Name	<b>KRAUTH, PETER H MD</b>
Address	SMHC/SANFORD, 25 JUNE STSANFORD, ME, 04073
Specialty	DR
Board Certified	R
School and Year of Graduation	UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1982
Internship and Year	ST ELIZABETH'S HOSPITAL - BOSTON MA 1983
Residency and Year	NEW ENGLAND DEACONESS HOSPITAL - BOSTON MA 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 13459  
 License Date 4/4/2007  
 Name **KRAWITT, BRIAN J MD**  
 Address DHMC - HOSPITAL MEDICINE, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF LOUISVILLE USA 2004  
 Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER-LEBANON, NH 2005  
 Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER-LEBANON, NH 2006  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13868  
 License Date 3/5/2008  
 Name **KRAWITT, JENNIFER H MD**  
 Address SPRINGFIELD MEDICAL CARE SYSTEMS, 25 RIDGEWOOD RDSRINGFIELD, VT, 05150  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIV OF LOUISVILLE USA 2004  
 Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005  
 Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007  
 License Expiration Date **6/30/2016**  
 Remarks **LAPSED FOR NONRENEWAL 6/30/14**  
**RENEWED 9/11/14**

License Number 10867  
 License Date 4/5/2000  
 Name **KRCMARIK, JOHN P MD**  
 Address DHMC, ONE MEDICAL CTR DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation LOYOLA UNIVERSITY OF CHICAGO -CHICAGO,IL USA 1996  
 Internship and Year DARTMOUTH HITCHCOCK MEDICAL CTR-LEBANON,NH 1997  
 Residency and Year DARTMOUTH HITCHCOCK MEDICAL CTR-LEBANON,NH 1999  
 License Expiration Date **6/30/2003**  
 Remarks

License Number 16417  
 License Date 12/4/2013  
 Name **KREMEN, ALAN F MD**  
 Address VALLEY REG HOSP, 243 ELM STCLAREMONT, NH, 03743  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation UNIVERSITY OF MINNESOTA MEDICAL SCHOOL USA 1976  
 Internship and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1977  
 Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1980  
 License Expiration Date **6/30/2015**  
 Remarks

License Number	13827
License Date	2/6/2008
Name	<b>KREMPASKY, MICAH H MD</b>
Address	DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty	P
Board Certified	
School and Year of Graduation	E TENNESSEE STATE UNIV USA 2005
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	13677
License Date	9/5/2007
Name	<b>KREMZNER, BOGUSLAWA J MD</b>
Address	CONCORD FAMILY PRACTICE, 18 FOUNDRY ST STE 201CONCORD, NH, 03301
Specialty	FP
Board Certified	FP
School and Year of Graduation	WROCLAW MEDICAL UNIV POLAND 1994
Internship and Year	CONCORD HOSPITAL - CONCORD NH 2005
Residency and Year	CONCORD HOSPITAL - CONCORD NH 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11759
License Date	10/2/2002
Name	<b>KRESSIN, NANCY A MD</b>
Address	LAKES REGIN ANESTHESIOLOGY, 34 ROBERTSON DRGILFORD, NH, 03249-6624
Specialty	AN
Board Certified	AN
School and Year of Graduation	MEDICAL COLLEGE OF WISCONSIN, MILWAUKEE, WI USA 1980
Internship and Year	UNIVERSITY OF WISCONSIN HOSPITAL AND CLINICS, MADISON WI 1981
Residency and Year	UNIVERSITY OF WISCONSIN HOSPITAL AND CLINICS, MADISON, WI 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15130
License Date	2/2/2011
Name	<b>KREUTER, JUSTIN D MD</b>
Address	MAYO CLINIC, 200 FIRST STREET SWROCHESTER, MN, 55905
Specialty	PTH
Board Certified	
School and Year of Graduation	UNIVERSITY OF MISSOURI USA 2007
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	12306
License Date	5/5/2004
Name	<b>KRIEBEL, GREGORY T MD</b>
Address	MONADNOCK REGIONAL PEDIATRICS, 454 OLD STREET RD STE 106PETERBOROUGH, NH, 03458
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF CINCINNATI, CINCINNATI OH US 1996
Internship and Year	MADIGAN ARMY MEDICAL CTR, TACOMA WA 1997
Residency and Year	MADIGAN ARMY MEDICAL CTR, TACOMA WA 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4664
License Date	2/16/1971
Name	<b>KRINOS, DEMETRIOS F MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>11/5/1993</b>
Remarks	<p>11/13/90- Decision and Order. Based on allegations of inappropriate prescribing, the license was suspended for five years. The final four years of suspension were stayed pending compliance with license restrictions, including the prohibition from applying for a DEA license, successful completion of an examination on the controlled substances laws of the state and successful participation in a substance abuse treatment program.</p> <p>2/5/92 - License Reinstated with restrictions.</p> <p>11/9/93 - Decision and Order. License revoked based on allegations of sexual misconduct.</p>

License Number	10050
License Date	7/2/1997
Name	<b>KRINZMAN, STEPHEN J MD</b>
Address	10 PROSPECT ST, MEDICAL OFFICE BLDGNASHUA, NH, 03060
Specialty	CCM
Board Certified	IM
School and Year of Graduation	UNIV OF MIAMI SCHOOL OF MEDICINE - MIAMI, FL USA 1990
Internship and Year	NEW ENGLAND DEADONESS HOSPITAL - MA 1993
Residency and Year	MASS GENERAL HOSPITAL - MA 1997
License Expiration Date	<b>6/30/2005</b>
Remarks	



License Number	11355
License Date	8/1/2001
Name	<b>KRIPKE, BENJAMIN J MD</b>
Address	PAIN & WELLNESS CTR, 10 CENTENNIAL DR PEABODY, MA, 01960
Specialty	AN
Board Certified	AN
School and Year of Graduation	TUFTS UNIV SCH OF MED - BOSTON, MA USA 1957
Internship and Year	BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1958
Residency and Year	BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1960
License Expiration Date	<b>10/27/2014</b>
Remarks	Deceased 10/27/14

License Number	5638
License Date	10/19/1976
Name	<b>KRISHER, JAMES A MD</b>
Address	51 DUDLEY RD, BRENTWOOD, NH, 03833-6230
Specialty	AN
Board Certified	AN
School and Year of Graduation	CASE WESTERN RESERVE UNIV SCHOOL OF MED CLEVELAND USA 1957
Internship and Year	ST LUKES HOSPITAL 1958
Residency and Year	ST LUKES HOSPITAL 1960
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	12797
License Date	7/6/2005
Name	<b>KRISHINGNER, GENE L MD</b>
Address	VISTA STAFFING SOLUTIONS, 275 EAST 200 SOUTHSALT LAKE CITY, UT, 84111
Specialty	GS
Board Certified	GS
School and Year of Graduation	LOMA LINDA UNIVERSITY, LOMA LINDA CA USA 1965
Internship and Year	WASHINGTON ADVENTIST HOSPITAL, TAKOMA PARK MD 1966
Residency and Year	WHITE MEMORIAL MEDICAL CENTER, LOS ANGELES CA 1972
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12752
License Date	6/1/2005
Name	<b>KRISHNA, MURALI MD</b>
Address	GI ASSOCIATES OF BREVARD, 1004 BEVERLY DR STE BROCKLEDGE, FL, 32955
Specialty	GE
Board Certified	GE
School and Year of Graduation	BANGALORE UNIVERSITY, INDIA INDIA 1998
Internship and Year	NEW YORK MED COLLEGE, VALHALLA NY 2000
Residency and Year	NEW YORK MED COLLEGE, VALHALLA NY 2002
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	14026
License Date	6/4/2008
Name	<b>KRISHNAMANI, KEERTHY MD</b>
Address	COOS COUNTY FAMILY HEALTH SVS, 59 PAGE HILL RDBERLIN, NH, 03570
Specialty	FP
Board Certified	FP
School and Year of Graduation	MADRAS MEDICAL COLLEGE INDIA 2003
Internship and Year	SPARROW HOSPITAL MICHIGAN STATE UNIV - LANSING, MI 2006
Residency and Year	SPARROW HOSPITAL MICHIGAN STATE UNIV - LANSING, MI 2007
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	13502
License Date	5/9/2007
Name	<b>KRISHNAMURTHI, SHAKINTHALA MD</b>
Address	WEST SIDE HEALTH CARE, 125 SOUTH MAIN STFRANKLIN, NH, 03235
Specialty	PD
Board Certified	PD
School and Year of Graduation	MADURAI UNIV INDIA 1963
Internship and Year	GENESYS REGIONAL MEDICAL CENTER - GRAND BLANC, MI 1965
Residency and Year	JOHN H STROGER JR HOSPITAL OF COOK COUNTY - CHICAGO, IL 1968
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	16177
License Date	6/5/2013
Name	<b>KROCHMAL, JESSICA D MD</b>
Address	290 BENEDICT RD, PITTSFIELD, MA, 01201
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSITY OF IOWA CARVER COLLEGE OF MED USA 2002
Internship and Year	UNIVERSITY OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 2003
Residency and Year	UNIVERSITY OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10090
License Date	8/6/1997
Name	<b>KROLEWSKI, SUSAN M MD</b>
Address	264 LAFAYETTE RD, STE 9PORTSMOUTH, NH, 03801
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF MASS MED SCH - WORCESTER, MA USA 1994
Internship and Year	GREATER LAWRENCE FAMILY HEALTH-MA 1997
Residency and Year	GREATER LAWRENCE FAMILY HEALTH - MA 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10211
License Date	1/7/1998
Name	<b>KROLIKOWSKI, F JOHN MD</b>
Address	D F S, 8160 UNIVERSITY DR MONTGOMERY, AL, 36117
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	TUFTS UNIV SCH OF MED - BOSTON, MA USA 1972
Internship and Year	BOSTON CITY HOSPITAL - MA 1976
Residency and Year	NEW ENGLAND DEACONESS HOSPITAL - MA 1980
License Expiration Date	<b>11/14/2002</b>
Remarks	Probation Agreement with Mass Brd 6/28/02 VOLUNTARY SURRENDER OF LICENSE 11/14/02

License Number	16915
License Date	1/21/2015
Name	<b>KROMER, MARK E MD</b>
Address	EM CARE, 330 BORTHWICK AVE, STE 200 PORTSMOUTH, NH, 03801
Specialty	GS
Board Certified	GS
School and Year of Graduation	MEDICAL COLLEGE OF WISCONSIN USA 2003
Internship and Year	DAVID GRANT MEDICAL CENTER - TRAVIS AFB, CA 2004
Residency and Year	DAVID GRANT MEDICAL CENTER - TRAVIS AFB, CA 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7173
License Date	8/1/1985
Name	<b>KRONER, DAVID R MD</b>
Address	194 HANOVER ST, LEBANON, NH, 03766
Specialty	GS
Board Certified	GS
School and Year of Graduation	MEDICAL COLLEGE OF VIRGINIA-RICHMOND, VA USA 1974
Internship and Year	WILFORD HALL USAF MEDICAL CENTER - LACKLAND AFB, TX 1975
Residency and Year	WILFORD HALL USAF MEDICAL CENTER - LACKLAND AFB, TX 1979
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	14557
License Date	8/5/2009
Name	<b>KROPP, ERIC A MD</b>
Address	PENACOOK FAMILY PHYSICIANS, 4 CRESCENT ST PENACOOK, NH, 03301
Specialty	FP
Board Certified	FP
School and Year of Graduation	ST MATTHEW'S UNIVERSITY USA 2005
Internship and Year	CONCORD HOSPITAL - CONCORD, NH 2007
Residency and Year	CONCORD HOSPITAL - CONCORD, NH 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 2177  
 License Date 8/1/1939  
 Name **KROPP, FRANK J MD**  
 Address 429 CENTRAL ST, FRANKLIN, NH, 03235-1785  
 Specialty GS  
 Board Certified  
 School and Year of Graduation SYRACUSE COLLEGE OF MEDICINE USA 1937  
 Internship and Year QUEENS GENERAL HOSPITAL - ST. JAMAICA, NY 1938  
 Residency and Year QUEENS GENERAL HOSPITAL - ST. JAMAICA,, NY 1939  
 License Expiration Date **2/12/2001**  
 Remarks **DECEASED 2/12/2001**

License Number 6302  
 License Date 10/2/1980  
 Name **KROPP, VOLKER MD**  
 Address 6 TSIENNETO RD STE 203, DERRY, NH, 03038-2752  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation FACULTAD DE MEDDE LA UNIVERSIDAD-SANTIAGO CHILE 1968  
 Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1972  
 Residency and Year BOSTON CITY HOSPITAL -BOSTON,MA 1973  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12387  
 License Date 7/7/2004  
 Name **KRUGLOV, ALEXANDER Y MD**  
 Address ABBOTT ANESTHESIOLOGIST ASSOC, 515 ABBOTT RDBUFFALO, NY, 14220  
 Specialty APM  
 Board Certified AN  
 School and Year of Graduation CRIMEA STATE MED UNIVERSITY, SIMFEROPOL UKRAINE UKRAINE 1989  
 Internship and Year STATE UNIVERSITY OF NY, STONY BOOOK NY 2000  
 Residency and Year STATE UNIVERSITY OF NY, BUFFALO NY 2003  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 8394  
 License Date 7/11/1990  
 Name **KRUPP, CHRISTOPHER G MD**  
 Address ST JOSEPH HOSP, 172 KINSLEY STNASHUA, NH, 03060  
 Specialty EM  
 Board Certified IM  
 School and Year of Graduation HAHNEMANN UNIV SCH OF MED - PHILA, PA USA 1987  
 Internship and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1988  
 Residency and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1990  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	16887
License Date	1/7/2015
Name	<b>KRUSE, KRISTIN J MD</b>
Address	201 NW IRONBARK ST, LEE SUMMIT, MO, 64064
Specialty	OBG
Board Certified	
School and Year of Graduation	UNIVERSITY OF KANSAS SCHOOL OF MEDICINE USA 2006
Internship and Year	UNIVERSITY OF KANSAS HOSPITAL-KANSAS CITY, KS 2007
Residency and Year	UNIVERSITY OF KANSAS HOSPITAL-KANSAS CITY, KS 2010
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14350
License Date	3/4/2009
Name	<b>KUBICA, RONALD P MD</b>
Address	DHMC-NORRIS COTTON CANCER CTR, ONE MED CTR DRLEBANON, NH, 03756
Specialty	ON
Board Certified	ON
School and Year of Graduation	UNIV OF NEW MEXICO USA 1982
Internship and Year	UNIV OF NEW MEXICO SCHOOL OF MEDICINE - ALBUQUERQUE, NM 1983
Residency and Year	UNIV OF NEW MEXICO SCHOOL OF MEDICINE - ALBUQUERQUE, NM 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12623
License Date	3/2/2005
Name	<b>KUBICKA, ZUZANNA J MD</b>
Address	SOUTH SHORE HOSPITAL, 55 FOGG RDWEYMOUTH, MA,
Specialty	NPM
Board Certified	NPM
School and Year of Graduation	MEDICAL UNIVERSITY OF LODZ, POLAND POLAND 1994
Internship and Year	ST BARNABAS HOSPITAL, BRONX NY 2003
Residency and Year	ST BARNABAS HOSPITAL, BRONX NY 2004
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	10134
License Date	9/10/1997
Name	<b>KUBINA, ANNE H MD</b>
Address	VA MEDICAL CENTER - COMP & PEN, 718 SMYTH ROADMANCHESTER, NH, 03104
Specialty	PH
Board Certified	PH
School and Year of Graduation	MED COLL OF PA - PHILA, PA USA 1987
Internship and Year	ST FRANCIS HOSPITAL - DELAWARE 1990
Residency and Year	MADIGAN ARMY MEDICAL CENTER - WASHINGTON 1994
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16316
License Date	9/4/2013
Name	<b>KUCHINSKI JR, JOSEPH J DO</b>
Address	EMERGENCY MEDICINE PHYSICIANS, 4535 DRESSLER RD NWCANTON, OH, 44718
Specialty	EM
Board Certified	EM
School and Year of Graduation	PHILADELPHIA COLLEGE OF OSTEOPATHIC MED USA 1986
Internship and Year	PCOM-ALBERT EINSTEIN MEDICAL CENTER - PHILADELPHIA, PA 1987
Residency and Year	PCOM-ALBERT EINSTEIN MEDICAL CENTER - PHILADELPHIA, PA 1990
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11197
License Date	3/7/2001
Name	<b>KUCHIPUDI, ANITHA R MD</b>
Address	SNH HLTH SYSTEM AT PELHAM, 33 WINDHAM RDPELHAM, NH, 03076
Specialty	IM
Board Certified	IM
School and Year of Graduation	SIDDHARTHA MED COLL - ANDHRA PRADESH INDIA INDIA 1996
Internship and Year	WESTLAKE HOSPITAL - MELROSE PARK, IL 1998
Residency and Year	WESTLAKE HOSPITAL - MELROSE PARK, IL 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	3171
License Date	1/10/1957
Name	<b>KUDEREWICZ, JOZEF L MD</b>
Address	1661 BELMONT ST, MANCHESTER, NH, 03104-
Specialty	FP
Board Certified	
School and Year of Graduation	POLISH SCHOOL OF MEDICINE SCOTLAND 1947
Internship and Year	ELLIOT HOSPITAL - MANCHESTE, NH 1957
Residency and Year	ELLIOT HOSPITAL - MANCHESTER, NH 1957
License Expiration Date	<b>4/24/1998</b>
Remarks	

License Number	14027
License Date	6/4/2008
Name	<b>KUEMMERLE, NANCY B DO</b>
Address	VA MED CTR, 215 N MAIN STWRJ, VT, 05009
Specialty	IM
Board Certified	
School and Year of Graduation	UNIV OF NEW ENGLAND USA 2003
Internship and Year	EAST TENNESSEE STATE UNIV - JOHNSON CITY, TN 2004
Residency and Year	EAST TENNESSEE STATE UNIV - JOHNSON CITY, TN 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8970
License Date	6/2/1993
Name	<b>KUFTINEC, ALEXANDRA I MD</b>
Address	FAMILY HEALTH CENTER, 250 PLEASANT STCONCORD, NH, 03301
Specialty	P
Board Certified	CHP
School and Year of Graduation	UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE USA 1988
Internship and Year	NEW ENGLAND MEDICAL CENTER - BOSTON MA 1993
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON MA 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13678
License Date	9/5/2007
Name	<b>KUFTINEC, DANEIL C MD</b>
Address	FOUNDATION MEDICAL PARTNERS, 268 MAIN STNASHUA, NH, 03060
Specialty	U
Board Certified	
School and Year of Graduation	TUFTS UNIV USA 2002
Internship and Year	BOSTON UNIV MEDICAL CENTER-BOSTON, MA 2003
Residency and Year	BOSTON UNIV SCHOOL OF MEDICINE-BOSTON, MA 2007
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	4036
License Date	3/16/1967
Name	<b>KUFTINEC, DUBRAVKO M MD</b>
Address	69 STOWELL RD, BEDFORD, NH, 03110
Specialty	P
Board Certified	P
School and Year of Graduation	ZAGREB UNIVERSITY SCHOOL OF MEDICINE YUGOSLAVIA 1959
Internship and Year	LAWRENCE GENERAL HOSPITAL - LAWRENCE MA 1961
Residency and Year	LAWRENCE GENERAL HOSPITAL - LAWRENCE MA 1961
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4137
License Date	10/10/1967
Name	<b>KUFTINEC, JASNA MD</b>
Address	10 EDSON ST, NASHUA, NH, 03064
Specialty	P
Board Certified	
School and Year of Graduation	ZAGREB MEDICAL SCHOOL YUGOSLAVIA 1962
Internship and Year	DANVERS STATE HOSPITAL - HATHORNE, MA 1964
Residency and Year	DANVERS STATE HOSPITAL - HATHORNE, MA 1965
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4138
License Date	10/10/1967
Name	<b>KUFTINEC, ZLATKO M MD</b>
Address	COMMUNITY COUNCIL OF NASHUA, 7 PROSPECT SSTNASHUA, NH, 03060-3921
Specialty	P
Board Certified	
School and Year of Graduation	ZAGREB UNIV MEDICAL SCHOOL YUGOSLAVIA 1963
Internship and Year	DANVERS STATE HOSPITAL - HAWTHORNE, MA 1964
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1967
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16013
License Date	2/6/2013
Name	<b>KUHAR, MATTHEW J MD</b>
Address	IU HEALTH PATHOLOGY LABORATORY, 350 W 11th STREET, ROOM 4010INDIANAPOLIS, IN, 46202
Specialty	DMP
Board Certified	DMP
School and Year of Graduation	DREXEL UNIVERSITY COLLEGE OF MEDICINE USA 2005
Internship and Year	INDIANA UNIVERSITY MEDICAL CENTER - INDIANAPOLIS, IN 2006
Residency and Year	INDIANA UNIVERSITY MEDICAL CENTER - INDIANAPOLIS, IN 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9678
License Date	4/3/1996
Name	<b>KUHN, JERALD C MD</b>
Address	DARTMOUTH HITCHCOCK, 1 MEDICAL CENTER DRLEBANON, NH, 03766-
Specialty	DR
Board Certified	
School and Year of Graduation	SUNY AT BUFFALO SCHOOL OF MEDICINE & BIOMEDICAL NY USA 1993
Internship and Year	CHILDRENS HOSPITAL - BUFFALO, NY 1994
Residency and Year	MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1999
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	11852
License Date	3/5/2003
Name	<b>KUHNS, DAVID W MD</b>
Address	4845 ABC RD, LAKE WALES, FL, 33859
Specialty	EM
Board Certified	
School and Year of Graduation	TEMPLE UNIV SCH OF MED - PHILADELPHIA, PA USA 1985
Internship and Year	DARNALL ARMY COMMUNITY HOSPITAL - FORT HOOD, TX 1986
Residency and Year	DARNALL ARMY COMMUNITY HOSPITAL - FORT HOOD, TX 1988
License Expiration Date	<b>6/30/2015</b>
Remarks	



License Number	11707
License Date	8/7/2002
Name	<b>KUKAY, JOHN M MD</b>
Address	NASHUA PEDIATRICS, 155 KINSLEY STNASHUA, NH, 03060
Specialty	PD
Board Certified	PD
School and Year of Graduation	GEORGETOWN UNIV SCH OF MED - WASINGTON, DC USA 1999
Internship and Year	UNIV OF ALABAMA - BIRMINGHAM, AL 2000
Residency and Year	UNIV OF ALABAMA - BIRMINGHAM, AL 2002
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	9517
License Date	8/2/1995
Name	<b>KULAGA, ELLEN D MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty	IM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1993
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1996
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1996
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	12659
License Date	4/6/2005
Name	<b>KULCSAR, JOHN E DO</b>
Address	LAKES REGION ANESTHESIA, 34 ROBERTSON DRGILFORD, NH, 03249
Specialty	AN
Board Certified	AN
School and Year of Graduation	PHILADELPHIA COLLEGE, PHILADELPHIA PA US 2001
Internship and Year	FRANKFORT HOSPITAL, PHILADELPHIA PA 2002
Residency and Year	BAYSTATE MED CENTER, SPRINGFIELD MA 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13432
License Date	3/7/2007
Name	<b>KULCSAR, STEPHEN F DO</b>
Address	GLOUCESTER FAMILY HEALTH CENTER, 302 WASHINGTON STGLOUCESTER, MA, 01930
Specialty	FP
Board Certified	FP
School and Year of Graduation	NOVA SOUTHEASTERN UNIV USA 2004
Internship and Year	CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 2005
Residency and Year	CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 2006
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	6364
License Date	4/2/1981
Name	<b>KULESZA, ANDREW J MD</b>
Address	PORTSMOUTH REGIONAL HOSP, 333 BORTTHWICK AVEPORTSMOUTH, NH, 03801-4152
Specialty	AN
Board Certified	AN
School and Year of Graduation	ST LOUIS UNIV SCH OF MED-ST LOUIS,MO USA 1975
Internship and Year	SUNY UPSTATE MED CTR-SYRACUSE,NY 1978
Residency and Year	MAYO GRAD SCH OF MED-ROCHESTER,MN 1979
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>3/15/95 SETTLEMENT AGREEMENT</b>

License Number	13972
License Date	5/7/2008
Name	<b>KULKARNI, GEETA A MD</b>
Address	168 KINSLEY ST, STE 4NASHUA, NH, 03060
Specialty	AN
Board Certified	AN
School and Year of Graduation	MAHATMA GANDHI MISSION'S MEDICAL COLLEGE INDIA 1995
Internship and Year	CARITAS ST ELIZABETHS MEDICAL CENTER-BOSTON, MA 2005
Residency and Year	CARITAS ST ELIZABETHS MEDICAL CENTER-BOSTON, MA 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6398
License Date	6/4/1981
Name	<b>KULL, STEPHEN A MD</b>
Address	769 DEER HILL RD, PO BOX 105SILVER LAKE, NH, 03875
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF ROCHESTER SCH OF MED - NY USA 1976
Internship and Year	STRONG MEM HOSP U -ROCHESTER,NY 1977
Residency and Year	STRONG MEM HOSP U -ROCHESTER,NY 1980
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14711
License Date	1/6/2010
Name	<b>KULLNAT, JONATHAN A MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	DR
Board Certified	
School and Year of Graduation	OREGON HEALTH & SCIENCE UNIVERSITY USA 2005
Internship and Year	LEGACY EMANUEL & GOOD SAMARITAN - PORTLAND, OR 2006
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	14293
License Date	1/7/2009
Name	<b>KULLNAT, MEGAN W MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	PD
Board Certified	
School and Year of Graduation	OREGON HEALTH & SCIENCE UNIV USA 2006
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	7323
License Date	5/8/1986
Name	<b>KUMAKI, DAVID J MD</b>
Address	, , ,
Specialty	IM
Board Certified	IM
School and Year of Graduation	COLUMBIA UNIVERSITY USA 1980
Internship and Year	
Residency and Year	
License Expiration Date	<b>5/5/1994</b>
Remarks	

License Number	14422
License Date	5/6/2009
Name	<b>KUMAR, AMIT MD</b>
Address	SOUTHERN NH ASTHMA & ALLERGY, 280 MAIN ST STE 441NASHUA, NH, 03060
Specialty	AI
Board Certified	IM
School and Year of Graduation	STATE UNIVERSITY OF NEW YORK USA 2004
Internship and Year	UMDNJ ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK, NJ 2005
Residency and Year	UMDNJ ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK, NJ 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16762
License Date	9/3/2014
Name	<b>KUMAR, AMIT MD</b>
Address	THE MIRIAM HOSPITAL, 164 SUMMIT AVEPROVIDENCE, RI, 02906
Specialty	CD
Board Certified	CD
School and Year of Graduation	ALL INDIA INSTITUTE OF MEDICAL SCIENCES INDIA 2001
Internship and Year	UNIVERSITY @ BUFFALO-ERIE COUNTY MEDICAL CENTER - BUFFALO, NY 2003
Residency and Year	UNIVERSITY @ BUFFALO-ERIE COUNTY MEDICAL CENTER - BUFFALO, NY 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11375
License Date	9/5/2001
Name	<b>KUMAR, ANITA MD</b>
Address	268 MAIN STREET, NASHUA, NH, 03060
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF CHENNAI - COIMBATORE, INDIA INDIA 1998
Internship and Year	CATHOLIC MEDICAL CENTER OF BROOKLYN AND QUEENS - JAMAICA, NY 1999
Residency and Year	CATHOLIC MEDICAL CENTER OF BROOKLYN AND QUEENS - JAMAICA, NY 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16829
License Date	11/6/2014
Name	<b>KUMAR, ARUN ` MD</b>
Address	1200 N HERNDON ST #513, ARLINGTON, VA, 22201
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF MICHIGAN MEDICAL SCHOOL USA 2002
Internship and Year	UNIVERSITY OF MICHIGAN MEDICAL CENTER - ANN ARBOR, MI 2003
Residency and Year	WILLIAM BEAUMONT HOSPITAL - ROYAL OAK, MI 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7912
License Date	7/6/1988
Name	<b>KUMAR, KALA P MD</b>
Address	GREATER MANCHESTER MHC, 1228 ELM ST STE 200MANCHESTER, NH, 03101-1349
Specialty	CHP
Board Certified	
School and Year of Graduation	GOVERNMENT MED COLL - NAGPUR INDIA 1971
Internship and Year	NORWICH HOSPITAL - NORWICH, CT 1982
Residency and Year	CREIGHTON UNIV AFFILIATED HOSPITAL - OMAHA, NE 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5487
License Date	3/4/1976
Name	<b>KUMAR, RAJESH MD</b>
Address	, , ,
Specialty	ORS
Board Certified	
School and Year of Graduation	UNIVERSITY OF LUCKNOW IN INDIA INDIA 1966
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1997</b>
Remarks	

License Number	13907
License Date	4/2/2008
Name	<b>KUMAR, SANTOSH MD</b>
Address	CONCORD HOSPITAL, 250 PLEASANT ST CONCORD, NH, 03301
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF SIND PAKISTAN 2001
Internship and Year	ST BARNABAS HOSPITAL - BRONX, NY 2006
Residency and Year	ST BARNABOS HOSPITAL - BRONX, NY 2007
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	14997
License Date	9/1/2010
Name	<b>KUMAR, SHIMAREET MD</b>
Address	QUEST DIAGNOSTICS INC, 14225 NEWBROOK DR CHANTILLY, VA, 20151
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSITY OF DELHI INDIA 1978
Internship and Year	UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS - GALVESTON, TX 1988
Residency and Year	UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS - GALVESTON, TX 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14351
License Date	3/4/2009
Name	<b>KUMAR, SHIV MD</b>
Address	SEACOAST KIDNEY & HYPERTENSION, 875 GREENLAND RD C-10 PORTSMOUTH, NH, 03801
Specialty	NEP
Board Certified	NEP
School and Year of Graduation	ALL INDIA INSTITUTE OF MEDICAL SCIENCES INDIA 1992
Internship and Year	MICHAEL REESE HOSPITAL AND MEDICAL CENTER - EULESS, TX 1994
Residency and Year	MICHAEL REESE HOSPITAL AND MEDICAL CENTER - EULESS, TX 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15226
License Date	5/4/2011
Name	<b>KUMAR, VIJAY MD</b>
Address	N SHORE LIJ-GLEN COVE HOSP, 101 ST ANDREWS LN GLEN COVE, NY, 11542
Specialty	FP
Board Certified	
School and Year of Graduation	SINDH MED COLLEGE, UNIV OF KARACHI PAKISTAN 1999
Internship and Year	NORTH SHORE LONG ISLAND JEWISH-GLEN COVE HOSPITAL - GLEN COVE, NY 2009
Residency and Year	NORTH SHORE LONG ISLAND JEWISH-GLEN COVE HOSPITAL - GLEN COVE, NY 2011
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	14880
License Date	6/2/2010
Name	<b>KUMAR, VIRENDRA MD</b>
Address	319 QUINBY RD, WHIPPLE PARK, NY, 14623
Specialty	R
Board Certified	R
School and Year of Graduation	NETAJI SUBHASH CHANDRA BOSE MEDICAL COLLEGE INDIA 1995
Internship and Year	UNIVERSITY OF ROCHESTER MEDICAL CENTER-ROCHESTER, NY 2008
Residency and Year	UNIVERSITY OF ROCHESTER MEDICAL CENTER-ROCHESTER, NY 2010
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	17112
License Date	6/3/2015
Name	<b>KUMASAKI, JENNIFER S MD</b>
Address	7 TIMBERWOOD DR UNIT 205, LEBANON, NH, 03766
Specialty	IM
Board Certified	
School and Year of Graduation	CREIGHTON UNIVERSITY SCHOOL OF MEDICINE USA 2012
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16178
License Date	6/5/2013
Name	<b>KUMIN, MICHAEL C MD</b>
Address	WENTWORTH DOUGLASS PHYSICIAN CORP, 19 LEVESQUE DR, SUITE 2ELIOT, ME, 03903
Specialty	FP
Board Certified	FP
School and Year of Graduation	THOMAS JEFFERSON UNIVERSITY USA 2005
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2006
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5121
License Date	12/3/1973
Name	<b>KUNDU, BEJOY B MD</b>
Address	PINE ROCK ASSITED LIVING, 3 DENNY HILL RDWARNER, NH, 03278
Specialty	IM
Board Certified	
School and Year of Graduation	DACCA UNIVERSITY-DACCA BANGLADESH BANGLADESH 1963
Internship and Year	DACCA MEDICAL COLLEGE-DACCA BANGLADESH 1964
Residency and Year	NEW CROSS HOSP-WOLVERHAMPTON ENGLAND U.K. 1965
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5387
License Date	8/7/1975
Name	<b>KUNDU, BIJOY L MD</b>
Address	95 HITCHING POST LANE, BEDFORD, NH, 03110
Specialty	FP
Board Certified	
School and Year of Graduation	CALCUTTA MEDICAL SCHOOL INDIA 1966
Internship and Year	CALCUTTA MEDICAL COLLEGE HOSPITAL - CALCUTTA, INDIA 1967
Residency and Year	POST GRADUATE MEDICAL EDUCATION AND RESEARCH CENTER, INDIA 1968
License Expiration Date	<b>5/10/2010</b>
Remarks	9/2/93 -Settlement Agreement 10/8/99 -Settlement Agreement 01/6/00-2/14/2000 License Suspended 5/10/10 - Preliminary Agreement for Practice Restrictions. 11/4/10 - Settlement Agreement 4/10/15 - Order of Conditional Denial

License Number	11900
License Date	5/7/2003
Name	<b>KUNDU, GARGI MD</b>
Address	ROAD TO A BETTER LIFE, 2 MOUND COURTMERRIMACK, NH, 03054
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF CALCUTTA IN WEST BENGAL INDIA INDIA 1991
Internship and Year	ST LUKES HOSPITAL - BETHLEHEM, PA 1998
Residency and Year	GUTHRIE-ROBERT PACKER HOSPITAL - SAYRE, PA 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9294
License Date	9/7/1994
Name	<b>KUNHARDT, GEORGE R MD</b>
Address	361 THIRD ST E, SAN RAFAEL, CA, 94901
Specialty	OBG
Board Certified	
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1978
Internship and Year	CENTRAL MAINE MEDICAL CENTER - LEWISTON ME 1979
Residency and Year	J DEMPSEY HOSPITAL - FARMINGTON CT 1993
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	10999
License Date	7/5/2000
Name	<b>KUNIN, JOSHUA D MD</b>
Address	WOLFEBORO SURGICAL, PO BOX 719WOLFEBORO FALLS, NH, 03896
Specialty	GS
Board Certified	GS
School and Year of Graduation	ALBERT EINSTEIN COLL OF MED - BRONX, NY USA 1983
Internship and Year	BRIDGEPORT HOSPITAL - BRIDGEPORT, CT 1984
Residency and Year	BRIDGEPORT HOSPITAL - BRIDGEPORT, CT 1987
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	10952
License Date	6/7/2000
Name	<b>KUNKEMUELLER, ANDREW F MD</b>
Address	FRISBIE MEMORIAL HOSPITAL, 11 WHITEHALL ROADROCHESTER, NH, 03867
Specialty	IM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1997
Internship and Year	UNIV OF MINNESOTA HOSPITAL & CLINICS - MINNEAPOLIS, MN 1998
Residency and Year	UNIV OF MINNESOTA HOSPITAL & CLINICS - MINNEAPOLIS, MN 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16453
License Date	1/8/2014
Name	<b>KUNST, MARA M MD</b>
Address	20 LESLIE RD, WINCHESTER, MA, 01890
Specialty	DR
Board Certified	DR
School and Year of Graduation	GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 2003
Internship and Year	PRESBYTERIAN MEDICAL CENTER - UPHS - PHILADELPHIA, PA 2004
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15665
License Date	5/2/2012
Name	<b>KUNWAR, SUMIT MD</b>
Address	LRGHEALTHCARE - HOSPITALIST PROGRAM, 80 HIGHLAND STLAACONIA, NH, 03246
Specialty	IM
Board Certified	IM
School and Year of Graduation	TRIBHUVAN UNIVERSITY NEPAL 2008
Internship and Year	ST JOSEPHS HOSPITAL & MEDICAL CENTER - PATERSON, NJ 2010
Residency and Year	ST JOSEPHS HOSPITAL & MEDICAL CENTER - PATERSON, NJ 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13460
License Date	4/4/2007
Name	<b>KUNZ, DANIEL P DO</b>
Address	CORE PHYSICIANS, LLC, 9 BUZELL AVE, 3rd FLEXETER, NH, 03833
Specialty	RHU
Board Certified	RHU
School and Year of Graduation	UNIV OF NEW ENGLAND USA 2002
Internship and Year	SUNY @ STONY BROOK UNIV HOSPITAL-STONY BROOK, NY 2003
Residency and Year	SUNY @ STONY BROOK UNIV HOSPITAL, STONY BROOK, NY 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number	10451
License Date	11/4/1998
Name	<b>KUO, PAUL C MD</b>
Address	COSMETIC FACIAL ORAL SURGERY, 209 HARVARD ST STE 405BROOKLINE, MA, 02446-5005
Specialty	OS
Board Certified	OS
School and Year of Graduation	HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1980
Internship and Year	MASSACHUSETTS GENERAL HOSP - BOSTON, MA 1978
Residency and Year	UNIV OF WASHINGTON - SEATTLE, WA 1979
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	15836
License Date	9/5/2012
Name	<b>KURDI ZERIKLY, RAHFA MD</b>
Address	MAINE MEDICAL PARTNERS, 175 US ROUTE 1SCARBOROUGH, ME, 04074
Specialty	END
Board Certified	END
School and Year of Graduation	UNIVERSITY OF DAMASCUS SYRIA 2002
Internship and Year	HENRY FORD HOSPITAL - DETROIT, MI 2005
Residency and Year	HENRY FORD HOSPITAL - DETROIT, MI 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15882
License Date	10/3/2012
Name	<b>KURISH, ADAM MD</b>
Address	ATLANTIC INTERNAL MEDICINE & PEDIATRICS, 875 GREENLAND RD UNIT C12PORTSMOUTH, NH, 0
Specialty	PD
Board Certified	PD
School and Year of Graduation	ST GEORGES UNIVERSITY WEST INDIES 2008
Internship and Year	BRODY SCHOOL OF MEDICINE - EAST CAROLINA UNIVERSITY - GREENVILLE, NC 2009
Residency and Year	BRODY SCHOOL OF MEDICINE - EAST CAROLINA UNIVERSITY - GREENVILLE, NC 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11508
License Date	2/6/2002
Name	<b>KURTAY-SOZMEN, EREN MD</b>
Address	7 B TAGGART DR, NASHUA, NH, 03060
Specialty	P
Board Certified	P
School and Year of Graduation	ISTANBUL UNIV - CAPA-ISTANBUL, TURKEY TURKEY 1991
Internship and Year	MONTEFIORE MEDICAL CENTER - BRONX, NY 1994
Residency and Year	MONTEFIORE MEDICAL CENTER - BRONX, NY 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9994
License Date	5/7/1997
Name	<b>KURTZ, SANFORD R MD</b>
Address	LAHEY HITCHCOCK CLINIC, 41 MALL RD BOX 541BURLINGTON, MA, 01805
Specialty	BBK
Board Certified	BBK
School and Year of Graduation	BOSTON UNIV SCH MED-BOSTON,MA USA 1971
Internship and Year	BOSTON CITY HOSP-BOSTON,MA 1972
Residency and Year	NEW ENGLAND DEACONESS HOSP-MA 1975
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	14802
License Date	4/7/2010
Name	<b>KUSHAWAHA, ANURAG S MD</b>
Address	13691 METRO PKWY #330, FORT MYERS, FL, 33912
Specialty	IM
Board Certified	IM
School and Year of Graduation	ST MATTHEW'S UNIVERSITY USA 2006
Internship and Year	STATEN ISLAND UNIVERSITY HOSPITAL - STATEN ISLAND, NY 2008
Residency and Year	STATEN ISLAND UNIVERSITY HOSPITAL - STATEN ISLAND, NY 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15963
License Date	12/5/2012
Name	<b>KUSHNER, SAMUEL L DO</b>
Address	REAL TIME NEUROMONITORING ASSOC, 3004 B POSTON AVENASHVILLE, TN, 37203
Specialty	
Board Certified	AN
School and Year of Graduation	PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE USA 1969
Internship and Year	MERCY SUBURBAN HOSPITAL - NORRISTOWN, PA 1970
Residency and Year	OUCOM-CUYAHOGA FALLS GENERAL HOSPITAL - CUYAHOGA FALLS, OH 1972
License Expiration Date	<b>11/25/2013</b>
Remarks	<b>REQUESTED INACTIVE 11/25/13</b>

License Number	12388
License Date	7/7/2004
Name	<b>KUSTAN, JOHN A MD</b>
Address	SPECTRUM MEDICAL GROUP PA, 324 GANNETT DR STE 200SOUTH PORTLAND, ME, 04106
Specialty	R
Board Certified	R
School and Year of Graduation	TEMPLE UNIVERSITY, PHILADELPHIA PA US 1983
Internship and Year	PRESBYTERIAN MED CTR, PHILADELPHIA PA 1984
Residency and Year	ST BARNABAS MED CTR, LIVINGSTON NJ 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 7544  
 License Date 4/1/1987  
 Name **KUSTRA, THOMAS A MD**  
 Address , , ,  
 Specialty IM  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF WROCLAY IN POLAND POLAND 1982  
 Internship and Year  
 Residency and Year  
 License Expiration Date **9/26/1996**  
 Remarks **DECEASED 9/26/1996**

License Number 4890  
 License Date 2/9/1972  
 Name **KUTEN, JAY MD**  
 Address , PO BOX 2455CONCORD, NH, 03301-3629  
 Specialty P  
 Board Certified P  
 School and Year of Graduation WASHINGTON UNIVERSITY-ST LOUIS MO USA 1959  
 Internship and Year SUNY UPSTATE-SYRACUSE NY 1960  
 Residency and Year MASSACHUSETTS MENTAL HLTH CTR-BOSTON MA 1962  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13828  
 License Date 2/6/2008  
 Name **KUTKA, MICHAEL F MD**  
 Address MICHAEL KUTKA MD LLC, 62 BROWN ST STE 502BHAVERHILL, MA, 01830  
 Specialty PS  
 Board Certified PS  
 School and Year of Graduation ROYAL COLLEGE OF SURGIONS IRELAND 1993  
 Internship and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1995  
 Residency and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1996  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11998  
 License Date 7/2/2003  
 Name **KUTZ III, RICHARD H MD**  
 Address PLASTIC & HAND SURGICAL ASSOC, 244 WESTERN AVESOUTH PORTLAND, ME, 04106  
 Specialty PS  
 Board Certified GS  
 School and Year of Graduation PENNSYLVANIA STATE UNIV - UNIVERSITY PARK, PA USA 2001  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2002  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2003  
 License Expiration Date **6/30/2015**  
 Remarks

License Number	14079
License Date	7/9/2008
Name	<b>KUUSISTO, CAROL L DO</b>
Address	87-89 FIFTH AVE STE 604, NEW YORK, NY, 10003
Specialty	PM
Board Certified	PM
School and Year of Graduation	NEW YORK COLLEGE USA 2000
Internship and Year	NYCOM/ST CLARES HOSP & HEALTH CENTER - NEW YORK, NY 2001
Residency and Year	NEW YORK UNIV MEDICAL CENTER - NEW YORK, NY 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15082
License Date	12/1/2010
Name	<b>KUWAYAMA, DAVID P MD</b>
Address	15135 WOODBRIDGE RD, BROOKFIELD, WI, 53005-3554
Specialty	GS
Board Certified	GS
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 2002
Internship and Year	JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 2003
Residency and Year	JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 2005
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	6512
License Date	3/4/1982
Name	<b>KVATERNIK, DAVOR B MD</b>
Address	22 KEEWAYDIN DR, SALEM, NH, 03079-2853
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIV CATOL DE CORDOBA FAC DE MED-CORDOBA ARGENTINA 1970
Internship and Year	ALBERT EINSTEIN MED CENTER - PHILA, PA 1980
Residency and Year	ALBERT EINSTEIN MED CENTER - PHILA ,PA 1980
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7271
License Date	2/6/1986
Name	<b>KVATERNIK, GLORIA I MD</b>
Address	23 STILES RD STE 106, SALEM, NH, 03079-2859
Specialty	N
Board Certified	
School and Year of Graduation	FAC DE CIEN MED DE LA UNIV-BUENOS AIRES ARGENTINA 1971
Internship and Year	KINGS COUNTY HOSP CTR - BROOKLYN, NY 1982
Residency and Year	KINGS COUNTY HOSP CTR-BROOKLYN,NY 1982
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	13289
License Date	10/4/2006
Name	<b>KWAI, ANDREW H MD</b>
Address	MOUNT SINAI SCHOOL OF MED, 1 GUSTAVE L LEVY PL-RADIOLOGYNEW YORK, NY, 10029
Specialty	R
Board Certified	R
School and Year of Graduation	MT SINAI SCHOOL OF MED, NEW YORK NY US 1983
Internship and Year	KINGS COUNTY HOSP, BROOKLYN NY 1984
Residency and Year	YALE-NEW HAVEN MED CTR, NEW HAVEN CT 1985
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	11708
License Date	8/7/2002
Name	<b>KWAN, EDDIE S K MD</b>
Address	SPECTRUM MEDICAL GROUP, 300 PROFESSIONAL DRSCARBOROUGH, ME, 04074
Specialty	R
Board Certified	R
School and Year of Graduation	TUFTS UNIV SCH OF MED - BOSTON, MA USA 1977
Internship and Year	CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 1978
Residency and Year	NEW ENGLAND MEDICAL CENTER - TUFTS UNIV - BOSTON, MA 1981
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	8780
License Date	8/5/1992
Name	<b>KWASS, GEORGE F MD</b>
Address	MERRIMACK VALLEY HOSPITAL, 140 LINCOLN AVEHAVERHILL, MA, 01830
Specialty	CLP
Board Certified	PTH
School and Year of Graduation	NEW YORK UNIVERSITY USA 1957
Internship and Year	BOSTON CITY HOSPITAL - BOSTON, MA 1958
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL BOSTON - MA 1960
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9995
License Date	5/7/1997
Name	<b>KWON, ANDREW O MD</b>
Address	4 JEFFERSON PLAZA, POUGHKEEPSIE, NY, 12601
Specialty	FP
Board Certified	
School and Year of Graduation	KOREA UNIV COLL OF MED-CHONG-NO-KU SOUTH KOREA 1991
Internship and Year	VASSAR BROTHERS HOSP- NY 1996
Residency and Year	VASSAR BROTHERS HOSP-NY 1997
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	8111
License Date	5/10/1989
Name	<b>KWON, CHAL K MD</b>
Address	14 PROSPECT ST, MILFORD, MA, 01757
Specialty	AN
Board Certified	AN
School and Year of Graduation	KYONGPOOK NATIONAL UNIV - TAEGU S KOREA SOUTH KOREA 1970
Internship and Year	ELLIS HOSPITAL - SCHENECTADY, NY 1975
Residency and Year	VA MEDICAL CENTER - BOSTON, MA 1978
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	14463
License Date	6/3/2009
Name	<b>KYAW, WIN MD</b>
Address	ST JOSEPH HOSPITAL, 172 KINSLEY STNASHUA, NH, 03060
Specialty	IM
Board Certified	IM
School and Year of Graduation	INSTITUTE OF MED 1 MYANMAR 2001
Internship and Year	NEW YORK DOWNTOWN HOSPITAL - NY, NY 2007
Residency and Year	NEW YORK DOWNTOWN HOSPITAL - NY, NY 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16179
License Date	6/5/2013
Name	<b>KYLE, DANIEL R MD</b>
Address	9 BUZELL AVE, EXETER, NH, 03833
Specialty	PD
Board Certified	
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 2010
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2011
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11094
License Date	10/4/2000
Name	<b>LA BRANCHE, JOHN P MD</b>
Address	MONADNOCK COMMUNITY HOSPITAL, 452 OLD STREET RDPETERBOROUGH, NH, 03458
Specialty	AN
Board Certified	AN
School and Year of Graduation	MCGILL UNIV FAC OF MED - MONTREAL CANADA USA 1988
Internship and Year	ROGER WILLIAMN HOSPITAL-PROVIDENCE, RI 1989
Residency and Year	ROBER WILLIAMS HOSPITAL - PROVIDENCE, RI 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 5579  
 License Date 8/12/1976  
 Name **LA CAVA, N THOMAS MD**  
 Address 360 W BOYLSTON ST STE 107, W BOYLSTON, MA, 01583-  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation ST LOUIS UNIV SCHOOL OF MED ST LOUIS USA 1972  
 Internship and Year HAHNEMANN UNIV HOSPITAL 1973  
 Residency and Year HAHNEMANN UNIV HOSPITAL 1975  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 7619  
 License Date 6/3/1987  
 Name **LA ROCCA, CHRISTOPHER M MD**  
 Address DARTMOUTH-HITCHCOCK KEENE, PO BOX 758 11 WESTMINSTER ST WALPOLE, NH, 03608-0758  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1984  
 Internship and Year UNIV OF MA HOSPITAL - WORCESTER MA 1985  
 Residency and Year UNIV OF MA HOSPITAL - WORCESTER MA 1987  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10905  
 License Date 5/3/2000  
 Name **LABARTHE, SUSAN S MD**  
 Address 6 TRACY ST, MONTPELIER, VT, 05602  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF VERMONT - BURLINGTON VT USA 1996  
 Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD MA 1999  
 Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD MA 1999  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14464  
 License Date 6/3/2009  
 Name **LABIB, MUTAZ M MD**  
 Address P O BOX 87, BURLINGTON, MA, 01803  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation DOKUZ EYLUL UNIVERSITESI TURKEY 1995  
 Internship and Year MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 2004  
 Residency and Year MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 2006  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 7200  
 License Date 9/10/1985  
 Name **LABRECQUE, PIERRE G MD**  
 Address , , ,  
 Specialty D  
 Board Certified D  
 School and Year of Graduation University of Sherbrook 1971  
 Internship and Year  
 Residency and Year  
 License Expiration Date **6/30/1997**  
 Remarks

License Number 10160  
 License Date 11/5/1997  
 Name **LACERTE, LINDA L MD**  
 Address SALEM FAMILY PRACTICE, 4 SALEM MARKETPLACESALEM, CT, 06420  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation INDIANA UNIV SCH OF MED - INDIANAPOLIS, IN USA 1989  
 Internship and Year MEMORIAL HOSPITAL OF RHODE ISLAND - RI 1992  
 Residency and Year MEMORIAL HOSPITAL OF RHODE ISLAND - RI 1992  
 License Expiration Date **6/30/1999**  
 Remarks

License Number 2851  
 License Date 3/14/1951  
 Name **LACEY II, THOMAS MD**  
 Address , , ,  
 Specialty  
 Board Certified  
 School and Year of Graduation  
 Internship and Year  
 Residency and Year  
 License Expiration Date **6/29/1990**  
 Remarks **DECEASED 8/29/99**

License Number 5280  
 License Date 1/10/1975  
 Name **LACEY JR, DONALD O MD**  
 Address 40 ROUTE 4A, LEBANON, NH, 03766-2117  
 Specialty GP  
 Board Certified  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1973  
 Internship and Year DARTMOUTH MEDICAL SCHOOL AFFILIATED HOSPITAL - HANOVER, NH 1974  
 Residency and Year DARTMOUTH MEDICAL SCHOOL AFFILIATED HOSPITAL - HANOVER, NH 1975  
 License Expiration Date **6/30/2015**  
 Remarks **DISCIPLINARY ACTION 5/17/90 - AMENDMENT TO ORDER 8/8/90**



License Number	13869
License Date	3/5/2008
Name	<b>LACHANCE, KRISTEN A MD</b>
Address	IMAGING ON CALL, 695 DUTCHESS TPKE #105POUGHKEEPSIE, NY, 12603
Specialty	R
Board Certified	R
School and Year of Graduation	BOSTON UNIV USA 1996
Internship and Year	GREENWICH HOSPITAL ASSOC - GREENWICH, CT 1997
Residency and Year	STANFORD UNIV SCHOOL OF MEDICINE - STANFORD, CA 2001
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	10843
License Date	3/1/2000
Name	<b>LACHMAN, MARTIN J MD</b>
Address	MONADNOCK FAMILY SERVICES, 17 93RD STKEENE, NH, 03431
Specialty	P
Board Certified	P
School and Year of Graduation	TEMPLE UNIV SCH OF MED- PHILADELPHIA, PA USA 1966
Internship and Year	PRESBYTERIAN MEDICAL CENTER - UNIV OF PENNSYLVANIA - PHILA, PA 1967
Residency and Year	ALBERT EINSTEIN MEDICAL CENTER - PHILA, PA 1968
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	8314
License Date	5/9/1990
Name	<b>LACKOVIC, MICHELLE F MD</b>
Address	700 MAIN ST #4, CLAREMONT, NH, 03743
Specialty	IM
Board Certified	
School and Year of Graduation	JEFFERSON MEDICAL COLLEGE OF THOMAS JEFFERSON UNIV USA 1987
Internship and Year	MERCY CATHOLIC MEDICAL CENTER - DARBY, PA 1988
Residency and Year	MERCY CATHOLIC MEDICAL CENTER - DARBY, PA 1989
License Expiration Date	<b>6/30/2016</b>
Remarks	4/27/99 - Settlement Agreement 9/3/10 - Settlement Agreement 8/8/11 - Settlement Agreement

License Number	9543
License Date	9/6/1995
Name	<b>LACOMBE, MICHAEL A MD</b>
Address	MGMC, 6E CHESTNUT STAUGUSTA, ME, 04330
Specialty	CD
Board Certified	IM
School and Year of Graduation	HARVARD MEDICAL SCHOOL BOSTON, MA USA 1968
Internship and Year	STRONG MEMORIAL HOSPITAL UNIV OF ROCHESTER, ROCHESTER NY 1969
Residency and Year	STRONG MEMORIAL HOSPITAL UNIV OF ROCHESTER, ROCHESTER NY 1972
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number 10651  
 License Date 8/4/1999  
 Name **LACOMIS, ELLEN MD**  
 Address , 100 WASHINGTON STWELLESLEY, MA, 02481  
 Specialty D  
 Board Certified D  
 School and Year of Graduation UNIV OF VA SCH OF MED - CHARLOTTESVILLE, VA USA 1994  
 Internship and Year UNIV OF MICHIGAN HLTH SYSTEM - ANN ARBOR, MI 1995  
 Residency and Year UNIV OF MICHIGAN HLTH SYSTEM - ANN ARBOR, MI 1996  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 15714  
 License Date 6/6/2012  
 Name **LACUNZA, JOHN C MD**  
 Address SUMMIT RADIOLOGY PC, PO BOX 80070FORT WAYNE, IN, 46898-0070  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation KECK SCHOOL OF MED OF THE UNIV OF SOUTHERN CALIFOR USA 1995  
 Internship and Year LOS ANGELES COUNTY - USC MEDICAL CENTER - LOS ANGELES, CA 1996  
 Residency and Year LOS ANGELES COUNTY - USC MEDICAL CENTER - LOS ANGELES, CA 1997  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9138  
 License Date 4/6/1994  
 Name **LACY, BRIAN E MD**  
 Address DHMC - GASTROENTEROLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF MARYLAND - BALTIMORE, MD USA 1991  
 Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - LEBANON, NH 1992  
 Residency and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - LEBANON, NH 1995  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15384  
 License Date 9/7/2011  
 Name **LACY, JENNIFER A MD**  
 Address DHMC - PULMONARY DEPARTMENT, 1 MEDICAL CENTER DRIVELEBANON, NH, 03756  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2008  
 Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2009  
 Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2011  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15883  
 License Date 10/3/2012  
 Name **LACY, MARTHA Q MD**  
 Address MAYO CLINIC, 200 1ST ST SW ROCHESTER, MN, 55905  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF COLORADO SCHOOL OF MEDICINE USA 1988  
 Internship and Year SPOKANE MEDICAL CENTERS - SPOKANE, WA 1989  
 Residency and Year SPOKANE MEDICAL CENTERS - SPOKANE, WA 1991  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15131  
 License Date 2/2/2011  
 Name **LACY, SHANON R DO**  
 Address DHMC - DEPT OF DERMATOPATHOLOGY, ONE MED CTR DR LEBANON, NH, 03756  
 Specialty PTH  
 Board Certified  
 School and Year of Graduation MIDWESTERN UNIVERSITY USA 2007  
 Internship and Year INDIANA UNIVERSITY MEDICAL CENTER - INDIANAPOLIS, IN 2008  
 Residency and Year INDIANA UNIVERSITY MEDICAL CENTER - INDIANAPOLIS, IN 2011  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 16830  
 License Date 11/6/2014  
 Name **LACY, TIMOTHY L MD**  
 Address STAR ANESTHESIA PA, 45 NORTHEAST LOOP 410 STE 900 SAN ANTONIO, TX, 78216  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation UNIV AUTONOMA DE GUADALAJARA MEXICO 1999  
 Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2002  
 Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, 2006  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 8634  
 License Date 10/2/1991  
 Name **LADAK, FERIAL MD**  
 Address NORTH COUNTRY HOSPITAL, ROUTE 1 NEWPORT, VT, 05855  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF BRITISH COLUMBIA CANADA 1983  
 Internship and Year GLEN COVE COMMUNITY HOSPITAL - GLEN COVE, NY 1984  
 Residency and Year GLEN COVE COMMUNITY HOSPITAL - GLEN COVE, NY 1986  
 License Expiration Date **6/30/2013**  
 Remarks **LAPSED 6/30/96; REINSTATED 3/4/09**

License Number	15255
License Date	6/1/2011
Name	<b>LADNER, CHRISTOPHER J MD</b>
Address	VIRTUAL RADIOLOGIC PROFF LLC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	DR
Board Certified	DR
School and Year of Graduation	LOYOLA UNIVERSITY OF CHICAGO STRITCH SCHOOL OF MED USA 1999
Internship and Year	NEW YORK UNIVERSITY MEDICAL CENTER - NEW YORK, NY 2000
Residency and Year	NEW YORK UNIVERSITY MEDICAL CENTER - NEW YORK, NY 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14080
License Date	7/9/2008
Name	<b>LAFFELY, NICHOLAS H MD</b>
Address	CENTRAL MAINE HEART & VASCULAR, 300 MAIN STLEWISTON, ME, 04240
Specialty	CD
Board Certified	CD
School and Year of Graduation	MEDICAL COLLEGE OF WISCONSIN USA 2001
Internship and Year	WASHINGTON UNIV - ST LOUIS, MO 2002
Residency and Year	WASHINGTON UNIV - ST LOUIS, MO 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>LAPSED FOR NONRENEWAL 6/30/14 RENEWED 10/1/14</b>

License Number	14512
License Date	7/1/2009
Name	<b>LAFLAM, PAUL F MD</b>
Address	DARTMOUTH HITCHCOCK MEDICAL CENTER, 1 MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty	NEP
Board Certified	NEP
School and Year of Graduation	UNIVERSITY OF MIAMI USA 2003
Internship and Year	UNIVERSITY OF MIAMI SOM/JACKSON MEMORIAL HOSPITAL - MIAMI, FL 2004
Residency and Year	UNIVERSITY OF CINCINNATI - CINCINNATI, OH 2006
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	8088
License Date	5/10/1989
Name	<b>LAFLAM, ROBERT J MD</b>
Address	ANESTHESIA ASSOCIATES, 1 PILLSBURY ST STE 202CONCORD, NH, 03301
Specialty	AN
Board Certified	AN
School and Year of Graduation	DARTMOUTH MED SCHOOL HANOVER NH USA 1984
Internship and Year	ST LUKES HOSP CLEVELAND OH 1985
Residency and Year	ST LUKES HOSP-CLEVELAND, OH 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	2566
License Date	3/13/1947
Name	<b>LAFLAMME, L ADRIEN MD</b>
Address	350 S HOLLYBROOK TER, APT 307PEMBROKE PINES, FL, 33025
Specialty	IM
Board Certified	
School and Year of Graduation	GEORGETOWN UNIVERSITY USA 1943
Internship and Year	ST FRANCIS HOSPITAL - HARTFORD, CT 1944
Residency and Year	VA HOSPITAL - NEW ORLEANS LA 1949
License Expiration Date	<b>6/25/2009</b>
Remarks	DECEASED 6/25/09

License Number	17174
License Date	7/1/2015
Name	<b>LAFLAMME, MICHELLE R DO</b>
Address	3 BRICHER ST, NEWBURYPORT, MA, 01950
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND OF OSTEOPATHIC MEDICINE USA 1999
Internship and Year	UNECOM/SAINT LUKES HOSPITAL - BETHLEHEM, PA 2000
Residency and Year	UNECOM/SAINT LUKES HOSPITAL - BETHLEHEM, PA 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7846
License Date	5/4/1988
Name	<b>LAFLEUR, JOEL D MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	UNIVERSITY OF VERMONT USA 1983
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1992</b>
Remarks	

License Number	8058
License Date	3/29/1989
Name	<b>LAFLEUR, RICHARD P MD</b>
Address	SOUTHERN NH INTERNAL MEDICINE, 6 TSIENNETO RD STE 300DERRY, NH, 03038-
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF VERMONT COLL MED-BURLINGTON, VT USA 1983
Internship and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1984
Residency and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8294
License Date	4/4/1990
Name	<b>LAFONTAINE, MILDRED H MD</b>
Address	CONCORD NEUROLOGICAL ASSOC, 248 PLEASANT ST PILLSBURY BLDGCONCORD, NH, 03301-3799
Specialty	N
Board Certified	N
School and Year of Graduation	DUKE UNIV SCH OF MED - DURHAM, NC USA 1977
Internship and Year	HOSPITAL UNIV OF PENNSYLVANIA - PHILA, PA 1978
Residency and Year	HOSPITAL UNIV OF PENNSYLVANIA - PHILA, PA 1981
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12798
License Date	7/6/2005
Name	<b>LAFORTUNE-GREENBERG, TESSA J MD</b>
Address	253 PLEASANT ST, CONCORD, NH, 03301
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS, WORCESTER MA USA 2002
Internship and Year	UNIVERSITY OF MASSACHUSETTS, WORCESTER MA 2003
Residency and Year	UNIVERSITY OF MASSACHUSETTS, WORCESTER MA 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7895
License Date	6/8/1988
Name	<b>LAGARENNE, PAUL R MD</b>
Address	757 BACKHUS ESTATES RD, GLEN GARDNER, NJ, 08826
Specialty	FP
Board Certified	FP
School and Year of Graduation	GEORGETOWN UNIV SCHOOL MEDICINE - WASHINGTON, DC USA 1981
Internship and Year	SOMERSET MEDICAL CENTER - SOMERVILLE, NJ 1982
Residency and Year	SOMERSET MEDICAL CENTER - SOMERVILLE, NJ 1984
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	10212
License Date	1/7/1998
Name	<b>LAGUETTE, JULIA G MD</b>
Address	HARVARD SCHOOL OF PUBLIC HLTH, 677 HUNTINGYTON AVEBOSTON, MA, 02115
Specialty	BBK
Board Certified	PTH
School and Year of Graduation	CORNELL UNIV MED COLL NY, NY USA 1984
Internship and Year	HOSPITAL UNIV OF PENNSYLVANIA , PA 1989
Residency and Year	MEMORIAL HOSPITAL CANCER-ALLIED - NY 1993
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	11111
License Date	11/1/2000
Name	<b>LAHEY, MICHAEL D MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03755
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	TEXAS TECH UNIV HLTH SCI CTR - LUBBOCK, TX USA 1980
Internship and Year	FINCH UNIV OF HLTH SCI/CHICAGO MEDICAL SCHOOL - N CHICAGO, IL 1983
Residency and Year	EASTERN VIRGINIA MEDICAL SCHOOL - NORFOLK, VA 1985
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	12746
License Date	6/1/2005
Name	<b>LAHEY, TIMOTHY P MD</b>
Address	DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	ID
School and Year of Graduation	DUKE UNIVERSITY, DURHAM NC US 1998
Internship and Year	DUKE UNIVERSITY, DURHAM NC 1999
Residency and Year	UNIVERSITY OF UTAH, SALT LAKE CITY UT 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11964
License Date	6/4/2003
Name	<b>LIDLAW, MICHAEL G MD</b>
Address	CONCORD PULMONARY MEDICINE, 248 PLEASANT ST STE G-100CONCORD, NH, 03301
Specialty	PUD
Board Certified	PUD
School and Year of Graduation	TEMPLE UNIVERSITY - PHILADELPHIA PA USA 1999
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 2000
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10426
License Date	10/7/1998
Name	<b>LAKE, AHNNA MD</b>
Address	4285 MOUNTAIN RD, STOWE, VT, 05672
Specialty	FP
Board Certified	
School and Year of Graduation	MCGILL UNIV - MONTREAL QUEBEC CANADA 1983
Internship and Year	MC GILL UNIV FACULTY OF MEDICINE - MONTREAL QUEBEC CANADA 1988
Residency and Year	MC GILL UNIV - MONTEAL QUEBEC, CANADA 1990
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	9702
License Date	5/1/1996
Name	<b>LAKE, CHRISTOPHER J MD</b>
Address	COOS COUNTY FAMILY HEALTH, 133 PLEASANT STBERLIN, NH, 03570
Specialty	FP
Board Certified	
School and Year of Graduation	UNIVERSITY OF WESTERN ONTARIO CANADA 1993
Internship and Year	FAMILY MEDICINE ONTARIO 1994
Residency and Year	FAMILY MEDICINE ONTARIO 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8244
License Date	11/1/1989
Name	<b>LAKEY, WILLIAM E MD</b>
Address	580 ST JOHNSBURY RD, STE CLITTLETON, NH, 03561-1821
Specialty	PD
Board Certified	PD
School and Year of Graduation	WAYNE STATE UNIV SCH OF MED - DETROIT, MI USQA 1983
Internship and Year	MAINE DARTMOUTH FAMILY PRACTICE - AUGUSTA, ME 1984
Residency and Year	UNIV MICHIGAN HOSPITAL - ANN ARBOR, MI 1987
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	16118
License Date	5/1/2013
Name	<b>LAKHANPAL, SANJIV MD</b>
Address	3700 N HARBOR CITY BLVE, STE 2AMELBOURNE, FL, 32935
Specialty	
Board Certified	TS
School and Year of Graduation	GOVERNMENT COLLEGE COLLEGE AMRITSAR INDIA 1986
Internship and Year	BRONX-LEBANON HOSPITAL CENTER - BRONX, NY 1992
Residency and Year	UNIVERSITY OF NEVADA SCHOOL OF MEDICINE - LAS VEGAS, NV 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9679
License Date	4/3/1996
Name	<b>LAKNER, GEORGE S MD</b>
Address	MICHAEL O'CALLAGHAN MED CTR, NELLIS AIRFORCE BASE, NV, 89191
Specialty	P
Board Certified	
School and Year of Graduation	SEMMELWEIS OROSTUDOMANYI EGYETEM - BUDAPEST HUNGARY 1964
Internship and Year	SEMMELWEIS UNIV - BUDAPEST, HUNGARY 1964
Residency and Year	COLUMBIA UNIV - NY, NY 1983
License Expiration Date	<b>6/30/2000</b>
Remarks	



License Number 13908  
 License Date 4/2/2008  
 Name **LAL, INDER MD**  
 Address CONCORD HOSPITAL, 250 PLEASANT STREETCONCORD, NH, 03301  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF SIND PAKISTAN 1999  
 Internship and Year ST BARNABAS HOSPITAL - BRONX, NY 2006  
 Residency and Year ST BARNABAS HOSPITAL - BRONX, NY 2007  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13803  
 License Date 1/11/2008  
 Name **LALKA, JOSEPH P MD**  
 Address 1556 STATE ROUTE 203, CHATHAM, NY, 12037  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation NEW YORK UNIV USA 1978  
 Internship and Year ST JOSEPHS HOSPITAL HEALTH CENTER - SYRACUSE, NY 1979  
 Residency and Year ST JOSEPHS HOSPITAL HEALTH CENTER - SYRACUSE, NY 1981  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 12067  
 License Date 9/3/2003  
 Name **LALLANA, ENRICO C MD**  
 Address KP SACRAMENTO MED CTR, 2025 MORSE AVESACRAMENTO, CA, 95825  
 Specialty N  
 Board Certified N  
 School and Year of Graduation UNIVERSITY OF E AURORA, QUEZON CITY, PHILIPPINES PHILIPPINES 1995  
 Internship and Year MONTEFIORE MEDICAL CTR, BRONZ NY 1999  
 Residency and Year UNIVERSITY OF TEXAS, DALLAS TX 2002  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 8315  
 License Date 5/9/1990  
 Name **LALLY, TERRI L MD**  
 Address DOVER PEDIATRICS, 17 OLD ROLLINSFORD RD SUITE 5DOVER, NH, 03820  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation CORNELL UNIV MED COLL - NY, NY USA 1987  
 Internship and Year YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1988  
 Residency and Year YALE-NEWHAVEN MEDICAL CENTER - NEW HAVEN, CT 1990  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	4633
License Date	11/16/1970
Name	<b>LALLY, THOMAS E MD</b>
Address	15 LESNYK RD, GOFFSTOWN, NH, 03045
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIV OF VERMONT USA 1961
Internship and Year	GEORGE WASHINGTON UNIV HOSPITAL - WASHINGTON, DC 1962
Residency and Year	DARTMOUTH-HITCHCOCK AFFILIATED HOSPITAL - HANOVER, NH 1968
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	5580
License Date	8/12/1976
Name	<b>LAMANNA, JOSEPH P MD</b>
Address	4 STANTON CIRCLE, BOXFORD, MA, 01921
Specialty	IM
Board Certified	IM
School and Year of Graduation	ADELPHI UNIV NEW YORK USA 1967
Internship and Year	STATEN ISLAND HOSPITAL 1972
Residency and Year	GOOD SAMARITAN HOSPITAL PHOENIX 1973
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16374
License Date	11/6/2013
Name	<b>LAMB, ASHLEY K MD</b>
Address	EPPING REGIONAL HEALTH CTR, 212 CALEF HWYEPING, NH, 03042
Specialty	IM
Board Certified	
School and Year of Graduation	UNIVERSITY OF NC @ CHAPEL HILL SCHOOL OF MEDICINE USA 2007
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2008
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15447
License Date	11/2/2011
Name	<b>LAMBA, SHILPA MD</b>
Address	MANCHESTER UROLOGY ASSOC, 10 MEMBERS WAY STE 402DOVER, NH, 03820
Specialty	U
Board Certified	
School and Year of Graduation	BAYLOR COLLEGE OF MEDICINE USA 2005
Internship and Year	UMDNJ/ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK, NJ 2006
Residency and Year	UMDNJ/ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK, NJ 2010
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16831
License Date	11/6/2014
Name	<b>LAMBE, JENNIFER S MD</b>
Address	STRATADX, ONE CRANBERRY HILL #303LEXINGTON, MA, 02420
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSITY OF CONNECTICUT SCHOOL OF MED USA 2004
Internship and Year	MONTEFIORE MEDICAL CENTER - BRONX, NY 2005
Residency and Year	NEW YORK & PRESBYTERIAN HOSPITAL-COLUMBIA CAMPUS - NY, NY 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8395
License Date	7/11/1990
Name	<b>LAMBERT, BRYCE D MD</b>
Address	CONCORD EMERGENCY MED ASSOC PA, 250 PLEASANT STCONCORD, NH, 03301-
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF IL COLL OF MED -CHICAGO,IL USA 1987
Internship and Year	UNIV IL MET GROUP HOSP-CHICAGO,IL 1988
Residency and Year	UNIV IL MET GROUP HOSP-CHICAGO,IL 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10091
License Date	8/6/1997
Name	<b>LAMBERT, DONALD H MD</b>
Address	ANESTHESIA ASSOC OF MA, 690 CANTON STWESTWOOD, MA, 02090
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV OF VT COLL OF MED - BURLINGTON, VT USA 1978
Internship and Year	FLETCHER ALLEN HEALTH CARE - VT 1979
Residency and Year	NEW ENGLAND DEACONESS HOSPITAL - MA 1995
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	10719
License Date	10/6/1999
Name	<b>LAMBERT, LAURA A MD</b>
Address	DARTMOUTH HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	GS
Board Certified	
School and Year of Graduation	HARVARD MEDICAL SCHOOL BOSTON MA USA 1996
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CTR 1997
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER 1998
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number 14166  
 License Date 9/3/2008  
 Name **LAMBERT, LISA A MD**  
 Address 11 DOUGLAS RIDGE, NORWICH, VT, 05055  
 Specialty P  
 Board Certified P  
 School and Year of Graduation LOYOLA UNIV USA 2000  
 Internship and Year BROWN UNIV BUTLER HOSPITAL - PROVIDENCE, RI 2002  
 Residency and Year BROWN UNIV BUTLER HOSPITAL - PROVIDENCE, RI 2004  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 4080  
 License Date 6/7/1967  
 Name **LAMBERT, RENE J MD**  
 Address MANCHESTER COUSELING CENTER, 445 CYPRESS ST STE 8MANCHESTER, NH, 03103`  
 Specialty P  
 Board Certified  
 School and Year of Graduation LAVEL UNIV CANADA 1962  
 Internship and Year ST SACREMENT HOSPITAL - QUEBEC, CANADA 1962  
 Residency and Year TRAVERSE CITY STATE HOSPITAL - TRAVERSE CITY, MI 1967  
 License Expiration Date **4/30/2010**  
 Remarks **Deceased 4/30/10**

License Number 8694  
 License Date 4/1/1992  
 Name **LAMBERT, ROBERT A MD**  
 Address REGIONAL MEDICAL PRACTICE, 1095 COMMONS AVECORTLAND, NY, 13045  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation UNIVERSITY OF VIRGINIA USA 1985  
 Internship and Year UNIVERSITY HOSPITAL SUNY STONY BROOK STONY BROOK - NEW YORK 1986  
 Residency and Year UNIVERSITY HOSPITAL SUNY STONY BROOK STONY BROOK - NEW YORK 1992  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 7727  
 License Date 10/7/1987  
 Name **LAMBERT, VINCENT MD**  
 Address , , ,  
 Specialty P  
 Board Certified  
 School and Year of Graduation  
 Internship and Year  
 Residency and Year  
 License Expiration Date **6/30/1991**  
 Remarks **6/7/94 - Settlement Agreement. Voluntary surrender of license in lieu of disciplinary action based on allegations of unprofessional conduct.**

License Number 6532  
 License Date 5/6/1982  
 Name **LAMBRUKOS, JOHN H MD**  
 Address PO BOX 10191, CONCORD, NH, 03301-0191  
 Specialty ORS  
 Board Certified  
 School and Year of Graduation DARTMOUTH MED SCH-HANOVER,NH USA 1977  
 Internship and Year ALBANY MED CTR HOSP-ALBANY,NY 1978  
 Residency and Year ALBANY MED CTR HOSP-ALBANY,NY 1982  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 6647  
 License Date 1/6/1983  
 Name **LAMHUT, JEROLD J MD**  
 Address 33 LINDSAY LN, READING, MA, 01867-  
 Specialty GP  
 Board Certified  
 School and Year of Graduation VRIJE UNIV BRUSSEL BELGIUM 1978  
 Internship and Year BOSTON CITY HOSP-BOSTON,MA 1980  
 Residency and Year MALDEN HOSPITAL-MALDEN,MA 1981  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11630  
 License Date 6/5/2002  
 Name **LAMM, EVERETT J MD**  
 Address EXETER PEDIATRIC ASSOC, 9 BUZELL AVEEXETER, NH, 03833  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIV OF VERMONT - BURLINGTON, VT USA 1999  
 Internship and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2000  
 Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2002  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 6348  
 License Date 3/5/1981  
 Name **LAMMERS, KEITH A MD**  
 Address ELLIOT FAMILY MEDICINE @AMHERS, 199 RT 101AMHERST, NH, 03031  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF COL SCH OF MED-DINVER,CO USA 1976  
 Internship and Year UNIV OF COLO MED CTR-DENVER,CO 1977  
 Residency and Year UNIV OF COLO MED CTR-DENVER,CO 1979  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 7685  
 License Date 8/5/1987  
 Name **LAMPERT, RICHARD P MD**  
 Address 32 YORK ST, YORK, ME, 03909-1006  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIV OF VERMONT COLL MED - BURLINGTON, VT USA 1974  
 Internship and Year SHANDS HOSPITAL CLINIC- GAINESVILLE, FL 1975  
 Residency and Year SHANDS HOSPITAL CLINIC- GAINESVILLE, FL 1976  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 2724  
 License Date 1/31/1949  
 Name **LAMPESIS, PETER T MD**  
 Address 240 ROLLINS RD, ROLLINSFORD, NH, 03869-  
 Specialty FP  
 Board Certified  
 School and Year of Graduation MC GILL UNIVERSITY - MONTREAL CANADA 1943  
 Internship and Year ROYAL VICTORIA HOSPITAL - MONTREAL 1944  
 Residency and Year FRENCH HOSPITAL - NY CITY 1949  
 License Expiration Date **6/30/2005**  
 Remarks **DECEASED 09/05/2007**

License Number 5568  
 License Date 7/28/1976  
 Name **LAMPHERE, GARY W MD**  
 Address 17 GREENLEAF DR, EXETER, NH, 03833  
 Specialty EM  
 Board Certified  
 School and Year of Graduation UNIV OF ROCHESTER SCHOOL OF MED AND DENTISTRY USA 1971  
 Internship and Year RUSH PRISBY-ST LUKES HOSPITAL 1976  
 Residency and Year RUSH PRISBY - ST LUKES HOSPITAL 1976  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9347  
 License Date 1/11/1995  
 Name **LAMPHIER, JONATHAN B MD**  
 Address 6 DOCTORS CIRCLE, SUITE 5, SUPPLY, NC, 28462  
 Specialty GE  
 Board Certified GE  
 School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1991  
 Internship and Year JAMES A HALEY VETERANS HOSPITAL - TAMPA FL 1994  
 Residency and Year JAMES A HALEY VETERANS HOSPITAL - TAMPA FL 1994  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	3060
License Date	3/9/1955
Name	<b>LAMPHIER, TIMOTHY A MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1975</b>
Remarks	

License Number	11027
License Date	8/2/2000
Name	<b>LAMPROS, ELENA M MD</b>
Address	211 LINWOOD ST, LYNN, MA, 01905
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF MASS MED SCH - WORCESTER, MA USA 1995
Internship and Year	LAHEY CLINIC - BURLINGTON, MA 1999
Residency and Year	LAHEY CLINIC - BURLINGTON, MA 2000
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	16454
License Date	1/8/2014
Name	<b>LAMURAGLIA, GLENN M MD</b>
Address	15 PARKMAN ST, WACC 4-440BOSTON, MA, 02116
Specialty	GS
Board Certified	GS
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 1979
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1980
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9222
License Date	7/6/1994
Name	<b>LAMY JR, FRANCIS R DO</b>
Address	NUTFIELD OPHTHALMOLOGY, 3 ORCHARD VIEW DR LONDONDERRY, NH, 03053
Specialty	OPH
Board Certified	
School and Year of Graduation	PHILADELPHIA COLLEGE OF OSTEO MEDICINE USA 1990
Internship and Year	SINAI HOSPITAL - DETROIT MI 1994
Residency and Year	SINAI HOSPITAL - DETROIT MI 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16119
License Date	5/1/2013
Name	<b>LANCASTER, ROBERT T MD</b>
Address	FOUNDATION VASCULAR SURGERY, 8 PROSPECT STREET NASHUA, NH, 03060
Specialty	GS
Board Certified	
School and Year of Graduation	EMORY UNIVERSITY SCHOOL OF MEDICINE USA 2003
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2004
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15448
License Date	11/2/2011
Name	<b>LANCE, JASON N MD</b>
Address	MEDICAL IMAGING ASSOC, 2265 EAST SUNNYSIDE RD IDAHO FALLS, ID, 83404
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF SOUTHERN CALIFORNIA USA 2003
Internship and Year	CHRIST HOSPITAL - CINCINNATI, OH 2004
Residency and Year	UNIVERSITY OF CINCINNATI MEDICAL CENTER - CINCINNATI, OH 2005
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	2725
License Date	1/31/1949
Name	<b>LAND, WILLIAM MD</b>
Address	25 MASON DR, SALEM, NH, 03079-
Specialty	GP
Board Certified	
School and Year of Graduation	BOSTON UNIVERSITY USA 1945
Internship and Year	ST ELIZABETHS HOSPITAL - WASHINGTON, DC 1946
Residency and Year	ST ELIZABETHS HOSPITAL - WASHINGTON, DC 1946
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	9520
License Date	8/2/1995
Name	<b>LANDAY, NANCY C MD</b>
Address	ANDOVER SURGICAL ASSOCIATES, 140 HAVERHILL STANDOVER, MA, 01810-1504
Specialty	GS
Board Certified	GS
School and Year of Graduation	WASHINGTON UNIVERSITY SCHOOL OF MEDICINE USA 1989
Internship and Year	BETH ISRAEL HOSPITAL - BOSTON MA 1994
Residency and Year	BETH ISRAEL HOSPITAL - BOSTON MA 1994
License Expiration Date	<b>6/30/2013</b>
Remarks	



License Number	11568
License Date	4/3/2002
Name	<b>LANDES, ANDREW B MD</b>
Address	SPECTRUM MED GROUP, 324 GANNETT DR STE 200SOUTH PORTLAND, ME, 04106
Specialty	R
Board Certified	R
School and Year of Graduation	WASHINGTON UNIV - ST LOUIS, MO USA 1988
Internship and Year	MALLINCKRODT INSTITUTE OF RADIOLOGY- ST LOUIS, MO 1989
Residency and Year	MALLINCKRODT INSTITUTE OF RADIOLOGY- ST LOUIS, MO 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16279
License Date	8/7/2013
Name	<b>LANDES, FRED MD</b>
Address	14 GASTON DR, PITTSFIELD, MA, 01201
Specialty	
Board Certified	EM
School and Year of Graduation	NEW YORK MEDICAL COLLEGE USA 1981
Internship and Year	ST VINCENTS HOSPITAL & MEDICAL CENTER OF NY - NEW YORK, NY 1982
Residency and Year	LINCOLN MEDICAL & MENTAL HEALTH CENTER - BRONX, NY 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8990
License Date	7/7/1993
Name	<b>LANDIS, ERIC S MD</b>
Address	SOUTHERN NH RADIOLOGY, 703 RIVERWAY PLACEBEDFORD, NH, 03110
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF CT SCHOOL OF MEDICINE USA 1988
Internship and Year	HARTFORD HOSPITAL - HARTFORD CT 1989
Residency and Year	UNIVERSITY HEALTH CENTER OF PITTSBURGH - PITTSBURGH PA 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9761
License Date	6/5/1996
Name	<b>LANDIS, LOREN A MD</b>
Address	167 MAIN ST STE 103, PO BOX 366BRATTLEBORO, VT, 05302
Specialty	P
Board Certified	
School and Year of Graduation	OHIO STATE UNIV COLL OF MED - COLUMBUS, OH USA 1977
Internship and Year	FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1978
Residency and Year	FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1981
License Expiration Date	<b>9/22/2000</b>
Remarks	<b>9/8/00 - ORDER FOR SUSPENSION OF MEDICAL LICENSE EFFECTIVE 9/22/00. LICENSE SUSPENDED 4:00 PM 9/22/00</b>

License Number 10588  
 License Date 6/2/1999  
 Name **LANDMAN, MICHAEL J MD**  
 Address 25 MARSTON STREET, STE 403LAWRENCE, MA, 01841  
 Specialty NEP  
 Board Certified IM  
 School and Year of Graduation UNIV OF MASS MED SCH - WORCESTER, MA USA 1994  
 Internship and Year UNIV OF NORTH CAROLINA SCH - CHAPEL HILL, NC 1997  
 Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1998  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10092  
 License Date 8/6/1997  
 Name **LANDOW, STEPHEN S MD**  
 Address 15 NOVELTY LN, ESSEX, CT, 06426  
 Specialty P  
 Board Certified  
 School and Year of Graduation MED FAK DER UNIV HEIDELBERG BADEN WURTTENBERG 1966  
 Internship and Year KINGS COUNTY HOSPITAL CENTER-NY 1971  
 Residency and Year KINGS COUNTY HOSPITAL CENTER - NY 1971  
 License Expiration Date **6/30/2000**  
 Remarks

License Number 10809  
 License Date 1/5/2000  
 Name **LANDRY, SCOTT H MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03766  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation LOUISIANA STATE UNIV - NEW ORLEANS, LA USA 1996  
 Internship and Year WAKE FOREST UNIV BAPTIST MEDICAL CENTER - WINSTON-SALEM, NC 1997  
 Residency and Year WAKE FOREST UNIV BAPTIST MEDICAL CENTER - WINSTON-SALEM, NC 1999  
 License Expiration Date **6/30/2002**  
 Remarks

License Number 11000  
 License Date 7/5/2000  
 Name **LANDSBERG, DAVID M MD**  
 Address CRITICAL CARE ASSOCIATES, 736 IRVING AVESYRACUSE, NY, 13210  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation SABA UNIV SCH OF MED - SABA NETHERLANDS NETHERLANDS 1998  
 Internship and Year ENGLEWOOD HOSPITAL MEDICAL CENTER - ENGLEWOOD, NJ 1999  
 Residency and Year ENGLEWOOD HOSPITAL MEDICAL CENTER - ENGLEWOOD, NJ 2000  
 License Expiration Date **6/30/2004**  
 Remarks

License Number	7524
License Date	3/4/1987
Name	<b>LANDT, KYLE W MD</b>
Address	5 WING RD, EPSOM, NH, 03234
Specialty	PDE
Board Certified	PDE
School and Year of Graduation	NORTHWESTERN UNIV MED SCH - CHICAGO, IL USA 1978
Internship and Year	CHILDRENS HOSPITAL MEDICAL CENTER - CINCINNATI, OH 1981
Residency and Year	CHILDRENS HOSPITAL MEDICAL CENTER - CINCINNATI, OH 1981
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	3106
License Date	9/14/1955
Name	<b>LANE JR, FRANK W MD</b>
Address	983 JOHN ANDERSON DR, ORMOND BEACH, FL, 32176-4176
Specialty	R
Board Certified	R
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 1950
Internship and Year	BOSTON CITY HOSPITAL - BOSTON, MA 1951
Residency and Year	MARY HITCHCOCK MEMORIAL HOSPITAL 1955
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	11252
License Date	5/2/2001
Name	<b>LANE, LEO W DO</b>
Address	421 MERRIMACK ST STE 201, METHUEN, MA, 01844
Specialty	IM
Board Certified	IM
School and Year of Graduation	U OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MEDICINE USA 1996
Internship and Year	ST VINCENT HOSPITAL - WORCESTER MA 1997
Residency and Year	ST VINCENT HOSPITAL - WORCESTER MA 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12389
License Date	7/7/2004
Name	<b>LANE, MICHAEL D MD</b>
Address	11 WHITEHALL ROW, ROCHESTER, NH, 03867
Specialty	AN
Board Certified	AN
School and Year of Graduation	BOSTON UNIVERSITY, BOSTON MA US 1989
Internship and Year	NAVAL MEDICAL CTR, SAN DIEGO CA 1990
Residency and Year	NAVAL MEDICAL CTR, SAN DIEGO CA 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11215
License Date	4/4/2001
Name	<b>LANE, RICHARD A MD</b>
Address	441 RIVER ST, PO BOX 830SPRINGFIELD, VT, 05156
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	ALBANY MEDICAL COLL- ALBANY, NY USA 1980
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1981
Residency and Year	MEDICAL UNIV OF SOUTH CAROLINA- CHARLESTON, SC 1984
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8089
License Date	5/10/1989
Name	<b>LANE, RONALD W MD</b>
Address	, , ,
Specialty	OTO
Board Certified	
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1984
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1997</b>
Remarks	

License Number	7618
License Date	6/3/1987
Name	<b>LANE, WENDY S MD</b>
Address	, , ,
Specialty	IM
Board Certified	
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1984
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1996</b>
Remarks	

License Number	6253
License Date	7/9/1980
Name	<b>LANES, DOUGLAS M MD</b>
Address	5917 SW 37TH AVE, FORT LAUDERDALE, FL, 33312
Specialty	P
Board Certified	P
School and Year of Graduation	HAHNEMANN MEDICAL COLLEGE OF PHILA, PA USA 1970
Internship and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1971
Residency and Year	HAHNEMANN MEDICAL COLLEGE HOSPITAL - PHILA, PA 1976
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number 8335  
 License Date 5/9/1990  
 Name LANES, TERRY L MD  
 Address , , ,  
 Specialty FP  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF WASHINGTON USA 1972  
 Internship and Year  
 Residency and Year  
 License Expiration Date 6/30/1992  
 Remarks

License Number 13750  
 License Date 11/7/2007  
 Name LANESE, DONALD D DO  
 Address SPECTRUM RADIOLOGY, INC, 155 W MAIN ST, STE 1904COLUMBUS, OH, 43215  
 Specialty R  
 Board Certified  
 School and Year of Graduation KIRKSVILLE COLLEGE USA 1964  
 Internship and Year OUCOM/CUYAHOGA FALLS GENERAL HOSPITAL - CUYAHOGA FALLS, OH 1965  
 Residency and Year OUCOM/CUYAHOGA FALLS GENERAL HOSPITAL - CUYAHOGA FALLS, OH 1969  
 License Expiration Date 6/30/2011  
 Remarks

License Number 13406  
 License Date 2/7/2007  
 Name LANG, BIANCA J MD  
 Address SLEEP DISORDERS CENTER, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation DALHOUSIE UNIV CANADA 1997  
 Internship and Year UNIV OF OTTAWA-OTTAWA, ONTARIO CANADA 1998  
 Residency and Year UNIV OF OTTAWA-OTTAWA, ONTARIO CANADA 2000  
 License Expiration Date 6/30/2017  
 Remarks

License Number 11133  
 License Date 12/6/2000  
 Name LANG, JEROME P MD  
 Address PO BOX 430, SOMERSWORTH, NH, 03878-0430  
 Specialty FP  
 Board Certified  
 School and Year of Graduation CASE WESTERN RESERVE UNIV SCH - CLEVELAND, OH USA 1982  
 Internship and Year INLAND EMPIRE HOSPITAL - SPOKANE, WA 1983  
 Residency and Year VALLEY MEDICAL CENTER - RENTON, WA 1987  
 License Expiration Date 6/30/2016  
 Remarks

License Number	13112
License Date	6/7/2006
Name	<b>LANG, KENNETH C MD</b>
Address	COOS COUNTY FAMILY HEALTH SRVC, 2 BROADWAY STGORHAM, NH, 03581
Specialty	FP
Board Certified	FP
School and Year of Graduation	OHIO STATE UNIV USA 1970
Internship and Year	MT CARMEL HEALTH SYSTEM-COLUMBUS OH 1971
Residency and Year	UNIV OF TEXAS MED CTR @ SAN ANTONIO, SAN ANTONIO, TX 1974
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13909
License Date	4/2/2008
Name	<b>LANGBURD, ALAN B MD</b>
Address	CENTRAL MAINE HEART & VAS INST, 60 HIGH STLEWISTON, ME, 04240
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIV NEW YORK USA 1980
Internship and Year	EMORY UNIV SCHOOL OF MEDICINE - ATLANTA, GA 1981
Residency and Year	EMORY UNIV SCHOOL OF MEDICINE - ATLANTA, GA 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9521
License Date	8/2/1995
Name	<b>LANGDON, DAVID R MD</b>
Address	MERCY HOSP-RADIOLOGY, 144 STATE STPORTLAND, ME, 04101
Specialty	DR
Board Certified	DR
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1991
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1992
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7088
License Date	5/2/1985
Name	<b>LANGE, ERWIN MD</b>
Address	NORTH COUNTRY HOSPITAL, 189 PROUTY DRNEWPORT, VT, 05855
Specialty	EM
Board Certified	FP
School and Year of Graduation	BROWN UNIVERSITY-PROVIDENCE, RI USA 1978
Internship and Year	ST JOSEPHS HOSPITAL HLTH CENTER-SYRACUSE, NY 1979
Residency and Year	ST JOSEPHS HOSPITAL HLTH CENTER-SYRACUSE, NY 1981
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/13/15.</b>

License Number 13593  
 License Date 7/11/2007  
 Name **LANGEVIN, JEAN MD**  
 Address 202-300 COLUMBIA ST, KAMLOOPS BCCANADA, , V2C 6L1  
 Specialty ORS  
 Board Certified  
 School and Year of Graduation UNIV OF MONTREAL CANADA 1994  
 Internship and Year UNIV OF MONTREAL-MONTREAL, QUEBEC CANADA 1995  
 Residency and Year UNIV OF MONTREAL-MONTREAL, QUEBEC CANADA 1999  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 3128  
 License Date 7/6/1956  
 Name **LANGLOIS, ALFRED E MD**  
 Address 426 CRESTVIEW CIR, MANCHESTER, NH, 03104  
 Specialty GS  
 Board Certified  
 School and Year of Graduation TUFTS COLLEGE MEDICAL SCHOOL USA 1948  
 Internship and Year THE MERCY HOSPITAL SPRINGFIELD - MASSACHUSETTS 1949  
 Residency and Year WORCESTER CITY HOSPITAL WORCESTER - MASSACHUSETTS 1956  
 License Expiration Date **6/30/2000**  
 Remarks **DECEASED 1/14/2009**

License Number 10487  
 License Date 1/6/1999  
 Name **LANGSTON, ROBERT H MD**  
 Address 23 STILES RD STE 210, SALEM, NH, 03079  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIV OF SO ALABAMA COLL OF MED - MOBILE, AL USA 1977  
 Internship and Year LOS ANGELES COUNTY - USC MEDICAL CENTER- LOS ANGELES, CA 1978  
 Residency and Year LOS ANGELES COUNTY - USC MEDICAL CENTER - LOS ANGELES, CA 1980  
 License Expiration Date **6/30/2001**  
 Remarks **Deceased 11/23/2012**

License Number 16229  
 License Date 7/3/2013  
 Name **LANGSTRAAT, CARRIE L MD**  
 Address MAYO CLINIC, 200 1ST ST SW ROCHESTER, MN, 55905  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIVERSITY OF MINNESOTA MEDICAL SCHOOL USA 2003  
 Internship and Year UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE - GAINESVILLE, FL 2004  
 Residency and Year UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE - GAINESVILLE, FL 2007  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	7124
License Date	6/6/1985
Name	<b>LANGWEILER, CLIFFORD B MD</b>
Address	VALLEY REGIONAL HOSPITAL, 243 ELM STREETCLAREMONT, NH, 03743
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF VIRGINIA USA 1980
Internship and Year	EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1981
Residency and Year	EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>LAPSED FOR NON-RENEWAL 6/30/97...REINSTATED 2/4/09</b>

License Number	15884
License Date	10/3/2012
Name	<b>LANIER, DEREK MD</b>
Address	8450 BROWER LAKE RD NE, ROCKFORD, MI, 49341
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF MICHIGAN MEDICAL SCHOOL USA 1991
Internship and Year	HENRY FORD HOSPITAL - DETROIT, MI 1991
Residency and Year	HENRY FORD HOSPITAL - DETROIT, MI 1993
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	13973
License Date	5/7/2008
Name	<b>LANIER, MELANIE E DO</b>
Address	EXETER INTERNAL MEDICINE, 21 HAMPTON RD BLDG 3EXETER, NH, 03833
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF NEW ENGLAND USA 2003
Internship and Year	PROVIDENCE ST VINCENT HOSPITAL & MEDICAL CENTER - PORTLAND, OR 2004
Residency and Year	PROVIDENCE ST VINCENT HOSPITAL & MEDICAL CENTER - PORTLAND, OR 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14687
License Date	12/2/2009
Name	<b>LANIEWSKI, MARY JO A DO</b>
Address	STEPHENS MEMORIAL, 181 MAIN STREETNORWAY, ME, 04268
Specialty	EM
Board Certified	EM
School and Year of Graduation	PHILADELPHIA COLLEGE USA 1992
Internship and Year	MERCY SUBURBAN HOSPITAL - NORRISTOWN, PA 1993
Residency and Year	GEISINGER MEDICAL CENTER - DANVILLE, PA 1994
License Expiration Date	<b>6/30/2013</b>
Remarks	



License Number	6696
License Date	5/5/1983
Name	<b>LANKENNER JR, PETER A MD</b>
Address	, , ,
Specialty	ORS
Board Certified	
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1977
Internship and Year	
Residency and Year	
License Expiration Date	<b>4/8/1986</b>
Remarks	<b>DECEASED 8/4/86</b>

License Number	3389
License Date	9/16/1960
Name	<b>LANNI, JOHN P MD</b>
Address	, BOX 775YORK, ME, 03909
Specialty	U
Board Certified	U
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1951
Internship and Year	NEW ENGLAND CENTER- BOSTON, MA 1952
Residency and Year	NEW ENGLAND CENTER 1954
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	8443
License Date	10/10/1990
Name	<b>LANNI, JOSEPH A MD</b>
Address	HEALTH SOUTH, 256 PLEASANT STCONCORD, NH, 03301
Specialty	PM
Board Certified	PM
School and Year of Graduation	UNIV CENTRAL DEL ESTE SAN PEDRO DE MACORIS DOMINICAN REPUBLIC 1981
Internship and Year	NY MEDICAL COLL HOSPITAL - NY, NY 1982
Residency and Year	LINCOLN MEDICAL MENTAL HEALTH CENTER - BRONX, NY 1984
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	15194
License Date	4/6/2011
Name	<b>LANNON, BENJAMIN M MD</b>
Address	BOSTON IVF, 778 MAIN ST SUITE 2SO PORTLAND, ME, 04106
Specialty	OBG
Board Certified	REN
School and Year of Graduation	THE WARREN ALPERT MEDICAL SCHOOL USA 2003
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2004
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5637
License Date	10/13/1976
Name	<b>LANNON, MICHAEL J MD</b>
Address	139A SOUTH ST, PORTSMOUTH, NH, 03801
Specialty	FP
Board Certified	
School and Year of Graduation	UNIV OF WITWATERSRAND UNITED KINGDOM 1969
Internship and Year	JOHANNESBURG HOSPITAL S AFRICA 1971
Residency and Year	SHOREHAM HOSPITAL SUSSEX /ST JOHNS HOSPITAL CHELMSFORD 1971
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	8059
License Date	3/29/1989
Name	<b>LANOCHA, KARL I MD</b>
Address	TMS CENTER OF NEW ENGLAND, 231 CORPORATE DRPORTSMOUTH, NH, 03801
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF MD SCH OF MED BALTIMORE MD USA 1982
Internship and Year	SHEPPARD & ENOCH PRATT HOSP TOWSON MD 1982
Residency and Year	SHEPPARD & ENOCH PRATT HOSP TOWSON MD 1986
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	10560
License Date	5/5/1999
Name	<b>LANOUE, MARK Z MD</b>
Address	SEACOAST RADIOLOGY, 383 CENTRAL AVE STE 313DOVER, NH, 03820
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF VERMONT COLL - BURLINGTON, VT USA 1993
Internship and Year	FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1994
Residency and Year	FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14513
License Date	7/1/2009
Name	<b>LANSIGAN, FREDERICK MD</b>
Address	DHMC/HEM/ONC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	HO
Board Certified	IM
School and Year of Graduation	STATE UNIVERSITY OF NEW YORK USA 2002
Internship and Year	MONTEFIORE MEDICAL CENTER - BRONX, NY 2003
Residency and Year	MONTEFIORE MEDICAL CENTER - BRONX, NY 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11664
License Date	7/3/2002
Name	<b>LANTER, PATRICIA L MD</b>
Address	DHMC - EMERGENCY MEDICINE, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	EM
Board Certified	EM
School and Year of Graduation	VIRGINIA COMMONWEALTH UNIV - RICHMOND, VA USA 1991
Internship and Year	MEDICAL COLLEGE OF VIRGINIA - RICHMOND, VA 1992
Residency and Year	MEDICAL COLLEGE OF VIRGINIA - RICHMOND, VA 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6927
License Date	7/5/1984
Name	<b>LANTINEN JR, ALBERT J MD</b>
Address	155 GRIFFIN RD, PORTSMOUTH, NH, 03801-4174
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	BOSTON UNIV SCH MED-BOSTON,MA USA 1972
Internship and Year	RIVERSIDE METHODIST HSOP-COLUMBUS,OH 1973
Residency and Year	RIVERSIDE METHODIST HOSP-COLUMBUS,OH 1976
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	15195
License Date	4/6/2011
Name	<b>LANTZ, GEORGE B DO</b>
Address	INTERVENTIONAL SPINE MEDICINE, 944 CALEF HWYBARRINGTON, NH, 03825
Specialty	AN
Board Certified	AN
School and Year of Graduation	MIDWESTERN UNIVERSITY USA 2000
Internship and Year	ADVOCATE ILLINOIS MASONIC MEDICAL CENTER - CHICAGO, IL 2001
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	3613
License Date	5/8/1963
Name	<b>LANZER, ROBERT C MD</b>
Address	, PO BOX 173MELVIN VILLAGE, NH, 03743
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF CINCINNATI - CINCINNATI, OH USA 1955
Internship and Year	CINCINNATI GENERAL HOSPITAL - CINCINNATI, OH 1956
Residency and Year	UNIVERSITY HOSPITAL - MADISON, WI 1960
License Expiration Date	<b>6/30/1998</b>
Remarks	<b>DECEASED 1/28/2015</b>

License Number 5529  
 License Date 6/14/1976  
 Name **LANZETTA, PATRICK W MD**  
 Address FRISBIE MEMORIAL HOSP, 11 WHITEHALL RD ROCHESTER, NH, 03867  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIVERSITY OF MONTPELLIER-MONTPELLIER FRANCE FRANCE 1974  
 Internship and Year LONG ISLAND COLLEGE-BROOKLYN NY 1974  
 Residency and Year LONG ISLAND COLLEGE-BROOKLYN NY 1976  
 License Expiration Date **6/30/2016**  
 Remarks **2/11/98 - SETTLEMENT AGREEMENT**

License Number 16832  
 License Date 11/6/2014  
 Name **LAPADULA, JOHN V DO**  
 Address 115 PAYNE WHITNEY LN, MANHASSET, NY, 11030  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE USA 2007  
 Internship and Year NASSAU UNIVERSITY MEDICAL CENTER - EAST MEADOW, NY 2010  
 Residency and Year SOUTHAMPTON HOSPITAL - SOUTHAMPTON, NY 2013  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11873  
 License Date 4/2/2003  
 Name **LAPETINA, GRACIANA MD**  
 Address , 15 WEST 12TH ST STE 1C NEW YORK, NY, 10011  
 Specialty P  
 Board Certified P  
 School and Year of Graduation NEW YORK UNIV - NEW YORK, NY USA 1999  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2002  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 13216  
 License Date 8/2/2006  
 Name **LAPLACA, THOMAS J MD**  
 Address MID-VERMONT ANESTHESIA, 297 WYNNRIDGE DR RUTLAND, VT, 05701  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation UNIV OF VERMONT USA 1974  
 Internship and Year UNIV OF MASSACHUSETTS MEDICAL CTR-WORCESTER, MA 1975  
 Residency and Year UNIV OF MASSACHUSETTS MEDICAL CTR- WORCESTER, MA 1977  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 5581  
 License Date 8/12/1976  
 Name **LAPORTE, THOMAS A MD**  
 Address , , ,  
 Specialty FP  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF REPUBLIC URUGUAY URUGUAY 1972  
 Internship and Year  
 Residency and Year  
 License Expiration Date **12/17/1989**  
 Remarks **DECEASED 12/17/89**

License Number 12168  
 License Date 12/3/2003  
 Name **LAPP, MARK A MD**  
 Address ORTHOPAEDIC SURGICAL ASSOCIATE, 14 RESEARCH PLACENORTH CHELMSFORD, MA, 01863  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation STATE UNIVERSITY OF NY, STONY BROOK NY US 1993  
 Internship and Year NEW ENGLAND MED CTR, BOSTON MA 1994  
 Residency and Year NEW ENGLAND MED CTR, BOSTON MA 1998  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15582  
 License Date 3/7/2012  
 Name **LAQUER, MATTHEW T MD**  
 Address PRH HOSPITALISTS LLC, 333 BORTHWICK AVEPORTSMOUTH, NH, 03801  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2007  
 Internship and Year WALTER REED ARMY MEDICAL CENTER - BETHESDA, MD 2008  
 Residency and Year WALTER REED ARMY MEDICAL CENTER - BETHESDA, MD 2011  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11631  
 License Date 6/5/2002  
 Name **LARACY JR, RICHARD J DO**  
 Address SACO RIVER MEDICAL GROUP, 7 GREENWOOD STCONWAY, NH, 03818  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation PHILADELPHIA COLL - PHILADELPHIA, PA USA 1995  
 Internship and Year NAVAL MEDICAL CENTER - SAN DIEGO, CA 1996  
 Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2000  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 5186  
 License Date 6/10/1974  
 Name **LARAIA, PAUL J MD**  
 Address 217 FRANKLIN RD, SALISBURY, NH, 03268  
 Specialty CD  
 Board Certified CD  
 School and Year of Graduation TUFTS MEDICAL SCHOOL USA 1962  
 Internship and Year VA HOSPITAL, BOSTON MA 1966  
 Residency and Year HARVARD MEDICAL SCHOOL, CAMBRIDGE MA 1968  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9419  
 License Date 5/3/1995  
 Name **LARAMEE, RACHEL C MD**  
 Address DOVER PEDIATRICS, 17 OLD ROLLINSFORD RD SUITE 5DOVER, NH, 03820-  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation PENN STATE UNIVERSITY USA 1992  
 Internship and Year UNIV OF NORTH CAROLINA - CHAPEL HILL, NC 1995  
 Residency and Year UNIV OF NORTH CAROLINA- CHAPEL HILL, NC 1995  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12169  
 License Date 12/3/2003  
 Name **LARIMER, ALAN M MD**  
 Address 560 QUEENS DR S, NEWARK, OH, 43055  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation DUKE UNIVERSITY, DURHAM NC US 1964  
 Internship and Year PHILADELPHIA GENERAL HOSPITAL, PHILADELPHIA PA 1965  
 Residency and Year TEMPLE UNIVERSITY, PHILADELPHIA PA 1973  
 License Expiration Date **6/30/2009**  
 Remarks **LAPSED FOR NON-RENEWAL 6/30/05..REINSTATED 6/6/07**

License Number 3942  
 License Date 9/13/1966  
 Name **LARIVIERE, EUGENE W MD**  
 Address 20 FAIRWAY DR, PO BOX 1734GRANTHAM, NH, 03753  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL UNIV OF ROCHESTER, NY USA 1965  
 Internship and Year NORTH CAROLINA MEMORIAL HOSPITAL - CHAPEL HILL, NC 1966  
 Residency and Year NORTH CAROLINA MEMORIAL HOSPITAL - CHAPEL HILL , NC 1966  
 License Expiration Date **6/30/2014**  
 Remarks

License Number	13255
License Date	9/6/2006
Name	<b>LARKIN, KENDRA L MD</b>
Address	580 COURT ST, KEENE, NH, 03431
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF NEW JERSEY USA 1997
Internship and Year	US NAVAL MEDICAL CTR-SAN DIEGO CA 1998
Residency and Year	COOK COUNTY HOSPITAL 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11001
License Date	7/5/2000
Name	<b>LARKIN, ROBERT J MD</b>
Address	WEBSTER ST INTERNAL MEDICINE, 57 WEBSTER STMANCHESTER, NH, 03104
Specialty	IM
Board Certified	IM
School and Year of Graduation	NEW YORK MED COLL- VALHALLA, NY USA 1997
Internship and Year	HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 1999
Residency and Year	HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15666
License Date	5/2/2012
Name	<b>LARKINS, MARK V MD</b>
Address	889 GRAND AVE, SUITE 102ST PAUL, MN, 55105
Specialty	NS
Board Certified	NS
School and Year of Graduation	CASE WESTERN RESERVE UNIVERSITY USA 1984
Internship and Year	CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 1985
Residency and Year	CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6303
License Date	10/2/1980
Name	<b>LARMON, STEVEN S MD</b>
Address	DARTMOUTH-HITCHCOCK KEENE, 590 COURT STKEENE, NH, 03431-1719
Specialty	HEM
Board Certified	HO
School and Year of Graduation	COLUMBIA UNIV COLL PHYSICIANS SURGEONS NY, NY USA 1978
Internship and Year	DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1979
Residency and Year	DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1980
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 6484  
 License Date 1/7/1982  
 Name **LARNEY, WILLIAM T MD**  
 Address 52 BROWNING AVE, NASHUA, NH, 03062  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation NEW YORK MED COLL-NEW YORK,NY USA 1974  
 Internship and Year MONTEFIORE HOSP-MED CTR-BRONX,NY 1975  
 Residency and Year CMDNJ RUTGERS MED SCH HOSP-PISCATAWAY,NJ 1977  
 License Expiration Date **6/30/2008**  
 Remarks **10/11/01 - SETTLEMENT AGREEMENT**

License Number 9929  
 License Date 2/5/1997  
 Name **LAROCHELLE JR, FREDERICK T MD**  
 Address ROCHESTER HILL FAMILY PRACTICE, 5 WHITEHALL RD ROCHESTER, NH, 03867  
 Specialty EM  
 Board Certified FP  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1986  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - HANOVER, NH 1987  
 Residency and Year KENNEBEC VALLEY MEDICAL CENTER - ME 1990  
 License Expiration Date **6/30/1998**  
 Remarks

License Number 17066  
 License Date 5/6/2015  
 Name **LAROCHELLE, NICHOLAS A MD**  
 Address 300 HEINZ ST APT C419, PITTSBURGH, PA, 15212  
 Specialty EM  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 2012  
 Internship and Year UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE - PITTSBURGH, PA 2013  
 Residency and Year UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE - PITTSBURGH, PA 2015  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 17067  
 License Date 5/6/2015  
 Name **LAROCHELLE, ZEA L MD**  
 Address 300 HEINZ ST APT C419, PITTSBURGH, PA, 15212  
 Specialty EM  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF VERMONT USA 2012  
 Internship and Year UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE - PITTSBURGH, PA 2013  
 Residency and Year UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE - PITTSBURGH, PA 2015  
 License Expiration Date **6/30/2017**  
 Remarks



License Number	7913
License Date	7/6/1988
Name	<b>LAROUCHE, MONIQUE M MD</b>
Address	MILL POND FAMILY PRACTICE, 44 NEWMARKET RD DURIHAM, NH, 03824
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF SHERBROOKE FAC OF MED-SHERBROOKE CANADA 1984
Internship and Year	FAMILY MEDICINE -SHERBROOKE 1985
Residency and Year	FAMILY MEDICINE-SHERBROOKE 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16230
License Date	7/3/2013
Name	<b>LARSEN, CHRISTOPHER P MD</b>
Address	NEPHROPATHOLOGY ASSOC, 10810 EXECUTIVE CTR DR STE 100 LITTLE ROCK, AR, 72211
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSITY OF ARKANSAS COLLEGE OF MEDICINE USA 2005
Internship and Year	EMORY UNIVERSITY HOSPITAL - ATLANTA, GA 2006
Residency and Year	EMORY UNIVERSITY HOSPITAL - ATLANTA, GA 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8316
License Date	5/9/1990
Name	<b>LARSEN, ERIC C MD</b>
Address	MAINE CHILDREN'S CANCER PROGRA, 100 CAMPUS DR SCARBOROUGH, ME, 04074
Specialty	HEM
Board Certified	PD
School and Year of Graduation	UNIV OF VERMONT COLL OF MED BURLINGTON, VT USA 1983
Internship and Year	JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1984
Residency and Year	JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1986
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	14423
License Date	5/6/2009
Name	<b>LARSEN, JENNIFER A MD</b>
Address	, 2 OAK LN STRATHAM, NH, 03885
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF CINCINNATI USA 1990
Internship and Year	UNIVERSITY OF CINCINNATI - CINCINNATI, OH 1991
Residency and Year	UNIVERSITY OF CINCINNATI - CINCINNATI, OH 1993
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	15928
License Date	11/7/2012
Name	<b>LARSEN, TERRY L DO</b>
Address	NORTHEASTERN VT REG HOSP, 1315 HOSPITAL DRST JOHNSBURY, VT, 05819
Specialty	GS
Board Certified	
School and Year of Graduation	KANSAS CITY UNIVERSITY OF MEDICINE USA 2004
Internship and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2006
Residency and Year	UNIVERSITY OF NEBRASKA MEDICAL CENTER - OMAHA, NE 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13163
License Date	7/5/2006
Name	<b>LARSON, APRIL A MD</b>
Address	DHMC, 1 MEDICAL CTR DRLEBANON, NH, 03756
Specialty	D
Board Certified	D
School and Year of Graduation	UNIV OF UTAH USA 2002
Internship and Year	UNIV OF UTAH-SALT LAKE CITY, UT 2003
Residency and Year	UNIV OF UTAH-SALT LAKE CITY, UT 2004
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	7414
License Date	8/14/1986
Name	<b>LARSON, ERIC MD</b>
Address	280 PLEASANT ST STE 12, CONCORD, NH, 03301-2944
Specialty	N
Board Certified	N
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1981
Internship and Year	GEORGE WASHINGTON UNIV HOSPITAL 1982
Residency and Year	UNIVERSITY OF MARYLAND HOSPITAL 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13804
License Date	1/11/2008
Name	<b>LARSON, JULI A MD</b>
Address	VERMONT EYE ASSOCIATES, 1100 HINESBURG RD STE 201SO BURLINGTON, VT, 05403
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIV OF ILLINOIS USA 1989
Internship and Year	ST FRANCIS HOSPITAL OF EVANSTON - CHICAGO, IL 1990
Residency and Year	COOK COUNTY HOSPITAL - CHICAGO, IL 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14255
License Date	12/3/2008
Name	<b>LARSON, PAUL R MD</b>
Address	UPMC ST MARGARET, 3937 BUTLER STPITTSBURGH, PA, 15201
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF MASSACHUSETTS USA 2002
Internship and Year	WASHINGTON HOSPITAL FAMILY PRACTICE CTR - WASHINGTON, PA 2003
Residency and Year	WASHINGTON HOSPITAL FAMILY PRACTICE CTR - WASHINGTON, PA 2005
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	7879
License Date	6/8/1988
Name	<b>LARSON, RICHARD D MD</b>
Address	FAMILY HEALTH CENTERS, 2215 PORTLAND AVELOUISVILLE, KY, 40212
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF MINNESOTA MEDICAL SCHOOL USA 1974
Internship and Year	UNIVERSITY OF VA MEDICAL CENTER, VIRGINIA 1978
Residency and Year	VIRGINIA BAPTIST HOSPITAL, VIRGINIA 1979
License Expiration Date	<b>6/30/2014</b>
Remarks	<b>lapsed for non-renewal 6/30/91..reinstated 7/7/10...</b>

License Number	11418
License Date	10/3/2001
Name	<b>LARSON, ROBIN J MD</b>
Address	VA OUTCOMES RESEARCH, VAMC MAIL CODE 111BWHITE RIVER JCT, VT, 05009
Specialty	IM
Board Certified	IM
School and Year of Graduation	OREGON HEALTH SCI UNIV - PORTLAND, OR USA 1998
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1999
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14424
License Date	5/6/2009
Name	<b>LARUSSO, ELIZABETH M MD</b>
Address	ABBOTT-NW HOSP MENTAL HLTH CLINIC, 800 E 28TH STMINNEAPOLIS, MN, 55407
Specialty	P
Board Certified	P
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 2004
Internship and Year	HARVARD LONGWOOD PSYCHIATRY PROGRAM - BOSTON, MA 2005
Residency and Year	HARVARD LONGWOOD PSYCHIATRY PROGRAM - BOSTON, MA 2009
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	12307
License Date	5/5/2004
Name	<b>LASALA, PAUL R MD</b>
Address	FAHC/SMITH 2 LABORATORY, 111 COLCHESSTER AVEBURLINGTON, VT, 05401
Specialty	PTH
Board Certified	
School and Year of Graduation	MEDICAL COLLEGE OF GEORGIA, AUGUSTA GA US 1998
Internship and Year	UNIVERSITY OF VERMONT, BURLINGTON VT 2003
Residency and Year	UNIVERSITY OF VERMONT, BURLINGTON VT 2004
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	8166
License Date	7/12/1989
Name	<b>LASCALA, CARLO P MD</b>
Address	CHESHIRE MEDICAL CENTER, 580 COURT STKEENE, NH, 03431-1718
Specialty	AN
Board Certified	AN
School and Year of Graduation	COLUMBIA UNIV COLL PHYSICIANS - NY, NY USA 1984
Internship and Year	UNIV OF VIRGINIA MEDICAL CENTER - CHARLOTTESVILLE, VA 1985
Residency and Year	UNIV OF VIRGINIA MEDICAL CENTER - CHARLOTTESVILLE, VA 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13407
License Date	2/7/2007
Name	<b>LASKY, ERIC M MD</b>
Address	MONADNOCK COMMUNITY HOSPITAL, 454 OLD ST RDPETERBOROUGH, NH, 03458
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF CINCINNATI USA 1988
Internship and Year	EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1990
Residency and Year	EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9380
License Date	3/1/1995
Name	<b>LASONDE, RICHARD J MD</b>
Address	155 GRIFFIN RD 1, PORTSMOUTH, NH, 03801
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	BROWN UNIVERSITY PROGRAM IN MEDICINE USA 1989
Internship and Year	BERKSHIRE MEDICAL CENTER - PITTSFIELD MA 1990
Residency and Year	NORTH SHORE UNIVERSITY HOSPITAL - MANHASSET NY 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9420
License Date	5/3/1995
Name	<b>LASRY, VALERIE A MD</b>
Address	LACONIA CLINIC, PO BOX 637LACONIA, NH, 03247-0637
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF MONTREAL CANADA 1990
Internship and Year	HARBOR HOSPITAL CENTER - BALTIMORE, MD 1995
Residency and Year	HARBOR HOSPITAL CENTER- BALTIMORE, MD 1995
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	10237
License Date	2/4/1998
Name	<b>LASSEY, STEVE MD</b>
Address	PICTOU MEDICAL CLINIC, PO BOX 520 PICTOU NSCANADA, , B0K 1H0
Specialty	FP
Board Certified	FP
School and Year of Graduation	DOWNING COLL UNIV CAMBRIDGE - UK UNITED KINGDOM 1976
Internship and Year	ADDEN BROOKE'S HOSPITAL - CAMBRIDGE, UK 1981
Residency and Year	ADDEN BROOKE'S HOSPITAL - CAMBRIDGE, UK 1981
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	16949
License Date	2/4/2015
Name	<b>LASTRA, BRUCE A DO</b>
Address	15 HOSPITAL DR, BRIDGTON OB GYNBRIDGTON, ME, 04009
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MED USA 1995
Internship and Year	BI-COUNTY CUMMUNITY HOSPITAL - WARREN, MI 1997
Residency and Year	PONTIAC OSTEOPATHIC HOSPITAL MEDICAL CENTER - PONTIAC, MI 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9451
License Date	6/7/1995
Name	<b>LATCHAW, JOHN P MD</b>
Address	STE 123, 100 HIGHLAND STMILTON, MA, 02186-
Specialty	NS
Board Certified	NS
School and Year of Graduation	TEMPLE UNIVERSITY USA 1978
Internship and Year	CLEVELAND CLINIC FOUNDATION, CLEVELAND OH 1979
Residency and Year	CLEVELAND CLINIC FOUNDATION, CLEVELAND OH 1984
License Expiration Date	<b>9/20/2013</b>
Remarks	Deceased 9/20/13

License Number	9930
License Date	2/5/1997
Name	<b>LATCHAW, LAURIE A MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PDS
Board Certified	PDS
School and Year of Graduation	RUSH MED COLL OF RUSH UNIV CHICAGO, IL USA 1976
Internship and Year	HIGHLAND GENERAL HOSPITAL - CA 1977
Residency and Year	UNIV TEXAS MEDICAL SCHOOL AT HOUSTON - TX 1981
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12799
License Date	7/6/2005
Name	<b>LATHAM, BRUCE D DO</b>
Address	BRUCE D LATHAM FAMILY PRACTICE, 29 MONADNOCK STCOLEBROOK, NH, 03576
Specialty	FP
Board Certified	FP
School and Year of Graduation	NOVA SOUTHEASTERN UNIVERSITY, FT LAUDERDALE FL USA 1991
Internship and Year	ST JOSEPHS HOSPITAL AND MEDICAL CENTER, PHOENIX AZ 1992
Residency and Year	COMMUNITY HOSPITAL MEDICAL CENTER, PARADISE VALLEY, AZ 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	7/12/10 - Settlement Agreement 2/6/12 - Order in Furtherance of Settlement Agreement. 3/9/12 - 2nd Order in Furtherance of Settlement Agreement.

License Number	17012
License Date	4/1/2015
Name	<b>LATHAM, WHITNEY L DO</b>
Address	ROCHESTER PEDIATRIC ASSOC, 245 ROCHESTER HILL RD, UNIT 2ROCHESTER, NH, 03067
Specialty	PD
Board Certified	PD
School and Year of Graduation	OK STATE UNIV CTR FOR HLTH SCI COLL OF OSTEOPATHIC USA 2005
Internship and Year	OKLAHOMA STATE UNIVERSITY MEDICAL CENTER - TULSA, OK 2006
Residency and Year	OKLAHOMA STATE UNIVERSITY MEDICAL CENTER - TULSA, OK 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8025
License Date	1/4/1989
Name	<b>LATINA, MARK A MD</b>
Address	READING HEALTH CENTER, 20 POND MEADOW DR STE 203READING, MA, 01867-
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIV OF CONNECTICUT SCH OF MED -FARMINGTON USA 1980
Internship and Year	NORTHWESTERN MEMORIAL HOSPITAL - CHICAGO, IL 1981
Residency and Year	MASS EYE & EAR INFIRMARY - BOSTON, MA 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17221
License Date	8/5/2015
Name	<b>LAU, LINDA C MD</b>
Address	412 CHEYENNE LANE, MADISON, MS, 39110
Specialty	DR
Board Certified	DR
School and Year of Graduation	ROYAL COLLEGE OF SURGEONS IRELAND 1995
Internship and Year	DREXEL UNIV COLLEGE MEDICINE/ HAHNEMANN UNIV HOSPITAL - PHILADELPHIA, PA 1998
Residency and Year	MCP HAHNEMANN UNIVERSITY - PHILADELPHIA, PA 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9452
License Date	6/7/1995
Name	<b>LAU, SAMUEL S MD</b>
Address	CARDIOVASCULAR ASSOC, 677 EAST 12TH ST STE N205EUGENE, OR, 94701
Specialty	CD
Board Certified	IM
School and Year of Graduation	CREIGHTON UNIVERSITY USA 1988
Internship and Year	AMI ST JOSEPH HP CREIGHTON UNIV - OMAHA, NE 1991
Residency and Year	AMI ST JOSEPH HP CREIGHTON UNIV, OMAHA NE 1991
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	6834
License Date	1/5/1984
Name	<b>LAUB, RONALD M MD</b>
Address	3010 N CIRCLE DR, #202COLORADO SPRINGS, CO, 80909
Specialty	AN
Board Certified	AN
School and Year of Graduation	JEFFERSON MED COLL OF THOMAS JEFFERSON UNIV-PHIL,P USA 1977
Internship and Year	WILFORD HALL USAF MED CTR-LACKLAND AFB-TX 1978
Residency and Year	WILFORD HALL USAF MED CTR-LACKFORD AFB,TX 1980
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	16593
License Date	5/7/2014
Name	<b>LAUDATE, JAMES D MD</b>
Address	241 PERKINS ST UNIT F201, JAMAICA PLAIN, MA, 02130
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF NC @ CHAPEL HILL SCHOOL OF MED USA 2007
Internship and Year	UNIVERSITY OF NORTH CAROLINA @ CHAPEL HILL - CHAPEL HILL, NC 2008
Residency and Year	UNIVERSITY OF NORTH CAROLINA @ CHAPEL HILL - CHAPEL HILL, NC 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16672
License Date	7/2/2014
Name	<b>LAUDONE, JANELLE C MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	PD
Board Certified	
School and Year of Graduation	MT SINAI SCHOOL OF MEDICINE USA 2011
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9348
License Date	1/11/1995
Name	<b>LAUER, CRAIG H MD</b>
Address	17 KITTREDGE RD, MONT VERNON, NH, 03057
Specialty	EM
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF WESTERN ONTARIO CANADA 1991
Internship and Year	UNIVERSITY OF BRITISH COLUMBIA - CANADA 1993
Residency and Year	UNIVERSITY OF BRITISH COLUMBIA - CANADA 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9349
License Date	1/11/1995
Name	<b>LAUER, KRISTA J MD</b>
Address	ST JOSEPH FAMILY MEDICAL CTR, 444 NASHUA STMILFORD, NH, 03055-
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF WESTERN ONTARIO CANADA 1991
Internship and Year	UNIVERSITY OF BRITISH COLUMBIA - CANADA 1993
Residency and Year	UNIVERSITY OF BRITISH COLUMBIA - CANADA 1993
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	10624
License Date	7/7/1999
Name	<b>LAUER, SCOTT W MD</b>
Address	CMC, 100 MCGREGOR STMANCHESTER, NH, 03103
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV OF MED OF NEW JERSEY - NEWARK, NJ USA 1989
Internship and Year	JOHNS HOPKINS UNIV SCH OF MED - BALTIMORE, MD 1990
Residency and Year	JOHNS HOPKINS UNIV SCH OF MED - BALTIMORE, MD 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number	15508
License Date	1/4/2012
Name	<b>LAURETANO, ARTHUR M MD</b>
Address	MASS ENT ASSOC INC, 3 MEETING HOUSE RD #24CHELMSFORD, MA, 01824
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1988
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1989
Residency and Year	MASSACHUSETTS EYE AND EAR INFIRMARY - BOSTON, MA 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10213
License Date	1/7/1998
Name	<b>LAURIA, MICHELE R MD</b>
Address	DHMC-OBGYN, 1 MEDICAL CTR DRLEBANON, NH, 03756
Specialty	OBG
Board Certified	MFM
School and Year of Graduation	SUNY AT BUFFALO SCH OF MED - BUFFALO, NY USA 1988
Internship and Year	MICHAEL REESE HOSPITAL MEDICAL CENTER - IL 1990
Residency and Year	MECHAEL REESE HOSPITAL MEDICAL CENTER - IL 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11766
License Date	10/30/2002
Name	<b>LAURIDSEN, JENS H MD</b>
Address	63 PARK STREET VILLAGE, ANDOVER, MA, 01810
Specialty	CD
Board Certified	
School and Year of Graduation	COPENHAGEN UNIV - COPENHAGEN, DENMARK DENMARK 1967
Internship and Year	THE HOSPITAL CENTER AT ORANGE - ORANGE, NJ 1970
Residency and Year	BRONX VA MEDICAL CENTER - BRONX, NY 1972
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>4/19/02 ORDER OF CONDITIONAL DENIAL</b> <b>10/30/02 CONSENT ORDER</b>

License Number	6950
License Date	8/2/1984
Name	<b>LAUTER, M DAVID MD</b>
Address	200 GRIFFIN RD STE 11, PORTSMOUTH, NH, 03801
Specialty	FP
Board Certified	FP
School and Year of Graduation	JEFFERSON MEDICAL COOOEGE OF THOMAS JEFFERSON UNIV USA 1978
Internship and Year	CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 1979
Residency and Year	CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 1981
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>REINSTATED 9/3/03</b> <b>LASPED FOR NONRENEWAL 6/30/14</b> <b>RENEWED 7/18/14</b>

License Number	17175
License Date	7/1/2015
Name	<b>LAUWERS, GREGORY Y MD</b>
Address	MGH, 55 FRUIT STBOSTON, MA, 02114
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSITE DE PARIS VII UF R DE MED LARIBOISIERE FRANCE 1987
Internship and Year	LENOX HILL HOSPITAL - NY, NY 1988
Residency and Year	LENOX HILL HOSPITAL - NY, NY 1990
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9603
License Date	12/6/1995
Name	<b>LAUZE, KAREN P MD</b>
Address	330 BORTHWICK AVE, SUITE 107PORTSMOUTH, NH, 03801
Specialty	N
Board Certified	N
School and Year of Graduation	BOSTON UNIV SCHOOL OF MEDICINE BOSTON, MA USA 1985
Internship and Year	WILFORD HALL USAF MEDICAL CENTER - LACKLAND AFB, TX 1986
Residency and Year	WILFORD HALL USAF MEDICAL CENTER - LACKLAND AFB, TX 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8396
License Date	7/11/1990
Name	<b>LAVALLEE, ROLAND A MD</b>
Address	FARNUM CENTER, 140 QUEEN CITY AVEMANCHESTER, NH, 03103
Specialty	FP
Board Certified	
School and Year of Graduation	UNIV OF LOUISVILLE SCH OF MED-LOUISVILLE,KY USA 1983
Internship and Year	NEW ENGLAND MEM HOSP-STONEHAM,MA 1984
Residency and Year	MOUNTAINSIDE HOSP-MONTCLAIR,NJ 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9950
License Date	3/5/1997
Name	<b>LAVERDIERE, JOSEPH T MD</b>
Address	KENNEBEC VALLEY RADIOLOGY, 28 ABENAL STAUGUSTA, ME, 04330
Specialty	DR
Board Certified	R
School and Year of Graduation	UNIV OF VT COLL OF MED - BURLINGTON, VTG USA 1990
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1991
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1995
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	6173
License Date	3/6/1980
Name	<b>LAVERY, ROBERT M MD</b>
Address	ELLIOT CARDIOVASCULAR CONSULT, 1 ELLIOT WAY STE 100MANCHESTER, NH, 03103-3545
Specialty	CD
Board Certified	CD
School and Year of Graduation	JOHNS HOPKINS UNIV SCH OF MED.BALTIMORE MD USA 1976
Internship and Year	UNIV HOSP.BOSTON,MA 1977
Residency and Year	UNIV HOSP.BOSTON,MA 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15256
License Date	6/1/2011
Name	<b>LAVRIK, IRINA V MD</b>
Address	UT FAMILY PHYSICIANS, 2480 HIGHWAY 72N SUITE 200LOUDON, TN, 37774
Specialty	FP
Board Certified	
School and Year of Graduation	NATIONAL MEDICAL UNIVERSITY UKRAINE 1990
Internship and Year	READING HOSPITAL & MEDICAL CENTER - WEST READING, PA 2009
Residency and Year	READING HOSPITAL & MEDICAL CENTER - WEST READING, PA 2011
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	3052
License Date	10/20/1954
Name	<b>LAW, AUGUSTA F MD</b>
Address	95 N RIVER RD, MILFORD, NH, 03055-4217
Specialty	PH
Board Certified	
School and Year of Graduation	TUFTS UNIVERSITY USA 1947
Internship and Year	ST LUKE'S HOSPITAL - NEW BEDFORD, MA 1948
Residency and Year	ST LUKE'S HOSPITAL - NEW BEDFORD, MA 1948
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	3697
License Date	5/27/1964
Name	<b>LAW, JOHN E MD</b>
Address	60 BLOOD HILL RD, PO BOX 66NORWICH, VT, 05055
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	MIDDLESEX HOSPITAL MED SCH - LONDON,ENGLAND ENGLAND 1956
Internship and Year	MIDDLESEX HOSPITAL - LONDON, ENGLAND 1958
Residency and Year	DARTMOUTH AFFILIATED HOSPITALS - HANOVER, NH 1964
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15310
License Date	7/6/2011
Name	<b>LAWLESS, BRYAN M MD</b>
Address	ELLIOT ORTHOPAEDIC SPEC, 185 QUEEN CITY AVE MANCHESTER, NH, 03104
Specialty	ORS
Board Certified	
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 2005
Internship and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2006
Residency and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2010
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15800
License Date	8/1/2012
Name	<b>LAWLOR, DAVID MD</b>
Address	MGH-PEDIATRIC GEN SURG & UROLOGY, 55 FRUIT ST WARREN IIBOSTON, MA, 02114
Specialty	PDS
Board Certified	PDS
School and Year of Graduation	THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 1987
Internship and Year	TRIPLER ARMY MEDICAL CENTER - TRIPLER AMC, HI 1988
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13433
License Date	3/7/2007
Name	<b>LAWRENCE, BRENDA J MD</b>
Address	MEDICINE-PEDIATRICS OF NASHUA, 17 PROSPECT ST SUITE N 103 NASHUA, NH, 03060
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF ROCHESTER USA 2002
Internship and Year	BAYSTATE MEDICAL CTR - SPRINGFIELD, MA 2003
Residency and Year	STRONG MEMORIAL HOSPITAL-ROCHESTER, NY 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	2587
License Date	6/25/1947
Name	<b>LAWRENCE, HOMER E MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>12/1/2000</b>
Remarks	DECEASED - 12/1/00

License Number	12034
License Date	8/6/2003
Name	<b>LAWRENCE, MELANIE A MD</b>
Address	NEWBURY HEALTH CLINIC, 4628 MAIN ST PO BOX 37NEWBURY, VT, 05051
Specialty	FP
Board Certified	FP
School and Year of Graduation	U OF VERMONT, BURLINGTON VT US 2000
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2002
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6069
License Date	6/11/1979
Name	<b>LAWRENCE, PATRICK J MD</b>
Address	CENTRAL ME HEAT AND VASCULAR, 60 HIGH STLEWISTION, ME, 04240
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIV OF FLORIDA COLLEGE MEDICINE - GAINESVILLE, FL USA 1967
Internship and Year	D C GENERAL HOSPITAL - WASHINGTON, DC 1968
Residency and Year	FITZSIMONS ARMY MEDICAL CENTER - DENVER, CO 1974
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	2968
License Date	6/10/1953
Name	<b>LAWRENCE, RAYMOND W MD</b>
Address	RR 1 BOX 77, ALSTEAD, NH, 03602
Specialty	EM
Board Certified	
School and Year of Graduation	NY MEDICAL COLLEGE USA 1948
Internship and Year	US NAVAL HOSPITAL - NEWPORT, RI 1949
Residency and Year	VETERANS ADMINISTRATION HOSPITAL - WHITE RIVER JCTVERMONT 1952
License Expiration Date	<b>6/30/1999</b>
Remarks	Deceased 10/98

License Number	9304
License Date	10/5/1994
Name	<b>LAWRENCE, STEPHEN J MD</b>
Address	FAMILY TREE HEALTH-HOPKINTON, 19 FARRINGTON CORNER RDHOPKINTON, NH, 03229-
Specialty	FP
Board Certified	FP
School and Year of Graduation	QUEENS UNIVERSITY FAC OF MEDICINE CANADA 1979
Internship and Year	QUEENS UNIVERSITY - KINGSTON ONTARIO 1980
Residency and Year	QUEEN UNIVERSITY - KINGSTON ONTARIO 1981
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 16987  
 License Date 3/4/2015  
 Name **LAWRENCE, VICTOR J MD**  
 Address 20 THOMASINA LANE, DARIEN, CT, 06820  
 Specialty IM  
 Board Certified  
 School and Year of Graduation NEW YORK UNIVERSITY SCHOOL OF MEDICINE USA 1975  
 Internship and Year NEW YORK UNIVERSITY SCHOOL OF MEDICINE - NY, NY 1976  
 Residency and Year NEW YORK UNIVERSITY SCHOOL OF MEDICINE - NY, NY 1978  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9421  
 License Date 5/3/1995  
 Name **LAWSON, ANDREW J MD**  
 Address BEDFORD COMMONS RADIOLOGY, 29 RIVERWAY PL BLDG 7BEDFORD, NH, 03110-6745  
 Specialty DR  
 Board Certified NM  
 School and Year of Graduation UNIVERSITY OF CONNECTICUT USA 1988  
 Internship and Year UNIVERSITY HEALTH CENTER OF PITTSBURGH PITTSBURGH PA 1990  
 Residency and Year YALE NEW HAVEN HOSPITAL, NEW HAVEN CT 1995  
 License Expiration Date **6/30/1999**  
 Remarks

License Number 15715  
 License Date 6/6/2012  
 Name **LAWSON, CHRISTOPHER D MD**  
 Address THE CARDIOVASCULAR GROUP, 10 OLD ROLLINSFORD RD DOVER, NH, 03820  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 2005  
 Internship and Year TUFTS MEDICAL CENTER - BOSTON, MA 2006  
 Residency and Year TUFTS MEDICAL CENTER - BOSTON, MA 2008  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9996  
 License Date 5/7/1997  
 Name **LAWSON, PHILIP H I MD**  
 Address AMMONOOSOC COMMUNITY HLTH SER, 25 MT EUSTIS RD LITTLETON, NH, 03561  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF CALGARY MED SCHOOL-ALBERTA CANADA 1993  
 Internship and Year NORTHWESTERN FAMILY MEDICINE-THUNDER BAY, ONTARIO 1995  
 Residency and Year NORTHWESTERN FAMILY MEDICINE-THUNDER BAY-ONTARIO 1995  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	17222
License Date	8/5/2015
Name	<b>LAWSON, VICTORIA H MD</b>
Address	OSU-DEPT OF NEUROLOGY, 395 W 12TH AVE 7TH FLCOLUMBUS, OH, 43210
Specialty	N
Board Certified	N
School and Year of Graduation	UNIVERSITY OF CALGARY FACULTY OF MEDICINE CANADA 1995
Internship and Year	WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER - WINSTON-SALEM, NC 1996
Residency and Year	WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE - WINSTON-SALEM, NC 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9453
License Date	6/7/1995
Name	<b>LAYCOCK, WILLIAM S MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	GS
Board Certified	GS
School and Year of Graduation	BROWN UNIVERSITY USA 1988
Internship and Year	RHODE ISLAND HOSPITAL, PROVIDENCE RI 1989
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER, LEBANON NH 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14384
License Date	4/1/2009
Name	<b>LAYTON, ROBERT G MD</b>
Address	MED SOLUTIONS, 730 COOL SPRINGS BLVD #800FRANKLIN, TN, 37067
Specialty	R
Board Certified	R
School and Year of Graduation	BOSTON UNIV USA 1972
Internship and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 1973
Residency and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 1975
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12068
License Date	9/3/2003
Name	<b>LAZAR, BARBARA B MD</b>
Address	GIFFORD PRIMARY CARE, 44 S MAIN STRANDOLPH, VT, 05060
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF PA, PHILADELPHIA PA US 1993
Internship and Year	THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA 1994
Residency and Year	THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>lapsed 6/30/13 - reinstated 8/5/15</b>

License Number	12390
License Date	7/7/2004
Name	<b>LAZAR, CRAIG S MD</b>
Address	22 AUTUMN RIVER LN, OGUNQUIT, ME, 03907
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF GUADALAJARA, GUADALAJARA MEXICO JALISCO MEXICO 1984
Internship and Year	STATE UNIVERSITY OF NY, BROOKLYN NY 1986
Residency and Year	STATE UNIVERSITY OF NY, BROOKLYN NY 1988
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	9906
License Date	1/8/1997
Name	<b>LAZAR, GERALD K MD</b>
Address	32 CRAFTSLAND RD, CHESTNUT HILL, MA, 02467-2632
Specialty	P
Board Certified	P
School and Year of Graduation	HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1967
Internship and Year	RUSH-PRESBBY ST LUKE'S MEDICAL CENTER - IL 1968
Residency and Year	MASS GENERAL HOSPITAL - MA 1972
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	12069
License Date	9/3/2003
Name	<b>LAZAR, JOEL S MD</b>
Address	DARTMOUTH HEALTH CONNECT, 7 ALLEN STHANOVER, NH, 03755
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF PA, PHILADELPHIA PA US 1993
Internship and Year	THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA 1994
Residency and Year	THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15583
License Date	3/7/2012
Name	<b>LAZARO, LARRY R MD</b>
Address	BATTLE CREEK HEALTH SYSTEM, 300 NORTH AVE BATTLE CREEK, MI, 49301
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF SANTO TOMAS PHILIPPINES 1991
Internship and Year	NY DOWNTOWN HOSPITAL, NY, NY 1995
Residency and Year	NY DOWNTOWN HOSPITAL, NY, NY 1997
License Expiration Date	<b>6/30/2014</b>
Remarks	



License Number	12660
License Date	4/6/2005
Name	<b>LAZARON, VICTOR MD</b>
Address	RELIANT MEDICAL GROUP SURGERY-WORCESTER MED CTR, 123 SUMMER STWORCESTER, MA, 016
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS, WORCESTER MA US 1996
Internship and Year	UNIVERSITY OF MINNESOTA, MINNEAPOLIS MN 1998
Residency and Year	UNIVERSITY OF MINNESOTA, MINNEAPOLIS MN 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/9/15.</b>

License Number	14881
License Date	6/2/2010
Name	<b>LAZAROU, STEPHEN A MD</b>
Address	1 WASHINGTON ST STE 206, WELLESLEY HILLS, MA, 02481
Specialty	U
Board Certified	U
School and Year of Graduation	MEDICAL COLLEGE OF WISCONSIN USA 1999
Internship and Year	UNIVERSITY OF TORONTO - TORONTO, ONTARIO, CANADA 2001
Residency and Year	UNIVERSITY OF TORONTO - TORONTO, ONTARIO, CANADA 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6533
License Date	5/6/1982
Name	<b>LAZAROW, NORMAND H MD</b>
Address	16 HARBOR HILL RD, WOODS HOLE, MA, 02543
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIVERSITY OF MINNESOTA MEDICAL SCHOOL USA 1976
Internship and Year	ABBOTT-NORTHWESTERN HOSPITAL - MINNEAPOLIS MN 1977
Residency and Year	ABBOTT-NORTHWESTERN HOSPITAL - MINNEAPOLIS MN 1979
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11120
License Date	11/21/2000
Name	<b>LAZNICKOVA, HANA M MD</b>
Address	ALLERGY & ASTHMA CLINIC, LEXINGTON MED BLDG 16 CLARKE SLEXINGTON, MA, 02421-4988
Specialty	AI
Board Certified	AI
School and Year of Graduation	HAHNEMANN MED COLL - PHILADELPHIA, PA USA 1994
Internship and Year	LAHEY CLINIC - BURLINGTON, MA 1997
Residency and Year	CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14843
License Date	5/5/2010
Name	<b>LAZOS, VASILIOS P DO</b>
Address	NORTHEAST CORNEAL CONSULTANTS, 155 GRIFFIN RD #1PORTSMOUTH, NH, 03801
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	PHILADELPHIA COLLEGE USA 2001
Internship and Year	MADIGAN ARMY MEDICAL CENTER - TACOMA, WA 2002
Residency and Year	BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11569
License Date	4/3/2002
Name	<b>LE, DA H MD</b>
Address	PARKLAND MEDICAL CENTER, ONE PARKLAND DRDERRY, NH, 03038
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF VIRGINIA SCH OF MED - CHARLOTTESVILLE, VA USA 1999
Internship and Year	UNIV HOSPITAL - SYRACUSE, NY 2000
Residency and Year	UNIV HOSPITAL - SYRACUSE, NY 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>lapsed 6/30/12 - reinstated 5/1/13</b>

License Number	13630
License Date	8/1/2007
Name	<b>LE, LIEN H MD</b>
Address	2680 HARTFORD AVE UNIT#25, WRJ, VT, 05001
Specialty	IM
Board Certified	
School and Year of Graduation	BROWN UNIV USA 2004
Internship and Year	BOSTON UNIV MEDICAL CENTER-UNIV HOSPITAL - BOSTON, MA 2005
Residency and Year	BOSTON UNIV MEDICAL CENTER-UNIV HOSPITAL - BOSTON, MA 2007
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	15964
License Date	12/5/2012
Name	<b>LEA, RANDALL D MD</b>
Address	ALICE PECK DAY MEM HOSP, 10 ALICE PECK DAY DRLEBANON, NH, 03766
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	LOUISIANA STATE UNIVERSITY SCHOOL OF MED USA 1979
Internship and Year	TULANE UNIV SCHOOL OF MEDICITAIN - NEW ORLEANS, LA 1981
Residency and Year	TULANE UNIV SCHOOL OF MED 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 13069  
 License Date 5/3/2006  
 Name **LEACH, BRIAN C MD**  
 Address STAFF CARE INC, 5001 STATESMAN DRIRVING, TX, 75063  
 Specialty D  
 Board Certified D  
 School and Year of Graduation TULANE UNIV USA 1993  
 Internship and Year MADIGAN ARMY MEDICAL CTR, TACOMA WA 1994  
 Residency and Year NAVAL MEDICAL CENTER, SAN DIEGO CA 2003  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 7202  
 License Date 9/10/1985  
 Name **LEACH, JOHN S MD**  
 Address 333 BORTHWICK AVE, PO BOX 5566PORTSMOUTH, NH, 03801-4152  
 Specialty AN  
 Board Certified  
 School and Year of Graduation UNIV OF KENTUCKY COLL IF MED USA 1979  
 Internship and Year MAINE MED CTR-PORTLAND,ME 1980  
 Residency and Year MAINE MED CTR,PORTLAND,ME 1982  
 License Expiration Date **6/30/2002**  
 Remarks **Deceased 7/01/10**

License Number 13166  
 License Date 7/5/2006  
 Name **LEACH, MEREDITH A MD**  
 Address 3107 N E 91ST TERR, KANSAS CITY, MO, 64156  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIV OF MISSOURI USA 2002  
 Internship and Year TRUMAN MEDICAL CTR-KANSAS CITY, MO 2003  
 Residency and Year TRUMAN MEDICAL CTR 2005  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 10161  
 License Date 11/5/1997  
 Name **LEAHY JR, JOSEPH M DO**  
 Address SO NH MEDICAL CENTER, 8 PROSPECT STNASHUA, NH, 032061  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIV OF NEW ENGLAND COLL OF OSTEO MED USA 1992  
 Internship and Year NYCOM - UNION HOSPITAL - NJ 1993  
 Residency and Year NYCOM - UNION HOSPITAL - NJ 1996  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	9776
License Date	7/3/1996
Name	<b>LEAHY, KATHLEEN C DO</b>
Address	LEWIS PHYSICAL MEDICINE ASSOC. P.A, 9 WASHINGTON PLACE SUITE 201BEDFORD, NH, 03110
Specialty	PM
Board Certified	PM
School and Year of Graduation	UNIV OF NEW ENGLAND COLL OF OSTEO MED BIDDEFORD ME USA 1992
Internship and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1996
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6195
License Date	5/8/1980
Name	<b>LEARNER, LAWRENCE M MD</b>
Address	MERRIMACK VALLEY PEDIATRICS, 387 E DUNSTABLE RD NASHUA, NH, 03062
Specialty	PD
Board Certified	PD
School and Year of Graduation	NEW YORK MED COLL NY USA 1976
Internship and Year	ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1978
Residency and Year	ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1979
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14167
License Date	9/3/2008
Name	<b>LEASE, MEREDITH A MD</b>
Address	CHOP, 34TH ST AND CIVIC CENTER BLVD PHILADELPHIA, PA, 19104
Specialty	PD
Board Certified	
School and Year of Graduation	UNIV OF WISCONSIN USA 2006
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	17267
License Date	9/2/2015
Name	<b>LEATHER, GREGORY P MD</b>
Address	73 LEGRAND DR, CAMDEN, ME, 04843-4351
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	ALBANY MEDICAL COLLEGE - ALBANY, NY USA 1984
Internship and Year	ALBANY MEDICAL CENTER - ALBANY, NY 1985
Residency and Year	ALBANY MEDICAL CENTER - ALBANY, NY 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14688
License Date	12/2/2009
Name	<b>LEBEL, JACQUELINE MD</b>
Address	ST VINCENT'S, 2425 HIGHLAND AVEFALL RIVER, MA, 02720
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF ROCHESTER USA 1997
Internship and Year	BROWN UNIVERSITY BUTLER HOSPITAL - PROVIDENCE, RI 1998
Residency and Year	BROWN UNIVEERSITY BUTLER HOSPITAL - PROVIDENCE, RI 2000
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	9871
License Date	11/6/1996
Name	<b>LEBENZON, JOSEPH E MD</b>
Address	WASHINGTON COUNTY PSYCHOTHERAP, WCPA ADMINISTRATION PO BOX 29MACHIAS, ME, 04654
Specialty	CHP
Board Certified	
School and Year of Graduation	UNIV OF CALIFORNIA UCLA SCHOOL OF MEDICINE LA,CA USA 1970
Internship and Year	CEDARS-SINAI MEDICAL CENTER - LOS ANGELES, CA 1971
Residency and Year	CAMARILLO STATE HOSPITAL - CAMARILLO, CA 1976
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	16180
License Date	6/5/2013
Name	<b>LEBLANC, LOUIS J MD</b>
Address	EMERGENCY MEDICINE PHYSICIANS, 4535 DRESSLER RD NWCANTON, OH, 44718
Specialty	EM
Board Certified	EM
School and Year of Graduation	LOUISIANA STATE UNIVERSITY SCHOOL OF MED USA 1995
Internship and Year	EARL K LONG MEDICAL CENTER - BATON ROUGE, LA 1996
Residency and Year	EARL K LONG MEDICAL CENTER - BATON ROUGE, LA 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9964
License Date	4/2/1997
Name	<b>LEBLANC, MEDERIC W MD</b>
Address	WEEKS MEDICAL CTR, LANCASTER, NH, 03584
Specialty	FP
Board Certified	
School and Year of Graduation	UNIV OF MONTREAL QUEBEC, CANADA CANADA 1990
Internship and Year	MCGILL UNIV - CANADA 1991
Residency and Year	MONTREAL QUEBEC HOSP CANADA 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17113
License Date	6/3/2015
Name	<b>LEBLANC, ROBERT E MD</b>
Address	DHMC- PATHOLOGY, 1 MEDICAL CTR DRLEBANON, NH, 03756
Specialty	DMP
Board Certified	PTH
School and Year of Graduation	CORNELL UNIVERSITY MEDICAL COLLEGE USA 2009
Internship and Year	JOHNS HOPKINS HOSPITAL-JOHNS HOPKINS UNIVERSITY, BALTIMORE, MD 2010
Residency and Year	JOHNS HOPKINS HOSPITAL-JOHNS HOPKINS UNIVERSITY - BALTIMORE, MD 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11598
License Date	5/1/2002
Name	<b>LEBLANC, SCOTT A DO</b>
Address	WEBSTER STREET INTERNAL MED, 57 WEBSTER STMANCHESTER, NH, 03104
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF NEW ENGLAND COLL - BIDDEFORD, ME USA 1997
Internship and Year	UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1998
Residency and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10051
License Date	7/2/1997
Name	<b>LEBLANC, STEPHAN R MD</b>
Address	155 KINSLEY ST, NASHUA, NH, 03060
Specialty	PD
Board Certified	PD
School and Year of Graduation	DARTMOUTH MEDICAL - HANOVER, NH USA 1994
Internship and Year	UNIV OF MICHIGAN HOSPITAL-MI 1995
Residency and Year	UNIV OF MICHIGAN HOSPITAL - MI 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14465
License Date	6/3/2009
Name	<b>LEBLANC, SUSANN MD</b>
Address	FOUNDATION MED PARTNERS, PO BOX 567XNASHUA, NH, 03061
Specialty	PD
Board Certified	PD
School and Year of Graduation	PONCE SCHOOL OF MEDICINE PUERTO RICO 2002
Internship and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 2003
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11325
License Date	7/11/2001
Name	<b>LEBOEUF IV, HERVE J MD</b>
Address	320 WOODLAND DR, FRANKLIN, VA, 23851
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	UNIVERSITY OF TEXAS HEALTH & SCIENCE CENTER USA 1996
Internship and Year	UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS, GALVESTON TX 1997
Residency and Year	UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS, GALVESTON TX 2000
License Expiration Date	<b>6/30/2005</b>
Remarks	<b>4/23/06 - Deceased.</b>

License Number	13829
License Date	2/6/2008
Name	<b>LEBOIT, PHILIP E MD</b>
Address	UCSF DERMATOPATHOLOGY, 1701 DIVISADERO ST STE 280SAN FRANCISCO, CA, 94115
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 1979
Internship and Year	UNIV OF CALIFORNIA SAN FRANCISCO - SAN FRANCISCO, CA 1980
Residency and Year	UNIV OF CALIFORNIA SAN FRANCISCO - SAN FRANCISCO, CA 1981
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13217
License Date	8/2/2006
Name	<b>LEBOSQUET III, THOMAS P MD</b>
Address	PORTSMOUTH REGIONAL HOSPITAL, 333 BORTHWICK AVEPORTSMOUTH, NH, 03801
Specialty	EM
Board Certified	EM
School and Year of Graduation	GEORGE WASHINGTON UNV USA 2003
Internship and Year	DUKE UNIV MEDICAL CTR-DURHAM, NC 2004
Residency and Year	DUKE UNIV MEDICAL CTR-DURHAM, NC 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8257
License Date	12/6/1989
Name	<b>LECLAIR, MARC F MD</b>
Address	BEDFORD COMMONS OB-GYN, 201 RIVERWAY PLBEDFORD, NH, 03110-6733
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	TEMPLE UNIV SCH OF MED - PHILA, PA USA 1982
Internship and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1983
Residency and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6215
License Date	6/9/1980
Name	<b>LECLAIR, WAYNE R MD</b>
Address	MONADNOCK COMM HOSP, 452 OLD STREET ROADPETERBOROUGH, NH, 03458
Specialty	EM
Board Certified	EM
School and Year of Graduation	DARTMOUTH MED SCH HANOVER,HN USA 1977
Internship and Year	LANCASTER GEN HOSP LANCASTER,PA 1978
Residency and Year	LANCASTER GEN HOSP LANCASTER,PA 1980
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13048
License Date	4/5/2006
Name	<b>LECOMTE, AMY R MD</b>
Address	BRIGHAM & WOMEN'S HOSPITAL, 75 FRANCIS STBOSTON, MA, 02115
Specialty	R
Board Certified	R
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL-LEBANON NH USA 1999
Internship and Year	METROWEST MEDICAL CENTER-FRAMINGHAM MA 2000
Residency and Year	MT AUBURN HOSPITAL-CAMBRIDGE MA 2004
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	14929
License Date	7/7/2010
Name	<b>LECOMTE, KAREN A MD</b>
Address	COASTAL NEUROLOGY SERVICES, 158 E NH ROUTE 108DOVER, NH, 03820
Specialty	N
Board Certified	N
School and Year of Graduation	UNIVERSITY OF VERMONT USA 2009
Internship and Year	MAINE DARTMOUTH FAMILY PRACTICE RESIDENCY - AUGUSTA, ME 2001
Residency and Year	FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2004
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	12704
License Date	5/4/2005
Name	<b>LEDBETTER, MONTY S MD</b>
Address	BRIGHAM & WOMEN'S HOSP, 75 FRANCIS STBOSTON, MA, 02115
Specialty	R
Board Certified	R
School and Year of Graduation	WAKE FOREST UNIVERSITY, WINSTON-SALEM NC US 1992
Internship and Year	NEWTON-WELLESLEY HOSPITAL, NEWTON LOWER FALLS MA 1994
Residency and Year	BRIGHAM AND WOMEN'S HOSP, BOSTON MA 1998
License Expiration Date	<b>6/30/2007</b>
Remarks	



License Number 9423  
 License Date 5/3/1995  
 Name **LEDNER, DAVID M MD**  
 Address 39 SIMON ST UNIT 5, NASHUA, NH, 03060  
 Specialty P  
 Board Certified P  
 School and Year of Graduation LOUISIANA STATE UNIVERSITY USA 1981  
 Internship and Year TIMBERLAWN PSYCH HOSPITAL, DALLAS TX 1982  
 Residency and Year TIMBERLAWN PSYCH HOSPITAL, DALLAS TX 1985  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16120  
 License Date 5/1/2013  
 Name **LEE III, GEORGE R MD**  
 Address REAL TIME NEUROMONITORING ASSOC, 336 22ND AVE NNASHVILLE, TN, 37203  
 Specialty N  
 Board Certified  
 School and Year of Graduation GEORGIA HEALTH SCIENCES UNIVERSITY USA 1999  
 Internship and Year UNIVERSITY OF ALABAMA - MONTGOMERY, AL 2000  
 Residency and Year VANDERBILT UNIVERSITY MEDICAL CENTER - NASHVILLE, TN 2004  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14844  
 License Date 5/5/2010  
 Name **LEE KELLY, SONYA MD**  
 Address CONCORD HOSP, 250 PLEASANT STCONCORD, NH, 03301  
 Specialty P  
 Board Certified P  
 School and Year of Graduation THE QUEENS UNIVERSITY OF BELFAST IRELAND 1990  
 Internship and Year CONNECTICUT VALLEY HOSPITAL - MIDDLETOWN, CT 1993  
 Residency and Year ONNECTICUT VALLEY HOSPITAL - MIDDLETOWN, CT 1995  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12345  
 License Date 6/2/2004  
 Name **LEE, AUGUSTINE J MD**  
 Address CORE GENERAL & VASCULAR SURGER, 3 ALUMNI DR STE 201EXETER, NH, 03833  
 Specialty CRS  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF TEXAS, DALLAS TX US 1998  
 Internship and Year SUNY, BROOKLYN NY 1999  
 Residency and Year SUNY, BROOKLYN NY 2002  
 License Expiration Date **6/30/2006**  
 Remarks

License Number	16519
License Date	3/5/2014
Name	<b>LEE, BONNIE A MD</b>
Address	100 MIDLAND AVE, PORT CHESTER, NY, 10573
Specialty	DMP
Board Certified	DMP
School and Year of Graduation	UNIVERSITY OF CALIFORNIA LOS ANGELES USA 2005
Internship and Year	WASHINGTON UNIVERSITY SCHOOL OF MEDICINE- ST LOUIS, MO 2006
Residency and Year	WASHINGTON UNIVERSITY SCHOOL OF MEDICINE- ST LOUIS, MO 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17013
License Date	4/1/2015
Name	<b>LEE, BRIAN DO</b>
Address	144 WOODLAND FARMS RD, PITTSBURGH, PA, 15238
Specialty	OTO
Board Certified	
School and Year of Graduation	KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE USA 2009
Internship and Year	PONTIAC OSTEOPATHIC HOSPITAL MEDICAL CENTER - PONTIAC, MI 2010
Residency and Year	PONTIAC OSTEOPATHIC HOSPITAL MEDICAL CENTER - PONTIAC, MI 2014
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15540
License Date	2/1/2012
Name	<b>LEE, CHIA W MD</b>
Address	S COVE COMMUNITY HEALTH CTR, 435 HANCOCK STQUINCY, MA, 02171
Specialty	IM
Board Certified	IM
School and Year of Graduation	INSTITUTE OF MEDICINE I MYANMAR 2001
Internship and Year	WYCKOFF HEIGHTS MEDICAL CENTER - BROOKLYN, NY 2008
Residency and Year	WYCKOFF HEIGHTS MEDICAL CENTER - BROOKLYN, NY 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12170
License Date	12/3/2003
Name	<b>LEE, CHYH-WOEI MD</b>
Address	PO BOX 530, 75 GUILCREST RDLONDONDERRY, NH, 03053
Specialty	IM
Board Certified	IM
School and Year of Graduation	NORTHWESTERN UNIVERSITY, CHICAGO IL US 1999
Internship and Year	BETH ISRAEL DEACONESS MED CTR, BOSTON MA 2000
Residency and Year	BETH ISRAEL DEACONESS MED CTR, BOSTON MA 2002
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	11064
License Date	9/6/2000
Name	<b>LEE, GENE H MD</b>
Address	PORTSMOUTH FAMILY PRAC, 26 MANCHESTER SQ STE 1PORTSMOUTH, NH, 03801
Specialty	FP
Board Certified	FP
School and Year of Graduation	TEMPLE UNIV SCH OF MED - PHILADELPHIA, PA USA 1997
Internship and Year	CHRISTIANA CARE HEALTH SYSTEM - WILIMINGTON, DE 1998
Residency and Year	CHRISTIANA CARE HEALTH SYSTEM - WILMINGTON, DE 2000
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	16594
License Date	5/7/2014
Name	<b>LEE, GLADYS MD</b>
Address	FLETCHER ALLEN HEALTH CARE, 111 COLCHESTER AVE 358WP5BURLINGTON, VT, 05401
Specialty	OPH
Board Certified	
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2007
Internship and Year	NEWTON WELLESLEY HOSPITAL - NEWTON, MA 2008
Residency and Year	ST VINCENTS HOSPITAL & MEDICAL CENTER OF NY - NEW YORK, NY 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16317
License Date	9/4/2013
Name	<b>LEE, JANICE R DO</b>
Address	31 STILES ROAD, SALEM, NH, 03079
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND USA 1998
Internship and Year	NYCOM-MASSAPEQUA GENERAL HOSPITAL - SEAFORD, NY 1998
Residency and Year	NYCOM-MASSAPEQUA GENERAL HOSPITAL - SEAFORD, NY 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15196
License Date	4/6/2011
Name	<b>LEE, JAY B MD</b>
Address	NAPA, 68 S SERVICE RD STE 350MELVILLE, NY, 11747
Specialty	AN
Board Certified	
School and Year of Graduation	STATE UNIVERSITY OF NEW YORK USA 2006
Internship and Year	ST VINCENTS HOSPITAL & MEDICAL CENTER OF NEW YORK - NEW YORK, NY 2007
Residency and Year	ST VINCENTS HOSPITAL & MEDICAL CENTER OF NEW YORK - NEW YORK, NY 2010
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	16181
License Date	6/5/2013
Name	<b>LEE, JONATHAN H MD</b>
Address	14 MAPLE ST STE 100, GILFORD, NH, 03249
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	THE WARREN ALPERT MEDICAL SCHOOL USA 2003
Internship and Year	COLUMBIA UNIVERSITY COLLEGE OF PHYSICIANS & SURGEONS - NY, NY 2005
Residency and Year	COLUMBIA UNIVERSITY COLLEGE OF PHYSICIANS & SURGEONS - NY, NY 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10625
License Date	7/7/1999
Name	<b>LEE, JOSHUA MD</b>
Address	UCSD, 200 W ARBOR DR #8415SAN DIEGO, CA, 92103-8415
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF CA SCH OF MED - SAN FRANCISCO, CA USA 1995
Internship and Year	BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1996
Residency and Year	BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1997
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	13290
License Date	10/4/2006
Name	<b>LEE, JULIA L MD</b>
Address	2 SHEPHERDS NEEDLE, WYNANTSKILL, NY, 12198
Specialty	R
Board Certified	R
School and Year of Graduation	ALBANY MEDICAL COLLEGE, ALBANY NY US 1999
Internship and Year	SOUND SHORE MED CTR, NEW ROCHELLE NY 2000
Residency and Year	MT SINAI HOSPITAL, NEW YORK NY 2004
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	12800
License Date	7/6/2005
Name	<b>LEE, KAROLYN F MD</b>
Address	ELLIOT PRIM CARE @ LONDONDERRY, 40 BUTTRICK RDLONDONDERRY, NH, 03045
Specialty	FP
Board Certified	FP
School and Year of Graduation	MEMORIAL UNIVERSITY OF NEWFOUNDLAND, ST JOHNS CANADA 2001
Internship and Year	THE HEALTH SCIENCES CENTRE FACULTY OF MEDICINE, ST JOHNS, NF CANADA 2003
Residency and Year	THE HEALTH SCIENCES CENTRE FACULTY OF MEDICINE, ST JOHNS, NF CANADA 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10826
License Date	2/2/2000
Name	<b>LEE, KATHRYN A MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	UNIV OF NC AT CHAPEL HILL SCH OF MED- NC USA 1997
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1998
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON , NH 1999
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	12215
License Date	2/4/2004
Name	<b>LEE, KRISTIN M MD</b>
Address	CORE PHYSICIAN LLC, 20 HAMPTON RDEXETER, NH, 03833
Specialty	IM
Board Certified	IM
School and Year of Graduation	CORNELL UNIVERSITY, NEW YORK NY US 1995
Internship and Year	CORNELL UNIVERSITY, NEW YORK NY 1996
Residency and Year	CORNELL UNIVERSITY, NEW YORK NY 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16549
License Date	4/2/2014
Name	<b>LEE, MARVIN J MD</b>
Address	78 MAYFLOWER HGTS DR, OAKLAND, ME, 04963
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF CALIFORNIA LOS ANGELES USA 1989
Internship and Year	VALLEY FM RESIDENCY OF MODESTO - MODESTO, CA 1991
Residency and Year	VALLEY FM RESIDENCY OF MODESTO - MODESTO, CA 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15801
License Date	8/1/2012
Name	<b>LEE, NAM P MD</b>
Address	7 INDUSTRIAL WAY UNIT 5, SALEM, NH, 03079
Specialty	DR
Board Certified	DR
School and Year of Graduation	TULANE UNIVERSITY SCHOOL OF MEDICINE USA 1990
Internship and Year	UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE - JACKSONVILLE, FL 1991
Residency and Year	UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE - JACKSONVILLE, FL 1992
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	15584
License Date	3/7/2012
Name	<b>LEE, NICOLE N MD</b>
Address	DARTMOUTH HITCHCOCK MEDICAL CTR, ONE MEDICAL CENTER DR.LEBANON, NH, 03756
Specialty	DR
Board Certified	
School and Year of Graduation	OREGON HEALTH & SCIENCE UNIVERSITY USA 2005
Internship and Year	ST LUKES ROOSEVELT HOSPITAL CENTER - NY, NY 2006
Residency and Year	ST LUKES ROOSEVELT HOSPITAL CENTER - NY, NY 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12661
License Date	4/6/2005
Name	<b>LEE, PATRICK W MD</b>
Address	CMC EMERGENCY DEPT, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty	EM
Board Certified	EM
School and Year of Graduation	MEMORIAL UNIV OF NEWFOUNDLAND CANADA 2001
Internship and Year	UNIV OF FLORIDA COLLEGE, JACKSONVILLE FL 2002
Residency and Year	UNIV OF FLORIDA HEALTH SCIENCE, JACKSONVILLE FL 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9045
License Date	9/1/1993
Name	<b>LEE, RICHARD H MD</b>
Address	EAR NOSE & THROAT PHYSICIANS &, 130 TARRYTOWN RDMANCHESTER, NH, 03103
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	UNIVERSITY OF ALBERTA FACULTY MEDICINE CANADA 1986
Internship and Year	ROYAL VICTORIA HOSPITAL - MONTREAL QUEBEC CANADA 1987
Residency and Year	MCGILL UNIVERSITY - MONTREAL QUEBEC CANADA 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13751
License Date	11/7/2007
Name	<b>LEE, ROGER P MD</b>
Address	RADISPHERE NATIONAL RADIOLOGY, 3700 PARK EAST STE 300BEACHWOOD, OH, 44122
Specialty	R
Board Certified	R
School and Year of Graduation	NEW JERSEY MEDICAL SCHOOL USA 2000
Internship and Year	ST BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 2001
Residency and Year	ST BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10278
License Date	5/6/1998
Name	<b>LEE, SARA J MD</b>
Address	NORTH SHORE PHY GROUP-NEUR, 4 CENTENNIAL DR ST 204PEABODY, MA, 01960
Specialty	PM
Board Certified	PM
School and Year of Graduation	TUFTS UNIVERSITY USA 1994
Internship and Year	MALDEN HOSPITAL/BOSTON UNIVERSITY MEDICAL CENTER PROGRAM, MALDEN MA 1995
Residency and Year	SPAULDING REHAB HOSPITAL, BOSTON MA 1996
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	12562
License Date	1/5/2005
Name	<b>LEE, STEPHEN L MD</b>
Address	DHMC - DEPT OF NEUROLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	N
Board Certified	N
School and Year of Graduation	WASHINGTON UNIVERSITY, ST LOUIS MO US 1997
Internship and Year	WASHINGTON UNIVERSITY, ST LOUIS MO 1998
Residency and Year	WASHINGTON UNIVERSITY, ST LOUIS MO 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	2457
License Date	4/26/1946
Name	<b>LEE, THEODORE H MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1981</b>
Remarks	<b>DECEASED 10/30/92</b>

License Number	10279
License Date	5/6/1998
Name	<b>LEE, WILLIAM MD</b>
Address	THE HEART CENTER, 1 COLUMBIA STPOUGHKEEPSIE, NY, 12601
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF PITTSBURGH USA 1992
Internship and Year	UNIVERSITY OF PITTSBURGH, PITTSBURGH PA 1993
Residency and Year	UNIVERSITY OF PITTSBURGH, PITTSBURGH PA 1995
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	15837
License Date	9/5/2012
Name	<b>LEE, YONG H MD</b>
Address	ST JOSEPH HOSP, 172 KINSLEY STNASHUA, NH, 03061
Specialty	IM
Board Certified	IM
School and Year of Graduation	ST LOUIS UNIVERSITY PHILIPPINES 1991
Internship and Year	HENRY FORD HOSPITAL - DETROIT, MI 1993
Residency and Year	HENRY FORD HOSPITAL - DETROIT, MI 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9424
License Date	5/3/1995
Name	<b>LEE-CHIONG JR, TEOFILO L MD</b>
Address	4301 W MARKHAM ST, SLOT 555LITTLEROCK, AR, 72205
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF THE EAST PHILIPPINES 1985
Internship and Year	YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 1995
Residency and Year	YALE NEW HAVEN HOSPITAL- NEW HAVEN CT 1995
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	14657
License Date	11/4/2009
Name	<b>LEE-DYNES, LINDA J MD</b>
Address	SOUZA BARANOWSKI CORRECTIONAL, HARVARD RD PO BOX 8000SHIRLEY, MA, 01464
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF KANSAS USA 1985
Internship and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER - WORCESTER, MA 1991
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER - WORCESTER, MA 1994
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	8354
License Date	6/6/1990
Name	<b>LEEFMANS, ERIC A MD</b>
Address	CORE GENERAL SURGERY, 3 ALUMNI DRIVE SUITE 201EXETER, NH, 03833
Specialty	GS
Board Certified	GS
School and Year of Graduation	HARVARD MED SCHOOL - BOSTON, MA USA 1981
Internship and Year	NEW YORK UNIV MED CTR - NEW YORK, NY 1982
Residency and Year	MASS GENERAL HOSPITAL - BOSTON, MA 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	10280
License Date	5/6/1998
Name	<b>LEE-GLAZIER, MARIA G MD</b>
Address	UNIV OF PENNSYLVANIA HLTH, 3400 SPRUCE ST HUP 2 GATESPHILADELPHIA, PA, 19104-4283
Specialty	FP
Board Certified	
School and Year of Graduation	TRINITY COLLEGE USA 1992
Internship and Year	THE ADELAIDE HOSPITAL, DUBLIN IRELAND 1993
Residency and Year	THE ADELAIDE HOSPITAL, DUBLIN IRELAND 1994
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	16318
License Date	9/4/2013
Name	<b>LEE-IANNOTTI, JOYCE K MD</b>
Address	MAYO CLINIC, 5777 E MAYO BLVDPHOENIX, AZ, 85054
Specialty	N
Board Certified	N
School and Year of Graduation	UNIVERSITY OF SC SCHOOL OF MEDICINE USA 2005
Internship and Year	THE CLEVELAND CLINIC - CLEVELAND, OH 2006
Residency and Year	THE CLEVELAND CLINIC - CLEVELAND, OH 2009
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	7686
License Date	8/5/1987
Name	<b>LEESE, ROBERT M MD</b>
Address	14 PINWOOD DR, AMHERST, NH, 03031
Specialty	FP
Board Certified	FP
School and Year of Graduation	MEDICAL COLLEGE OF VA COMMONWEALTH UNIV SCH OF MED USA 1979
Internship and Year	MALCOLM GROW USAF MEDICAL CENTER - WASHINGTON DC 1980
Residency and Year	MALCOLM GROW USAF MEDICAL CENTER - WASHINGTON DC 1982
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	15352
License Date	8/3/2011
Name	<b>LEESON, THOMAS A DO</b>
Address	DHMC - COMMUNITY & FAMILY MEDICINE, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND USA 2006
Internship and Year	MAINE-DARTMOUTH FAMILY MEDICINE RESIDENCY-AUGUSTA, ME 2008
Residency and Year	MAINE-DARTMOUTH FAMILY MEDICINE RESIDENCY-AUGUSTA, ME 2010
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number 9657  
 License Date 3/6/1996  
 Name **LEFTIN, HOWARD I MD**  
 Address 6125 FARNSWOOD LN, APT 1205 FORT WORTH, TX, 76112-2784  
 Specialty P  
 Board Certified P  
 School and Year of Graduation BAYLOR COLLEGE OF MEDICINE - TX USA 1977  
 Internship and Year DEPT OF PSYCHISTRY BAYLOR COLLEGE OF MEDICINE - HOUSTON, TX 1978  
 Residency and Year DEPT OF PSYCHISTRY BAYLOR COLLEGE OF MEDICINE- HOUSTON, TX 1981  
 License Expiration Date **6/30/1999**  
 Remarks

License Number 14256  
 License Date 12/3/2008  
 Name **LEGNER, MARGARET A MD**  
 Address SOUTHERN NH INTERNAL MEDICINE, 6 TSIENNETO RD STE 300 DERRY, NH, 03038  
 Specialty IM  
 Board Certified  
 School and Year of Graduation BOSTON UNIV USA 2000  
 Internship and Year ROGER WILLIAMS GENERAL HOSPITAL - PROVIDENCE, RI 2001  
 Residency and Year ROGER WILLIAMS GENERAL HOSPITAL - PROVIDENCE, RI 2003  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11922  
 License Date 5/7/2003  
 Name **LEGRO, DAVID L MD**  
 Address MERCY HOSPITAL, 144 STATE STREET PORTLAND, ME, 04101  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation COLUMBIA UNIV COLLEGE - NEW YORK, NY USA 1999  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2001  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 8628  
 License Date 9/4/1991  
 Name **LEHMAN, EVAN L MD**  
 Address 7440 N SHADELAND AVE, STE 202 INDIANAPOLIS, IN, 46250  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation INDIANA UNIV SCH OO MED - INDIANAPOLIS, IN USA 1964  
 Internship and Year UC - SAN DIEGO MEDICAL CENTER - SAN DIEGO, CA 1965  
 Residency and Year METHODIST HOSPITAL - INDIANAPOLIS, IN 1969  
 License Expiration Date **6/30/2011**  
 Remarks

License Number	15647
License Date	5/2/2012
Name	<b>LEHOUILIER, PIA MARIE E MD</b>
Address	ELLIOT HOSP, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF SANTO TOMAS PHILIPPINES 2003
Internship and Year	DANBURY HOSPITAL - DANBURY, CT 2007
Residency and Year	DANBURY HOSPITAL - DANBURY, CT 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>LAPSED FOR NONRENEWAL 6/30/14 RENEWED 7/9/14</b>

License Number	14385
License Date	4/1/2009
Name	<b>LEHRER, IRA S DO</b>
Address	WENTWORTH DOUGLASS HOSP, 789 CENTRAL AVEDOVER, NH, 03820
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV OF NORTH TEXAS USA 2005
Internship and Year	MERCY MEDICAL CENTER - BALTIMORE, MD 2006
Residency and Year	JOHNS HOPKINS HOSPITAL-BALTIMORE, MD 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16280
License Date	8/7/2013
Name	<b>LEI, JUNYI MD</b>
Address	METAMARK GENETICS INC, 100 KESTREL DR COLLEGEVILLE, PA, 19426
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	HENAN MEDICAL UNIVERSITY CHINA 1993
Internship and Year	NATIONAL INSTITUTES OF HEALTH CLINICAL CENTER - BETHESDA, MD 1997
Residency and Year	NATIONAL INSTITUTES OF HEALTH CLINICAL CENTER - BETHESDA, MD 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11174
License Date	2/7/2001
Name	<b>LEIGH, HOYLE MD</b>
Address	UNIV OF CALIFORNIA, 2615 E CLINTON FRESNO, CA, 93703
Specialty	P
Board Certified	P
School and Year of Graduation	COLL OF MED YONSEI UNIV - SEOUL REPUBLIC OF KOREA KOREA 1965
Internship and Year	LONG ISLAND COLL HOSPITAL - BROOKLYN, NY 1966
Residency and Year	UNIV OF KANSAS MEDICAL CENTER - KANSAS CITY, KS 1967
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number 11175  
 License Date 2/7/2001  
 Name **LEIGH, LAWRENCE D MD**  
 Address 3680 BROADWAY, FT MYERS, FL, 33901  
 Specialty R  
 Board Certified R  
 School and Year of Graduation PULSE BEAT MED SC UNIV OF WITWATERSRAND SO AFRICA 1991  
 Internship and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1995  
 Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1999  
 License Expiration Date **6/30/2002**  
 Remarks

License Number 9401  
 License Date 4/5/1995  
 Name **LEIN, ALAN D MD**  
 Address DARTMOUTH-HITCHCOCK KEENE, 580-590 COURT STKEENE, NH, 03431  
 Specialty IM  
 Board Certified IMG  
 School and Year of Graduation TULANE UNIVERSITY SCHOOL OF MEDICINE USA 1992  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1995  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1995  
 License Expiration Date **6/30/2017**  
 Remarks **LAPSED FOR NON-RENEWAL 6/30/01..REINSTATED ON 7/9/08**

License Number 11632  
 License Date 6/5/2002  
 Name **LEINAU, LISA A MD**  
 Address CHESHIRE MEDICAL CTR, 590 COURT STKEENE, NH, 03431  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1999  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2000  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2002  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 6175  
 License Date 3/10/1980  
 Name **LEIPOLD, ROBERT A MD**  
 Address GARRISON MED PROF ASSOC, 770 CENTRAL AVEDOVER, NH, 03820-3469  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation JEFFERSON MED. COLL,PHILA.PA USA 1976  
 Internship and Year GEISINGER MEDICAL CENTER - DANVILLE ,PA 1977  
 Residency and Year GEISINGER MEDICAL CENTER - DANVILLE, PA 1977  
 License Expiration Date **6/30/1999**  
 Remarks

License Number	17176
License Date	7/1/2015
Name	<b>LEIS, ANGEL A MD</b>
Address	MAYO CLINIC, 5777 E MAYO BLVD PHOENIX, AZ, 85054
Specialty	N
Board Certified	N
School and Year of Graduation	UNIVERSITY OF ARIZONA USA 1983
Internship and Year	BAYLOR COLLEGE OF MEDICINE - HOUSTON, TX 1984
Residency and Year	UNIVERSITY OF TX - HOUSTON, TX 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7687
License Date	8/5/1987
Name	<b>LEITER, JAMES C MD</b>
Address	DHMC-PHYSIOLOGY, 1 MEDICAL CENTER DR LEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1979
Internship and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER NY 1980
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1987
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	17223
License Date	8/5/2015
Name	<b>LELAND, THOMAS M MD</b>
Address	1739 MAYBAND HWY, STE T-112 CHARLESTON, SC, 29412
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	MEDICAL UNIVERSITY OF SOUTH CAROLINA USA 1975
Internship and Year	MEDICAL UNIVERSITY OF SOUTH CAROLINA - CHARLESTON, SC 1977
Residency and Year	MEDICAL UNIVERSITY OF SOUTH CAROLINA - CHARLESTON, SC 1978
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12171
License Date	12/3/2003
Name	<b>LELORIER, PAUL A MD</b>
Address	BOSTON MED CTR - CARDIOLOGY, 88 E NEWTON ST BOSTON, MA, 02118
Specialty	IM
Board Certified	IM
School and Year of Graduation	MCGILL UNIVERSITY, MONTREAL QUEBEC CANADA CANADA 1994
Internship and Year	WASHINGTON UNIVERSITY, ST LOUIS MO 1995
Residency and Year	WASHINGTON UNIVERSITY, ST LOUIS MO 1997
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number 4211  
 License Date 4/16/1968  
 Name **LEMBESSIS, NICOLA MD**  
 Address 5000 N OCEAN BLVD, APT 1201LAUDERDALE BY THE SE, FL, 33308  
 Specialty IM  
 Board Certified  
 School and Year of Graduation UNIV OF BOLOGNA ITALY 1961  
 Internship and Year SALEM HOSPITAL - SALEM, MA 1965  
 Residency and Year LAHEY CLINIC - BOSTON, MA 1967  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11419  
 License Date 10/3/2001  
 Name **LEMEI, SUSAN L MD**  
 Address SUSAN LEMEI, MD PC, PO BOX 1024 23 SCHOOL STCHESTER, VT, 05143  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF ROCHESTER SCH OF MED - ROCHESTER, NY USA 1995  
 Internship and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 1997  
 Residency and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 1998  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 15083  
 License Date 12/1/2010  
 Name **LEMIRE, GUY G MD**  
 Address 12451 WEMBLEY RD, PO BOX 6179LOS ALAMITOS, CA, 90721  
 Specialty CDS  
 Board Certified CDS  
 School and Year of Graduation LAVAL UNIVERSITY CANADA 1966  
 Internship and Year ROYAL VICTORIA HOSPITAL - MONTREAL, QUEBEC CANADA 1970  
 Residency and Year ROYAL VICTORIA HOSPITAL - MONTREAL, QUEBEC CANADA 1972  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 5827  
 License Date 9/22/1977  
 Name **LEMMON, KATHRYN S MD**  
 Address EYE ANESTHESIA OF CONCORD PLLC, 246 PLEASANT ST STE 105BCONCORD, NH, 03301  
 Specialty AN  
 Board Certified  
 School and Year of Graduation WEST VIRGINIA UNIV SCHOOL OF MEDICINE - MORGANTOWN USA 1972  
 Internship and Year UNIV KENTUCKY CHANDLER MEDICAL CENTER - LEXINGTON, KY 1973  
 Residency and Year UNIV KENTUCKY CHANDLER MEDICAL CENTER - LEXINGTON, KY 1975  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11709  
 License Date 8/7/2002  
 Name **LEMMOND, KERI L MD**  
 Address 91 RICHARDSON RD, HOLLIS, NH, 03049  
 Specialty P  
 Board Certified P  
 School and Year of Graduation TEXAS A & M UNIV HLTH CTR - COLLEGE STATION, TX USA 1996  
 Internship and Year BOSTON VA MEDICAL CENTER - JAMAICA PLAIN, MA 1997  
 Residency and Year BOSTON VA MEDICAL CENTER - JAMAICA PLAIN, MA 2000  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13070  
 License Date 5/3/2006  
 Name **LEMONICK, DAVID MD**  
 Address ARMSTONG COUNTY MEMORIAL HOSPI, ONE NOLTE DR KITTANNING, PA, 16201  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation NY MEDICAL COLLEGE 1981 1981  
 Internship and Year ST LUKES ROOSEVELT HOSPITAL CTR, NY NY 1986  
 Residency and Year WINTHROP UNIV MEDICAL CTR, MINEOLA NY 1990  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 3293  
 License Date 4/2/1959  
 Name **LENA, PAUL J MD**  
 Address 16 MADISON ST, CONCORD, NH, 03301-4343  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1953  
 Internship and Year EVANSTON HOSPITAL- EVANSTON, IL 1954  
 Residency and Year EVANSTON HOSPITAL - EVANSTON, IL 1954  
 License Expiration Date **1/30/2007**  
 Remarks **DECEASED 1-30-07**

License Number 16718  
 License Date 8/6/2014  
 Name **LENKOVSKY, FIMA MD**  
 Address 3301 ELAM CT, PLANO, TX, 75093  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation KEMEROVO STATE MEDICAL ACADEMY RUSSIA 1972  
 Internship and Year TULANE UNIVERSITY SCHOOL OF MEDICINE - NEW ORLEANS, LA 1998  
 Residency and Year TULANE UNIVERSITY SCHOOL OF MEDICINE - NEW ORLEANS, LA 1999  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	8593
License Date	7/17/1991
Name	<b>LENZ, JAMES E MD</b>
Address	VA MEDICAL CENTER, DEPT OF RADIOLOGYWHITE RIVER JCT, VT, 05009
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF NC AT CHAPEL HILL SCH OF - NC USA 1980
Internship and Year	NORTH CAROLINA MEMORIAL HOSPITAL - CHAPEL HILL, NC 1981
Residency and Year	NORTH CAROLINA MEMORIAL HOSPITAL - CHAPEL HILL, NC 1984
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	5670
License Date	1/18/1977
Name	<b>LEONARD, RICHARD J MD</b>
Address	7600 N 15TH ST STE 130, PHOENIX, AZ, 85020-
Specialty	PD
Board Certified	PD
School and Year of Graduation	TEMPLE UNIV SCHOOL OF MEDICINE PHILADELPHIA, PA USA 1971
Internship and Year	USPHS HOSPITAL SAN FRANCISCO, CA 1971
Residency and Year	MEDICAL COLLEGE OF VIRGINIA HOSPITAL RICHMOND, VA 1975
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	6399
License Date	6/4/1981
Name	<b>LEONARD-SCHWARTZ, PAULA A MD</b>
Address	121 MADELINE RD, MANCHESTER, NH, 03104
Specialty	FP
Board Certified	FP
School and Year of Graduation	BOSTON UNIV SCH OF MED USA 1977
Internship and Year	UNIV OF MARYLAND HOSP-BALTIMORE,MD 1978
Residency and Year	UNIV OF MARYLAND HOSP-BALTIMORE,MD 1980
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14658
License Date	11/4/2009
Name	<b>LEONE, GUY R MD</b>
Address	P O BOX 225, FORBES ROAD, PA, 15633
Specialty	AN
Board Certified	AN
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1979
Internship and Year	CHILDRENS HOSPITAL OF PITTSBURGH - PITTSBURGH, PA 1982
Residency and Year	MERCY HOSPITAL OF PITTSBURGH - PITTSBURGH, PA 1984
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number	RT364
License Date	7/1/1995
Name	<b>LEONE, MICHAEL A MD</b>
Address	DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL DRIVELEBANON, NH, 03756
Specialty	N
Board Certified	
School and Year of Graduation	UNIVERSITY OF INDIANA USA 1994
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1995
Residency and Year	
License Expiration Date	<b>6/30/1998</b>
Remarks	The Board took disciplinary action against Dr. Leone on August 22, 2000. On January 14, 2008, the Board issued an order vacating the August 22, 2000 Order. Dr. Leone is in good standing with the NH Board of Medicine.

License Number	13774
License Date	12/5/2007
Name	<b>LEONG, KENNETH MD</b>
Address	227 WEST JANSS ROAD SUITE 205, THOUSAND OAKS, CA, 91360
Specialty	PS
Board Certified	PS
School and Year of Graduation	UNIV OF CALIFORNIA USA 1992
Internship and Year	UCLA MEDICAL CENTER-LOS ANGELES, CA 1993
Residency and Year	UCLA MEDICAL CENTER-LOS ANGELES, CA 1995
License Expiration Date	<b>6/30/2011</b>
Remarks	7-9-13 - Order

License Number	7813
License Date	4/6/1988
Name	<b>LEONG, PATRICK L DO</b>
Address	ST JOSEPH FAMILY MED CTRS, 382 DW HIGHWAYMERRIMACK, NH, 03054
Specialty	GP
Board Certified	GP
School and Year of Graduation	UNIV OF OSTEOPATHIC MED AND HEALTH SCI-IA USA 1983
Internship and Year	DESMOINES HOSP-IA 1984
Residency and Year	DESMOINES HSOP-IA 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11134
License Date	12/6/2000
Name	<b>LEONIAK, THADDEUS R MD</b>
Address	100 DRUM POINT RD, BRICK, NJ, 08723
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	NEW YORK MEDICAL COLLEGE-VALHALLA, NY USA 1967
Internship and Year	NEW YORK MEDICAL COLL- VALHALLA, NY 1968
Residency and Year	NEW YORK MEDICAL COLL - VALHALLA, NY 1971
License Expiration Date	<b>12/20/2004</b>
Remarks	DECEASED 12-20-04

License Number	8920
License Date	4/7/1993
Name	<b>LEOPOLD, KENNETH A MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty	ON
Board Certified	R
School and Year of Graduation	UNIV OF PENNSYLVANIA SCHOOL OF MEDICINE USA 1982
Internship and Year	GRADUATE HOSPITAL - PHILADELPHIA PA 1983
Residency and Year	HARVARD MEDICAL SCHOOL JOINT CENTER FOR RADIATION THERAPY - BOSTON MA 1986
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	15449
License Date	11/2/2011
Name	<b>LEPESKA, MICHAEL J MD</b>
Address	MICHAEL J. LEPESKA, MD, 1502 WILD PEAKSAN ANTONIA, TX, 78258
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE USA 2002
Internship and Year	AULTMAN HOSPITAL- TEOUCOM PROGRAM - CANTON, OH 2003
Residency and Year	AULTMAN HOSPITAL- TEOUCOM PROGRAM - CANTON, OH 2007
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	14323
License Date	2/4/2009
Name	<b>LEPLER, LAWRENCE S MD</b>
Address	WALTER REED ARMY MED CTR, 6900 GEORGIA AVEWASHINGTON, DC, 20307
Specialty	IM
Board Certified	IM
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 1988
Internship and Year	WILLIAM BEAUMONT ARMY MEDICAL CENTER - EL PASO, TX 1989
Residency and Year	WILLIAM BEAUMONT ARMY MEDICAL CENTER - EL PASO, TX 1992
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	10953
License Date	6/7/2000
Name	<b>LERNER, KENNETH G MD</b>
Address	VA MEDICAL CENTER, 718 SMYTH RDMANCHESTER, NH, 03104
Specialty	P
Board Certified	P
School and Year of Graduation	WAYNE STATE UNIV - DETROIT, MI USA 1965
Internship and Year	HENRY FORD HOSPITAL - DETROIT, MI 1966
Residency and Year	MAYO GRADUATE SCH OF MED - ROCHESTER, MN 1970
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12747
License Date	6/1/2005
Name	<b>LERNER, LISA H MD</b>
Address	DERMATOPATHOLOGY ASSOCIATES, 2 WELLS AVENEWTON, MA, 02459
Specialty	DMP
Board Certified	D
School and Year of Graduation	HARVARD MEDICAL SCHOOL, BOSTON MA US 1988
Internship and Year	BETH ISRAEL DEACONESS MED CTR, BOSTON MA 1989
Residency and Year	BETH ISRAEL DEACONESS MED CTR, BOSTON MA 1990
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11376
License Date	9/5/2001
Name	<b>LERNER, LORI B MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	U
Board Certified	U
School and Year of Graduation	UNIV OF ARIZONA - TUCSON, AZ USA 1994
Internship and Year	UNIV OF ARIZONA - AHSC- TUSCON, AZ 1995
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR- LEBANON, NH 1996
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	12430
License Date	8/4/2004
Name	<b>LERO, WILLIAM P MD</b>
Address	MERRIMACK MEDICAL CENTER, 696 DANIEL WEBSTER HWYMERRIMACK, NH, 03054
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF VERMONT, BURLINGTON VT US 1983
Internship and Year	MEDICAL COLLEGE OF VIRGINIA, RICHMOND VA 1984
Residency and Year	MEDICAL COLLEGE OF VIRGINIA, RICHMOND VA 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9139
License Date	4/6/1994
Name	<b>LESLIE, BRUCE M MD</b>
Address	2000 WASHINGTON ST STE 343, NEWTON, MA, 02462-
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	SUNY HEALTH SCIENCE CENTER AT SYRACUSE USA 1978
Internship and Year	NEW ENGLAND MEDICAL CENTER - BOSTON MA 1979
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON MA 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15385
License Date	9/7/2011
Name	<b>LESLIE-MAZWI, THABELE M MD</b>
Address	MASS GENERAL HOSP - TELESTROKE PROG, 15 PARKMAN ST #WAC 729JBOSTON, MA, 02114
Specialty	N
Board Certified	N
School and Year of Graduation	UNIVERSITY OF ZIMBABWE ZIMBABWE 2000
Internship and Year	MAYO CLINIC - JACKSONVILLE, FL 2005
Residency and Year	MAYO GRADUATE SCHOOL OF MEDICINE - JACKSONVILLE, FL 2008
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	16719
License Date	8/6/2014
Name	<b>LESSAC CHENEN, SIMONE R MD</b>
Address	LITTLE RIVERS HEALTH CARE, 65 S MAIN STWELLS RIVER, VT, 05081
Specialty	FP
Board Certified	FP
School and Year of Graduation	SUNY DOWNSTATE MEDICAL CENTER USA 2010
Internship and Year	PROVIDENCE MILWAUKIE HOSPITAL - MILWAUKIE, WI 2012
Residency and Year	PROVIDENCE MILWAUKIE HOSPITAL - MILWAUKIE, WI 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15667
License Date	5/2/2012
Name	<b>LESSARD, LAUREN C MD</b>
Address	WENTWORTH HEALTH PTNRS - GYN & INFERTILITY ASSOC, 15 OLD ROLLINSFORD RD #102DOVER,
Specialty	OBG
Board Certified	
School and Year of Graduation	MEDICAL COLLEGE OF WISCONSIN USA 2008
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8714
License Date	5/6/1992
Name	<b>LESSER, EUGENE A DO</b>
Address	SJ NEUROLOGY ASSOCIATES, 166 KINSLEY ST STE101NASHUA, NH, 03060
Specialty	N
Board Certified	N
School and Year of Graduation	MICHIGAN STATE UNIVERSITY USA 1986
Internship and Year	KENNEDY MEMORIAL HOSPITAL 1987
Residency and Year	BOSTON UNIVERSITY 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10626
License Date	7/7/1999
Name	<b>LESTER, SARAH S MD</b>
Address	NEW LONDON PEDIATIC, 273 COUNTY RDNEW LONDON, NH, 03257
Specialty	PD
Board Certified	PD
School and Year of Graduation	HAHNEMANN MED COLL - PHILADELPHIA, PA USA 1996
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1997
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10281
License Date	5/6/1998
Name	<b>LESTINA, LISA S MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	NORTHWESTERN UNIVERSITY USA 1995
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER, LEBANON, NH 1996
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER, LEBANON, NH 1998
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	10720
License Date	10/6/1999
Name	<b>LESZNIK, GEORGE R MD</b>
Address	788 ELM ST, FLORENCE, VT, 05744
Specialty	AN
Board Certified	
School and Year of Graduation	SACKLER FACULTY OF MED TEL AVIV UNIV TEL AVIV ISRAEL 1983
Internship and Year	SUNY HEALTH SCIENCE CENTER - BROOKLYN 1984
Residency and Year	MONTEFIORE MEDICAL CENTER - BRONX NY 1986
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	14736
License Date	2/3/2010
Name	<b>LEUNG, CALVIN C MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 2007
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	14969
License Date	8/4/2010
Name	<b>LEUNG, CHRISTOPHER H MD</b>
Address	FOUNDATION GASTROENTEROLOGY, 8 PROSPECT ST NORTH II SPECIALTY SUITE NASHUA, NH, 0306
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF MED & DENTISTRY NJ USA 2004
Internship and Year	BOSTON UNIVERSITY MEDICAL CENTER UNIVERSITY HOSPITAL - BOSTON, MA 2005
Residency and Year	BOSTON UNIVERSITY MEDICAL CENTER UNIVERSITY HOSPITAL - BOSTON, MA 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11780
License Date	11/6/2002
Name	<b>LEUSNER, CHARLES R MD</b>
Address	3402 S 18TH ST, TACOMA, WA, 98405
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF WASHINGTON - SEATTLE, WA USA 1994
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1995
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1999
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	6390
License Date	5/28/1981
Name	<b>LEUTZINGER, CHARLES G MD</b>
Address	CRICKET HILL FARM, 78 TIGHE FARM RD WILTON, NH, 03086
Specialty	R
Board Certified	ON
School and Year of Graduation	UNIV OF CONN. SCH OF MED, FARMINGTON, CT USA 1976
Internship and Year	YALE NEW HAVEN HOSP, NEW HAVEN, CT 1977
Residency and Year	YALE NEW HAVEN HOSP, NEW HAVEN, CT 1980
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13167
License Date	7/5/2006
Name	<b>LEV, EFRAT MD</b>
Address	20 WEST 64TH ST APT#20-S, NEW YORK, NY, 10023
Specialty	PD
Board Certified	PD
School and Year of Graduation	HEBREW UNIV ISRAEL 2000
Internship and Year	JACOBI MEDICAL CTR-BRONX, NY 2005
Residency and Year	JACOBI MEDICAL CENTER 2006
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	14712
License Date	1/6/2010
Name	<b>LEVASSEUR, PETER W MD</b>
Address	732 RIDGE RD, PLYMOUTH, ME, 04969
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF VERMONT USA 1985
Internship and Year	UNIVERSITY OF LOUISVILLE - LOUISVILLE, KY 1986
Residency and Year	UNIVERSITY OF LOUISVILLE - LOUISVILLE, KY 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7814
License Date	4/6/1988
Name	<b>LEVENE, DAVID R MD</b>
Address	MONADNOCK COMMUNITY HOSPITAL, 454 OLD STREET RD STE 302PETERBOROUGH, NH, 03458
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	MED COLL OF PENNSYLVANIA - PHILA, PA USA 1983
Internship and Year	LOS ANGELES MEDICAL CENTER - LOS ANGELES, CA 1984
Residency and Year	UNIV OF MARYLAND HOSPITAL - BALTIMORE, MD 1987
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8530
License Date	5/8/1991
Name	<b>LEVENE, STEVEN R MD</b>
Address	CHESHIRE MEDICAL CENTER, 580 COURT STKEENE, NH, 03431-1718
Specialty	R
Board Certified	R
School and Year of Graduation	BOSTON UNIV SCH OF MED - BOSTON, MA USA 1980
Internship and Year	BETH ISRAEL HOSPITAL - BOSTON, MA 1981
Residency and Year	MASS GENERAL HOSPITAL - BOSTON, MA 1984
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11665
License Date	7/3/2002
Name	<b>LEVENGGOOD, ROBERT A MD</b>
Address	PO BOX 189, ELKINS, NH, 03233-0189
Specialty	P
Board Certified	P
School and Year of Graduation	WAYNE STATE UNIV - DETROIT, MI USA 1970
Internship and Year	ST LUKES-ROOSEVELT HOSPITAL CTR - NEW YORK, NY 1971
Residency and Year	ST LUKES-ROOSEVELT HOSPITAL CTR - NEW YORK, NY 1974
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	14352
License Date	3/4/2009
Name	<b>LEVENICK, JOHN M MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	LOYOLA UNIV OF CHICAGO USA 2006
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	9140
License Date	4/6/1994
Name	<b>LEVENSON, MARC F MD</b>
Address	15129 GOLF VIEW DR, HAYMARKET, VA, 20169
Specialty	IM
Board Certified	IM
School and Year of Graduation	SUNY HEALTH SCIENCES CENTER AT SYRACUSE USA 1976
Internship and Year	UNIVERSITY OF NC HOSPITALS - CHAPEL HILL NC 1977
Residency and Year	UNIVERSITY OF NC HOSPITALS - CHAPEL HILL NC 1977
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11028
License Date	8/2/2000
Name	<b>LEVENSON, STEWART I MD</b>
Address	VA MEDICAL CENTER, 718 SMYTH RD AMBULATORY CAREMANCHESTER, NH, 03104
Specialty	IM
Board Certified	IM
School and Year of Graduation	OHIO STATE UNIV COLL - COLUMBUS, OH USA 1986
Internship and Year	NEW YORK MEDICAL COLLEGE - VALHALLA, NY 1987
Residency and Year	NEW YORK HOSPITAL MEDICAL CENER OF QUEENS - FLUSHING, NY 1989
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9585
License Date	11/1/1995
Name	<b>LEVENSTEIN, BABS R MD</b>
Address	14 TSIENNETO RD, SUITE 302DERRY, NH, 03038
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	ALBANY MEDICAL COLLEDGE ALBANY, NY USA 1984
Internship and Year	UNIV OF CA IRVINE MEDICAL CENTER ORANGE, CA 1985
Residency and Year	KAISER FNDN HOSPITAL OF LA LOS ANGELES, CA 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number	9658
License Date	3/6/1996
Name	<b>LEVERETT, TERESA M DO</b>
Address	FREEDOM FAMILY PRACTICE, 875 GREENLAND RD, UNIT C8PORTSMOUTH, NH, 03801-4163
Specialty	
Board Certified	FP
School and Year of Graduation	NY COLLEGE OF OSTEO MEDICINE USA 1986
Internship and Year	NORTH OAKLAND MEDICAL CENTER - PONTIAC, MI 1987
Residency and Year	EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13503
License Date	5/9/2007
Name	<b>LEVI, ANGELIQUE W MD</b>
Address	AUREON LABORATORIES, INC, 28 WELLS AVEYONKERS, NY, 10701
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF ROCHESTER USA 1997
Internship and Year	JOHN HOPKINS UNIV SCHOOL OF MEDICINE - BALTIMORE, MD 1998
Residency and Year	JOHN HOPKINS UNIV SCHOOL OF MEDICINE - BALTIMORE, MD 2001
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	5530
License Date	6/14/1976
Name	<b>LEVI, DONALD S MD</b>
Address	NASHUA PEDIATRIC INC, 155 KINSLEY STNASHUA, NH, 03060
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF VERMONT COLLEGE OF MEDICINE USA 1972
Internship and Year	BELLEVUE HOSPITAL - NY, NY 1973
Residency and Year	BELLEVUE HOSPITAL - NY, NY 1975
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6736
License Date	7/7/1983
Name	<b>LEVICK, CARL E MD</b>
Address	NEWPORT HOSPITAL, FRIENDSHIP STNEWPORT, RI,
Specialty	IM
Board Certified	CD
School and Year of Graduation	UNIV OF MASS SCH MED WORESTER, MA USA 1978
Internship and Year	THE MIRIAM HOSPITAL - PROVIDENCE, RI 1979
Residency and Year	THE MIRIAM HOSPITAL - PROVIDENCE, RI 1981
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	9544
License Date	9/6/1995
Name	<b>LEVIN, ALBERT B MD</b>
Address	LAHEY CLINIC, 41 MALL RDBURLINGTON, MA, 01805
Specialty	CD
Board Certified	IM
School and Year of Graduation	HARVARD MEDICAL SCHOOL BOSTON, MA USA 1960
Internship and Year	BOSTON CITY HOSPITAL BOSTON, MA 1961
Residency and Year	BOSTON CITY HOSPITAL BOSTON,MA 1962
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	8772
License Date	7/1/1992
Name	<b>LEVIN, COLEMAN H MD</b>
Address	8 STREAMSIDE RD UNIT 1, PO BOX 910CAMPTON, NH, 03223
Specialty	IM
Board Certified	IM
School and Year of Graduation	LOYOLA UNIVERSITY OF CHIAGO STRITCH SCHOOL OF MED USA 1957
Internship and Year	PHILADELPHIA GENERAL HOSPITAL - PHILADELPHIA PA 1958
Residency and Year	LEMUEL SHATTUCK HOSPITAL - BOSTON MA 1961
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9872
License Date	11/6/1996
Name	<b>LEVIN, DANIEL L MD</b>
Address	DHMC-PEDIATRICS, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	CCP
Board Certified	
School and Year of Graduation	UNIV OF ILLINOIS COLLEGE OF MEDICINE - CHICAGO, IL USA 1969
Internship and Year	RUSH-PRESBY ST LIKJES MEDICAL CENTER - IL 1971
Residency and Year	MOFFITT HOSPITAL UNIV OF CALIFORNIA, CA 1975
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12881
License Date	9/7/2005
Name	<b>LEVIN, LARA J MD</b>
Address	DARTMOUTH HITCHCOCK-KEENE, 590 COURT STKEENE, NH, 03431
Specialty	IM
Board Certified	END
School and Year of Graduation	UNIVERSITY OF COLORADO, BOULDER CO US 1998
Internship and Year	MOUNT SINAI MED CTR, NEW YORK NY 1999
Residency and Year	MOUNT SINAI MED CTR, NEW YORK NY 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8756
License Date	7/1/1992
Name	<b>LEVIN, MORRIS MD</b>
Address	UCSF DEPT OF NEUROLOGY, 2330 POST STSAN FRANCISCO, CA, 94115
Specialty	N
Board Certified	N
School and Year of Graduation	UNIVERSITY OF HEALTH SCIENCES USA 1980
Internship and Year	UMDNJ - UNIVERSITY HOSPITAL NEWARK - NEW JERSEY 1981
Residency and Year	UMDNJ - UNIVERSITY HOSPITAL NEWARK - NEW JERSEY 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3076
License Date	7/22/1955
Name	<b>LEVIN, MURRAY N MD</b>
Address	2 ROLLING RIDGE RD, WINDHAM, NH, 03087-2120
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF VERMONT USA 1943
Internship and Year	NEW ROCHELLE HOSPITAL - NY 1944
Residency and Year	MT SINAI HOSPITAL 1947
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	14466
License Date	6/3/2009
Name	<b>LEVIN, RICHARD D MD</b>
Address	21150 BISCAYNE BLVD STE 104, AVENTURA, FL, 33180
Specialty	U
Board Certified	U
School and Year of Graduation	GEORGE WASHINGTON UNIV USA 1989
Internship and Year	GEORGE WASHINGTON UNIVERSITY-WASHINGTON, DC 1990
Residency and Year	WASHINGTON HOSPITAL CENTER-WASHINGTON, DC 1991
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	15030
License Date	10/6/2010
Name	<b>LEVIN, STEVEN I MD</b>
Address	3093-A COUNTRYSIDE BAY, WOODBURY, MN, 55129
Specialty	GS
Board Certified	GS
School and Year of Graduation	HAHNEMANN UNIVERSITY USA 1993
Internship and Year	COOPER HOSPITAL UNIVERSITY MEDICAL CENTER - CAMDEN, NJ 1994
Residency and Year	COOPER HOSPITAL UNIVERSITY MEDICAL CENTER - CAMDEN, NJ 1995
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	11710
License Date	8/7/2002
Name	<b>LEVINE, GARY M MD</b>
Address	DHMC-GIM, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	NEW YORK UNIV SCH OF MED - NEW YORK, NY USA 1968
Internship and Year	DUKE UNIV MEDICAL CENTER - DURHAM, NC 1969
Residency and Year	DUKE UNIV MEDICAL CENTER - DURHAM, NC 1970
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7434
License Date	9/4/1986
Name	<b>LEVINE, GILBERT D MD</b>
Address	58 REDBONE DRIVE, BRISTOL, NH, 03222
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV IOWA COLL MED IOWA CITY IA USA 1979
Internship and Year	SHAND HOS UN FL MED CTR GAINSVILLE FL 1980
Residency and Year	SHAND HOS UN FL MED CTR GAINESVILLE FL 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7443
License Date	10/2/1986
Name	<b>LEVINE, LAURENCE E MD</b>
Address	, , ,
Specialty	P
Board Certified	
School and Year of Graduation	GEORGE WASHINGTON UNIVERSITY USA 1978
Internship and Year	
Residency and Year	
License Expiration Date	<b>7/11/1996</b>
Remarks	DECEASED 7/19/10                      2/20/96 - Settlement Agreement. Temporary Suspension effective 2/20/96 until hearing can be held on charges of illegal prescribing. 7/11/96 - Consent Decree. Voluntary surrender of license in lieu of formal disciplinary action.

License Number	10255
License Date	4/1/1998
Name	<b>LEVINE, MARC J MD</b>
Address	3514 21ST ST, LUBBOCK, TX, 79410
Specialty	IM
Board Certified	IM
School and Year of Graduation	CASE WESTERN UNIV SCHOOL OF MED USA 1983
Internship and Year	UNIV OF CALIFORNIA -SAN FRANCISCO,CA 1984
Residency and Year	UNIV OF CALIFORNIA-DAN FRANCISCO,CA 1986
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	8475
License Date	1/9/1991
Name	<b>LEVINE, MATTHEW L MD</b>
Address	ASSOCIATED RADIOLOGISTS PA, 8 E PEARL ST NASHUA, NH, 03060-9029
Specialty	R
Board Certified	R
School and Year of Graduation	UMDNA-ROBERT W JOHNSON MED SCH - NJ USA 1983
Internship and Year	UMDNJ ROBERT W JOHNSON MEDICAL SCHOOL - PISCATAWAY, NJ 1984
Residency and Year	BETH ISRAEL HOSPITAL - BOSTON, MA 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8531
License Date	5/8/1991
Name	<b>LEVINE, ROBERT A MD</b>
Address	5 COLISEUM AVE, NASHUA, NH, 03063
Specialty	END
Board Certified	END
School and Year of Graduation	UNIVERSITY OF CT SCHOOL OF MEDICINE USA 1981
Internship and Year	MT AUBURN HOSPITAL - CAMBRIDGE MA 1982
Residency and Year	YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN CT 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7580
License Date	5/6/1987
Name	<b>LEVINE, STEVEN S MD</b>
Address	NASHUA WEST ADULT MEDICINE, 5 DOW JONES AVENASHUA, NH, 03062
Specialty	IM
Board Certified	IM
School and Year of Graduation	STATE UNIV OF NY DOWNSTATE MED CTR USA 1982
Internship and Year	MONTEFIORE HOSPITAL MEDICAL CENTER - BRONX, NY 1983
Residency and Year	MONTEFIORE HOSPITAL MEDICAL CENTER - BRONX, NY 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11112
License Date	11/1/2000
Name	<b>LEVINE, ZALMAN MD</b>
Address	75 FRANCIS ST, APT ASB1-3-073 BOSTON, MA, 02115
Specialty	OBG
Board Certified	
School and Year of Graduation	ALBERT EINSTEIN COLL YESHIVA UNIV-BRONX, NY USA 1995
Internship and Year	ALBERT EINSTEIN COLLEGE OF MEDICINE - BRONX, NY 1996
Residency and Year	ALBERT EINSTEIN COLLEGE OF MEDICINE - BRONX, NY 1999
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	3877
License Date	2/1/1966
Name	<b>LEVIS, EILEEN H MD</b>
Address	139 EAST MAIN ST, WARNER, NH, 03278
Specialty	FP
Board Certified	
School and Year of Graduation	NATIONAL UNIV OF MEXICO MEXICO 1962
Internship and Year	REGINA GREYHUNS - SASKATCHEWAN CANADA 1963
Residency and Year	MIRIAM HOSPITAL - PROVIDENCE, RI 1966
License Expiration Date	<b>6/30/1999</b>
Remarks	DECEASED 1/4/99

License Number	6580
License Date	6/24/1982
Name	<b>LEVITAN, NATHAN MD</b>
Address	, , ,
Specialty	IM
Board Certified	
School and Year of Graduation	TUFTS UNIVERSITY IN MA USA 1980
Internship and Year	
Residency and Year	
License Expiration Date	<b>8/22/1988</b>
Remarks	

License Number	15668
License Date	5/2/2012
Name	<b>LEVITAN, RICHARD M MD</b>
Address	COTTAGE HOSPITAL, 90 SWIFT WATER ROADWOODSVILLE, NH, 03785
Specialty	EM
Board Certified	EM
School and Year of Graduation	NEW YORK UNIVERSITY SCHOOL OF MEDICINE USA 1990
Internship and Year	BELLEVUE HOSPITAL CENTER - NY, NY 1991
Residency and Year	BELLEVUE HOSPITAL CENTER - NY, NY 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6338
License Date	2/5/1981
Name	<b>LEVITT, STEPHAN M MD</b>
Address	9510 BONITA BENCH RD SE, UNIT 101BONITA SPRING, FL, 34135
Specialty	D
Board Certified	D
School and Year of Graduation	UNIV OF NY AT BUFFALO SCH OF MED-BUFFALO,NY USA 1976
Internship and Year	STRONG MEM HOSP UNIV OF ROCHESTER 1977
Residency and Year	STRONG MEM HOSP UNIV OF ROCHESTER 1978
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	8715
License Date	5/6/1992
Name	<b>LEVY, CLIFFORD M MD</b>
Address	CONCORD ORTHOPAEDICS, 264 PLEASANT STCONCORD, NH, 03301-7500
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	MOUNT SINAI SCHOOL OF MEDICINE USA 1986
Internship and Year	MOUNT SINAI MEDICAL CENTER 1987
Residency and Year	MOUNT SINAI MEDICAL CENTER 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12346
License Date	6/2/2004
Name	<b>LEVY, L CAMPBELL MD</b>
Address	DHMC - GASTROENTEROLOGY DEPT, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA US 2001
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2002
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8820
License Date	10/7/1992
Name	<b>LEVY, NORMAN B MD</b>
Address	DHMC PATHOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSITY OF MICHIGAN USA 1976
Internship and Year	UNIVERSITY HOSPITALS AND CLINICS COLUMBIA - MISSOURI 1977
Residency and Year	UNIVERSITY HOSPITALS AND CLINICS COLUMBIA - MISSOURI 1980
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	6534
License Date	5/6/1982
Name	<b>LEVY, RICHARD L MD</b>
Address	PO BOX 1074, HAMPTON, NH, 03843
Specialty	N
Board Certified	N
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1977
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1978
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1981
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 11155  
 License Date 1/3/2001  
 Name **LEVY, RICHARD P MD**  
 Address DHMC, ONE MEDICAL CTR DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation YALE UNIVERSITY USA 1947  
 Internship and Year UNIVERSITY HOSPITALS OF CLEVELAND - CLEVELAND OH 1949  
 Residency and Year UNIVERSITY HOSPITALS OF CLEVELAND - CLEVELAND OH 1953  
 License Expiration Date **11/14/2007**  
 Remarks **11/14/07 - Voluntary Surrender of License**

License Number 9568  
 License Date 10/4/1995  
 Name **LEWIN, SETH M MD**  
 Address 115 STANDISH RD, NEEDHAM, MA, 02492-1117  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation GEORGETOWN UNIV SCHOOL OF MEDICINE WASHINGTON, DC USA 1972  
 Internship and Year BOSTON CITY HOSPITAL BOSTON,MA 1973  
 Residency and Year NEW ENGLAND DEACONESS HOSPITAL BOSTON,MA 1975  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 8821  
 License Date 10/7/1992  
 Name **LEWINSOHN, HILTON C MD**  
 Address 20 CHESTNUT N27, EXETER, NH, 03833  
 Specialty OM  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF THE WITWATERSRAND SOUTH AFRICA 1952  
 Internship and Year BRONX MUNICIPAL HOSPITAL - BRONX, NY 1962  
 Residency and Year BRONX MUNICIPAL HOSPITAL - BRONX, NY 1962  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 5388  
 License Date 8/7/1975  
 Name **LEWIS, BRUCE J MD**  
 Address 4526 JERICHO ST, WHITE RIVER JCT, VT, 05001  
 Specialty PTH  
 Board Certified CLP  
 School and Year of Graduation UNIV OF LAUSANNE SWITZERLAND 1972  
 Internship and Year CORNELL UNIV MEDICAL CENTER - NY CITY, NY 1973  
 Residency and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1975  
 License Expiration Date **6/30/2015**  
 Remarks



License Number	12882
License Date	9/7/2005
Name	<b>LEWIS, CLEMENTINA J MD</b>
Address	KENMORE WELLNESS CENTER, 1110 COLVIN BLVD BUFFALO, NY, 14223
Specialty	GS
Board Certified	
School and Year of Graduation	UNIVERSITY OF CATTOLICA DEL SACRO CUORE, ROME ITAL ITALY 1977
Internship and Year	CABRINI MEDICAL CTR, NEW YORK NY 1980
Residency and Year	CABRINI MEDICAL CTR, NEW YORK NY 1984
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	8091
License Date	5/10/1989
Name	<b>LEWIS, DAVID B DO</b>
Address	LEWIS PHYSICAL MEDICINE ASSOCIATES, 9 WASHINGTON PLACE BEDFORD, NH, 03110
Specialty	PM
Board Certified	PM
School and Year of Graduation	PHIL COLLEGE OF OSTEO MED PHILADELPHIA PA USA 1985
Internship and Year	TEMPLE U HLTH SCI CTR SCH MED PHIL - PA 1989
Residency and Year	TEMPLE U HLTH SCI CTR SCH MED PHIL- PA 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8695
License Date	4/1/1992
Name	<b>LEWIS, ERIC C MD</b>
Address	WOLFEBORO FAMILY MEDICINE, 240 S MAIN STREET WOLFEBORO, NH, 03894
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF PENNSYLVANIA USA 1986
Internship and Year	NAVAL HOSPITAL JACKSONVILLE - FLORIDA 1987
Residency and Year	LATROBE AREA HOSPITAL LATROBE - PENNSYLVANIA 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5627
License Date	10/7/1976
Name	<b>LEWIS, HENRY A MD</b>
Address	216 VISTA HERMOSA, SANTA FE, NM, 87501
Specialty	U
Board Certified	U
School and Year of Graduation	UNIV OF MARYLAND SCHOOL OF MED BALTIMORE USA 1970
Internship and Year	MED CENTER HOSP OF VERMONT 1971
Residency and Year	UNIV OF MARYLAND HOSPITAL 1975
License Expiration Date	<b>6/30/2006</b>
Remarks	12/13/05 - Settlement Agreement

License Number	15386
License Date	9/7/2011
Name	<b>LEWIS, JOHN D MD</b>
Address	VIRTUAL RADIOLOGY, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	DR
Board Certified	DR
School and Year of Graduation	ROSALIND FRANKLIN UNIVERSITY USA 2005
Internship and Year	MERCY HOSPITAL - PITTSBURGH, PA 2006
Residency and Year	UNIVERSITY OF PITTSBURGH MEDICAL CENTER - PITTSBURGH, PA 2010
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4812
License Date	8/3/1971
Name	<b>LEWIS, JOHN M MD</b>
Address	KENNEBEC VALLEY MED CTR, AUGUSTA, ME, 04330
Specialty	EM
Board Certified	EM
School and Year of Graduation	ST BARTHOLOMEWS HOSPITAL LONDON 1962
Internship and Year	UNIV OF LONDON - LONDON 1965
Residency and Year	FAMILY PRACTICE BARNSTAPLE - DEVON , LONDON 1970
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	15585
License Date	3/7/2012
Name	<b>LEWIS, JUSTIN R MD</b>
Address	COLUMBUS RADIOLOGY INC, 2400 E 17TH STCOLUMBUS, IN, 47201
Specialty	DR
Board Certified	DR
School and Year of Graduation	INDIANA UNIVERSITY SCHOOL OF MEDICINE USA 2008
Internship and Year	BALL MEMORIAL HOSPITAL - MUNCIE, IN 2009
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12546
License Date	12/1/2004
Name	<b>LEWIS, LINDA K MD</b>
Address	RADISPHERE NATIONAL RADIOLOGY, 3700 PARK EAST 3RD FLBEACHWOOD, OH, 44122
Specialty	R
Board Certified	R
School and Year of Graduation	EASTERN VIRGINIA MED SCHOOL, NORFOLK VA US 1982
Internship and Year	LOMA LINDA UNIVERSITY, LOMA LINDA CA 1983
Residency and Year	LOMA LIINDA UNIVERSITY, LOMA LINDA CA 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8991
License Date	7/7/1993
Name	<b>LEWIS, LIONEL D MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty	OS
Board Certified	
School and Year of Graduation	UNIVERSITY OF WALES COLLEGE OF MEDICINE ENGLAND 1988
Internship and Year	GUY'S AND ST THOMAS'S HOSPITAL - LONDON, ENGLAND 1989
Residency and Year	THE JOHN'S HOPKINS UNIV SCH OF MEDICINE - BALTIMORE, MD 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16375
License Date	11/6/2013
Name	<b>LEWIS, MARCIA L MD</b>
Address	HUGGINS HOSPITAL, 240 S MAIN STWOLFEBORO, NH, 03894
Specialty	IM
Board Certified	
School and Year of Graduation	UNIVERSITY OF ARKANSAS COLLEGE OF MEDICINE USA 1999
Internship and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2000
Residency and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2002
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	10627
License Date	7/7/1999
Name	<b>LEWIS, MCLEAN A MD</b>
Address	, PO BOX 2041MILLER PLACE, NY, 11764-8820
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF MARYLAND SCH OF MED- BALTIMORE, MD USA 1993
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1994
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1995
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	9004
License Date	7/7/1993
Name	<b>LEWIS, PETRA J MD</b>
Address	DHMC-RADIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	NM
Board Certified	NM
School and Year of Graduation	LONDON UNIVERSITY ENGLAND 1987
Internship and Year	GUY'S HOSPITAL - LONDON 1989
Residency and Year	JOHNS HOPKINS UNIVERSITY - BALTIMORE MD 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14353
License Date	3/4/2009
Name	<b>LEWIS, RICHARD J DO</b>
Address	13 BELL HILL RD, BEDFORD, NH, 03110
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF MEDICINE & DENTISTRY OF NEW JERSEY USA 1986
Internship and Year	KENNEDY MEMORIAL HOSPITAL-UMDNJ-SOM - STRATFORD, NJ 1987
Residency and Year	MONMOUTH MEDICAL CENTER - LONG BRANCH, NJ 1991
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	5061
License Date	8/15/1973
Name	<b>LEWIS, ROBERT E MD</b>
Address	JOEL ARMY HEALTH CLINIC, 1701 HARDEE AVE SWFT MCPHERSON, GA, 30330-1062
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF KANSAS-KANSAS CITY KS USA 1966
Internship and Year	MADIGAN GENERAL HOSP-TACOMA WA 1967
Residency and Year	WALSON ARMY HOSP-FORT DIX NJ 1969
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	4156
License Date	10/10/1967
Name	<b>LEWIS, ROBERT V MD</b>
Address	441 ANGELL ST, PROVIDENCE, RI, 02906-4407
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF PENNSYLVANIA USA 1943
Internship and Year	RHODE ISLAND HOSPITAL - PROVIDENCE RI 1944
Residency and Year	RHODE ISLAND HOSPITAL - PROVIDENCE RI 1948
License Expiration Date	<b>6/30/2007</b>
Remarks	<b>Deceased 7/6/2013</b>

License Number	16763
License Date	9/3/2014
Name	<b>LEWIS, WILLIAM V MD</b>
Address	SPECTRUM MED GROUP, 324 GANNETT DR STE 200S PORTLAND, ME, 04106
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	LOMA LINDA UNIVERSITY USA 1972
Internship and Year	FLORIDA HOSPITAL EAST ORLANDO -ORLANDO, FL 1973
Residency and Year	TRIPLER ARMY MEDICAL CENTER - HONOLULU, HI 1977
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11999
License Date	7/2/2003
Name	<b>LEWY, JOHN E MD</b>
Address	8 LANDS END LANE, MOULTONBORO, NH, 03254
Specialty	PD
Board Certified	PD
School and Year of Graduation	TULANE UNIV - NEW ORLEANS, LA USA 1960
Internship and Year	MICHAEL REESE HOSPITAL AND MEDICAL CENTER - CHICAGO, IL 1961
Residency and Year	MICHAEL REESE HOSPITAL AND MEDICAL CENTER - CHICAGO, IL 1964
License Expiration Date	<b>4/19/2007</b>
Remarks	DECEASED 4/19/07

License Number	8126
License Date	6/7/1989
Name	<b>LEWY, MARK H MD</b>
Address	LINCOLN FINANCIAL GROUP, 1 GRANITE PLACECONCORD, NH, 03301
Specialty	FP
Board Certified	FP
School and Year of Graduation	NEW YORK UNIV SCH OF MED - NY, NY USA 1983
Internship and Year	OVERLOOK HOSPITAL - SUMMIT, NJ 1984
Residency and Year	OVERLOOK HOSPITAL - SUMMIT, NJ 1986
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	16673
License Date	7/2/2014
Name	<b>LEYSE, JESSIE L MD</b>
Address	18 MOODY AVE, CLAREMONT, NH, 03743
Specialty	PD
Board Certified	
School and Year of Graduation	LOYOLA UNIV OF CHICAGO STRITCH SCHOOL OF MEDICINE USA 2010
Internship and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2011
Residency and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13323
License Date	11/1/2006
Name	<b>L'HEUREUX, MICHELLE M MD</b>
Address	DHMC - DEPT OF GIM, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1992
Internship and Year	MAINE MEDICAL CTR - PORTLAND, ME 1993
Residency and Year	MAINE MEDICAL CTR - PORTLAND, ME 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9892
License Date	12/4/1996
Name	<b>LHOWE, DAVID W MD</b>
Address	10 HAWTHORNE PLACE STE 114, BOSTON, MA, 02114
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	CASE WESTERN RESERVE UNIV SCHOOL OF MED CLEVELAND USA 1978
Internship and Year	MASS GENERAL HOSPITAL - BOSTON, MA 1984
Residency and Year	MASS GENERAL HOSPITAL - BOSTON, MA 1984
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	9907
License Date	1/8/1997
Name	<b>LI, ERIC MD</b>
Address	HITCHCOCK CLINIC, 173-A MIDDLE STLANCASTER, NH, 03584
Specialty	ATP
Board Certified	
School and Year of Graduation	PEKING UNIV MED COLL PEKING CHINA CHINA 1986
Internship and Year	YALE NEW HAVEN HOSPITAL - CT 1995
Residency and Year	MARY-HITCHCOCK MEMORIAL HOSPITAL - NH 1998
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	11965
License Date	6/4/2003
Name	<b>LI, HONGMEI MD</b>
Address	DERM. PATH NEW ENGLAND LLC, 1380 SOLDIERS FIELD RD STE 100BRIGTON, MA, 02135
Specialty	D
Board Certified	D
School and Year of Graduation	HARBIN MEDICAL UNIVERSITY - HARBIN CHINA 1985
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON MA 2001
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON MA 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11923
License Date	5/7/2003
Name	<b>LI, TO SHAN DO</b>
Address	DMHC, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty	FP
Board Certified	FP
School and Year of Graduation	PHILADELPHIA COLL OF OSTEO - PHILA, PA USA 1995
Internship and Year	DEWITT ARMY COMMUNITY HOSPITAL - FORT BEIVOR, VA 1996
Residency and Year	DEWITT ARMY COMMUNITY HOSPITAL - FORT BEIVOR, VA 1998
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	11815
License Date	1/8/2003
Name	<b>LIANG, LI MD</b>
Address	9 VILLAGE SQUARE, CHELMSFORD, MA, 01824
Specialty	AI
Board Certified	AI
School and Year of Graduation	HARBIN MEDICAL UNIV - HARBIN PEOPLES REPUBLIC CHINA 1982
Internship and Year	UNIV OF LOUISVILLE - LOUISVILLE, KY 1997
Residency and Year	UNIV OF LOUISVILLE - LOUISVILLE, KY 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10827
License Date	2/2/2000
Name	<b>LIAO, PETER W MD</b>
Address	168 KINSLEY ST, STE 12NASHUA, NH, 03060
Specialty	IM
Board Certified	
School and Year of Graduation	STATE UNIV OF NY AT STONY BROOK, NY USA 1996
Internship and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1997
Residency and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1999
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	6228
License Date	6/9/1980
Name	<b>LIBBEY, CARYN A MD</b>
Address	ARTHRITIS ASSOC OF NASHUA, 19 TYLER ST STE 205NASHUA, NH, 03060-2951
Specialty	RHU
Board Certified	RHU
School and Year of Graduation	TUFTS UNIV-BOSTON,MA USA 1975
Internship and Year	MICHEAL REESE HOSP -CHICAGO,IL 1976
Residency and Year	BOSTON CITY HOSP-BOSTON,MA 1979
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11816
License Date	1/8/2003
Name	<b>LIBBY, CURTIS M MD</b>
Address	MAINE EYE CENTER, 15 LOWELL STPORTLAND, ME, 04102
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIV OF VERMONT - BURLINGTON, VT USA 1991
Internship and Year	MEMORIAL MEDICAL CENTER - SAVANNAH, GA 1992
Residency and Year	LOUISIANA STATE UNIV MEDICAL CENTER - SHREVEPORT, LA 1995
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	11065
License Date	9/6/2000
Name	<b>LIBBY, WENDY M MD</b>
Address	40 ROBERTSON DR, GILFORD, NH, 03246
Specialty	FP
Board Certified	FP
School and Year of Graduation	MCGILL UNIV FAC OF MED - MONTREAL QUEBEC CANADA 2996
Internship and Year	HUNTERDON MEDICAL CENTER - FLEMINGTON, NJ 1997
Residency and Year	HUNTERDON MEDICAL CENTER - FLEMINGTON, NJ 1999
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	10305
License Date	6/3/1998
Name	<b>LIBENSON, BRADLEY N DO</b>
Address	BERWICK FAMILY HEALTH CTR, PO BOX 719BERWICK, ME, 03901
Specialty	FP
Board Certified	FP
School and Year of Graduation	PHILADELPHIA COLL OF OSTEOPATHIC MED - PA USA 1987
Internship and Year	RIVERSIDE HOSPITAL - WILMINGTON, DE 1988
Residency and Year	RIVERSIDE HOSPITAL - WILMINGTON, DE 1989
License Expiration Date	<b>6/30/2016</b>
Remarks	Settlement Agreements 6/10/98 & 8/12/02 and 4/7/09 6/6/11 - Final Decision and Order 11/14/12 - Final Decision and Order

License Number	15031
License Date	10/6/2010
Name	<b>LIBERT, DAVID A MD</b>
Address	1215 E LAKE COLONY DRIVE, MAITLAND, FL, 32751
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF FLORIDA USA 1982
Internship and Year	FLORIDA HOSPITAL - ORLANDO, FL 1983
Residency and Year	FLORIDA HOSPITAL - ORLANDO, FL 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5685
License Date	3/16/1977
Name	<b>LICATA, RICHARD F MD</b>
Address	19 TYLER ST STE 204, NASHUA, NH, 03060-2951
Specialty	END
Board Certified	
School and Year of Graduation	UNIVERSITY OF BOLOGNA-BOLOGNA ITALY ITALY 1971
Internship and Year	ST FRANCIS HOSPITAL-HARTFORD CT 1973
Residency and Year	ST FRANCIS HOSPITAL-HARTFORD CT 1976
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number	14856
License Date	5/5/2010
Name	<b>LICCIARDI, KIMBERLY A MD</b>
Address	NH EYE ASSOC, 1415 ELM STMANCHESTER, NH, 03101
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	STATE UNIVERSITY OF NEW YORK USA 2006
Internship and Year	PRESBYTERIAN MEDICAL CENTER - PHILADELPHIA, PA 2007
Residency and Year	UNIVERSITY ILLINOIS EYE & EAR INFIRMARY - CHICAGO, IL 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8971
License Date	6/2/1993
Name	<b>LICHTER, MICHAEL D MD</b>
Address	NASHUA DERMATOLOGY, 505 WEST HOLLIS STNASHUA, NH, 03062
Specialty	D
Board Certified	D
School and Year of Graduation	LOYOLA UNIVERSITY OF CHICAGO STRITCH SCH OF MED USA 1987
Internship and Year	NORTHWESTERN MEMORIAL HOSPITAL - CHICAGO IL 1988
Residency and Year	UNIVERSITY IL HOSPITAL - CHICAGO IL 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7652
License Date	7/8/1987
Name	<b>LIDSTROM, CAROL F MD</b>
Address	105 WEST MAIN ST, LITTLETON, NH, 03561
Specialty	P
Board Certified	P
School and Year of Graduation	MEDICAL COLLEGE OF PA USA 1983
Internship and Year	ALLENSTOWN HOSPITAL - ALLENSTOWN PA 1984
Residency and Year	EAST VIRGINIA GRADUATE SCHOOL OF MEDICINE HOSPITALS - NORFOLK VA 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7653
License Date	7/8/1987
Name	<b>LIDSTROM, PAUL D MD</b>
Address	SEACOAST MENTAL HEALTH CENTER, 1145 SAGAMORE AVENUEPORTSMOUTH, NH, 03801
Specialty	P
Board Certified	P
School and Year of Graduation	EASTERN VA MEDICAL SCHOOL USA 1983
Internship and Year	EAST VIRGINIA GRADUATE SCHOOL OF MEDICINE HOSPITALS - NORFOLK VA 1984
Residency and Year	EAST VIRGINIA GRADUATE SCHOOL OF MEDICINE HOSPITALS - NORFOLK VA 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11781
License Date	11/6/2002
Name	<b>LIEBERG, GABRIELE K MD</b>
Address	THE MENTAL HEALTH CTR OF GREAT, 401 CYPRESS STMANCHESTER, NH, 03103
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF CINCINNATI - CINCINNATI, OH USA 1988
Internship and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1989
Residency and Year	MASSACHUSETTS MENTAL HEALTH CENTER - BOSTON, MA 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15586
License Date	3/7/2012
Name	<b>LIEBERMAN, JAMES A MD</b>
Address	SEACOAST RADIOLOGY, 2 WASHINGTON ST., STE 329DOVER, NH, 03820
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF PENNSYLVANIA SCHOOL OF MED USA 1994
Internship and Year	UNIVERSITY OF CHICAGO MEDICAL CENTER - CHICAGO, IL 1995
Residency and Year	UNIVERSITY OF CHICAGO MEDICAL CENTER - CHICAGO, IL 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13830
License Date	2/6/2008
Name	<b>LIEBERMAN, RONA MD</b>
Address	533 HOOULU ST, KAILUA, HI, 96734
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF MUNICH USA 1984
Internship and Year	BRIDGEPORT HOSPITAL - BRIDGEPORT, CT 1986
Residency and Year	BRIDGEPORT HOSPITAL - BRIDGEPORT, CT 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10628
License Date	7/7/1999
Name	<b>LIEBERMANN, GLENN S MD</b>
Address	ORTHOPEDIC PROF ASSOC, HILLSIDE MED PK 14 MAPLE ST STGILFORD, NH, 03249
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIV OF MED NJ ROBERT WOOD JOHNSON SCH-PISCATAWAY, USA 1993
Internship and Year	TEMPLE UNIV HOSP - PHILADELPHIA, PA 1994
Residency and Year	TEMPLE UNIV HOSP - PHILA, PA 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9659
License Date	3/6/1996
Name	<b>LIEBERT, JOHN A MD</b>
Address	10020 MAIN ST STE 134A, BELLEVUE, WA, 98004-
Specialty	P
Board Certified	P
School and Year of Graduation	MCGILL UNIV CANADA 1963
Internship and Year	SANTA CLARA VALLEY MEDICAL CTR - SAN JOSE, CA 1964
Residency and Year	UNIV WASHINGTON MEDICAL CENTER - SEATTLE, WA 1969
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	6443
License Date	8/6/1981
Name	<b>LIEBLING, MARK J MD</b>
Address	166 KINSLEY ST STE 301, NASHUA, NH, 03060-3676
Specialty	CD
Board Certified	CD
School and Year of Graduation	ALBERT EINSTEIN COLL MED-YESHIVA UNVI-BRONX,NY USA 1975
Internship and Year	SAN FRANCISCO GEN HOSP-SAN FRANCISCO,CA 1976
Residency and Year	SAN FRANCISCO GEN HOSP-SAN FRANCISCO,CA 1978
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14628
License Date	10/7/2009
Name	<b>LIGHTFOOT, THOMAS G MD</b>
Address	AMERICAN RED CROSS, 825 JOHN STW HENRIETTA, NY, 14586
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSITY OF NORTH CAROLINA USA 1989
Internship and Year	EAST CAROLINA UNIVERSITY SCHOOL OF MEDICINE - GREENVILLE, NC 1990
Residency and Year	EASTERN VIRGINIA GRADUATE MEDICAL SCHOOL - NORFOLK, VA 1994
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	14629
License Date	10/7/2009
Name	<b>LIGIBEL, JENNIFER A MD</b>
Address	DANA FARBER CANCER INSTITUTE, 450 BROOKLINE AVE YAWKEY 1234BOSTON, MA, 02215
Specialty	HO
Board Certified	HO
School and Year of Graduation	WASHINGTON UNIVERSITY USA 1996
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1997
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1999
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	13594
License Date	7/11/2007
Name	<b>LILLY, KATHARINA F MD</b>
Address	WOODBURY FAMILY MEDICINE, 101 SHATTUCK WAY STE 6NEWINGTON, NH, 03801
Specialty	FP
Board Certified	FP
School and Year of Graduation	DREXEL UNIV USA 2004
Internship and Year	FRANKLIN SQUARE HOSPITAL CENTER - BALTIMORE, MD 2005
Residency and Year	FRANKLIN SQUARE HOSPITAL CENTER - BALTIMORE, MD 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16720
License Date	8/6/2014
Name	<b>LIM, LUIGI M MD</b>
Address	1465 HOOKSETT RD UNIT 1330, HOOKSETT, NH, 03106
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF SANTO TOMAS PHILIPPINES 2004
Internship and Year	DANBURY HOSPITAL - DANBURY, CT 2010
Residency and Year	DANBURY HOSPITAL - DANBURY, CT 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16644
License Date	6/4/2014
Name	<b>LIM, MARK D MD</b>
Address	10 MEMBERS WAY STE 201, DOVER, NH, 03820
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF THE EAST, RAMON MAGSAYSAY MEMORIAL MED CTR PHILIPPINES 2001
Internship and Year	ALASKA FAMILY MEDICINE/PROVIDENCE HOSPITAL - ANCHORAGE, AK 2004
Residency and Year	ALASKA FAMILY MEDICINE/PROVIDENCE HOSPITAL - ANCHORAGE, AK 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16319
License Date	9/4/2013
Name	<b>LIM, MIIA H MD</b>
Address	75 STATE ST, 26th FL, BOSTON, MA, 02109
Specialty	FP
Board Certified	FP
School and Year of Graduation	ROSS UNIVERSITY DOMINICA 2005
Internship and Year	HIGHLAND FAMILY MEDICINE CENTER - ROCHESTER, NY 2006
Residency and Year	HIGHLAND FAMILY MEDICINE CENTER - ROCHESTER, NY 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14294
License Date	1/7/2009
Name	<b>LIM, RUTH MD</b>
Address	MGH PED RADIOLOGY-ELL 237, 34 FRUIT STBOSTON, MA, 02114
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF TORONTO CANADA 1999
Internship and Year	HOSPITAL OF ST RAPHAEL-NEW HAVEN, CT 2000
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL-BOSTON, MA 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14737
License Date	2/3/2010
Name	<b>LIM, YOUNSOOK MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	PD
Board Certified	
School and Year of Graduation	STANFORD UNIVERSITY USA 1992
Internship and Year	CHILDRENS HOSPITAL - BOSTON, MA 1993
Residency and Year	CHILDRENS HOSPITAL - BOSTON, MA 1995
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	5006
License Date	6/11/1973
Name	<b>LIMA, WALTER L MD</b>
Address	ELLIOT HOSP, 1 ELLIOT WAYMANCHESTER, NH, 03103-3599
Specialty	EM
Board Certified	EM
School and Year of Graduation	OSMANIA UNIVERSITY-HYDERABAD INDIA INDIA 1960
Internship and Year	GANDHI HOSP-SECUNDERABAD INDIA 1962
Residency and Year	IZARK WALTON KILLAM HOSP-HALIFAX CANADA 1972
License Expiration Date	<b>8/28/2003</b>
Remarks	<b>8/28/03 - Consent Decree (Emergency Suspension) 10/27/03 - Voluntary Surrender of License.</b>

License Number	17268
License Date	9/2/2015
Name	<b>LIM-LIBERTY, FRANCES B MD</b>
Address	DHMC, 1 MEDICAL CTR DRLEBANON, NH, 03756
Specialty	PD
Board Certified	PD
School and Year of Graduation	RUSH MEDICAL COLLEGE OF RUSH UNIVERSITY - CHICAGO, USA 2008
Internship and Year	CHILDREN'S HOSPITAL & RESEARCH CENTER OAKLAND - OAKLAND, CA 2009
Residency and Year	CHILDREN'S HOSPITAL & RESEARCH CENTER OAKLAND - OAKLAND, CA 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 13910  
 License Date 4/2/2008  
 Name **LIMPERT, JONATHAN D MD**  
 Address 770 FOREST AVE, GLEN ELLYN, IL, 60137  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIV OF ILLINOIS COLLEGE OF MEDICINE USA 1980  
 Internship and Year UNIV OF CHICAGO MEDICAL CENTER - CHICAGO, IL 1984  
 Residency and Year NORTHWESTERN UNIV MEDICAL SCHOOL - CHICAGO, IL 1985  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10954  
 License Date 6/7/2000  
 Name **LIN, HAN-TING MD**  
 Address HARVARD VANGUARD MEDICAL ASSOC, 133 BROOKLINE AVE BOSTON, MA, 02215  
 Specialty HEM  
 Board Certified  
 School and Year of Graduation NATIONAL YANG-MING MED COLL - SHIH-PAI TAIPEI TAIWAN 1983  
 Internship and Year SOUND SHORE MEDICAL CENTER OR WESTCHESTER - NEW ROCHELLE, NY 1998  
 Residency and Year SOUND SHORE MEDICAL CENTER OF WESTCHESTER - NEW ROCHELLE, NY 1999  
 License Expiration Date **6/30/2010**  
 Remarks **LAPSED FOR NON-RENEWAL 6/30/03...**  
**REINSTATED ON 4/2/08**

License Number 10721  
 License Date 10/6/1999  
 Name **LIN, JU WEN MD**  
 Address NEW ENGLAND INPATIENT SPEC, 120 WATER ST STE 404N ANDOVER, MA, 01845  
 Specialty GP  
 Board Certified IM  
 School and Year of Graduation CHINA MEDICAL COLLEGE TAICHUNG TAIWAN CHINA 1983  
 Internship and Year SOUND SHORE MEDICAL CENTER OF WESTCHESTER 1997  
 Residency and Year SOUND SHORE MEDICAL CENTER OF WESTCHESTER 1999  
 License Expiration Date **6/30/2015**  
 Remarks **lapsed 6/30/07 - reinstated 8/1/12**

License Number 16281  
 License Date 8/7/2013  
 Name **LIN, TIMOTHY J MD**  
 Address DHMC, 1 MED CTR DR LEBANON, NH, 03756  
 Specialty ORS  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF MASSACHUSETTS USA 2010  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	15929
License Date	11/7/2012
Name	<b>LIN, TING-YI MD</b>
Address	MASS GEN HOSP, 55 FRUIT ST FOUNDERS 526GBOSTON, MA, 02114
Specialty	PD
Board Certified	PD
School and Year of Graduation	STANFORD UNIVERSITY SCHOOL OF MEDICINE USA 1999
Internship and Year	CHILDRENS HOSPITAL-BOSTON MEDICAL CENTER - BOSTON, MA 2000
Residency and Year	CHILDRENS HOSPITAL-BOSTON MEDICAL CENTER - BOSTON, MA 2002
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	9812
License Date	8/7/1996
Name	<b>LINDAUER, THEODORE MD</b>
Address	50 BRENTWOOD RD, EXETER, NH, 03833
Specialty	P
Board Certified	
School and Year of Graduation	UNIV OF PITTSBURGH SCH OF MED PITTS,PA USA 1960
Internship and Year	MICHAEL REESE HOSPITAL MEDICAL CENTER - IL 1961
Residency and Year	MASS MENTAL HEALTH CENTER - MA 1965
License Expiration Date	<b>6/30/2004</b>
Remarks	<b>1/13/04 - Settlement Agreement</b>

License Number	13595
License Date	7/11/2007
Name	<b>LINDBERG, GUY M MD</b>
Address	MIRACA LIFE SCIENCES, 6655 MACARTHUR BLVDIRVING, TX, 75039
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF TEXAS USA 1990
Internship and Year	UNIV OF TEXAS SOUTHWESTERN MEDICAL SCHOOL - DALLAS, TX 1991
Residency and Year	UNIV OF TEXAS SOUTHWESTERN MEDICAL SCHOOL - DALLAS, TX 1994
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10427
License Date	10/7/1998
Name	<b>LINDBLAD, PETER C MD</b>
Address	HITCHCOCK CLINIC, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF MASS MEDICAL SCH - WORCESTER, MA USA 1983
Internship and Year	SAINT VINCENT HOSPITAL - WORCESTER, MA 1984
Residency and Year	SAINT VINCENT HOSPITAL - WORCESTER, MA 1984
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	10428
License Date	10/7/1998
Name	<b>LINDENTHAL, JOHN P MD</b>
Address	PORTSMOUTH ANESTHESIA, 383 CENTRAL AVE STE 323DOVER, NH, 03820
Specialty	AN
Board Certified	AN
School and Year of Graduation	TEXAS TECH UNIV HLTH SCI CTR - LUBBOCK, TX USA 1990
Internship and Year	FLETCHER ALLEN HLTH CARE - BURLINGTON, VT 1991
Residency and Year	UNIV HLTH CENTER OF PITTSBURGH - PITTSBURGH, PA 1992
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	4119
License Date	9/8/1967
Name	<b>LINDHOLM, ROBERT N MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1990</b>
Remarks	

License Number	15509
License Date	1/4/2012
Name	<b>LINDPAINTNER, LYN S MD</b>
Address	CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty	IM
Board Certified	IM
School and Year of Graduation	CASE WESTERN RESERVE UNIVERSITY USA 1984
Internship and Year	UNIVERSITY OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 1985
Residency and Year	UNIVERSITY OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10906
License Date	5/3/2000
Name	<b>LINDSEY, PEGGY S MD</b>
Address	MUSC STORM EYE INSTITUTE, 167 ASHLEY AVE PO BOX 250676CHARLESTON, SC, 29425
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	DUKE UNIVERSITY - DURHAM NC USA 1978
Internship and Year	WILMER EYE INSTITUTE-JOHN HOPKINS HOSPITAL (RESIDENCY) - BALTIMORE MD 1981
Residency and Year	WILMER EYE INSTITUTE-JOHN HOPKINS HOSPITAL (FELLOWSHIP) - BALTIMORE MD 1983
License Expiration Date	<b>6/30/2006</b>
Remarks	



License Number	17114
License Date	6/3/2015
Name	<b>LINGAM, DIWAKAR V MD</b>
Address	6469 RIVER BIRCHFIELD RD, JAMESVILLE, NY, 13078
Specialty	IM
Board Certified	IM
School and Year of Graduation	SIDDHARTHA MEDICAL COLLEGE GUNADALA INDIA 1995
Internship and Year	SUNY HEALTH SCIENCES CENTER - BROOKLYN, NY 2002
Residency and Year	SUNY HEALTH SCIENCES CENTER - BROOKLYN, NY 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13168
License Date	7/5/2006
Name	<b>LINGENFELTER PIERCE, TIFFANY K MD</b>
Address	CIGNA HEALTHCARE, 8 COTTAGE WALKBRADFORD, NH, 03103
Specialty	IM
Board Certified	IM
School and Year of Graduation	KIGEZI INTERNAT'L SCHOOL OF MEDICINE UGANDA 2003
Internship and Year	UNIV OF CONNECTICUT HEALTH CTR-FARMINGTON, CT 2004
Residency and Year	UNIV OF CONNECTICUT HEALTH CTR-FARMINGTON, CT 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12391
License Date	7/7/2004
Name	<b>LINHARDT, MOLLY S MD</b>
Address	10 BENNING ST PMB 197, WEST LEBANON, NH, 03784
Specialty	PD
Board Certified	
School and Year of Graduation	ROYAL COLLEGE OF SURGEONS, DUBLIN IRELAND IRELAND 2001
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2003
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2004
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	14514
License Date	7/1/2009
Name	<b>LINK, TIMOTHY E MD</b>
Address	BARROW NEUROSURGICAL ASSOC, 2910 NORTH 3RD AVEPHOENIX, AZ, 85013
Specialty	NS
Board Certified	
School and Year of Graduation	TUFTS UNIVERSITY USA 2002
Internship and Year	FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2003
Residency and Year	FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2009
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number 11176  
 License Date 2/7/2001  
 Name **LINKER, CAREY S MD**  
 Address 3680 BROADWAY, FT MYERS, FL, 33901  
 Specialty R  
 Board Certified R  
 School and Year of Graduation STANFORD UNIV SCH OF MED - STANFORD, CA USA 1987  
 Internship and Year FAULKNER HOSPITAL - BOSTON, MA 1988  
 Residency and Year MASSAHUSETTS GENERAL HOSPITAL, BOSTON, MA 1992  
 License Expiration Date **6/30/2002**  
 Remarks

License Number 13348  
 License Date 12/6/2006  
 Name **LINNELL, GRANT J DO**  
 Address FLETCHER ALLEN HEALTHCARE, 111 COLCHESTER AVE-RADIOLOGYBURLINGTON, VT, 05401  
 Specialty R  
 Board Certified R  
 School and Year of Graduation MICHIGAN STATE UNIV COLLEGE OF OSTEOPATHIC MED USA 1997  
 Internship and Year ST VINCENT HOSPITAL-WORCESTER, MA 1998  
 Residency and Year CLEVELAND CLINIC FOUNDATION-CLEVELAND, OH 2002  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16550  
 License Date 4/2/2014  
 Name **LINOS, KONSTANTINOS MD**  
 Address DARTMOUTH HITCHCOCK MEDICAL CTT, 1 MEDICAL CENTER DRLEBANON, NH, 03766  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation UNIVERSITY OF ATHENS GREECE 2002  
 Internship and Year ALBANY MEDICAL CENTER - ALBANY, NY 2008  
 Residency and Year ALBANY MEDICAL CENTER - ALBANY, NY 2011  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16520  
 License Date 3/5/2014  
 Name **LINSKEY, KATY R MD**  
 Address SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200S PORTLAND, ME, 04106  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation JOHN A BURNS SCHOOL OF MEDICINE UNIV OF HAWAII USA 2009  
 Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2010  
 Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2012  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	11377
License Date	9/5/2001
Name	<b>LIOTTA, ELIZABETH A MD</b>
Address	NORTHEAST DERMATOLOGY ASSOC, 800 BROADWAY UNIT AHAVERRHILL, MA, 01830
Specialty	D
Board Certified	D
School and Year of Graduation	UNIFORMED SERVICES UNIV OF THE HLTH SCI- BETHESDA, USA 1990
Internship and Year	NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1991
Residency and Year	NATIONAL CAPITAL CONSORTIUM PROGRAM- WASHINGTON, DC 1999
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	12883
License Date	9/7/2005
Name	<b>LIU, JEFFREY T DO</b>
Address	75 FRANCIS ST, BOSTON, MA, 02115
Specialty	N
Board Certified	N
School and Year of Graduation	NOVA SOUTHWESTERN UNIVERSITY,FT LAUDERDALE FL US 2003
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2004
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13870
License Date	3/5/2008
Name	<b>LIPARTIA, MARINE MD</b>
Address	MASS REG GEN HOSP, 55 FRUIT STREETBOSTON, MA, 02114
Specialty	IM
Board Certified	IM
School and Year of Graduation	AIETI HIGHEST MIDICAL SCHOOL GEORGIA 2003
Internship and Year	WESTERN RESERVE CARE SYSTEM FORUM HEALTH NEOUCOM - YOUNGSTOWN, OH 2006
Residency and Year	WESTERN RESERVE CARE SYSTEM FORUM HEALTH NEOUCOM - YOUNGSTOWN, OH 2007
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	14081
License Date	7/9/2008
Name	<b>LIPE, BREA C MD</b>
Address	DHMC/ INTERNAL MEDICINE, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 2005
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year	DARTMOUGH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	13218
License Date	8/2/2006
Name	<b>LIPFERT, JENNIFER MD</b>
Address	1349 ROUTE 12A, CORNISH, NH, 03745
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF NEW YORK USA 2003
Internship and Year	SUNY @ STONY BROOK SCHOOL OF MEDICINE-STONY BROOK, NY 2004
Residency and Year	SUNY @ STONY BROOK SCHOOL OF MEDICINE-STONY BROOK , NY 2006
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	6479
License Date	12/28/1981
Name	<b>LIPIN, ROBERT G MD</b>
Address	POSTAL CENTER USA BOX 52, 614 NASHUA STMILFORD, NH, 03055-4917
Specialty	GP
Board Certified	
School and Year of Graduation	BOSTON UNIV SCH MED-BOSTON,MA USA 1976
Internship and Year	VET ADMIN HOSP-BOSTON,MA 1977
Residency and Year	WILFORD HALL USAF MED CTR-LACKLAND AFB TX 1978
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	6788
License Date	9/8/1983
Name	<b>LIPMAN, EDWARD M MD</b>
Address	, , ,
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF CONNECTICUT USA 1975
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1995</b>
Remarks	

License Number	12662
License Date	4/6/2005
Name	<b>LIPMAN, WILLIAM L MD</b>
Address	21 HIGHLAND AVE STE 16, NEWBURYPORT, MA, 01950
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIV OF MARYLAND, BALTIMORE MD US 1972
Internship and Year	RHODE ISLAND HOSPITAL, PROVIDENCE RI 1973
Residency and Year	RHODE ISLAND HOSPITAL, PROVIDENCE RI 1977
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number 9919  
 License Date 2/5/1997  
 Name **LIPOSKY, JULIET M MD**  
 Address MASS GENERAL HOSP, FRUIT ST BOSTON, MA, 02114  
 Specialty AN  
 Board Certified  
 School and Year of Graduation VANDERBILT UNIV SCHOOL OF MED, NASHVILLE USA 1992  
 Internship and Year CAMBRIDGE HOSPITAL - MA 1993  
 Residency and Year MASS GENERAL HOSPITAL - MA 1996  
 License Expiration Date **6/30/1999**  
 Remarks

License Number 6185  
 License Date 4/18/1980  
 Name **LIPPINCOTT, RICHARD C MD**  
 Address U A M S DEPT OF PSYCHIATRY, 4301 MARKOW ST SLOT 554 LITTLE ROCK, AR, 72205  
 Specialty P  
 Board Certified  
 School and Year of Graduation CORNELL UNIV MED COLLEGE - NEW YORK, NY USA 1955  
 Internship and Year NAVAL HOSPITAL - NY 1956  
 Residency and Year AGNEWS STATE HOSPITAL - CA 1059  
 License Expiration Date **6/30/2008**  
 Remarks **DECEASED 3/10/2015**

License Number 8757  
 License Date 7/1/1992  
 Name **LIPSHUTZ, GREG M MD**  
 Address CAMBRIDGE HEALTH ALLIANCE, 1493 CAMBRIDGE ST CAMBRIDGE, MA, 02139  
 Specialty N  
 Board Certified N  
 School and Year of Graduation UNIVERSITY OF IOWA USA 1986  
 Internship and Year METROWEST MEDICAL CENTER FRAMINGHAM - MASSACHUSETTS 1987  
 Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITALS BOSTON - MASSACHUSETTS 1989  
 License Expiration Date **6/30/2002**  
 Remarks

License Number 13015  
 License Date 3/1/2006  
 Name **LIPSKI, MARCIA MD**  
 Address MA HEALTH CLINICAL AFFAIRS, 7TH FLR 100 HANCOCK ST QUINCY, MA, 02171  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation STATE UNIVERSITY OF NEW YORK, BROOKLYN NY US 1987  
 Internship and Year MAIMONIDES MEDICAL CTR, BROOKLYN NY 1988  
 Residency and Year STATE UNIVERSITY OF NEW YORK, STONY BROOK NY 1991  
 License Expiration Date **6/30/2012**  
 Remarks

License Number	9880
License Date	11/6/1996
Name	<b>LIRANZO, MARITZA O MD</b>
Address	NORTHEAST DERMATOLOGY ASSOC, PENTUCKET MED BLDG 1 PARKWAYHAVERHILL, MA, 01830
Specialty	D
Board Certified	PTH
School and Year of Graduation	UNIV AUTO DE SANTO DEMINGO UASD FAC CIEN MED SANTO DOMINGO 1983
Internship and Year	UNIV COLORADO HEALTH SCIENCE CENTER - CO 1993
Residency and Year	CLEVELAND CLINIC FOUNDATION - OH 1994
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	5188
License Date	6/10/1974
Name	<b>LISCIO, ROBERT T MD</b>
Address	92 RANGER RD, HOLLIS, NH, 03049
Specialty	R
Board Certified	R
School and Year of Graduation	SUNY UPSTATE MEDICAL CENTER, NY USA 1971
Internship and Year	SUNY UPSTATE MEDICAL CENTER - SYRACUSE, NY 1972
Residency and Year	MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1973
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14467
License Date	6/3/2009
Name	<b>LISOVSKY, MIKHAIL MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	MOSCOW STATE UNIV RUSSIA 1980
Internship and Year	LONG ISLAND JEWISH MEDICAL CENTER - NEW HYDE PARK, NY 2006
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5092
License Date	10/10/1973
Name	<b>LISS, JOSEPH P MD</b>
Address	COLUMBIA REGIONAL, 2100 COMER AVECOLUMBUS, GA, 31901
Specialty	IM
Board Certified	IM
School and Year of Graduation	NEW YORK COLLEGE VALHALLA, NY USA 1962
Internship and Year	ST FRANCIS HOSPITAL MEDICAL CENTER - CT 1964
Residency and Year	ST FRANCIS HOSPITAL MEDICAL CENTER - CT 1967
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number 5922  
 License Date 6/12/1978  
 Name **LISTER, ERIC D MD**  
 Address , 20 LADD STPORTSMOUTH, NH, 03801-4080  
 Specialty P  
 Board Certified P  
 School and Year of Graduation DUKE UNIV SCHOOL OF MEDICINE DURHAM, NC USA 1974  
 Internship and Year BETH ISREAL HOSPITAL - BOSTON, MA 1975  
 Residency and Year BETH ISREAL HOSPITAL - BOSTON, MA 1978  
 License Expiration Date **6/30/2004**  
 Remarks

License Number 15032  
 License Date 10/6/2010  
 Name **LISTER, JULIUS MD**  
 Address LINCOLN MEDICAL CTR, 61 LINCOLN ST #309FRAMINGHAM, MA, 01702  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation HAHNEMANN UNIVERSITY USA 1952  
 Internship and Year GRADUATE HOSPITAL - EULESS, TX 1953  
 Residency and Year UNIVERSITY OF IOWA HOSPITALS AND CLINICS - IOWA CITY, IA 1960  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 14468  
 License Date 6/3/2009  
 Name **LITSCH, SARAH M DO**  
 Address PLAISTOW HEALTH, 24 PLAISTOW RD UNIT 2HAMPSTEAD, NH, 03865-3851  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2006  
 Internship and Year CONCORD HOSPITAL-CONCORD, NH 2007  
 Residency and Year CONCORD HOSPITAL-CONCORD, NH 2009  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9252  
 License Date 8/3/1994  
 Name **LITSCHER, LARRY A MD**  
 Address LITSCHER EYE CENTER, 382 NORTH MAIN STREET SUITE 101EAST LONGMEADOW, MA, 01028  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation MCGILL UNIVERSITY, MONTREAL, QUEBEC CANADA 1978  
 Internship and Year SIR B DAVIS JEWISH GENERAL HOSPITAL, MONTREAL, QUEBEC, CANADA 1979  
 Residency and Year UPSTATE MEDICAL CENTER, SYRACUSE, NY 1982  
 License Expiration Date **6/30/2016**  
 Remarks **LAPSED FOR NONRENEWAL 6/30/95**  
**REINSTATED 8/6/14**

License Number	9488
License Date	7/5/1995
Name	<b>LITTELL, GLENN H MD</b>
Address	2067 SHADY BRROK DR, THOUSAND OAKS, CA, 91362
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	LOMA LINDA UNIVERSITY SCHOOL OF MEDICINE USA 1989
Internship and Year	LA CO UNIV OF SOUTHERN CALIFORNIA MEDICAL CENTER - LOS ANGELES CA 1995
Residency and Year	LA CO UNIV OF SOUTHERN CALIFORNIA MEDICAL CENTER - LOS ANGELES CA 1995
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	9522
License Date	8/2/1995
Name	<b>LITTELL, KAREN D MD</b>
Address	762 GRABLE PLACE, NEWBURY PARK, CA, 91320
Specialty	AN
Board Certified	AN
School and Year of Graduation	UCLA SCHOOL OF MEDICINE USA 1991
Internship and Year	CEDARS-SINAI MEDICAL CENTER - LOS ANGELES CA 1992
Residency and Year	UCLA SCHOOL OF MEDICNE - LOS ANGELES CA 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	3335
License Date	1/15/1960
Name	<b>LITTLE, ALBERT F MD</b>
Address	NORTHEAST MEDICAL, 83 CAMBRIDGE STBURLINGTON, MA, 01803-4181
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	TUFTS MEDICAL SCHOOL USA 1955
Internship and Year	CITY HOSPITAL - CAMBRIDGE MA 1957
Residency and Year	BOSTON VETERANS HOSPITAL - BOSTON MA 1957
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	6094
License Date	8/3/1979
Name	<b>LITTLE, CAROL L C MD</b>
Address	97 QUECHEE RD, HARTLAND, VT, 05048
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF VERMONT COLLEGE MEDICINE BURLINGTON, VT USA 1971
Internship and Year	CHILDRENS HOSPITAL - DENVER, CO 1972
Residency and Year	DARTMOUTH MEDICAL SCHOOL HOSPITALS - HANOVER, NH 1975
License Expiration Date	<b>6/30/2015</b>
Remarks	



License Number	14689
License Date	12/2/2009
Name	<b>LITTLE, DWIGHT D MD</b>
Address	PO BOX 379, LOTTSBURG, VA, 22511
Specialty	IM
Board Certified	IM
School and Year of Graduation	MEDICAL UNIVERSITY OF SOUTH CAROLINA USA 1976
Internship and Year	TULANE UNIVERSITY SCHOOL OF MEDICINE - NEW ORLEANS, LA 1977
Residency and Year	TULANE UNIVERSITY SCHOOL OF MEDICINE - NEW ORLEANS, LA 1979
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	10789
License Date	12/1/1999
Name	<b>LITTLE, GAVIN C DO</b>
Address	46 TOLL RD, SALISBURY, MA, 01952
Specialty	N
Board Certified	IM
School and Year of Graduation	UNIV OF NEW ENGLAND OSTEO MED-BIDDEFORD,ME USA 1996
Internship and Year	ST VINCENT HOSPITAL - WORCESTER, MA 1997
Residency and Year	VANDERBILT UNIV MEDICAL CENTER - NASHVILLE, TN 1999
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	4974
License Date	4/27/1973
Name	<b>LITTLE, GEORGE A MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	NPM
Board Certified	NPM
School and Year of Graduation	MEDICAL COLLEGE OF UNIV OF VERMONT USA 1965
Internship and Year	UNIV OF OREGON MEDICAL SCHOOL - PORTLAND, OR 1966
Residency and Year	MEDICAL CENTER HOSPITAL OF VERMONT - BURLINGTON, VT 1971
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8532
License Date	5/8/1991
Name	<b>LITTLE, KATHERINE J MD</b>
Address	632 DORCHESTER RD, PO BOX 203LYME CTR, NH, 03769
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF VERMONT COLL OF MED-BURLINGTON, VT USA 1988
Internship and Year	UNIV LOUISVILLE HOSPITAL - LOUISVILLE, KY 1989
Residency and Year	HUMAMA HOSPITAL - LOUISVILLE, KY 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 3412  
 License Date 12/28/1960  
 Name **LITTLEFIELD, JAMES A MD**  
 Address 342 LANG RD, CORNISH, NH, 03745  
 Specialty AN  
 Board Certified  
 School and Year of Graduation COLLEGE OF MEDICAL EVANGELISTS- CA USA 1957  
 Internship and Year WHITE MEMORIAL HOSPITAL- LOS ANGELES, CA 1958  
 Residency and Year WHITE MEMORIAL HOSPITAL- LOS ANGELES, CA 1960  
 License Expiration Date **6/30/2012**  
 Remarks **Deceased 3/12/2013**

License Number 13256  
 License Date 9/6/2006  
 Name **LITTLEFIELD, RICHARD L DO**  
 Address 57 WATER ST, BLUE HILL, ME, 04614  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation MIDWESTERN UNIV USA 1981  
 Internship and Year MAINE MEDICAL CTR-PORTLAND ME 1982  
 Residency and Year ST LUKES HOSPITAL-AlLENTOWN PA 1986  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12663  
 License Date 4/6/2005  
 Name **LITWACK, LEWIS J MD**  
 Address FED LAW ENFORCEMENT TRAINING, 1131 CGAOEK CRISSUBG RDGLYNCO, GA, 31524  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation ESCUELA AUTONOMA DE CIENCIAS MEDICAS COSTA RICA 2000  
 Internship and Year BRAZOS FAMILY MED, BRYAN TX 2001  
 Residency and Year BRAZOS FAMILY MED, BRYAN TX 2004  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 14515  
 License Date 7/1/2009  
 Name **LITWAK, JOSEPH M MD**  
 Address EXETER HOSPITAL, 5 ANUMNI DREXETER, NH, 03833  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation ROSALIND FRANKLIN UNIVERSITY USA 1993  
 Internship and Year ST VINCENTS MEDICAL CENTER - BRIDGEPORT, CT 1994  
 Residency and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1955  
 License Expiration Date **6/30/2015**  
 Remarks

License Number	16418
License Date	12/4/2013
Name	<b>LITZOW, MARK R MD</b>
Address	MAYO CLINIC, 200 1ST ST SW ROCHESTER, MN, 55905
Specialty	ON
Board Certified	ON
School and Year of Graduation	UNIVERSITY OF CHICAGO PRITZKER SCH OF MED - IL USA 1980
Internship and Year	MAYO SCHOOL FO GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 1983
Residency and Year	MAYO SCHOOL FO GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12347
License Date	6/2/2004
Name	<b>LIU, JASON Y MD</b>
Address	18822 BEACH BLVD #207, HUNTINGTON BEACH, CA, 92648
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF CALIFORNIA, SAN FRANCISCO CA US 1981
Internship and Year	UNIVERSITY OF CALIFORNIA, SAN FRANCISCO CA 1982
Residency and Year	UCLA MED CTR, TORRANCE CA 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10629
License Date	7/7/1999
Name	<b>LIU, JEAN Y MD</b>
Address	VA MEDICAL CENTER, DEPT OF SURGERY 112 WHITE RIVER JCT, VT, 05009
Specialty	GS
Board Certified	GS
School and Year of Graduation	ALBERT EINSTEIN COLL OF EMD YESHIVA - BRONX, NY USA 1994
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1995
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14082
License Date	7/9/2008
Name	<b>LIU, JING MD</b>
Address	BOSTWICK LABORATORIES, 100 CHARLES LINDBERGH BLVD UNIONDALE, NY, 11553
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	SHANGHAI SECOND MEDICAL UNIV CHINA 1985
Internship and Year	NORTH SHORE UNIV HOSPITAL - MANHASSET, NY 1996
Residency and Year	NORTH SHORE UNIV HOSPITAL - MANHASSET, NY 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12909
License Date	10/5/2005
Name	<b>LIU, ROSE W MD</b>
Address	7228 SHANNON PARK COURT, SOUTH SAN FRANCISCO, CA, 94080
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF OKLAHOMA, OKLAHOMA CITY OK US 1999
Internship and Year	UNIVERSITY OF OKLAHOMA, TULSA OK 2000
Residency and Year	MARTIN LUTHER KING JR/DREW MED CTR, LOS ANGELES CA 2004
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	12392
License Date	7/7/2004
Name	<b>LIU, SHU WEI MD</b>
Address	ALL CARE MEDICAL, 22 MAIN STSALEM, NH, 03079
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF NY, BROOKLYN NY US 2000
Internship and Year	UNIVERSITY OF MA, WORCESTER MA 2001
Residency and Year	UNIVERSITY OF MA, WORCESTER MA 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12393
License Date	7/7/2004
Name	<b>LIU, STEPHEN K MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	EASTERN VIRGINIA MED SCHOOL, NORFOLD VA US 2000
Internship and Year	DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2001
Residency and Year	DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14559
License Date	8/5/2009
Name	<b>LIU, XIAOYING MD</b>
Address	DHMC-DEPT OF PATHOLOGY, 1 MED CTR DRLEBANON, NH, 03756
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	JINZHOU MEDICAL COLLEGE CHINA 1986
Internship and Year	UNIVERSITY OF KANSAS MEDICAL CENTER - KANSAS CITY, KS 2005
Residency and Year	UNIVERSITY OF KANSAS MEDICAL CENTER - KANSAS CITY, KS 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 7204  
 License Date 9/10/1985  
 Name **LIVINGSTON JR, ROBERT D MD**  
 Address , , ,  
 Specialty ORS  
 Board Certified  
 School and Year of Graduation TULANE UNIVERSITY IN LOUISIANA USA 1980  
 Internship and Year  
 Residency and Year  
 License Expiration Date **6/30/1990**  
 Remarks

License Number 15033  
 License Date 10/6/2010  
 Name **LIVINGSTON, BRIAN H MD**  
 Address SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200S PORTLAND, ME, 04106  
 Specialty R  
 Board Certified R  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2004  
 Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2005  
 Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2009  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 6737  
 License Date 7/7/1983  
 Name **LIVINGSTONE, SAMUEL A MD**  
 Address OFFICE OF MEDICAL EXAMINERS, 48 ORAMS ST PROVIDENCE, RI, 02904  
 Specialty FOP  
 Board Certified FOP  
 School and Year of Graduation INDIANA UNIV SCH MED-INDIANAPOLIS, IN USA 1975  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER, NH 1976  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER, NH 1979  
 License Expiration Date **6/30/1999**  
 Remarks

License Number 17014  
 License Date 4/1/2015  
 Name **LIZER, EVA L MD**  
 Address 360 3RD ST STE 425, SAN FRANCISCO, CA, 94107  
 Specialty R  
 Board Certified R  
 School and Year of Graduation TULANE UNIVERSITY SCHOOL OF MEDICINE USA 2003  
 Internship and Year TULANE UNIVERSITY SCHOOL OF MEDICINE - NEW ORLEANS, LA 2004  
 Residency and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2008  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11509  
 License Date 2/6/2002  
 Name **LLOYD, JOHN D MD**  
 Address PENACOOK FAMILY PHYSICIANS, 4 CRESCENT STPENACOOK, NH, 03303  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF VERMONT- BURLINGTON, VT USA 1998  
 Internship and Year LEHIGH VALLEY HOSPITAL - ALLENTOWN, PA 1999  
 Residency and Year LEHIGH VALLEY HOSPITAL - ALLENTOWN, PA 2002  
 License Expiration Date **12/29/2014**  
 Remarks **Deceased 12/29/14**

License Number 9908  
 License Date 1/8/1997  
 Name **LLOYD-SMITH, WINIFRED A MD**  
 Address 200 TERRACE HILL ST, BRANTFORD CANADA, , N3R 1G9  
 Specialty AN  
 Board Certified  
 School and Year of Graduation UNIV DE MONTREAL FAC DE MED QUEBEC CANADA 1983  
 Internship and Year MEMORIAL UNIV - ST JOHN'S , NEWFOUNDLAND 1988  
 Residency and Year MEMORIAL UNIV - ST JOHN'S , NEWFOUNDLAND 1988  
 License Expiration Date **6/30/2003**  
 Remarks

License Number 10141  
 License Date 10/1/1997  
 Name **LO DOLCE, JAMES G MD**  
 Address NORTHEAST MEDICAL CTR, 4101 MEDICAL CENTER DRMANLIUS, NY, 13066  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation SUNY-HLTH SCI CTR AT BOOKLYN, NY USA 1973  
 Internship and Year ST JOSEPH'S HOSPITAL - NY 1974  
 Residency and Year ST JOSEPH'S HOSPITAL - NY 1977  
 License Expiration Date **6/30/2007**  
 Remarks **5/25/99 CONSENT DECREE**

License Number 16764  
 License Date 9/3/2014  
 Name **LO, ANN MD**  
 Address FOUNDATION OB/GYN, 10 PROSPECT ST. STE 402NASHUA, NH, 03060  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation KECK SCHOOL OF MEDICINE OF THE UNIV OF SOUTHERN CA USA 2005  
 Internship and Year UNIVERSITY OF TX SOUTHWESTERN MEDICAL SCHOOL - DALLAS, TX 2006  
 Residency and Year UNIVERSITY OF TX SOUTHWESTERN MEDICAL SCHOOL - DALLAS, TX 2009  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	10429
License Date	10/7/1998
Name	<b>LOCHHEAD, KAREN M MD</b>
Address	ATLANTIC NEPHROLOGY, 333 BORTHWICK AVE STE 403PORTSMOUTH, NH, 03801
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF VA SCH OF MED-CHARLOTTESVILLE,VA USA 1990
Internship and Year	UNIV OF WISCONSIN - MADISON, WI 1991
Residency and Year	UNIV OF WISCONSIN - MADISON, WI 1992
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	15930
License Date	11/7/2012
Name	<b>LOCKARD, GRETCHEN D MD</b>
Address	SACO RIVER MEDICAL GROUP, 7 GREENWOOD AVECONWAY, NH, 03818
Specialty	FP
Board Certified	FP
School and Year of Graduation	THE WARREN ALPERT MEDICAL SCHOOL OF BROWN UNIVERSI USA 1999
Internship and Year	UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE - SEATTLE, WA 2000
Residency and Year	UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE - SEATTLE, WA 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>LAPSED FOR NONRENEWAL 6/30/14 RENEWED 7/15/14</b>

License Number	7771
License Date	1/6/1988
Name	<b>LOCKHART, JEFFREY T MD</b>
Address	CONCORD CARDIOLOGY ASSOC, 246 PLEASANT ST STE 103CONCORD, NH, 03301-2597
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIV OF PENNSYLVANIA SCH MED - PHILA, PA USA 1981
Internship and Year	STRONG MEMORIAL HOSPITAL UNIV OF ROCHESTER - ROCHESTER, NY 1982
Residency and Year	STRONG MEMORIAL HOSPITAL UNIV OF ROCHESTER - ROCHESTER, NY 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16765
License Date	9/3/2014
Name	<b>LOCKWOOD, DAVID W MD</b>
Address	PO BOX 1340, GRANTHAM, NH, 03753
Specialty	P
Board Certified	
School and Year of Graduation	CORNELL UNIVERSITY MEDICAL COLLEGE USA 1960
Internship and Year	MERCY CATHOLIC MEDICAL CENTER - DERBY, PA 1961
Residency and Year	UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE 1966
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 7914  
 License Date 7/6/1988  
 Name **LOCURATOLO, PATRICIA MD**  
 Address 875 GREENLAND RD B4-5, PORTSMOUTH, NH, 03801-  
 Specialty N  
 Board Certified N  
 School and Year of Graduation NEW YORK MED COLL-VALHALLA,NY USA 1983  
 Internship and Year ST LUKES HOSP-NY 1984  
 Residency and Year BOSTON CITY HOSP-BOSOTN,MA 1988  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15760  
 License Date 7/11/2012  
 Name **LODATO, CAROLINE K MD**  
 Address GREENWICH HOSP, 5 PERRYRIDGE RD GREENWICH, CT, 06830  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation NY UNIVERSITY SCHOOL OF MEDICINE USA 2007  
 Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2008  
 Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2009  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16974  
 License Date 3/4/2015  
 Name **LODESPOTO, MARK J MD**  
 Address 3117 BUHRE AVE, BRONX, NY, 10461  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation UB SUNY SCHOOL OF MED & BIOMEDICAL SCIENCE USA 1986  
 Internship and Year NASSAU COUNTY MEDICAL CENTER - EAST MEADOW, NY 1987  
 Residency and Year NASSAU COUNTY MEDICAL CENTER - EAST MEADOW, NY 1990  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14970  
 License Date 8/4/2010  
 Name **LOECHNER, KAREN J MD**  
 Address DARTMOUTH HITCHCOCK CLINIC, 100 HITCHCOCK WAY MANCHESTER, NH, 03103  
 Specialty PDE  
 Board Certified PDE  
 School and Year of Graduation YALE UNIVERSITY USA 1992  
 Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1993  
 Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1994  
 License Expiration Date **6/30/2016**  
 Remarks



License Number	12664
License Date	4/6/2005
Name	<b>LOEFFLER, AGNES G MD</b>
Address	DHMC- PATHOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PTH
Board Certified	
School and Year of Graduation	UNIVERSITY OF ILLINOIS US 2000
Internship and Year	DARTMOUTH HITCHCOCK MED CTR 2004
Residency and Year	DARTMOUTH HITCHCOCK MED CTR 2005
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	16797
License Date	10/1/2014
Name	<b>LOEFFLER, MOXIE J DO</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	TOURO COLLEGE OF OSTEOPATHIC MEDICINE USA 2009
Internship and Year	KAISER PERMANENTE MEDICAL CENTER - OAKLAND, CA 2010
Residency and Year	KAISER PERMANENTE MEDICAL CENTER - OAKLAND, CA 2013
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11738
License Date	9/4/2002
Name	<b>LOESCHER, PETER M MD</b>
Address	SHARON HEALTH CENTER, 12 SHIPPEE LANESHARON, VT, 05065
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF MA MED SCH- WORCESTER MA USA 1998
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 1999
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11066
License Date	9/6/2000
Name	<b>LOESER, PETER C MD</b>
Address	CROSSROADS FAMILY MEDICINE, 194 PLEASANT ST STE 7CONCORD, NH, 03301
Specialty	FP
Board Certified	FP
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1998
Internship and Year	NEW HAMPSHIRE DARTMOUTH FAMILY PRACTICE RESIDENCY - CONCORD, NH 1999
Residency and Year	NEW HAMPSHIRE DARTMOUTH FAMILY PRACTICE RESIDENCY - CONCORD, NH 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>8/26/04 - Order of Emergency License Suspension and Notice of Hearing</b> <b>12/13/05 - Settlement Agreement</b> <b>11/7/07 - Reinstated</b>

License Number	13974
License Date	5/7/2008
Name	<b>LOEW, BURR J MD</b>
Address	GI ASSOCIATES OF NH, 60 COMMERCIAL ST, STE 404CONCORD, NH, 03301
Specialty	IM
Board Certified	IM
School and Year of Graduation	BOSTON UNIV USA 2003
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2004
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6712
License Date	6/2/1983
Name	<b>LOEW, CHARLOTTE G MD</b>
Address	23 STILES RD STE 213, SALEM, NH, 03079-2854
Specialty	FP
Board Certified	
School and Year of Graduation	BOSTON UNIV SCHOOL MEDICINE - BOSTON, MA USA 1973
Internship and Year	NEWTON WELLESLEY HOSPITAL - NEWTON LOWER FALLS , MA 1974
Residency and Year	NEWTON WELLESLEY HOSPITAL - NEWTON LOWER FALLS, MA 1975
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16721
License Date	8/6/2014
Name	<b>LOFTUS, CONOR G MD</b>
Address	MAYO CLINIC, 200 FIRST ST SWROCHESTER, MN, 55905
Specialty	GE
Board Certified	GE
School and Year of Graduation	UNIVERSITY COLLEGE DUBLIN IRELAND 1996
Internship and Year	MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 2001
Residency and Year	MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15156
License Date	3/2/2011
Name	<b>LOFTUS, HOS C MD</b>
Address	UNIVERSITY OF WASHINGTON DEPT OF NEUROLOGY, BOX 356465SEATTLE, WA, 98195
Specialty	N
Board Certified	N
School and Year of Graduation	TEHRAN SCHOOL OF MEDICAL SCIENCES IRAN 1997
Internship and Year	ST BARNABAS HOSPITAL - BRONX, NY 2002
Residency and Year	BOSTON MEDICAL CENTER - BOSTON, MA 2005
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	13911
License Date	4/2/2008
Name	<b>LOFTUS, RANDY W MD</b>
Address	DHMC-DEPT OF ANESTHESIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV OF IOWA USA 2003
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2004
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10868
License Date	4/5/2000
Name	<b>LOGAN, DONALD R MD</b>
Address	SOUTHERN NH RADIOLOGY CONS, 703 RIVERWAY PLACEBEDFORD, NH, 03110
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF CALGARY CANADA 1979
Internship and Year	UNIVERSITY OF BRITISH COLUMBIA - VANCOUVER CANADA 1980
Residency and Year	UNIVERSITY OF BRITISH COLUMBIA - VANCOUVER CANADA 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11198
License Date	3/7/2001
Name	<b>LOGAN, KENT A MD</b>
Address	CORE PHYSICIANS, 9 BUZELL AVEEXETER, NH, 03833
Specialty	N
Board Certified	N
School and Year of Graduation	GEORGETOWN UNIV SCH-WASHINGTON, DC USA 1995
Internship and Year	ST ELIZABETH'S MEDICAL CENTER - BOSTON, MA 1996
Residency and Year	CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6928
License Date	7/5/1984
Name	<b>LOGAN, MARK E MD</b>
Address	, , ,
Specialty	EM
Board Certified	
School and Year of Graduation	UNIVERSITY OF VERMONT USA 1979
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1994</b>
Remarks	<p>9/23/99 - Order of Conditional Approval. Granted a training license that allows him to practice only as a Medical Resident in the Pathology Residency Program on the main campus of the Dartmouth-Hitchcock Medical Center, Lebanon.</p> <p>1/17/01 - Order of Conditional Denial of License.</p> <p>5/16/01 - Order Of The Board. Final Order Denying License. Appeal has been withdrawn.</p> <p>07/27/01- Dr. Logan requesting a reconsideration of the Board's -Final Order Denying License" in New Hampshire. This request is denied.</p>

License Number	11667
License Date	7/3/2002
Name	<b>LOGAN, NEAL J MD</b>
Address	1708 OAK CREEK DR, SHERMAN, TX, 75092
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIV OF KANSAS SCH - KANSAS CITY, KS USA 1963
Internship and Year	LEGACY EMANUEL & GOOD SAMARITAN HOSP - PORTLAND, OR 1964
Residency and Year	TULANE UNIV SCH OF MED - NEW ORLEANS, LA 1970
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	15510
License Date	1/4/2012
Name	<b>LOH, JOHN CHUCH SHENG MD</b>
Address	SOUTHERN NH RADIOLOGY CONSULTANTS, 703 RIVERWAY PLACE BEDFORD, NH, 03110
Specialty	DR
Board Certified	DR
School and Year of Graduation	WASHINGTON UNIVERSITY SCHOOL OF MEDICINE USA 1999
Internship and Year	UNIVERSITY HEALTH CENTER OF PITTSBURGH - PITTSBURGH, PA 2000
Residency and Year	UNIVERSITY HEALTH CENTER OF PITTSBURGH - PITTSBURGH, PA 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 8317  
 License Date 5/9/1990  
 Name **LOH, STEVEN P MD**  
 Address CORE PEDIATRICS EXETER, 9 BUZELL AVE STE 3 EXETER, NH, 03833-2520  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation NEW YORK MED COLL - VALHALL, NY USA 1987  
 Internship and Year YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1988  
 Residency and Year YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1990  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9365  
 License Date 2/1/1995  
 Name **LOHAUS, ALLAN W MD**  
 Address 609 S MAIN ST BOX 1317, WOLFEBORO, NH, 03894-1317  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation GEORGE WASHINGTON UNIVERSITY SCHOOL OF MEDICINE USA 1968  
 Internship and Year MOUNTAINSIDE HOSPITAL - MONTCLAIR NJ 1969  
 Residency and Year SINAI HOSPITAL OF BALTIMORE - BALTIMORE MD 1974  
 License Expiration Date **6/30/2000**  
 Remarks

License Number 10124  
 License Date 9/10/1997  
 Name **LOHN, BARBARA C MD**  
 Address DARMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DR LEBANON, NH, 03756-0001  
 Specialty P  
 Board Certified  
 School and Year of Graduation CASE WESTERN RESERVE UNIV SCH OF MED - OH USA 1994  
 Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - NH 1998  
 Residency and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - NH 1998  
 License Expiration Date **6/30/1999**  
 Remarks **6/3/99 SETTLEMENT AGREEMENT**

License Number 12237  
 License Date 3/3/2004  
 Name **LOHNES, BRIAN J DO**  
 Address ST JOSEPH HOSPITAL EMERGENCY MEDICINE, 172 KINSLEY ST NASHUA, NH, 03061  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME US 1997  
 Internship and Year DARNALL ARMY COMMUNITY HOSP, FORT HOOD TX 1998  
 Residency and Year DARNALL ARMY COMMUNITY HOSP, FORT HOOD TX 2000  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	15034
License Date	10/6/2010
Name	<b>LOKA, ALFRED M MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITE DE KINSHASA CONGO 2001
Internship and Year	SUNY HEALTH SCIENCE CENTER @BROOKLYN DOWNSTATE - BROOKLYN, NY 2005
Residency and Year	SUNY HEALTH SCIENCE CENTER @BROOKLYN DOWNSTATE - BROOKLYN, NY 2007
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	14882
License Date	6/2/2010
Name	<b>LOLLIS, S SCOTT MD</b>
Address	DHMC-DEPT OF NEUROSURGERY, 1 MED CTR DRLEBANON, NH, 03756
Specialty	NS
Board Certified	
School and Year of Graduation	COLUMBIA UNIVERSITY USA 2003
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2004
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14028
License Date	6/4/2008
Name	<b>LOMBARDI, DANIEL A MD</b>
Address	VAMC MANCHESTER, 718 SMYTH RDMANCHESTER, NH, 03104
Specialty	CD
Board Certified	CD
School and Year of Graduation	BROWN UNIV USA 2001
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2002
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12000
License Date	7/2/2003
Name	<b>LOMBARDI, MARY H MD</b>
Address	3349 MONROE AVE #341, ROCHESTER, NY, 14618
Specialty	PD
Board Certified	PD
School and Year of Graduation	ALBANY MEDICAL COLLEGE- ALBANY, NY USA 1996
Internship and Year	MCGILL UNIV - MONTREAL CANADA 1997
Residency and Year	MCGILL UNIV - MONTREAL CANADA 2000
License Expiration Date	<b>6/30/2009</b>
Remarks	<b>LAPSED FOR NON-RENEWAL ON 6/30/07 REINSTATED ON 5/7/08</b>

License Number	9545
License Date	9/6/1995
Name	<b>LOMBARDO, BRIAN P MD</b>
Address	COMMUNITY CARE CTR, 125 MASCOMA ST B#5LEBANON, NH, 03766-
Specialty	FP
Board Certified	FP
School and Year of Graduation	YALE UNIV SCHOOL OF MEDICINE NEW HAVEN CT USA 1986
Internship and Year	UNIV OF MINNESOTA AFFILIATED HOSPITAL MINNEAPOLIS MN 1989
Residency and Year	UNIV OF MINNESOTA AFFILIATED HOSPITAL MINNEAPOLIS MN 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8972
License Date	6/2/1993
Name	<b>LOMBARDO, MARK A MD</b>
Address	CONCORD HOSPITAL NEUROLOGY ASSOC, 248 PLEASANT ST - STE G200CONCORD, NH, 03301-2588
Specialty	N
Board Certified	N
School and Year of Graduation	ROBERT W JOHNSON MEDICAL SCHOOL USA 1984
Internship and Year	LETTERMAN ARMY MEDICAL CENTER - SAN FRANCISCO CA 1985
Residency and Year	LETTERMAN ARMY MEDICAL CENTER - SAN FRANCISCO CA 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5997
License Date	11/2/1978
Name	<b>LONDON, CHARLES D MD</b>
Address	6 SEAVEY PASTURE RD, STRATHAM, NH, 03885
Specialty	AN
Board Certified	AN
School and Year of Graduation	HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1971
Internship and Year	BETH ISREAL HOSPITAL - BOSTON, MA 1972
Residency and Year	STANFORD UNIV HOSPITAL - STANFORD, CA 1974
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	9281
License Date	9/7/1994
Name	<b>LONERGAN, CLAIRE A DO</b>
Address	DARTMOUTH HITCHCOCK, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF OSTEO MED& HLTH SCI - DES MOINES, IA USA 1986
Internship and Year	OUCOM-GRANDVIEW HOSPITAL - DAYTON,OH 1987
Residency and Year	ST BARNABAS MEDICAL CENTER -LIVINGSTON, NJ 1990
License Expiration Date	<b>12/1/2013</b>
Remarks	<b>DECEASED 12/1/2013</b>

License Number	13679
License Date	9/5/2007
Name	<b>LONERGAN, ERIC MD</b>
Address	CONVENIENT MD, 2 DOBSON WAYMERRIMACK, NH, 03054
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF VERMONT USA 2003
Internship and Year	MOUNTAINSIDE FAMILY PRACTICE ASSOC-UMDNJ - VERONA, NJ 2004
Residency and Year	MOUNTAINSIDE FAMILY PRACTICE ASSOC-UMDNJ - VERONA, NJ 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13716
License Date	10/3/2007
Name	<b>LONESKY, TIMOTHY A DO</b>
Address	DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	PHILADELPHIA COLLEGE USA 2004
Internship and Year	MERCY HOSPITAL OF PITTSBURGH - PITTSBURGH, PA 2005
Residency and Year	MERCY HOSPITAL OF PITTSBURGH - PITTSBURGH, PA 2007
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	10517
License Date	3/3/1999
Name	<b>LONG, DOUGLAS G MD</b>
Address	3801 E HIGHWAY 98, PORT ST JOE, FL, 32456
Specialty	FP
Board Certified	FP
School and Year of Graduation	STATE UNIV OV NY HLTH SCI-SYRACUSE, NY USA 1972
Internship and Year	SACRED HEART MED CTR - SPOKANE, WA 1973
Residency and Year	FAMILY MEDICINE SPOKANE - SPOKANE, WA 1975
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10125
License Date	9/10/1997
Name	<b>LONG, JOSEPH M MD</b>
Address	2700 CITIZENS PLAZA 101, VICTORIA, TX, 77901
Specialty	FP
Board Certified	FP
School and Year of Graduation	INDIANA UNIV SCH OF MED - INDIANAPOLIS, IN USA 1970
Internship and Year	BROOKE ARMY MEDICAL CENTER - TX 1971
Residency and Year	BROOKE ARMY MEDICAL CENTER - TX 1972
License Expiration Date	<b>6/30/2007</b>
Remarks	



License Number	13831
License Date	2/6/2008
Name	<b>LONG, RANDALL R MD</b>
Address	DARTMOUTH HITCHCOCK - KEENE, 590 COURT STKEENE, NH, 03431
Specialty	N
Board Certified	N
School and Year of Graduation	JOHN HOPKINS UNIV USA 1976
Internship and Year	BRIGHAM AND WOMEN'S HOSPITAL - BOSTON, MA 1977
Residency and Year	JOHN HOPKINS HOSPITAL - BALTIMORE, MD 1980
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7248
License Date	12/5/1985
Name	<b>LONG, WILLIAM J MD</b>
Address	CARDIOLOGY INSTUTE, 1051 GAUSE BLVD STE 320SLIDELL, LA, 70458
Specialty	IM
Board Certified	IM
School and Year of Graduation	BROWN UNIV PROGRAM IN MED-PROVIDENCE, RI USA 1982
Internship and Year	TULANE UNIV HOSPITAL - NEW ORLEANS, LA 1983
Residency and Year	ST ELIZABETH MEDICAL CENTER - BOSTON, MA 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6952
License Date	8/2/1984
Name	<b>LONGMAID III, HAROLD E MD</b>
Address	, , ,
Specialty	R
Board Certified	R
School and Year of Graduation	TUFTS UNIVERSITY - BOSTON, MA USA 1979
Internship and Year	
Residency and Year	
License Expiration Date	<b>8/1/1988</b>
Remarks	

License Number	4938
License Date	1/31/1973
Name	<b>LONGNECKER, DANIEL S MD</b>
Address	DHMC-PATHOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF IOWA USA 1956
Internship and Year	CLEVELAND METRO HOSPITAL - CLEVELAND, OH 1957
Residency and Year	CLEVELAND METRO HOSPITAL - CLEVELAND, OH 1958
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number 16419  
 License Date 12/4/2013  
 Name **LONIGRO, ROBERT MD**  
 Address 45 PADDOCK WAY, MARSHFIELD, MA, 02050-8242  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF MED AND DENTISTRY NJ ROBERT WOOD- NJ USA 1986  
 Internship and Year HARTFORD HOSPITAL-HARFORD, CT 1987  
 Residency and Year SAINT MARY MEDICAL CENTER - LONG BEACH, CA 1989  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 17115  
 License Date 6/3/2015  
 Name **LOO, ERIC Y MD**  
 Address DHMC - DEPT PATHOLOGY & LAB MEDICINE, ONE MEDICAL CTR DRLEBANON, NH, 03756  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation ROSALIND FRANKLIN UNIVERSITY OF MED & SCIENCE USA 2007  
 Internship and Year UNIVERSITY OF SOUTHERN CALIFORNIA - LOS ANGELES, CA 2008  
 Residency and Year UNIVERSITY OF SOUTHERN CALIFORNIA - LOS ANGELES, CA 2009  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 5989  
 License Date 10/5/1978  
 Name **LOOSER, KEVIN G MD**  
 Address 55 STRATHAM HTS RD, STRATHAM, NH, 03885  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation ALBANY MEDICAL COLLEGE OF UNION UNIV ALBANY, NY USA 1972  
 Internship and Year HARTFORD HOSPITAL - HARTFORD, CT 1973  
 Residency and Year HARTFORD HOSPITAL - HARTFORD, CT 1976  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11378  
 License Date 9/5/2001  
 Name **LOOSIGIAN, STEPHEN R DO**  
 Address ELLIOT HOSPITAL, ONE ELLIOT WAYMANCHESTER, NH, 03103-3599  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF NEW ENGLAND COLL OSTEO-BIDDEFORD, ME USA 1999  
 Internship and Year ST ELIZABETH MEDICAL CENTER - BOSTON, MA 2000  
 Residency and Year ST ELIZABETH MEDICAL CENTER - BOSTON, MA - ST ANN'S HOSPITAL, FALL RIVER MA 2001  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	10030
License Date	6/4/1997
Name	<b>LOOSMANN, ANNE M MD</b>
Address	44 BIRCH ST STE 301, DERRY, NH, 03038
Specialty	GS
Board Certified	GS
School and Year of Graduation	LOYOLA UNIVERSITY OF CHICAGO-IL USA 1992
Internship and Year	UNIVERSITY HOSPITAL -SUNY HLTH SCIENCE CENTER ,NY 1997
Residency and Year	UNIVERSITY HOSPITAL-SUNY HLTH SCIENCE CENTER-NY 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14386
License Date	4/1/2009
Name	<b>LOOTENS, ROBERT J MD</b>
Address	CONCORD CARDIOLOGY ASSOC, 85 SPRING ST STE 2A1LACONIA, NH, 03246
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIV OF MICHIGAN USA 1971
Internship and Year	BLODGETT MEMORIAL MEDICAL CENTER - GRAND RAPIDS, MI 1972
Residency and Year	RUSH UNIVERSITY MEDICAL CENTER - CHICAGO, IL 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6381
License Date	5/7/1981
Name	<b>LOPEZ, ALVARO B MD</b>
Address	565 TURNPIKE ST STE 84, N ANDOVER, MA, 01845
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF MIAMI SCH OF MED,MIAMI,FL USA 1976
Internship and Year	MASS MENTAL HLTH CTR-BOSTON,MA 1978
Residency and Year	MASS MENTAL HLTH CENTER - BOSTON, MA 1978
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11485
License Date	1/2/2002
Name	<b>LOPEZ, ARMANDO E MD</b>
Address	MOUNTAIN VIEW UROLOGY, 130 FISHER RDBERLIN, VT, 05602
Specialty	U
Board Certified	U
School and Year of Graduation	NATIONAL UNIV OF COLOMBIA- BOGOTA DE FEDEAL DISTRICT COLOMBIA 1986
Internship and Year	UNIV OF MIAMI-JACKSON MEMORIAL MED CTR- MIAMI, FL 1990
Residency and Year	JACKSON MEMORIAL HOSPITAL - MIAMI, FL 1994
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	8559
License Date	6/5/1991
Name	<b>LOPEZ, CARLOS M MD</b>
Address	PROSPECT ANESTHESIA SERVICES, 8 PROSPECT STNASHUA, NH, 03061-
Specialty	AN
Board Certified	AN
School and Year of Graduation	SUNY ST BUFFALO SCH OF MED BIOMEDICAL - NY USA 1987
Internship and Year	MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 1988
Residency and Year	UNIV MIAMI/JACKSON MEMORIAL MEDICAL CENTER - MIAMI, FL 1991
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	4760
License Date	8/15/1972
Name	<b>LOPEZ, CARMENCITA A MD</b>
Address	185 GREENWOOD CT, MANCHESTER, NH, 03109
Specialty	N
Board Certified	
School and Year of Graduation	UNIV OF THE PHILIPPINES PHILIPPINES 1965
Internship and Year	CAMBRIDGE HOSPITAL - CAMBRIDGE, MA 1966
Residency and Year	BOSTON UNIV AFFILIATED HOSPITAL - BOSTON, MA 1970
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3644
License Date	9/11/1963
Name	<b>LOPEZ, EDUARDO A MD</b>
Address	46 SCOTT AVE, NASHUA, NH, 03062
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIV OF HAVANA - HAVANA, CUBA CUBA 1954
Internship and Year	NEWTON-WELLESLEY HOSPITAL - NEWTON LOWER FALLS, MA 1955
Residency and Year	BOSTON CITY HOSPITAL - BOSTON, MA 1959
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	15587
License Date	3/7/2012
Name	<b>LOPEZ, IVAN D MD</b>
Address	3820 CLARKSON ST, RIVERSIDE, CA, 92501
Specialty	P
Board Certified	
School and Year of Graduation	UNIVERSIDAD CES PROGRAMA DE MEDICINA COLOMBIA 1984
Internship and Year	BETH ISRAEL MEDICAL CENTER - NY, NY 1999
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER -WORCESTER, MA 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13871
License Date	3/5/2008
Name	<b>LOPEZ, MARIO M MD</b>
Address	SOUTHERN NH MEDICAL CENTER, 8 PROSPECT STNASHUA, NH, 03061
Specialty	IM
Board Certified	
School and Year of Graduation	UNIV OF MASSACHUSETTS USA 2003
Internship and Year	UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2004
Residency and Year	UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2006
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	16481
License Date	2/5/2014
Name	<b>LOPEZ-ALBAITERO, ANDRES MD</b>
Address	MASS ENT SPEC ASSOC, 10 PROSPECT STNASHUA, NH, 03060
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	UNIVERSIDAD DE LA SALLE MEXICO 2000
Internship and Year	UNIVERSITY OF PITTSBURGH-EYE AND EAR INSTITUTE - PITTSBURGH, PA 2006
Residency and Year	UNIVERSITY OF PITTSBURGH-EYE AND EAR INSTITUTE - PITTSBURGH, PA 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15986
License Date	1/9/2013
Name	<b>LOPEZ-DIEGO, ROCIO S MD</b>
Address	237 ST PAUL ST, BROOKLINE, MA, 02446
Specialty	N
Board Certified	N
School and Year of Graduation	UNIVERSIDAD DE VALENCIA SPAIN 1996
Internship and Year	UNIVERSITY OF MICHIGAN HOSPITALS - ANN ARBOR, MI 2003
Residency and Year	UNIVERSITY OF MICHIGAN HOSPITALS - ANN ARBOR, MI 2006
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	13434
License Date	3/7/2007
Name	<b>LOPEZ-VALLES, JO- ANN G MD</b>
Address	LRG HEALTH CARE, 80 HIGHLAND STLA CONIA, NH, 03246
Specialty	PD
Board Certified	PD
School and Year of Graduation	DAVAO MEDICAL SCHOOL FOUNDATION PHILIPPINES 2000
Internship and Year	ELMHURST HOSPITAL CENTER-ELMHURST, NY 2005
Residency and Year	ELMHURST HOSPITAL CENTER-ELMHURST, NY 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10755
License Date	11/3/1999
Name	<b>LORADITCH, JOHN C MD</b>
Address	VALLEY REGIONAL HOSPITAL, 243 ELM STCLAREMONT, NH, 03743
Specialty	EM
Board Certified	EM
School and Year of Graduation	SAINT GEORGE UNIVERSITY SCHOOL OF MEDICINE-NY USA 1982
Internship and Year	HOSPITAL OF SAINT RAPHAEL-NEW HAVEN,CT 1983
Residency and Year	HOSPITAL OF SAINT RAPHAEL-NEW HAVEN,CT 1985
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	12665
License Date	4/6/2005
Name	<b>LORANS, ROXANNE MD</b>
Address	13400 EAST SHEA BLVD, SCOTTSDALE, AZ, 85259
Specialty	R
Board Certified	R
School and Year of Graduation	ALBERT EINSTEIN COLLEGE, BRONX NY US 1994
Internship and Year	BETH ISRAEL MEDICAL CENTER, NEW YORK NY 1995
Residency and Year	BETH ISREAL MEDICAL CENTER, NEW YORK NY 1999
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	7175
License Date	8/1/1985
Name	<b>LORD, C FREDERIC MD</b>
Address	CT VALLEY RECOVERY SER, 15 STATE STWINDSOR, VT, 05089
Specialty	ADM
Board Certified	ADM
School and Year of Graduation	UNIVERSITY OF VERMONT - BURLINGTON, VT USA 1978
Internship and Year	BRIDGEPORT HOSPITAL - BRIDGEPORT, CT 1979
Residency and Year	BRIDGEPORT HOSPITAL - BRIDGEPORT, CT 1980
License Expiration Date	<b>6/30/2017</b>
Remarks	6/16/95 - Settlement Agreement 11/19/01-Consent Decree Restrictions (lapsed 6/30/03-reinstated 11/7/12)

License Number	3876
License Date	2/2/1966
Name	<b>LORD, EDWIN M MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>10/16/1987</b>
Remarks	

License Number	2741
License Date	3/10/1949
Name	<b>LORD, ROBERT E MD</b>
Address	118 SECRETARIAT WAY, #201ROCHESTER, NH, 03867
Specialty	GP
Board Certified	
School and Year of Graduation	LONG ISLAND COLLEGE OF MEDICINE USA 1946
Internship and Year	MAINE GENERAL HOSPITAL 1947
Residency and Year	MAINE GENERAL HOSPITAL 1947
License Expiration Date	<b>8/31/2006</b>
Remarks	DECEASED 8/31/06

License Number	2628
License Date	11/12/1947
Name	<b>LORD, ROBERT N MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1986</b>
Remarks	DECEASED 10/28/2008

License Number	16182
License Date	6/5/2013
Name	<b>LORDON, STEPHEN P MD</b>
Address	DARTMOUTH HITCHCOCK MEDICAL CTR, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	AN
Board Certified	AN
School and Year of Graduation	ROSALIND FRANKLIN UNIVERSITY USA 1984
Internship and Year	LONG BEACH MEMORIAL MEDICAL CENTER - LONG BEACH, CA 1985
Residency and Year	LONG BEACH MEMORIAL MEDICAL CENTER - LONG BEACH, CA 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9965
License Date	4/2/1997
Name	<b>LORENZO, MILAGROS D MD</b>
Address	COMMUNITY COUNCIL NASHUA INC, 15 PROSPECT STNASHUA, NH, 03060-3990
Specialty	CHP
Board Certified	P
School and Year of Graduation	UNIV CENTRAL DEL ESTE SAN PEDRO DE MACORIS DOMINICAN REPUBLIC 1985
Internship and Year	A EINSTEIN COLLEGE MEDICINE - YESHIVA UNIV - NY 1995
Residency and Year	A EINSTEIN COLLEGE MEDICINE - YESHIVA UNIV, NY 1997
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number 10471  
 License Date 12/2/1998  
 Name **LORING, KAREN S MD**  
 Address DHMC-GIM, ONE MEDICAL CTR DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation STATE UNIV OF NY HLTH SCI - SYRACUSE, NY USA 1992  
 Internship and Year FLETCHER ALLEN HLTH CARE - BURLINGTON, VT 1993  
 Residency and Year FLETCHER ALLEN HLTH CARE - BURLINGTON, VT 1994  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 4333  
 License Date 10/22/1968  
 Name **LORUSSO, ANGELO J MD**  
 Address 1 HEATHER ST, MANCHESTER, NH, 03104  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation FLORENCE SCHOOL OF MEDICINE - FLORENCE, ITALY ITALY 1961  
 Internship and Year CARNEY HOSPITAL - BOSTON, MA 1965  
 Residency and Year CARNEY HOSPITAL - BOSTON, MA 1968  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 10869  
 License Date 4/5/2000  
 Name **LOSASSO, CARL J MD**  
 Address EXETER HOSPITAL, 5 ALUMNI DREXETER, NH, 03833  
 Specialty R  
 Board Certified R  
 School and Year of Graduation CREIGHTON UNIVERSITY USA 1981  
 Internship and Year PRESBYTERIAN/ST LUKE'S HOSP - DENVER CO 1982  
 Residency and Year CREIGHTON UNIVERSITY - OMAHA NE 1985  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9489  
 License Date 7/5/1995  
 Name **LOSER, JEFFREY A DO**  
 Address 510 CONGRESS ST, PORTLAND, ME, 04101  
 Specialty EM  
 Board Certified  
 School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEO MED USA 1980  
 Internship and Year COMMUNITY GENERAL HOSPITAL - HARRISBURG PA 1981  
 Residency and Year MEMORIAL HOSPITAL - YORK PA 1982  
 License Expiration Date **6/30/2005**  
 Remarks



License Number	11798
License Date	12/4/2002
Name	<b>LOSEY, LAWRENCE J MD</b>
Address	MERE POINT MED ASSOC, 329 MAINE ST STE JBRUNSWICK, ME, 04011
Specialty	PD
Board Certified	PD
School and Year of Graduation	LOMA LINDA UNIV SCH OF MED - LOMA LINDA, CA USA 1976
Internship and Year	MAINE MEDICAL CENTER -PORTLAND, ME 1977
Residency and Year	MAINE MEDICAL CENTER -PORTLAND, ME 1979
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	16868
License Date	12/3/2014
Name	<b>LOTFI, KARAN MD</b>
Address	2231 WAKEROBIN LN, RESTON, VA, 20191
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE USA 1992
Internship and Year	TUFTS MEDICAL CENTER - BOSTON, MA 1994
Residency and Year	TUFTS MEDICAL CENTER - BOSTON, MA 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11874
License Date	4/2/2003
Name	<b>LOTT, BRIAN M MD</b>
Address	COMPHEALTH, 6440 SOUTH MILLROCK STE 175SALT LAKE CITY, UT, 24121
Specialty	FP
Board Certified	FP
School and Year of Graduation	NORTHEASTERN OHIO UNIV - ROOTSTOWN, OH USA 1990
Internship and Year	GRANT MEDICAL CENTER - COLUMBUS, OH 1991
Residency and Year	GRANT MEDICAL CENTER - COLUMBUS, OH 1993
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	14803
License Date	4/7/2010
Name	<b>LOTUFO, DAVID G MD</b>
Address	EYE HEALTH SERVICE, 23 WHITES PATHS. YARMOUTH, MA, 02664
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIVERSITY OF MIAMI USA 1983
Internship and Year	MOUNT SINAI MEDICAL CENTER OF FLORIDA PROGRAM - MIAMI BEACH, FL 1984
Residency and Year	NEW YORK EYE AND EAR INFIRMARY - NEW YORK, NY 1987
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number 10518  
 License Date 3/3/1999  
 Name **LOTZ, DORIS H MD**  
 Address DHHS OMBP, 129 PLEASANT STCONCORD, NH, 03301  
 Specialty MPH  
 Board Certified MPH  
 School and Year of Graduation OHIO STATE UNIV COLL OF MED - COLUMBUS,OH USA 1986  
 Internship and Year LOS ANGELES COUNTY HARBOR - UCLA MEDICAL CENTER - TORRANCE, CA 1987  
 Residency and Year LOS ANGELES COUNTY HARBOR - UCLA MEDICAL CENTER - TORRANCE, CA 1989  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15035  
 License Date 10/6/2010  
 Name **LOUD, KEITH J MD**  
 Address DHMC-GEN ACADEMIC PEDIATRICS, ONE MED CTR DRLEBANON, NH, 03756  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation MCGILL UNIVERSITY CANADA 1996  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1998  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2000  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12465  
 License Date 9/1/2004  
 Name **LOUGHRAN, TIMOTHY M MD**  
 Address BEACON INTERNAL MEDICINE, 155 BORTHWICK AVE., STE 202WPORTSMOUTH, NH, 03801  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation ST GEORGE'S UNIVERSITY, BAY SHORE NY US 1998  
 Internship and Year UNIVERSITY OF CONNECTICUT, FARMINGTON CT 1999  
 Residency and Year UNIVERSITY OF CONNECTICUT, FARMINGTON CT 2001  
 License Expiration Date **6/30/2016**  
 Remarks **lapsed 6/30/06 - reinstated 8/3/11**

License Number 15311  
 License Date 7/6/2011  
 Name **LOUKAS, ELIAS E MD**  
 Address DHMC - HOSPITAL MEDICINE, ONE MED CTR DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation STATE UNIVERSITY OF NEW YORK USA 2005  
 Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2006  
 Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2008  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 3845  
 License Date 10/5/1965  
 Name **LOURES, CONSTANTIN D MD**  
 Address , BOX 8281CRANSTON, RI, 02920-0281  
 Specialty P  
 Board Certified  
 School and Year of Graduation ATHENS NATIONAL UNIV MED SCHOOL - GREECE GREECE 1942  
 Internship and Year LYNN HOSPITAL - LYNN, MA 1956  
 Residency and Year RHODE ISLAND MEDICAL CENTER - HOWARD, RI 1964  
 License Expiration Date **6/30/2002**  
 Remarks **DECEASE 7/21/05**

License Number 14591  
 License Date 9/2/2009  
 Name **LOUT, ROBERT P MD**  
 Address DARTMOUTH-HITCHCOCK KEENE, 580 COURT STKEENE, NH, 03431  
 Specialty OS  
 Board Certified OS  
 School and Year of Graduation GEORGETOWN UNIVERSITY - WASHINGTON , DC USA 1973  
 Internship and Year ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 1974  
 Residency and Year ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 1975  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 16833  
 License Date 11/6/2014  
 Name **LOVE, ZACHARY I DO**  
 Address ACCESS SPORTS MED, 1 HAMPTON RDEXETER, NH, 03833  
 Specialty ORS  
 Board Certified  
 School and Year of Graduation MICHIGAN STATE UNIV COLLEGE OF OSTEOPATHIC MED USA 2008  
 Internship and Year GENESYS REGIONAL MEDICAL CENTER - GRAND BLANC, MI 2009  
 Residency and Year GENESYS REGIONAL MEDICAL CENTER - GRAND BLANC, MI 2013  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12579  
 License Date 1/5/2005  
 Name **LOVEJOY, DAVID B MD**  
 Address SPORTS MEDICAINE NORTH, 1 ORTHOPEDICS DR 2ND FLOORPEABODY, MA, 01960  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation UNIVERSITY OF ROCHESTER, ROCHESTER NY US 1975  
 Internship and Year NEW ENGLAND MEDICAL CTR, BOSTON MA 1976  
 Residency and Year NEW ENGLAND MEDICAL CTR, BOSTON MA 1977  
 License Expiration Date **2/27/2013**  
 Remarks **Deceased 2/27/13**

License Number	15257
License Date	6/1/2011
Name	<b>LOVELACE, TODD D MD</b>
Address	VIRTUAL RADIOLOGY, 11995 SINGLETREE LANE #500EDEN PRAIRIE, MN, 55344
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF TEXAS USA 1996
Internship and Year	OREGON HEALTH SCIENCES UNIVERSITY - PORTLAND, OR 1997
Residency and Year	OREGON HEALTH SCIENCES UNIVERSITY - PORTLAND, OR 2000
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	7176
License Date	8/1/1985
Name	<b>LOVELL, CHARLES W MD</b>
Address	, , ,
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF UTAH USA 1973
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1997</b>
Remarks	

License Number	8302
License Date	4/4/1990
Name	<b>LOVERRO, WILLIAM A MD</b>
Address	311 WHEELER RD, HOLLIS, NH, 03049
Specialty	IM
Board Certified	
School and Year of Graduation	UNIV DI ROMA-LA SAPIENZA FAC DE MED-ROMA ITALY 1973
Internship and Year	FRAMINGHAMUNION HOSP-FRAMINGHAM,MA 1975
Residency and Year	FRAMINGHAM UNION HOSP-FRAMINGHAM,MA 1977
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15132
License Date	2/2/2011
Name	<b>LOVETT, GEORGE W MD</b>
Address	56 SYCAMORE RD, N QUINCY, MA, 02171
Specialty	D
Board Certified	D
School and Year of Graduation	INDIANA UNIVERSITY USA 1978
Internship and Year	VANDERBILT UNIVERSITY MEDICAL CENTER - NASHVILLE, TN 1980
Residency and Year	VANDERBILT UNIVERSITY MEDICAL CENTER - NASHVILLE, TN 1982
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 6593  
 License Date 7/15/1982  
 Name **LOVETT, JAMES A MD**  
 Address CLEAR CHOICE MD, 96 D W HWYBELMONT, NH, 03246  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation MED COLL OF OHIO AT TOLEDO, OH USA 1979  
 Internship and Year WILMINGTON MEDICAL CENTER - WILMINGTON, DE 1980  
 Residency and Year WILMINGTON MEDICAL CENTER - WILMINGTON, DE 1982  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14083  
 License Date 7/9/2008  
 Name **LOVIER JR, JOHN A MD**  
 Address AUBURN OBSTETRICS & GYNECOLOGY, 143 NORTH STREET SUITE 4AUBURN, NY, 13021  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIV OF ROCHESTER USA 2000  
 Internship and Year UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2001  
 Residency and Year UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2004  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 10955  
 License Date 6/7/2000  
 Name **LOVINSKI, PAULA A MD**  
 Address ELLIOT HOSP - HOSPITALIST DEPT, 1 ELLIOT WAYMANCHESTER, NH, 03104  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation WAYNE STATE UNIV -DETROIT, MI USA 1997  
 Internship and Year MAINE MEDICAL CENTER - PORTLAND,ME 1999  
 Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2000  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9523  
 License Date 8/2/1995  
 Name **LOW, SCOTT J DO**  
 Address DERRY MEDICAL CENTER, 6 TSIENNETO RD STE 100DERRY, NH, 03038  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF NEW ENGLAND COLL OF OSTEO MEDICINE USA 1992  
 Internship and Year DOWNEY COMMUNITY HOSPITAL - DOWNEY CA 1995  
 Residency and Year DOWNEY COMMUNITY HOSPITAL - DOWNEY CA 1995  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	14998
License Date	9/1/2010
Name	<b>LOWDERMILK, MARY FRANCES T L MD</b>
Address	EXETER HEALTH FAMILY PRACTICE, 21 HAMPTON RD BLDG 3EXETER, NH, 03883
Specialty	FP
Board Certified	FP
School and Year of Graduation	RAMON MAGSAYSAY MEDICAT CENTER PHILIPPINES 2005
Internship and Year	ALASKA FAMILY PRACTICE-PROVIDENCE HOSPITAL - ANCHORAGE, AK 2008
Residency and Year	ALASKA FAMILY PRACTICE-PROVIDENCE HOSPITAL - ANCHORAGE, AK 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10031
License Date	6/4/1997
Name	<b>LOWELL, DAVID M MD</b>
Address	SPAULDING REHAB HOSP/CAPE CODE, 311 SERVICE RDEAST SANDWICH, MA, 02537
Specialty	N
Board Certified	N
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE-MA USA 1980
Internship and Year	NORTH SHORE UNIVERSITY HOSPITAL-NY 1981
Residency and Year	NORTH SHORE UNIVERSITY HOSPITAL-NY 1985
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	12201
License Date	1/7/2004
Name	<b>LOWENSTEIN, BENJAMIN A MD</b>
Address	SEACOAST CARDIOLOGY, 12 HOSPITAL DR STE 9YORK, ME, 03909
Specialty	IM
Board Certified	CD
School and Year of Graduation	UNIVERSITY OF VERMONT, BURLINGTON VT US 1998
Internship and Year	MAINE MEDICAL CENTER, PORTLAND ME 1999
Residency and Year	MAINE MEDICAL CENTER, PORTLAND ME 2001
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	12801
License Date	7/6/2005
Name	<b>LOWNE, JOSEPH E DO</b>
Address	121 PEMBROKE ST, PEMBROKE, NH, 03275
Specialty	FP
Board Certified	FP
School and Year of Graduation	PHILADELPHIA COLLEGE OF OSTEO, PHILADELPHIA PA USA 2002
Internship and Year	EASTERN MAINE MEDICAL CENTER, BANGOR ME 2003
Residency and Year	CONCORD HOSPITAL, CONCORD NH 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8873
License Date	1/6/1993
Name	<b>LOWREY, CHRISTOPHER H MD</b>
Address	DHMC/HEMATOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty	IM
Board Certified	HEM
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1985
Internship and Year	NEW ENGLAND MEDICAL CENTER HOSPITALS BOSTON MA 1986
Residency and Year	NEW ENGLAND MEDICAL CENTER HOSPITALS BOSTON MA 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12500
License Date	10/6/2004
Name	<b>LOWRY, ROBERT C MD</b>
Address	ALAMO HEALTHCARE SYSTEMS, 6136 BANDERA RDSAN ANTONIO, TX, 78238
Specialty	TS
Board Certified	
School and Year of Graduation	GEORGE WASHINGTON UNIVERSITY, WASHINGTON DC US 1993
Internship and Year	UNIVERSITY OF TEXAS, SAN ANTONIO TX 1994
Residency and Year	UNIVERSITY OF TEXAS, SAN ANTONIO TX 1995
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	6476
License Date	12/3/1981
Name	<b>LOWTHER, CHRISTOPHER M MD</b>
Address	BIG HORN BASIN SKIN CARE, 802 GERRANS AVECODY, WY, 82414
Specialty	IM
Board Certified	IM
School and Year of Graduation	CMDNJ NEW JERSEY MED SCH-NEWARK,NJ USA 1976
Internship and Year	CARNEY HOSP-BOSOTN,MA 1977
Residency and Year	WEST VIRGINIA UNIV MED CTR-MORGANTOWN,WV 1979
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14713
License Date	1/6/2010
Name	<b>LOYA, DAVID M MD</b>
Address	1500 PLEASANT VALLEY WAY, W ORANGE, NJ, 07052
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIVERSITY OF CHICAGO USA 1989
Internship and Year	SUNY@ STONY BROOK - STONY BROOK, NY 1990
Residency and Year	STONY BROOK UNIVERSITY HOSPITAL - STONY BROOK, NY 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 12216  
 License Date 2/4/2004  
 Name **LOYD, RYAN D DO**  
 Address 258 BOHANNAN RD, DANBURY, NH, 03230  
 Specialty AN  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF KANSAS CITY, KANSAS CITY MO US 2000  
 Internship and Year CARSON CITY HOSP, CARSON CITY MI 2001  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2003  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 11002  
 License Date 7/5/2000  
 Name **LOYNES, MARIBETH P MD**  
 Address DARTMOUTH HITCHCOCK CLINIC, 253 PLEASANT STCONCORD, NH, 03301  
 Specialty OBG  
 Board Certified  
 School and Year of Graduation MED UNIV OF SC COLL OF MED - CHARLESTON, SC USA 1996  
 Internship and Year VANDERBILT UNIV HOSPITAL - NASHVILLE, TN 1997  
 Residency and Year VANDERBILT UNIV HOSPITAL - NASHVILLE, TN 1999  
 License Expiration Date **6/30/2003**  
 Remarks

License Number 14425  
 License Date 5/6/2009  
 Name **LU, DAIYING MD**  
 Address ELLIOT GEN SURGICAL SPECIALIST, 185 QUEEN CITY AVEMANCHESTER, NH, 03101-7100  
 Specialty GS  
 Board Certified  
 School and Year of Graduation WASHINGTON UNIVERSITY USA 2004  
 Internship and Year ST ELIZABETH'S MEDICAL CENTER-BOSTON, MA 2005  
 Residency and Year ST ELIZABETH'S MEDICAL CENTER-BOSTON, MA 2009  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15541  
 License Date 2/1/2012  
 Name **LU, KANG MD**  
 Address KENNER ARMY HLTH CLINIC, 700 24TH STFORT LEE, VA, 23801  
 Specialty R  
 Board Certified R  
 School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2005  
 Internship and Year MADIGAN ARMY MEDICAL CENTER - TACOMA,WA 2006  
 Residency and Year MADIGAN ARMY MEDICAL CENTER - TACOMA,WA 2010  
 License Expiration Date **6/30/2016**  
 Remarks



License Number	15669
License Date	5/2/2012
Name	<b>LU, QI MD</b>
Address	DH - NASHUA CLINIC, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty	IM
Board Certified	IM
School and Year of Graduation	SHANGHAI SECOND MEDICAL UNIVERSITY CHINA 1991
Internship and Year	INTERFAITH MEDICAL CENTER - BROOKLYN, NY 2010
Residency and Year	INTERFAITH MEDICAL CENTER - BROOKLYN, NY 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12624
License Date	3/2/2005
Name	<b>LU, STEVEN MD</b>
Address	177A NASSAU AVE, BROOKLYN, NY, 11222
Specialty	IM
Board Certified	
School and Year of Graduation	ST GEORGE'S UNIVERSITY,GRENADA WEST INDIES GRENADA WEST INDIES 2001
Internship and Year	ST LUKES-ROOSEVELT HOSPITAL CTR, NEW YORK NY 2002
Residency and Year	ST LUKES-ROOSEVELT HOSPITAL CTR, NEW YORK NY 2004
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	11510
License Date	2/6/2002
Name	<b>LUALDI, JOHN C MD</b>
Address	ME MED PART ME HLTH CARDIOLOGY, 96 CAMPUS DRSCARBOROUGH, ME, 04074
Specialty	IM
Board Certified	IM
School and Year of Graduation	HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1992
Internship and Year	BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1993
Residency and Year	BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7126
License Date	6/6/1985
Name	<b>LUBIN, JANE R MD</b>
Address	SPECTORS EYE CARE CTR, 605 WEST AVENORWALK, CT, 06880
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIV OF CT SCH OF MED - FARMINGTON,CT USA 1977
Internship and Year	BOSTON CITY HOSPITAL - BOSTON, MA 1890
Residency and Year	BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1982
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number 5142  
 License Date 2/11/1974  
 Name **LUBIN, MARTIN MD**  
 Address 21 LYME RD, HANOVER, NH, 03755-  
 Specialty OS  
 Board Certified  
 School and Year of Graduation HARVARD MEDICAL SCHOOL-BOSTON MA USA 1945  
 Internship and Year BETH ISRAEL HOSP-BOSTON MA 1946  
 Residency and Year BETH ISRAEL HOSP-BOSTON MA 1949  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9524  
 License Date 8/2/1995  
 Name **LUBKIN, IRA H MD**  
 Address FRISBIE MEMORIAL HOSPITAL, 11 WHITEHALL RD ROCHESTER, NH, 03867  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation FINCH UNIV CHICAGO MEDICAL SCHOOL USA 1992  
 Internship and Year THE MEDICAL CENTER OF DELAWARE - WILMINGTON DE 1995  
 Residency and Year THE MEDICAL CENTER OF DELAWARE - WILMINGTON DE 1995  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 17068  
 License Date 5/6/2015  
 Name **LUCAS, BRIAN P MD**  
 Address 215 NORTH MAIN ST, WRJ, VT, 05009  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation COLUMBIA UNIVERSITY COLLEGE OF PHYSICIANS & SURGEON USA 1997  
 Internship and Year UNIVERSITY OF CHICAGO MEDICAL CENTER - CHICAGO, IL 1998  
 Residency and Year UNIVERSITY OF CHICAGO MEDICAL CENTER - CHICAGO, IL 2000  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 17224  
 License Date 8/5/2015  
 Name **LUCAS, JENNIFER J MD**  
 Address 67 ESTLI AVE, COOPERSTOWN, NY, 13326-4016  
 Specialty U  
 Board Certified U  
 School and Year of Graduation UNIV OF KANSAS SCHOOL OF MEDICINE USA 2002  
 Internship and Year UNIV OF TX MEDICAL CTR - SAN ANTONIO 2004  
 Residency and Year UNIV OF TX MEDICAL CTR - SAN ANTONIO 2008  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	13169
License Date	7/5/2006
Name	<b>LUCAS, MAUREEN C MD</b>
Address	DR MONTANARELLA & ASSOC, 30 CANTON ST STE 6MANCHESTER, NH, 03103
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	BAYLOR COLLEGE MEDICINE USA 1998
Internship and Year	ST BARNABAS MEDICAL CTR-LIVINGSTON, NJ 1999
Residency and Year	ST BARNABAS MEDICAL CTR-LIVINGSTON, NJ 2001
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	16482
License Date	2/5/2014
Name	<b>LUCAS, ROBERTA M MD</b>
Address	MINDFUL DERMATOLOGY, LTD, 205 BILLINGS FARM RD, STE 2DWHITE RIVER JCT, VT, 05001
Specialty	D
Board Certified	D
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 1998
Internship and Year	JOHN H STROGER, JR HOSPITAL OF COOK COUNTY - CHICAGO, IL 2000
Residency and Year	JOHN H STROGER, JR HOSPITAL OF COOK COUNTY - CHICAGO, IL 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16455
License Date	1/8/2014
Name	<b>LUCAS, STEFAN E MD</b>
Address	64 PALMERSTON RD, ROCHESTER, NY, 14618
Specialty	AN
Board Certified	AN
School and Year of Graduation	UB SUNY SCHOOL OF MED & BIOMEDICAL SCIENCE USA 1999
Internship and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2000
Residency and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7464
License Date	11/12/1986
Name	<b>LUCAS, THOMAS F MD</b>
Address	NEW LONDON HOSPITAL, 273 COUNTY RDNEW LONDON, NH, 03257
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF IOWA - IOWA CITY, IA USA 1983
Internship and Year	THE MIRIAM HOSPITAL - PROVIDENCE, RI 1984
Residency and Year	HARTFORD HOSPITAL - HARTFORD, CT 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 14765  
 License Date 3/3/2010  
 Name **LUCHANOK, ELENA MD**  
 Address 88 McGREGOR ST STE 105, MANCHESTER, NH, 03102  
 Specialty P  
 Board Certified P  
 School and Year of Graduation VITEBSK MEDICAL INSTITUTE BELARUS 1999  
 Internship and Year ST LOUIS UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS, MO 2007  
 Residency and Year ST LOUIS UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS, MO 2010  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14804  
 License Date 4/7/2010  
 Name **LUCHANOK, ULADZIMIR MD**  
 Address DERRY NEUROLOGICAL ASSOC, 6 TSIENNETO RD STE 302DERRY, NH, 03038  
 Specialty N  
 Board Certified N  
 School and Year of Graduation VITEBSK MEDICAL INSTITUTE BELARUS 1999  
 Internship and Year ST LOUIS UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS, MO 2005  
 Residency and Year ST LOUIS UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS, MO 2008  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10870  
 License Date 4/5/2000  
 Name **LUCHSINGER, JOANNA A MD**  
 Address PORTSMOUTH FAMILY PRACTICE, 26 MANCHESTER SQ STE 1PORTSMOUTH, NH, 03801  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation STATE UNIVERSITY OF NEW YORK AT SYRACUSE USA 1997  
 Internship and Year FRANKLIN SQUARE HOSP - BALTIMORE MD 1998  
 Residency and Year FRANKLIN SQUARE HOSP - BALTIMORE MD 2000  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9813  
 License Date 8/7/1996  
 Name **LUCIA, MARY G MD**  
 Address COTTAGE HOSP, SWIFTWATER RDWOODSVILLE, NH, 03785-2001  
 Specialty GS  
 Board Certified  
 School and Year of Graduation UNIV OF CONNECTICUT SCHOOL OF MEDICINE USA 1991  
 Internship and Year GRADUATE HOSPITAL - PA 1992  
 Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL - NH 1996  
 License Expiration Date **6/30/2000**  
 Remarks

License Number 6216  
 License Date 6/9/1980  
 Name **LUCK, GREGORY C MD**  
 Address , , ,  
 Specialty OBG  
 Board Certified  
 School and Year of Graduation BOSTON UNIVERSITY USA 1976  
 Internship and Year  
 Residency and Year  
 License Expiration Date **10/16/1987**  
 Remarks

License Number 14029  
 License Date 6/4/2008  
 Name **LUCK, MICHAEL D MD**  
 Address SO NH RADIOLOGY CONSULTANTS, 703 RIVERWAY PLBEDFORD, NH, 03110  
 Specialty R  
 Board Certified R  
 School and Year of Graduation BOSTON UNIV USA 2002  
 Internship and Year BROCKTON UNIV - BROCKTON MA 2003  
 Residency and Year HOSPITAL OF THE UNIV OF PENNSYLVANIA - PHILADELPHIA, PA 2007  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 7127  
 License Date 6/6/1985  
 Name **LUCKOOR, RAVINDRA R MD**  
 Address NEW HAMPSHIRE HOSP, 36 CLINTON STCONCORD, NH, 03301  
 Specialty IM  
 Board Certified  
 School and Year of Graduation MYSORE UNIVERSITY-MYSORE, INDIA INDIA 1977  
 Internship and Year BROWN UNIVERSITY AFFIL HOSPITALS- PROVIDENCE, RI 1985  
 Residency and Year BROWN UNIVERSITY AFFIL HOSPITALS-PROVIDENCE, RI 1985  
 License Expiration Date **5/27/2013**  
 Remarks **Deceased 5/27/2013**

License Number 8167  
 License Date 7/12/1989  
 Name **LUEDKE, MARK D MD**  
 Address SOUTHERN NH RADIOLOGY, 703 RIVERWAY PLACEBEDFORD, NH, 03110-6745  
 Specialty RNR  
 Board Certified DR  
 School and Year of Graduation UNIV OF WISCONSIN MED SCH-MADISON,WI USA 1981  
 Internship and Year SW MI AREA HLTH EDUC CTR-KALAMAZOO,MI 1982  
 Residency and Year LAHEY CLINIC FNDN-BURLINGTON,MA 1986  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	11177
License Date	2/7/2001
Name	<b>LUGO, SUSANA C MD</b>
Address	76 SUMMER ST, HAVERHILL, MA, 01830
Specialty	P
Board Certified	P
School and Year of Graduation	CENTRAL DEL ESTE UNIV AVENIDA DE CIRCUNVALACION DOMINICAN REPUBLIC 1986
Internship and Year	WILLIAM S HALL PSYCHIATRIC INSTITUTE- COLUMBIA, SC 1995
Residency and Year	UNIV OF MIAMI SCHOOL OF MEDICINE - MIAMI, FL 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5853
License Date	1/5/1978
Name	<b>LUHOVY, IHOR R MD</b>
Address	, , ,
Specialty	AI
Board Certified	
School and Year of Graduation	UNIVERSITY OF MONTREAL CANADA CANADA 1964
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1996</b>
Remarks	

License Number	9997
License Date	5/7/1997
Name	<b>LUHRMANN, GEORGE W MD</b>
Address	GEORGE LUHRMANN, MD, 106 ROXBURYKEENE, NH, 03431
Specialty	P
Board Certified	P
School and Year of Graduation	COLUMBIA UNIV COLL OF PHYSICIANS AND SURGEONS-NY USA 1965
Internship and Year	USPHS HOSP-NY 1966
Residency and Year	NY STATE PSYCH INST-NY 1969
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9163
License Date	5/4/1994
Name	<b>LUKE, BARBARA A MD</b>
Address	22 BRAMHILL ST, PORTLAND, ME, 04102-
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF MI MEDICAL SCHOOL USA 1969
Internship and Year	AMI PRESBYTERIAN MEDICAL CENTER - DENVER CO 1970
Residency and Year	UNIVERSITY COLORADO HEALTH SCIENCE CENTER- DENVER CO 1971
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	15133
License Date	2/2/2011
Name	<b>LUKONIS, CHRISTOPHER J MD</b>
Address	HABIT OPCO, 254 PLAINFIELD RDW LEBANON, NH, 03784
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF CONNECTICUT USA 1998
Internship and Year	HARVARD LONGWOOD PSYCHIATRY PROGRAM - BOSTON, MA 2000
Residency and Year	HARVARD LONGWOOD PSYCHIATRY PROGRAM - BOSTON, MA 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11633
License Date	6/5/2002
Name	<b>LUKOVITS, TIMOTHY G MD</b>
Address	DHMC - NEUROLOGY, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	N
Board Certified	N
School and Year of Graduation	UNIV OF ROCHESTER SCH OF MED- ROCHESTER,NY USA 1993
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1994
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12501
License Date	10/6/2004
Name	<b>LUND, LUCAS Z DO</b>
Address	THE NASHUA TREATMENT CTR, 69 TECHNOLOGY WAYNASHUA, NH, 03060
Specialty	FP
Board Certified	FP
School and Year of Graduation	KIRKSVILLE COLLEGE, KIRKSVILLE MO US 1993
Internship and Year	TRI-CITY HOSPITAL, DALLAS TX 1994
Residency and Year	TRI-CITY HOSPITAL, DALLAS TX 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8814
License Date	9/2/1992
Name	<b>LUNDBERG, JOHAN F MD</b>
Address	SKANE UNIV/DEPT PERIOPERATIVE, MEDICINE INTENSIVE CARESE-22185 LUND SWEDEN, ,
Specialty	AN
Board Certified	
School and Year of Graduation	MED SCH AT THE UNIVERSITY OF LUND-SWEDEN SWEDEN 1978
Internship and Year	LUNDS UNIV - LUND, SWEDEN 1983
Residency and Year	LUNDS UNIV - LUND, SWEDEN 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15312
License Date	7/6/2011
Name	<b>LUNDEEN-YOUNG, CARRIE A MD</b>
Address	580-590 COURT ST, KEENE, NH, 03431
Specialty	FP
Board Certified	FP
School and Year of Graduation	THE WARREN ALPERT MEDICAL SCHOOL USA 1992
Internship and Year	MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 1993
Residency and Year	MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9402
License Date	4/5/1995
Name	<b>LUNDGREN, LARS MD</b>
Address	257A LOW ST, NEWBURYPORT, MA, 01950-
Specialty	PD
Board Certified	PD
School and Year of Graduation	KAROLINSKA INSTITUTE SWEDEN 1989
Internship and Year	BOSTON CITY HOSPITAL - BOSTON MA 1992
Residency and Year	BOSTON CITY HOSPITAL - BOSTON MA 1992
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	9164
License Date	5/4/1994
Name	<b>LUNDQUIST, PETER D MD</b>
Address	NASHUA WEST ADULT MEDICINE, 5 DOW JONES AVENASHUA, NH, 03062
Specialty	IM
Board Certified	
School and Year of Graduation	UNIVERSITY OF MA MEDICAL SCHOOL USA 1988
Internship and Year	UNIVERSITY HOSPITAL - STONY BROOK NY 1991
Residency and Year	UNIVERSITY HOSPITAL - STONY BROOK NY 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>6/16/00 - SETTLEMENT AGREEMENT</b>

License Number	9840
License Date	9/4/1996
Name	<b>LUNDY, GEOFFREY A MD</b>
Address	DHMC - BEDFORD OFFICE, 25 S RIVER RDBEDFORD, NH, 03110
Specialty	IM
Board Certified	IM
School and Year of Graduation	TUFTS UNIV SCHOOL OF MEDICINE, BOSTON, MA USA 1986
Internship and Year	LEMEUEL SHATTUCK HOSPITAL - MA 1992
Residency and Year	MT AUBURN HOSPITAL - MA 1995
License Expiration Date	<b>6/13/2015</b>
Remarks	<b>1/5/01 - Settlement Agreement</b> <b>11/19/01- Order Amending Settlement Agreement</b> <b>2/4/11 - Settlement Agreement</b> <b>6/13/15 - Requested inactive status.</b>



License Number	15313
License Date	7/6/2011
Name	<b>LUNGU, OANA M MD</b>
Address	141 JOHN ST #223, LOWELL, MA, 01852
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV DE MEDICINA SI FARMACIE CAROL DAVILA ROMANIA 1992
Internship and Year	BRIDGEPORT HOSPITAL - BRIDGEPORT, CT 2000
Residency and Year	BRIDGEPORT HOSPITAL - BRIDGEPORT, CT 2003
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	14766
License Date	3/3/2010
Name	<b>LUNGULESCU, OVIDIU A MD</b>
Address	QUEEN CITY MEDICAL ASSOCIATES, 775 SO MAIN STMANCHESTER, NH, 03102
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV DE MEDICINA SI FARMACIE CAROL DAVILA ROMANIA 2005
Internship and Year	DANBURY HOSPITAL - DANBURY, CT 2007
Residency and Year	DANBURY HOSPITAL - DANBURY, CT 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14714
License Date	1/6/2010
Name	<b>LUNIANSKI, DAVID N DO</b>
Address	GOODWIN COMMUNITY HEALTH CTR, 311 ROUTE 108SOMERSWORTH, NH, 03878
Specialty	FP
Board Certified	
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND USA 2004
Internship and Year	MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 2005
Residency and Year	MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	<p>2/4/11 - Settlement Agreement suspending license indefinitely effective 2/9/11.</p> <p>3/9/12- Order Denying Request for Reinstatement.</p> <p>7/26/12 - Order of Conditional Approval of Request for Reinstatement of License - effective 8/10/12.</p> <p>11/7/12 - License reinstated with conditions as set out in the Board's 7/26/12 Order of Conditional Approval of Request for Reinstatement of License.</p> <p>9/9/14 - Order Lifting License Restrictions</p>

License Number 8318  
 License Date 5/9/1990  
 Name **LUNT, PETER G MD**  
 Address , PO BOX 2351NEW LONDON, NH, 03257  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation CENTRE MED UNIV FAC DE MED GENEVE SWITZERLAND 1982  
 Internship and Year UNIV OF TEXAS - GALVESTON, TX 1983  
 Residency and Year UNIV OF TEXAS - GALVESTON, TX 1986  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 10519  
 License Date 3/3/1999  
 Name **LUPO JR, JOSEPH V MD**  
 Address MONADNOCK COMMUNITY HOSPITAL, 452 OLD STREET RDPETERBOROUGH, NH, 03458  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation OHIO STATE UNIV COLL OF MED - COLUMBUS,OH USA 1992  
 Internship and Year MERCY HOSPITAL - PITTSBURGH, PA 1993  
 Residency and Year UNIV OF PITTSBURGH MEDICAL CENTER - PITTSBURGH, PA 1995  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13872  
 License Date 3/5/2008  
 Name **LUPO, JOSEPH P MD**  
 Address DARTMOUTH HITCHCOCK MED CENTER, ONE MEDICAL CENTER DRIVELEBANON, NH, 03756  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation UNIV OF MIAMI USA 2005  
 Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006  
 Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 9320  
 License Date 11/2/1994  
 Name **LURIE, JONATHAN D MD**  
 Address DHMC-GIM, ONE MEDICAL CTR DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation STANFORD UNIV SCHOOL OF MEDICINE USA 1992  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1993  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1994  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14516  
 License Date 7/1/2009  
 Name **LURVEY, GABRIEL C DO**  
 Address 696 DANIEL WEBSTER HIGHWAY, MERRIMACK, NH, 03054  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2002  
 Internship and Year MALCOLM GROW MEDICAL CENTER - ANDREWS AFB, MD 2003  
 Residency and Year MALCOLM GROW MEDICAL CENTER - ANDREWS AFB, MD 2005  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10907  
 License Date 5/3/2000  
 Name **LUTES, ROBERT B MD**  
 Address ANDROSCOGGIN VALLEY HOSPITAL, 59 PAGE HILL RD BERLIN, NH, 03570  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation MEDICAL UNIVERSITY OF SOUTH CAROLINA-CHARLESTON SC USA 1988  
 Internship and Year CENTRAL MAINE MEDICAL CENTER (RESIDENCY) - LEWISTON ME 1989  
 Residency and Year MAHEC FAMILY PRACTICE RESIDENCY - ASHEVILLE NC 1991  
 License Expiration Date **6/30/2004**  
 Remarks

License Number 15965  
 License Date 12/5/2012  
 Name **LUTHER, NEAL MD**  
 Address 4 HAWTHORNE DRIVE, LITCHFIELD, NH, 03110  
 Specialty NS  
 Board Certified  
 School and Year of Graduation CORNELL UNIVERSITY MEDICAL COLLEGE USA 2005  
 Internship and Year NY & PRESBYTERIAN HOSPITAL - NY, NY 2006  
 Residency and Year NY & PRESBYTERIAN HOSPITAL - NY, NY 2012  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11668  
 License Date 7/3/2002  
 Name **LUTHRA, GIRISH MD**  
 Address CHESHIRE MEDICAL CENTER, 580 COURT ST KEENE, NH, 03431  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation UNIV OF IBADAN - NIGERIA NIGERIA 1992  
 Internship and Year UNIV OF NORTH DAKOTA, GRAND FORKS, ND 1997  
 Residency and Year UNIV OF NORTH DAKOTA, GRAND FORKS, ND 2001  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 12466  
 License Date 9/1/2004  
 Name **LUTTINGER, TANYA M MD**  
 Address CHC/DHMC, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF CALIFORNIA, DAVIS CA US 1998  
 Internship and Year CONCORD HOSPITAL, CONCORD NH 1999  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2000  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9321  
 License Date 11/2/1994  
 Name **LUTZ, STEPHEN S MD**  
 Address MARTIN'S POINT HEALTHCARE, 161 CORPORATE DRPORTSMOUTH, NH, 03801-  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation CREIGHTON UNIV SCHOOL OF MEDICINE USA 1984  
 Internship and Year HAMOT MEDICAL CENTER - ERIE PA 1985  
 Residency and Year HAMOT MEDICAL CENTER - ERIE PA 1987  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9951  
 License Date 3/5/1997  
 Name **LUX, ROBERT M MD**  
 Address NH HOSPITAL-MEDICAL DEPT, 36 CLINTON AVECONCORD, NH, 03301  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation NORTHWESTERN UNIV MED SCH CHICAGO, IL USA 1976  
 Internship and Year NEWTON WELLESLEY HOSPITAL - MA 1977  
 Residency and Year CONCORD HOSPITAL - CONCORD, NH 1997  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13170  
 License Date 7/5/2006  
 Name **LWIN, THIDA MD**  
 Address MIRACA LIFE SCIENCES, 2151 MICHELSON DR, STE 100IRVINE, CA, 92612  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation INSTITUTE OF MIDICINE I MYANMAR 1991  
 Internship and Year GEORGETOWN UNIV MED CTR-WASHINGTON, DC 2001  
 Residency and Year GEORGETOWN UNIV MED CTR-WASHINGTON, DC 2004  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	12705
License Date	5/4/2005
Name	<b>LYDON, THOMAS J MD</b>
Address	WENTWORTH-DOUGLASS HOSPITAL, 789 CENTRAL AVEDOVER, NH, 03820
Specialty	EM
Board Certified	EM
School and Year of Graduation	JOHN HOPKINS UNIVERSITY, BALTIMORE MD US 2001
Internship and Year	UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA PA 2002
Residency and Year	UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA PA 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13361
License Date	12/6/2006
Name	<b>LYLE, CYNTHIA S MD</b>
Address	SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200SOUTH PORTLAND, ME, 04106
Specialty	R
Board Certified	R
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2000
Internship and Year	KAISER PERMANENTE MEDICAL CENTER-OAKLAND, CA 2001
Residency and Year	MT AUBURN HOSPITAL-CAMBRIDGE MA 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	2191
License Date	9/14/1939
Name	<b>LYLE, JOHN S MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1993</b>
Remarks	<b>DECEASED 3/20/07</b>

License Number	10504
License Date	2/3/1999
Name	<b>LYNCH JR, FRANKLIN MD</b>
Address	DHMC-ORTHOPEAEDICS, ONE MEDICAL CTR DRLEBANON, NH, 03756-0001
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1975
Internship and Year	BASSETT HEALTHCARE - COOPERSTOWN, NY 1976
Residency and Year	BASSETT HEALTHCARE - COOPERSTOWN, NY 1977
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 6197  
 License Date 5/8/1980  
 Name **LYNCH, CHRISTOPHER J MD**  
 Address 185 QUEEN CITY AVE, MANCHESTER, NH, 03101  
 Specialty RHU  
 Board Certified RHU  
 School and Year of Graduation CORNELL UNIV MED COLL.NY USA 1975  
 Internship and Year ALBANY MED CTR HOSP.ALBANY,NY 1976  
 Residency and Year ALBANY MED CTR HOSP.ALBANY,NY 1978  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12172  
 License Date 12/3/2003  
 Name **LYNCH, ELIZABETH A MD**  
 Address SLEEP INSTITUTE OF NEW ENGLAND, 1 LITTLE RIVER RD KINGSTON, NH, 03848  
 Specialty IM  
 Board Certified SM  
 School and Year of Graduation PENNSYLVANIA STATE UNIVERSITY, UNIVERSITY PARK PA US 1997  
 Internship and Year BOSTON UNIVERSITY, BOSTON MA 1998  
 Residency and Year BOSTON UNIVERSITY, BOSTON MA 2000  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9081  
 License Date 11/3/1993  
 Name **LYNCH, ELLEN M MD**  
 Address GREATER LAWRENCE FAMILY, 73D WINTROP AVE LAWRENCE, MA, 01843  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 1983  
 Internship and Year GEORGETOWN UNIVERSITY HOSPITAL - WASHINGTON DC 1984  
 Residency and Year GEORGETOWN UNIVERSITY HOSPITAL - WASHINGTON DC 1987  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 8168  
 License Date 7/12/1989  
 Name **LYNCH, GREGORY M MD**  
 Address DERRY MEDICAL CENTER, 6 TSIENNETO RD STE 100 DERRY, NH, 03038-1584  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV DI PADOVA FAC DI MED E CHIRURGIA-PADOVA ITALY 1984  
 Internship and Year UNIV MA HOSP-WORCHESTER,MA 1985  
 Residency and Year UNIV MA HOSP-WORCHESTER,MA 1987  
 License Expiration Date **6/30/2017**  
 Remarks **3/21/01 SETTLEMENT AGREEMENT 3/18/02 ORDER AMENDING SETTLEMENT AGREEMENT 2/24/03 INTEGRATED SETTLEMENT AGREEMENT**

License Number	3874
License Date	1/14/1966
Name	<b>LYNCH, JOHN A MD</b>
Address	339 WILD HARBOR RD, PO BOX 51NORTH FALMOUTH, MA, 02556-0051
Specialty	GS
Board Certified	GS
School and Year of Graduation	TUFTS UNIV MEDICAL SCHOOL - BOSTON, MA USA 1948
Internship and Year	BOSTON CITY HOSPITAL - BOSTON, MA 1949
Residency and Year	BOSTON CITY HOSPITAL - BOSTON, MA 1955
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	14630
License Date	10/7/2009
Name	<b>LYNCH, MATTHEW C MD</b>
Address	PERTH PRIMARY/SPECIALTY CARE, 4104 STATE HWY 30PERTH, NY, 12010
Specialty	N
Board Certified	N
School and Year of Graduation	UNIVERSITY OF ROCHESTER USA 2005
Internship and Year	UNIVERSITY OF CINCINNATI - CINCINNATI, OH 2006
Residency and Year	UNIVERSITY OF CINCINNATI MEDICAL CENTER - CINCINNATI, OH 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11095
License Date	10/4/2000
Name	<b>LYNCH, MICHAEL J MD</b>
Address	THREE 163 RD AVE E, REDINGTON BEACH, FL, 33738
Specialty	IM
Board Certified	IM
School and Year of Graduation	ST LOUIS UNIV SCH OF MED - ST LOUIS, MO USA 1966
Internship and Year	NATIONAL PERSONNEL RECORDS CENTER - ST LOUIS, MO 1967
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1972
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9966
License Date	4/2/1997
Name	<b>LYNCH, MICHAEL T MD</b>
Address	CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF VA SCH OF MED -CHARLOTTESVILLE, VA USA 1993
Internship and Year	HENNEPIN COUNTY MEDIC CTR-MI 1996
Residency and Year	HENNEPIN COUNTY MEDICAL CENTER - MI 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 15134  
 License Date 2/2/2011  
 Name **LYNCH, SEAN P MD**  
 Address GASPA, 21 CLARK WAY RTE 108SOMERSWORTH, NH, 03878  
 Specialty IMG  
 Board Certified GE  
 School and Year of Graduation CORNELL UNIVERSITY MEDICAL COLLEGE USA 2005  
 Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2006  
 Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2008  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 8501  
 License Date 3/6/1991  
 Name **LYNCH, SUSAN E MD**  
 Address CHAD LIPID & WEIGHT MGMT CENTER, EDFORD MEDICAL PARK - 5 WASHINGTON PLACEBEDFORD,  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIV OF MASS MED SCH - WORCESTER, MA USA 1986  
 Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1988  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1990  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9952  
 License Date 3/5/1997  
 Name **LYNDON, CHARLENE A MD**  
 Address 2021 - 6 AVE NW, CALGARY ALBERTACANADA, , T2N 0W6  
 Specialty OBG  
 Board Certified  
 School and Year of Graduation UNIV OF TORONTO FAC OF MED TORONTO CANADA CANADA 1989  
 Internship and Year UNIV OF TORONTO - ONTARIO, CANADA 1990  
 Residency and Year DALHOUSIE UNIV HOSPITAL - ONTARIO, CANADA 1994  
 License Expiration Date **6/30/2003**  
 Remarks

License Number 11326  
 License Date 7/11/2001  
 Name **LYNG, THOMAS P MD**  
 Address FRISBIE MEMORIAL HOSPITAL, 11 WHITEHALL RDROCHESTER, NH, 03867  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL USA 1998  
 Internship and Year MAINE MEDICAL CENTER PORTLAND ME 2000  
 Residency and Year MAINE MEDICAL CENTER PORTLAND ME 2001  
 License Expiration Date **6/30/2017**  
 Remarks



License Number	7019
License Date	12/18/1984
Name	<b>LYNN II, JOHN T MD</b>
Address	NH ORTHOPEDIC CENTER, 17 RIVERSIDE ST STE 101NASHUA, NH, 03062
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	WAYNE STATE UNIV SCH MED-DETROIT,MI USA 1979
Internship and Year	HENRY FORD HOSPITAL-DETROIT,MI 1980
Residency and Year	HENRY FORD HOSPITAL - DETROIT,MI 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13975
License Date	5/7/2008
Name	<b>LYON, JACQUELINE M MD</b>
Address	41 A WINDSOR COURT, KEENE, NH, 03431
Specialty	RO
Board Certified	RO
School and Year of Graduation	BROWN UNIV USA 1980
Internship and Year	DANBURY HOSPITAL - DANBURY, CT 1981
Residency and Year	DANBURY HOSPITAL - DANBURY, CT 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7937
License Date	8/2/1988
Name	<b>LYON, TODD J MD</b>
Address	82 PALOMINO LN STE 703, BEDFORD, NH, 03110
Specialty	FP
Board Certified	FP
School and Year of Graduation	NY UNIV SCH OF MEDICINE-NY USA 1980
Internship and Year	ANDERSON MEM HOSP-ANDERSON,SC 1981
Residency and Year	ANDERSON MEM HOSP-ANDERSON,SC 1983
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	8543
License Date	5/8/1991
Name	<b>LYONS III, JOHN H MD</b>
Address	255 TURNPIKE RD, NORWICH, VT, 05055
Specialty	DMP
Board Certified	DMP
School and Year of Graduation	UNIVERSITY OF VERMONT USA 1984
Internship and Year	ST ELIZABETH'S MED CTR, BOSTON, MA 1987
Residency and Year	UNIVERSITY OF CALIFORNIA SAN FRANCISCO SCHOOL OF MED, CALIFORNIA 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>lapsed 4/30/93 - reinstated 4/2/14</b>

License Number	5745
License Date	6/13/1977
Name	<b>LYONS JR, GERALD J MD</b>
Address	COTTAGE HOSPITAL, 90 SWIFT WATER RDWOODSVILLE, NH, 03785
Specialty	IM
Board Certified	IM
School and Year of Graduation	TUFTS UNIVERSITY-BOSTON MA USA 1973
Internship and Year	FRAMINGHAM UNION HOSPITAL-FRAMINGHAM MA 1974
Residency and Year	FRAMINGHAM UNION HOSPITAL-FRAMINGHAM MA 1975
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15716
License Date	6/6/2012
Name	<b>LYONS JR, JAMES P MD</b>
Address	SPRINGFIELD HOSPITAL, PO BOX 2003SPRINGFIELD, VT, 05156
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF MED & DENTISTRY NEW JERSEY USA 1982
Internship and Year	ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1983
Residency and Year	ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9777
License Date	7/3/1996
Name	<b>LYONS, JANE A DO</b>
Address	HARBOUR WOMEN'S HEALTH, 155 GRIFFIN RDPORTSMOUTH, NH, 03801-
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF NEW ENGLAND COLL OF OSTEO MED BIDDEFORD,ME USA 1991
Internship and Year	UNIV OF MASS MEDICAL CENTER - MA 1996
Residency and Year	UNIV OF MASS MEDICAL CENTER - MA 1996
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	5694
License Date	4/7/1977
Name	<b>LYONS, LAUREL D MD</b>
Address	, , ,
Specialty	IM
Board Certified	
School and Year of Graduation	TUFTS UNIVERSITY IN BOSTON, MA USA 1973
Internship and Year	
Residency and Year	
License Expiration Date	<b>7/29/1994</b>
Remarks	<b>DECEASED 7/29/94</b>

License Number	9525
License Date	8/2/1995
Name	<b>LYONS, MICHAEL L MD</b>
Address	WHITE RIVER FAMILY PRACTICE, 331 OLCOTT DR STE U3WHITE RIVER JCT, VT, 05001-9263
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF VERMONT COLLEGE OF MEDICINE USA 1990
Internship and Year	UNIVERSITY OF WA SCHOOL OF MEDICINE - SEATTLE WA 1991
Residency and Year	MERRITHEW MEMORIAL HOSPITAL - MARTINEZ CA 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9814
License Date	8/7/1996
Name	<b>LYONS, TIMOTHY R MD</b>
Address	SPEARE MEMORIAL HOSPITAL, 16 HOSPITAL RDPLYMOUTH, NH, 03264-
Specialty	AN
Board Certified	AN
School and Year of Graduation	MED COLLEGE OF PA - PHILA, PA] USA 1987
Internship and Year	ABINGTON MEMORIAL HOSPITAL - PA 1988
Residency and Year	MERCY HOSPITAL - PITTSBURGH, PA 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13016
License Date	3/1/2006
Name	<b>MA, HONGBAO MD</b>
Address	DARTMOUTH-HITCHCOCK CONCORD, 253 PLEASANT STCONCORD, NH, 03301
Specialty	FP
Board Certified	FP
School and Year of Graduation	TIANJIN MEDICAL UNIVERSITY, TIANJIN CHINA CHINA 1983
Internship and Year	HENNEPIN COUNTY MED CTR, MINNEAPOLIS MN 2004
Residency and Year	HENNEPIN COUNTY MED CTR, MINNEAPOLIS MN 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6322
License Date	11/20/1980
Name	<b>MAAS, JAMES C MD</b>
Address	BIRCHWOOD MEDICAL BLDG, 212 PROUTY DRNEWPORT, VT, 05855-9802
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	JEFFERSON MED COLL OF THOMAS JEFFERSON UNIV-PA USA 1971
Internship and Year	WESLEY PAVILLION-CHICAGO,IL 1972
Residency and Year	ST ANNES HOSP-CHICAGO,IL 1972
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	16078
License Date	4/3/2013
Name	<b>MABAERA, RODWELL MD</b>
Address	16 ROBIN LN, PO BOX 1738GRANTHAM, NH, 03753
Specialty	IM
Board Certified	
School and Year of Graduation	THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 2010
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER-LEBANON, NH 2011
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER-LEBANON, NH 2012
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/6/15</b>

License Number	8453
License Date	11/7/1990
Name	<b>MAC CAUSLAND, OWEN E MD</b>
Address	88 VESPER ST, PORTLAND, ME, 04101
Specialty	EM
Board Certified	EM
School and Year of Graduation	DALHOUSIE UNIV - HALIFAX NOVA SCOTIA CANADA 1981
Internship and Year	DALHOUSIE UNIV HOSPITAL - CANADA 1982
Residency and Year	DALHOUSIE UNIV HOSP- CANADA 1982
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	6929
License Date	7/5/1984
Name	<b>MAC DONALD, DOUGLAS G MD</b>
Address	DHMC INT MEDICINE, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF VT COLL OF MED -BURLINGTON,VT USA 1981
Internship and Year	MED CTR HOSP-BURLINGTON,VT 1982
Residency and Year	MED CTR HOSP-BURLINGOTN ,VT 1984
License Expiration Date	<b>9/18/2003</b>
Remarks	<b>DECEASED</b>

License Number	9282
License Date	9/7/1994
Name	<b>MAC DONALD, JOSEPH GERARD MD</b>
Address	MARSHFIELD CLINIC-WAUSAU CTR, 2727 PLAZA DRWAUSAU, WI, 54401
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	DALHOUSIE UNIVERSITY FACILITY OF MEDICINE CANADA 1979
Internship and Year	HALIFAX INFIRMARY - HALIFAX CANADA 1990
Residency and Year	HALIFAX INFIRMARY - HALIFAX CANADA 1990
License Expiration Date	<b>6/30/2006</b>
Remarks	<b>LAPSED 6/30/01---REINSTATED 3/2/05</b>

License Number	4780
License Date	5/24/1971
Name	<b>MAC DONALD, LEWIS V MD</b>
Address	174 NASHUA RD, BEDFORD, NH, 03110
Specialty	DR
Board Certified	DR
School and Year of Graduation	DALHOUSIE MEDICAL SCHOOL CANADA 1961
Internship and Year	VICTORIA GENERAL HOSPITAL - NOVA SCOTIA 1961
Residency and Year	MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1970
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9490
License Date	7/5/1995
Name	<b>MAC DUFFIE, SARAH J DO</b>
Address	928 SOUTH ST, PORTSMOUTH, NH, 03801-
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEO MED USA 1992
Internship and Year	UNIVERSITY OF MA MEDICAL CENTER - WORCESTER MA 1995
Residency and Year	UNIVERSITY OF MA MEDICAL CENTER - WORCESTER MA 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	3574
License Date	11/7/1962
Name	<b>MAC EACHERN, WILLIAM N MD</b>
Address	62 REGINA STREET NORTH, WATERLOO ONTARIOCANADA N3J 3A5, , 00000
Specialty	D
Board Certified	D
School and Year of Graduation	UNIVERSITY OF TORANTO CANADA 1958
Internship and Year	TORANTO MEMORIAL HOSPITAL 1959
Residency and Year	MARY HITCHCOCK MEMORIAL HOSPITAL- HANOVER NH 1959
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	9382
License Date	3/1/1995
Name	<b>MAC LACHLAN, A JAMES MD</b>
Address	, PO BOX 3LANCASTER, NH, 03584
Specialty	FP
Board Certified	
School and Year of Graduation	UNIVERSITY OF TORONTO SCHOOL OF MEDICINE CANADA 1968
Internship and Year	MCMaster UNIVERSITY - ONTARIO CANADA 1971
Residency and Year	MCMaster UNIVERSITY - ONTARIO CANADA 1971
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number 11599  
 License Date 5/1/2002  
 Name **MAC MILLAN, KELLY M MD**  
 Address OB/GYN ASSOC OF SO NH, 30 DANIEL WEBSTER HWY STE 11MERRIMACK, NH, 03054  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation DARTMOUTH MEDICAL SCH - LEBANON, NH USA 1993  
 Internship and Year UNIV OF VIRGINIA HLTH SCI CTR - CHARLOTTESVILLE, VA 1994  
 Residency and Year UNIV OF VIRGINIA HLTH SCI CTR - CHARLOTTESVILLE, VA 1997  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11511  
 License Date 2/6/2002  
 Name **MACARTHUR III, DOUGALD F DO**  
 Address ALPINE CLINIC PLLC, PO BOX 2001WOODSVILLE, NH, 03785  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation LAKE ERIE COLLEGE- ERIE, PA USA 1997  
 Internship and Year PENINSULA HOSPITAL CENTER - FAR ROCKAWAY, NY 1998  
 Residency and Year PHILADELPHIA COLLEGE - PHILADELPHIA, PA 2001  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9815  
 License Date 8/7/1996  
 Name **MACATEE, JOHN R DO**  
 Address LAFAYETTE PROFESSIONAL PARK, BLDG-C 230 LAFAYETTE RDPORTSMOUTH, NH, 03801-  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF NEW ENGLAND COLLEGE OF OSTEO MEDICINE USA 1991  
 Internship and Year OAKLAND GENERAL HOSPITAL/OSTEO - MI 1992  
 Residency and Year UNIV OF MASS MEDICAL CENTER - MA 1993  
 License Expiration Date **6/30/2002**  
 Remarks

License Number 9381  
 License Date 3/1/1995  
 Name **MACCANI, ROBERT M DO**  
 Address ANESTHESIA ASSOCIATES, 1 PILLSBURY ST STE 202CONCORD, NH, 03301  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation MIDWESTERRN UNIVERSITY CHICAGO COLL OF OSTEO MED USA 1991  
 Internship and Year MAYO GRAD SCHOOL OF MEDICINE - ROCHESTER MN 1992  
 Residency and Year MAYO GRAD SCHOOL OF MEDICINE - ROCHESTER MN 1995  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 15717  
 License Date 6/6/2012  
 Name **MACCAUSLAND, CHRISTOPHER M DO**  
 Address 24 SCHOOL ST APT 12, HANOVER, NH, 03755  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MEDICIN USA 2009  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 12348  
 License Date 6/2/2004  
 Name **MACDERMOTT, SEAN M DO**  
 Address MALCOLM GROW MED CTR/CARDO DEP, 1050 W PERMETER RD ANDREWS AFB, MD, 20762  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation MIDWESTERN UNIVERSITY, DOWNERS GROVE IL US 2002  
 Internship and Year KEESLER MEDICAL CTR, KEESLER AFB MS 2003  
 Residency and Year KEESLER MEDICAL CTR, KEESLER AFB MS 2005  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 3165  
 License Date 9/12/1956  
 Name **MACDONALD, DOUGLAS W MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DR LEBANON, NH, 03756  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation UNIVERSITY OF OTTOWA CANADA 1954  
 Internship and Year DE GESBRIAND HOSPITAL BURLINGTON - VERMONT 1954  
 Residency and Year LAHEY CLINIC - BOSTON - MASSACHUSETTS 1957  
 License Expiration Date **6/30/2000**  
 Remarks **Deceased 3/2/09**

License Number 6382  
 License Date 5/7/1981  
 Name **MACDONALD, GREGORY J MD**  
 Address CENTRAL VT CARDIOLOGY ASSOC, PO BOX 547 BARRE, VT, 05641  
 Specialty CD  
 Board Certified CD  
 School and Year of Graduation UNIV OF VERMONT, BURLINGTON VT USA 1976  
 Internship and Year RHODE ISLAND HOSP, PROVIDENCE, RI 1977  
 Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1977  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 13349  
 License Date 12/6/2006  
 Name **MACDONALD, HUGH V MD**  
 Address 18 HEATH DR, NEWFIELDS, NH, 03856  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF SASKATCHEWAN COLLEGE OF MED CANADA 1997  
 Internship and Year UNIV OF MANITOBA FACULTY OF MEDICINE-WINNIPEG, MANITOBA CANADA 1998  
 Residency and Year UNIV OF MANITOBA FACULTY OF MEDICINE- WINNIPEG, MANITOBA CANADA 1999  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13976  
 License Date 5/7/2008  
 Name **MACDONALD, KATHLEEN S MD**  
 Address FAHC, 111 COLCHESTER AVE BURLINGTON, VT, 05401  
 Specialty AN  
 Board Certified  
 School and Year of Graduation TEMPLE UNIV USA 2004  
 Internship and Year CROZER-CHESTER MEDICAL CENTER - UPLAND, PA 2005  
 Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2007  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 11379  
 License Date 9/5/2001  
 Name **MACDONALD, KIMBERLY L MD**  
 Address DARTMOUTH-HITCHCOCK, 253 PLEASANT ST CONCORD, NH, 03301  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIV OF WASHINGTON SCH OF MED- SEATTLE, WA USA 1998  
 Internship and Year FOSTER G MCGAW HOSPITAL - MAYWOOD, IL 1999  
 Residency and Year FOSTER G MCGAW HOSPITAL - MAYWOOD, IL 2001  
 License Expiration Date **6/30/2017**  
 Remarks **Lapsed 6/30/02--reinstated 2/6/08**  
**lapsed 6/30/09--reinstated 5/7/14**

License Number 13631  
 License Date 8/1/2007  
 Name **MACDONALD, SHANNON M MD**  
 Address MASS GENERAL HOSPITAL, 100 BLOSSOM ST COX 3 BOSTON, MA, 02114  
 Specialty RO  
 Board Certified  
 School and Year of Graduation LOYOLA UNIV OF CHICAGO USA 2001  
 Internship and Year MOUNT AUBURN HOSPITAL-CAMBRIDGE, MA 2002  
 Residency and Year NEW YORK UNIV MEDICAL CENTER-NY, NY 2005  
 License Expiration Date **6/30/2017**  
 Remarks



License Number	6244
License Date	7/3/1980
Name	<b>MACEACHRAN, JOHN H MD</b>
Address	NH SOC SEC DISABILITY DETERMINATION SERVICE, 121 SO FRUIT ST., SUITE 30CONCORD, NH, 0330
Specialty	FP
Board Certified	
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1977
Internship and Year	M S HERSHEY MED CENTER - HERSHEY, PA 1978
Residency and Year	M S HERSHEY MED CENTER - HERSHEY, PA 1980
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	2660
License Date	5/12/1948
Name	<b>MACEK, JOHN F MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1990</b>
Remarks	

License Number	8973
License Date	6/2/1993
Name	<b>MACEY, LANCE R MD</b>
Address	NH ORTHOPAEDIC CENTER, 17 RIVERSIDE ST STE 101NASHUA, NH, 03062-
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1985
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1986
Residency and Year	HARTFORD HOSPITAL - HARTFORD CT 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11782
License Date	11/6/2002
Name	<b>MACHERNIS, EDWARD A MD</b>
Address	BETH ISRAEL MED CTR, FIRST AVE 16TH STNEW YORK, NY, 10003
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV OF ROME TOR VERGATA - ROME, ITALY ITALY 1982
Internship and Year	HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 1983
Residency and Year	HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10365
License Date	8/5/1998
Name	<b>MACHIN, ODALYS MD</b>
Address	UNIV OF MASS MED CTR, 55 LAKE AVE NWORCESTER, MA, 01601
Specialty	IM
Board Certified	IM
School and Year of Graduation	BROWN UNIV SCH OF MED - PROVIDENCE, RI USA 1995
Internship and Year	UNIV OF MASS MED CTR - WORCESTER, MA 1996
Residency and Year	UNIV OF MASS MED CTR - WORCESTER, MA 1997
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	17177
License Date	7/1/2015
Name	<b>MACIAS, ANTONIO MD</b>
Address	760 WESTCHESTER AVE, RYE BROOK, NY, 10573
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV AUTONOMA DE AGUASCALIENTES MEXICO 2001
Internship and Year	NSLIJHS-HOFSTRA NORTH SHORE-LONG ISLAND JEWISH SOM - GREAT, NY 2004
Residency and Year	NSLIJHS-HOFSTRA NORTH SHORE-LONG ISLAND JEWISH SOM - GREAT, NY 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10256
License Date	4/1/1998
Name	<b>MACINTYRE, LISA A MD</b>
Address	ST JOSEPH FAMILY MEDICAL, 382 D W HWYMERRIMACK, NH, 03054
Specialty	FP
Board Certified	FP
School and Year of Graduation	DALHOUSIE UNIV FAC OF MED-HALIFAX CANADA 1992
Internship and Year	DALHOUSIE UNIV FAC OF MED-HALIFAX-CANADA 1994
Residency and Year	DALHOUSIE UNIV FAC OF MED-HALIFAX-CANADA 1994
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	14883
License Date	6/2/2010
Name	<b>MACK, JONATHAN E MD</b>
Address	ELLIOT ORTHOPAEDIC SURGICAL SP, 185 QUEEN CITY AVEMANCHESTER, NH, 03101-7100
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	ALBERT EINSTEIN COLLEGE USA 1999
Internship and Year	MONTEFIORE MEDICAL CENTER - BRONX, NY 2000
Residency and Year	MONTEFIORE MEDICAL CENTER - BRONX, NY 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13504
License Date	5/9/2007
Name	<b>MACK, JOSEPH M MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 2001
Internship and Year	UNIV OF CALIFORNIA SAN FRANCISCO - FRESNO, CA 2002
Residency and Year	UNIV OF CALIFORNIA(DAVIS)MEDICAL CENTER -SACRAMENTO, CA 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6121
License Date	9/6/1979
Name	<b>MACK, KARIN F MD</b>
Address	PO BOX 2216, TAOS, NM, 87571
Specialty	P
Board Certified	P
School and Year of Graduation	TEMPLE MED SCHOOL PHILA USA 1970
Internship and Year	PHILADELPHIA GENERAL HOSPITAL 1971
Residency and Year	PHILADELPHIA GENERAL HOSPITAL 1975
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	3930
License Date	8/17/1966
Name	<b>MACKAY, DONALD N MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>8/22/1988</b>
Remarks	

License Number	9066
License Date	10/6/1993
Name	<b>MACKENZIE, LACHLAN M MD</b>
Address	ST LUKE MEDICAL CENTER, 7 PAGE HILL RDBERLIN, NH, 03570-
Specialty	OTO
Board Certified	
School and Year of Graduation	UNIVERSITY OF ST ANDREWS SCHOOL OF MEDICINE SCOTLAND 1960
Internship and Year	NEW YORK UNIVERSITY MEDICAL CENTER - NEW YORK NY 1961
Residency and Year	ST LUKES - NEW YORK NY 1965
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	9604
License Date	12/6/1995
Name	<b>MACKENZIE, MALCOLM W MD</b>
Address	MT AUBURN HOSP DEPT OF OB/GYN, 330 MT AUBURN STCAMBRIDGE, MA, 02138
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1990
Internship and Year	BRIGHAM & WOMENS HOSP- BOSTON,MA 1996
Residency and Year	BRIGHAM & WOMEN'S HOSP - BOSTON, MA 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5441
License Date	11/6/1975
Name	<b>MACKEY, ROBERT A MD</b>
Address	26 BRICKYARD CT, YORK, ME, 03909-
Specialty	PD
Board Certified	PD
School and Year of Graduation	YALE UNIV SCHOOL OF MEDICINE - CT USA 1971
Internship and Year	UNIV HOSPITAL - CLEVELAND, OH 1972
Residency and Year	UNIV HOSPITAL - CLEVELAND, OH 1974
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	13350
License Date	12/6/2006
Name	<b>MACKINNON, DIANE M MD</b>
Address	DERRY MEDICAL CTR, 6 TSIENNETO RD STE 100DERRY, NH, 03038
Specialty	FP
Board Certified	FP
School and Year of Graduation	SUNY HEALTH SCIENCE CTR @ BROOKLYN USA 1996
Internship and Year	CENTRAL MAINE MEDICAL CTR-LEWISTON, ME 1997
Residency and Year	CENTRAL MAINE MEDICAL CTR-LEWISTON, ME 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16595
License Date	5/7/2014
Name	<b>MACLACHLAN, LARA MD</b>
Address	LAHEY HOSPITAL & MEDICAL CTR, 41 MALL RDBURLINGTON, MA, 01805
Specialty	U
Board Certified	
School and Year of Graduation	YALE UNIVERSITY SCHOOL OF MEDICINE USA 2007
Internship and Year	NY PRESBYTERIAN HOSPITAL - NY, NY 2008
Residency and Year	NY PRESBYTERIAN HOSPITAL - NY, NY 2013
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12308
License Date	5/5/2004
Name	<b>MACLEAN, CRAIG A MD</b>
Address	EMP OF ROCKINGHAM, LLC - EXETER HOSP ED, 5 ALUMNI DREXETER, NH, 03833
Specialty	EM
Board Certified	EM
School and Year of Graduation	TUFTS UNIVERSITY, BOSTON MA US 1998
Internship and Year	MAINE MEDICAL CTR, PORTLAND ME 1999
Residency and Year	MAINE MEDICAL CTR, PORTLAND ME 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>lapsed 6/30/06 - reinstated 2/6/13</b>

License Number	16674
License Date	7/2/2014
Name	<b>MACLIN, MARISSA A MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	AN
Board Certified	
School and Year of Graduation	STATE UNIV OF NY @ STONYT BROOK HEALTH SCIENCE CTR USA 2010
Internship and Year	UNIVERSITY OF HOSPITALS OF CLEVELAND - CLEVELAND, OH 2011
Residency and Year	UNIVERSITY OF HOSPITALS OF CLEVELAND - CLEVELAND, OH 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15065
License Date	11/3/2010
Name	<b>MACMARTIN, MEREDITH A MD</b>
Address	DHMC - PALLIATIVE CARE, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	WAKE FOREST UNIVERSITY USA 2007
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14030
License Date	6/4/2008
Name	<b>MACMILLAN JR, FRANCIS P MD</b>
Address	MERRIMACK VALLEY GASTRONTEROLO, 62 BROWN ST STE 503HAVERHILL, MA, 01830
Specialty	GE
Board Certified	GE
School and Year of Graduation	BOSTON UNIV USA 1995
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER-BOSTON, MA 1996
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER-BOSTON, MA 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12238
License Date	3/3/2004
Name	<b>MACNEAL, ROBERT J MD</b>
Address	DHMC/DERMATOLOGY, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	D
School and Year of Graduation	TEMPLE UNIVERSITY, PHILADELPHIA PA US 2001
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2002
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2003
License Expiration Date	<b>6/30/2012</b>
Remarks	<b>LAPSED FOR NON-RENEWAL 6/30/08 REINSTATED 8/5/09</b>

License Number	14631
License Date	10/7/2009
Name	<b>MACNOW, LAURA J MD</b>
Address	BETH ISRAEL DEACONESS MED CTR, 1 DEACONESS RDBOSTON, MA, 02115
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF TORONTO CANADA 1996
Internship and Year	BRIGHAM & WOMENS HOSPITAL-BOSTON, MA 1997
Residency and Year	BRIGHAM & WOMENS HOSPITAL-BOSTON, MA 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4256
License Date	6/10/1968
Name	<b>MACOMBER, CHARLES W MD</b>
Address	28 FOXCROSS CIR, CONCORD, NH, 03301
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1959
Internship and Year	DELAWARE MEDICAL CENTER - WILMINGTON, DE 1960
Residency and Year	ST LUKE'S CENTER - NEW YORK, NY 1963
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	6474
License Date	12/3/1981
Name	<b>MACOUL, KENNETH L MD</b>
Address	280 HAVERHILL ST, LAWRENCE, MA, 01840-1208
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	TUFTS UNIV SCH MED -BOSTON,MA USA 1965
Internship and Year	MT AUBURN HOSP-CAMBRIDGE,MA 1966
Residency and Year	STANFORD UNIV-STANFORD,CA 1969
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number 12625  
 License Date 3/2/2005  
 Name **MACVITTIE, HEIDI E MD**  
 Address ROCHESTER OBGYN, 21 WHITEHALL RD ROCHESTER, NH, 03867  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIVERSITY OF UTAH, SALT LAKE CITY UT US 1998  
 Internship and Year UNIVERSITY OF FLORIDA, PENSACOLA FL 1999  
 Residency and Year UNIVERSITY OF FLORIDA, PENSACOLA FL 2003  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13912  
 License Date 4/2/2008  
 Name **MADAN, JULIETTE C MD**  
 Address DHMC-DIV OF NEONATOLOGY, 1 MED CTR DR LEBANON, NH, 03756  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation BROWN UNIV USA 2000  
 Internship and Year MAINE MEDICAL CENTER-PORTLAND, ME 2001  
 Residency and Year MAINE MEDICAL CENTER-PORTLAND, ME 2003  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13596  
 License Date 7/11/2007  
 Name **MADAN, MICHAEL P MD**  
 Address NEW LONDON HOSPITAL, 273 COUNTY ROAD NEW LONDON, NH, 03257  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation NEW JERSEY MEDICAL SCHOOL USA 1993  
 Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1994  
 Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1996  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16183  
 License Date 6/5/2013  
 Name **MADAR, MERCI G MD**  
 Address EMERGENCY MED PHYSICIANS, 4535 DRESSLER RD NW CANTON, OH, 44718  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIVERSITY OF CALGARY FACULTY OF MEDICINE CANADA 1995  
 Internship and Year UNIVERSITY OF NEW MEXICO - ALBUQUERQUE, NM 1996  
 Residency and Year UNIVERSITY OF NEW MEXICO - ALBUQUERQUE, NM 1998  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	8782
License Date	8/5/1992
Name	<b>MADDEN, JENNIFER E MD</b>
Address	DR JENNIFER MADDEN FAMILY PRAC, 3 NORTHERN BLVD STE 3AAMHERST, NH, 03031
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS USA 1989
Internship and Year	ST VINCENT HEALTH CENTER ERIE - PENNSYLVANIA 1992
Residency and Year	ST VINCENT HEALTH CTR-ERIE,PA 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13505
License Date	5/9/2007
Name	<b>MADDEN, LINDSEY H MD</b>
Address	B,USCHOOL FO MED/PULMONARY CTR, 72 E CONCORD ST/R-304BOSTON, MA, 02118
Specialty	IM
Board Certified	
School and Year of Graduation	NEW YORK MEDICAL COLLEGE USA 2003
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	11550
License Date	3/6/2002
Name	<b>MADDOCK JR, ROBERT K MD</b>
Address	MEDICAL REVIEW INSTITUTE, 670 EAST 3900 SO 300SALT LAKE CITY, UT, 84107
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF VIRGINIA - CHARLOTTESVILLE, VA USA 1962
Internship and Year	UNIV OF UTAH MEDICAL CENTER - SALT LAKE CITY, UT 1963
Residency and Year	UNIV OF UTAH MEDICAL CENTER - SALT LAKE CITY, UT 1964
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	17225
License Date	8/5/2015
Name	<b>MADDOX, OWEN D MD</b>
Address	125 PARKER HILL AVE - CONV 2, BOSTON, MA, 02120
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF KANSAS SCHOOL OF MEDICINE USA 1986
Internship and Year	WESLEY MEDICAL CENTER - WICHITA KS 1988
Residency and Year	WESLEY MEDICAL CENTER - WICHITA KS 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number 10810  
 License Date 1/5/2000  
 Name **MADIX, JAMES C MD**  
 Address HOULTON REGIONAL HOSPITAL, HOULTON, ME, 04730  
 Specialty R  
 Board Certified R  
 School and Year of Graduation BAYLOR COLL OF MED - HOUSTON, TX USA 1970  
 Internship and Year DUKE UNIV MEDICAL CENTER - DURHAM, NC 1971  
 Residency and Year UNIV OF FLORIDA - GAINSVILLE, FL 1976  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 11924  
 License Date 5/7/2003  
 Name **MADNICK, MARNI MD**  
 Address 3073 WHITE MTN HIGHWAY, N CONWAY, NH, 03860  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation NJ ROBERT WOOD JOHNSON MED SCH-STRATFORD, NJ USA 1999  
 Internship and Year ABINGTON MEMORIAL HOSPITAL - ABINGTON, PA 2000  
 Residency and Year ABINGTON MEMORIAL HOSPITAL - ABINGTON, PA 2003  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14930  
 License Date 7/7/2010  
 Name **MADOFF, SAMUEL D MD**  
 Address NEB RADIOLOGY PC, 125 PARKER HILL AVE BOSTON, MA, 02120  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIVERSITY OF ROCHESTER USA 2004  
 Internship and Year YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2005  
 Residency and Year UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NH 2009  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 17015  
 License Date 4/1/2015  
 Name **MAENZA, RICHARD L MD**  
 Address 90 REICHHOLD RD, WEXFORD, PA, 15090  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIVERSITY OF CONNECTICUT USA 1992  
 Internship and Year UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE - PITTSBURGH, PA 1993  
 Residency and Year UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE - PITTSBURGH, PA 1995  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14517  
 License Date 7/1/2009  
 Name **MAGAURAN, ANNE O MD**  
 Address CORE PHYSICIANS LLC, 4 ALUMNI DREXETER, NH, 03833  
 Specialty SM  
 Board Certified SM  
 School and Year of Graduation ROYAL COLLEGE OF SURGEONS IRELAND 2002  
 Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2005  
 Residency and Year BOSTON MEDICAL CENTER - BOSTON, MA 2008  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13832  
 License Date 2/6/2008  
 Name **MAGDALIN, WILLIAM MD**  
 Address IMAGINE HAIR CLINIC, 10 LAUREL AVE., SUITE 150 WELLESLEY, MA, 02481  
 Specialty GS  
 Board Certified  
 School and Year of Graduation ROSALIND FRANKLIN UNIV USA 1994  
 Internship and Year CABRINI MEDICAL CENTER - NEW YORK, NY 1995  
 Residency and Year BETH ISRAEL MEDICAL CENTER-NEW YORK, NY 1996  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 11283  
 License Date 6/6/2001  
 Name **MAGEE, MICHAEL K MD**  
 Address NASHUA ANESTHESIA PARTNERS, 8 PROSPECT ST NASHUA, NH, 03061  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation UNIV OF OKLAHOMA HLTH SCI CTR- OKLAHOMA CITY, OH USA 1990  
 Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1991  
 Residency and Year BAYSTATE MEDICAL CENTER- SPRINGFIELD, MA 1994  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16722  
 License Date 8/6/2014  
 Name **MAGERA, RUTH V MD**  
 Address DHMC, ONE MEDICAL CTR DR LEBANON, NH, 03756-0000  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON MA US 2008  
 Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BROCTON, MA 2009  
 Residency and Year PENN STATE MILTON S HERSEY MEDICAL CENTER - HERSEY, PA 2013  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 6713  
 License Date 6/2/1983  
 Name **MAGILL, FRANK B MD**  
 Address 335 SAND HILL RD, PETERBOROUGH, NH, 03458-1616  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation DUKE UNIV SCH MED - DURHAM, NC USA 1952  
 Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1954  
 Residency and Year CHILDRENS HOSPITAL MEDICAL CENTER - BOSTON, MA 1956  
 License Expiration Date **6/30/2002**  
 Remarks

License Number 7598  
 License Date 5/6/1987  
 Name **MAGITSKY, YEFIM MD**  
 Address HUMAN RESOURCE INSTITUTE, 227 BABCOCK STBROOKLINE, MA, 02146-  
 Specialty P  
 Board Certified  
 School and Year of Graduation DONECKIJ MEDICAL INSTITUTE - UKRAINIAN SSR RUSSIA 1963  
 Internship and Year UNIV OF MASS HOSPITAL - WORCESTER, MA 1987  
 Residency and Year UNIVERSITY OF MASSACHUSETTS HOSPITAL MEDICAL CENTER - WORCESTER, MA 1987  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 11711  
 License Date 8/7/2002  
 Name **MAGNADOTTIR, HULDA B MD**  
 Address UPPER VALLEY NEUROLOGY NEUROSU, 106 HANOVER STREETLEBANON, NH, 03766  
 Specialty NS  
 Board Certified NS  
 School and Year of Graduation HASKOLI ISLANDS MED SCH-REYKJAVIK,ICELAND ICELAND 1993  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER-LEBANON,NH 1996  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER-LEBANON,NH 2002  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13913  
 License Date 4/2/2008  
 Name **MAGNO, REBECCA M MD**  
 Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation HAHNEMANN UNIV 1998 1998  
 Internship and Year PRESBYTERIAN MEDICAL CENTER - PHILADELPHIA, PA 1999  
 Residency and Year UNIV OF MARYLAND MEDICAL SYSTEM-BALTIMORE, MD 2003  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	14354
License Date	3/4/2009
Name	<b>MAGNUS, PATRICK C MD</b>
Address	CONCORD HOSPITAL CARDIAC ASSOC, 246 PLEASANT ST, STE 103CONCORD, NH, 03301
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF THE WEST INDIES JAMAICA 1999
Internship and Year	ST VINCENT'S MEDICAL CENTER - BRIDGEPORT, CT 2003
Residency and Year	ST VINCENT'S MEDICAL CENTER - BRIDGEPORT, CT 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11253
License Date	5/2/2001
Name	<b>MAGUIRE, PAUL L MD</b>
Address	COMMUNITY PARTNERS, 50 CHESTNUT ST STE CDOVER, NH, 03820
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF COLORADO USA 1992
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1993
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14084
License Date	7/9/2008
Name	<b>MAHADEVAN, ARUL MD</b>
Address	SEACOAST CANCER CTR, 789 CENTRAL AVEDOVER, NH, 03820-9987
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV CHENNAI INDIA 1988
Internship and Year	NORTHWESTERN UNIV MEDICAL SCHOOL - CHICAGO, IL 1999
Residency and Year	NORTHWESTERN UNIV MEDICAL SCHOOL - CHICAGO, IL 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12394
License Date	7/7/2004
Name	<b>MAHAPATRA, SOURYA R MD</b>
Address	280 MAIN ST STE 210A, NASHUA, NH, 03060
Specialty	IMG
Board Certified	IMG
School and Year of Graduation	UNIVERSITY OF MUMBAI, MAHARASHTRA INDIA INDIA 1994
Internship and Year	NY VETERANS MED CTR, NEW YORK NY 2000
Residency and Year	BERKSHIRE MED CTR, PITTSFIELD MA 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7582
License Date	5/6/1987
Name	<b>MAHAR, PETER J MD</b>
Address	VA MEDICAL CENTER, 718 SMYTH RDMANCHESTER, NH, 03104
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF MA-WORCESTER USA 1981
Internship and Year	UNIVERSITY OF MI HOSPITAL 1982
Residency and Year	UNIVERSITY OF MI HOSPITAL 1984
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12070
License Date	9/3/2003
Name	<b>MAHARAJ, ADORA MD</b>
Address	LACONIA CLINIC, 724 MAIN STLACONIA, NH, 03246
Specialty	IM
Board Certified	IM
School and Year of Graduation	ROSS UNIVERSITY, ROSEAU DOMINICA DOMINICA 1998
Internship and Year	MEDICAL COLLEGE OF PENNSYLVANIA HOSP, PHILADELPHIA PA 2001
Residency and Year	MEDICAL COLLEGE OF PENNSYLVANIA HOSP, PHILADELPHIA PA 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12071
License Date	9/3/2003
Name	<b>MAHARRY, RANDALL R MD</b>
Address	PUEBLO DERMATOLOGY, 1925 ORMAN AVE STE A335PUEBLO, CO, 81004
Specialty	D
Board Certified	D
School and Year of Graduation	UNIVERSITY OF IOWA, IOWA CITY IA US 1968
Internship and Year	UNIVERSITY OF SOUTHERN CALIFORNIA, LOS ANGELES CA 1969
Residency and Year	UNIVERSITY OF IOWA HOSPITALS AND CLINICS, IOWA CITY IA 1975
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	14884
License Date	6/2/2010
Name	<b>MAHATA, MINI MD</b>
Address	CORE ENDOCRINOLOGY, 881 LAFAYETTE RDHAMPTON, NH, 038842
Specialty	END
Board Certified	IM
School and Year of Graduation	VIRGINIA COMMONWEALTH UNIVERSITY USA 2004
Internship and Year	VIRGINIA COMMONWEALTH UNIVERSITY HEALTH SYSTEM - RICHMOND, VA 2005
Residency and Year	VIRGINIA COMMONWEALTH UNIVERSITY HEALTH SYSTEM - RICHMOND, VA 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3122
License Date	4/25/1956
Name	<b>MAHER, FREDERICK R MD</b>
Address	8 PEPPERIDGE DR, MANCHESTER, NH, 03103
Specialty	GS
Board Certified	
School and Year of Graduation	GEORGETOWN MEDICAL SCHOOL USA 1951
Internship and Year	ST ELIZABETHS HOSPITAL BRIGHTON - MASSACHUSETTS 1952
Residency and Year	ST ELIZABETHS HOSPITAL BRIGHTON - MASSACHUSETTS 1956
License Expiration Date	<b>6/30/2006</b>
Remarks	DECEASED 11/22/10

License Number	13873
License Date	3/5/2008
Name	<b>MAHER, JEANNE-MARIE MD</b>
Address	7 COLUMBIA AVE, NASHUA, NH, 03064
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF COLORADO USA 1988
Internship and Year	UNIV OF WASHINGTON MEDICAL CENTER - SEATTLE, WA 1989
Residency and Year	UNIV OF WASHINGTON MEDICAL CENTER - SEATTLE, WA 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10956
License Date	6/7/2000
Name	<b>MAHER, WILLIAM E MD</b>
Address	21 CLARK WAY, SOMERSWORTH, NH, 03878
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF MEDICINE & DENTISTRY - NEWARK, NJ USA 1992
Internship and Year	UMDNJ-NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 1993
Residency and Year	UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9873
License Date	11/6/1996
Name	<b>MAHESHWARI, YOGESH MD</b>
Address	GASTROENTERLOGY ASSOC, 60 MAPLE RDWILLIMSVILLY, NY, 14221
Specialty	GE
Board Certified	GE
School and Year of Graduation	MAULANA AZAD MEDICAL COLLEGE UNIV OF DELHI INDIA INDIA 1980
Internship and Year	SUNY BUFFALO AFFILIATED HOSPITAL - NEW YORK 1990
Residency and Year	ERIE COLLEGE MEDICAL CENTER - NY 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12748
License Date	6/1/2005
Name	<b>MAHGOUB, MOHAMED A MD</b>
Address	SOURTHERN NH MEDICAL CENTER, 8 PROSPECT STNASHUA, NH, 03060
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF ALEXANDRIA, EGYPT EGYPT 1992
Internship and Year	ST JOSEPH HOSPITAL, CHICAGO IL 2002
Residency and Year	ST JOSEPH HOSPITAL, CHICAGO IL 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12264
License Date	4/7/2004
Name	<b>MAHIDHARA, INDIRA MD</b>
Address	HEALTH PARTNERS PLANS, 901 S MARKET ST SUIE 500PHILADELPHIA, PA, 19107
Specialty	FP
Board Certified	FP
School and Year of Graduation	MEDICAL COLLEGE OF PA, PHILADELPHIA PA US 1997
Internship and Year	SCOTTSDALE HEALTHCARE-OSBORN, SCOTTSDALE AZ 1998
Residency and Year	SCOTTSDALE HEALTHCARE-OSBORN, SCOTTSDALE AZ 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8220
License Date	9/6/1989
Name	<b>MAHLAB, BENJAMIN E MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	MC GILL UNIV FAC OF MED - MONTREAL QUEBEC CANADA 1978
Internship and Year	DALHOUSIE UNIV HOSPITAL - CANADA 1979
Residency and Year	UNIV OF BRITISH COLUMBIA - VANCOUVER, BC 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6535
License Date	5/6/1982
Name	<b>MAHLER, DONALD A MD</b>
Address	13 MEADOW LN, HANOVER, NH, 03755
Specialty	PUD
Board Certified	PUD
School and Year of Graduation	LOYOLA UNIV STRITCH SCH MED - MAYWOOD, IL USA 1972
Internship and Year	SANTA CLARA VALLEY MED CTR - SAN JOSE, CA 1973
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1977
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 13874  
 License Date 3/5/2008  
 Name **MAHMOODI, MANDANA MD**  
 Address MIRACA LIFE SCIENCES, 320 NEEDHAM ST STE 200NEWTON, MA, 02464  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation TEHRAN UNIV IRAN 1997  
 Internship and Year DREXEL UNIV COLLEGE OF MEDICINE - HAHNEMANN - PHILADELPHIA, PA 2003  
 Residency and Year DREXEL UNIV COLLEGE OF MEDICINE - HAHNEMANN - PHILADELPHIA, PA 2006  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11831  
 License Date 2/5/2003  
 Name **MAHMUDI, SHANTA MD**  
 Address SJ FAMILY MEDICAL CENTER, 173 DANIEL WEBSTER HWY NASHUA, NH, 03060  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation SIR SALIMULLAH MED COLL - BANGLADESH BANGLADESH 1995  
 Internship and Year SPECTRUM HEALTH-DOWNTOWN - GRAND RAPIDS MI 2000  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON NH 2003  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 8560  
 License Date 6/5/1991  
 Name **MAHON, PATRICK A MD**  
 Address SURGICAL CARE GROUP, 87 MCGREGOR ST STE 3100MANCHESTER, NH, 03102  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation UNIV OF PITTSBURGH SCH OF MED-PITTSBURGH,PA USA 1982  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1983  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1987  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9141  
 License Date 4/6/1994  
 Name **MAHON, PAULA M MD**  
 Address , 88 MCGREGOR ST STE 302MANCHESTER, NH, 03102  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1990  
 Internship and Year MEDICAL CENTER OF CENTRAL MA - WORCESTER MA 1992  
 Residency and Year HIGHLAND HOSPITAL - ROCHESTER NY 1994  
 License Expiration Date **6/30/2016**  
 Remarks



License Number 13113  
 License Date 6/7/2006  
 Name **MAHONEY, MICHAEL J MD**  
 Address 195 HANOVER ST, PORTSMOUTH, NH, 03801  
 Specialty PTH  
 Board Certified  
 School and Year of Graduation SPARTAN UNIVERSITY, WEST INDIES WEST INDIES 1984  
 Internship and Year NEW YORK HOSP MED CTR, FLUSHING NY 1990  
 Residency and Year NEW YORK HOSP MED CTR, FLUSHING NY 1993  
 License Expiration Date **6/30/2012**  
 Remarks **Deceased 6/24/2012**

License Number 12001  
 License Date 7/2/2003  
 Name **MAHUTTE, NEAL G MD**  
 Address 5252 DE MAISONNEUV, BLVD WEST STE 220MONTREAL, QUEBEC, , H4A3S5  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation MCGILL UNIV - MONTREAL CANADA CANADA 1995  
 Internship and Year MCGILL UNIVERSITY - MONTREAL QUEBEC CANADA 1996  
 Residency and Year MCGILL UNIVERSITY - MONTREAL QUEBEC CANADA 2000  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13000  
 License Date 2/1/2006  
 Name **MAIESE, RUSSELL L MD**  
 Address AMERIPATH NORTHEAST, ONE GREENWICH PLSHELTON, CT, 06484  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA US 1988  
 Internship and Year ST FRANCIS MEDICAL CTR, TRENTON NJ 1988  
 Residency and Year MCP HAHNEMANN UNIVERSITY, PHILADELPHIA PA 1992  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9305  
 License Date 10/5/1994  
 Name **MAIORANO, PHILIP V MD**  
 Address 72 COUNTRYSIDE DR, GILFORD, NH, 03246  
 Specialty IM  
 Board Certified PUD  
 School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1987  
 Internship and Year NORWALK HOSPITAL - NORWALK CT 1990  
 Residency and Year NORWALK HOSPITAL - NORWALK CT 1990  
 License Expiration Date **4/16/2012**  
 Remarks **3/13/07 - Settlement Agreement**  
**4/16/12 - Order of Emergency License Suspension and Notice of Hearing.**  
**4/20/12 - Order Extending License Suspension.**

License Number	12309
License Date	5/5/2004
Name	<b>MAITLAND, LAURI A DO</b>
Address	FAMILY TREE HEALTH CARE, 2 EAST MAIN ST UNIT #2WARNER, NH, 03278
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME US 1998
Internship and Year	CONCORD HOSPITAL, CONCORD NH 1999
Residency and Year	CONCORD HOSPITAL, CONCORD NH 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13291
License Date	10/4/2006
Name	<b>MAJEED, BASHAR S MD</b>
Address	1111 E MCDOWELL RD, PHOENIX, AZ, 85006
Specialty	IM
Board Certified	
School and Year of Graduation	UNIVERSITY OF BAGDAD, BAGDAD IRAQ IRAQ 1995
Internship and Year	GOOD SAMARITAN REGIONAL MED CTR, PHOENIX AZ 2005
Residency and Year	GOOD SAMARITAN REGIONAL MED CTR, PHOENIX, AZ 2006
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	16975
License Date	3/4/2015
Name	<b>MAJMUDAR, SALONY M MD</b>
Address	NEW ENGLAND NEUROLOGICAL ASSOC, PC, 354 MERRIMACK ST, BLDG 1, ENTRANCE CLAWRENCE,
Specialty	PM
Board Certified	
School and Year of Graduation	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE USA 2011
Internship and Year	MOUNT AUBURN HOSPITAL - CAMBRIDGE, MA 2012
Residency and Year	SPAULDING REHABILITATION HOSPITAL - CHARLESTOWN, MA 2014
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5833
License Date	11/3/1977
Name	<b>MAKAREWICZ, CARL R MD</b>
Address	, , ,
Specialty	R
Board Certified	R
School and Year of Graduation	DALHOUSIE UNIVERSITY IN NOVA SCOTIA CANADA 1976
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1994</b>
Remarks	

License Number 12265  
 License Date 4/7/2004  
 Name **MAKATAM-ABRAMS, MARJAN M MD**  
 Address ELLIOT HOSPITAL, 1 ELLIOT WAYMANCHESTER, NH, 03103  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation ALBANY MEDICAL COLLEGE, ALBANY NY US 1998  
 Internship and Year SCHNEIDER CHILDREN'S HOSP, NEW HYDE PARK NY 1999  
 Residency and Year SCHNEIDER CHILDREN'S HOSP, NEW HYDE PARK NY 2001  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 8992  
 License Date 7/7/1993  
 Name **MAKMAN, STANLEY H MD**  
 Address 111 SUNNYVIEW LN STE A, KALISPELL, MT, 59901  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE USA 1988  
 Internship and Year UNIVERSITY HOSPITAL - CLEVELAND OH 1993  
 Residency and Year UNIVERSITY HOSPITAL - CLEVELAND OH 1993  
 License Expiration Date **6/30/2003**  
 Remarks

License Number 6622  
 License Date 10/7/1982  
 Name **MALAFY, RICHARD J MD**  
 Address 43 BIRCH ST, DERRY, NH, 03038  
 Specialty GYN  
 Board Certified  
 School and Year of Graduation NEW JERSREY MEDICAL SCHOOL - NEWMARK, NJ USA 1971  
 Internship and Year NEW BRITAIN GENERAL HOSPITAL - NEW BRITAIN , CT 1973  
 Residency and Year NEW BRITAIN GENERAL HOSPITAL - NEW BRITAIN, CT 1974  
 License Expiration Date **6/30/2004**  
 Remarks **Deceased 1/11/04, Records going to Dr. Paul Harper, Londonderry - 603-434-1591**

License Number 13049  
 License Date 4/5/2006  
 Name **MALBY, MATHURIN M MD**  
 Address FRISBIE MEMORIAL HOSPITAL, 11 WHITEHALL RDROCHESTER, NH, 03867  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIV OF NEW MEXICO-ALBUQUERQUE NM USA 2003  
 Internship and Year ST VINCENT MERCY MED CTR-TOLEDO OH 2005  
 Residency and Year ST VINCENT MERCY MED CTR-TOLEDO OH 2006  
 License Expiration Date **6/30/2016**  
 Remarks **1/8/10 - Settlement Agreement**

License Number	7032
License Date	1/10/1985
Name	<b>MALENKA, DAVID J MD</b>
Address	DHMC-CARDIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	CD
Board Certified	CD
School and Year of Graduation	STATE UNIV OF NY DOWNSTATE COLL USA 1982
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CTR 1983
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CTR 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13680
License Date	9/5/2007
Name	<b>MALHOTRA, SANJAY MD</b>
Address	95 54 111TH ST RICHMOND HILL, NEW YORK, NY, 11419
Specialty	IM
Board Certified	
School and Year of Graduation	UNIV OF DELHI INDIA 1986
Internship and Year	BROOKDALE UNIV HOSPITAL & MEDICAL CTR - BROOKLYN, NY 2005
Residency and Year	BROOKDALE UNIV HOSPITAL & MEDICAL CTR - BROOKLYN, NY 2007
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	15838
License Date	9/5/2012
Name	<b>MALHOTRA, SAURABH MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	PTH
Board Certified	
School and Year of Graduation	KASTURBA MEDICAL COLLEGE INDIA 2001
Internship and Year	SUNY HEALTH SCIENCE CENTER - BROOKLYN, NY 2009
Residency and Year	SUNY HEALTH SCIENCE CENTER - BROOKLYN, NY 2012
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	14085
License Date	7/9/2008
Name	<b>MALIK, AMYN MD</b>
Address	525-B DEVONIA ST, HARRIMAN, TN, 37748
Specialty	IM
Board Certified	IM
School and Year of Graduation	AGA KHAN UNIV PAKISTAN 2001
Internship and Year	FAIRVIEW-UNIV MEDICAL CENTER - MINNEAPOLIS, MN 2004
Residency and Year	FAIRVIEW-UNIV MEDICAL CENTER - MINNEAPOLIS, MN 2006
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	11712
License Date	8/7/2002
Name	<b>MALIK, MANSOOR A MD</b>
Address	3083 ORDWAY DR APT F, ROANOKE, VA, 24017
Specialty	P
Board Certified	
School and Year of Graduation	THE RAWALPLINDI MED COL-RAWALPINDI,PUNJAB PAKISTAN PAKISTAN 1996
Internship and Year	MCP HAHNEMANN UNIV-PHILADELPHIA,PA 2000
Residency and Year	MCP HAHNEMANN UNIV- PHILADELPHIA,PA 2001
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	16231
License Date	7/3/2013
Name	<b>MALIK, NADIA A MD</b>
Address	LRGH, 80 HIGHLAND STLA CONIA, NH, 03246
Specialty	IM
Board Certified	IM
School and Year of Graduation	KING EDWARD MEDICAL UNIVERSISTY PAKISTAN 2001
Internship and Year	MEDSTAR FRANKLIN SQUARE MEDICAL CENTER - BALTIMORE, MD 2010
Residency and Year	MEDSTAR FRANKLIN SQUARE MEDICAL CENTER - BALTIMORE, MD 2012
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12802
License Date	7/6/2005
Name	<b>MALIK, SALMAN A MD</b>
Address	80 NASHUA RD BLDG C, LONDONDERRY, NH, 03053
Specialty	OS
Board Certified	OS
School and Year of Graduation	SUNY AT STONY BROOK, STONY BROOK NY USA 1994
Internship and Year	LONG ISLAND JEWISH MEDICAL CENTER, NEW HYDE PARK NY 1992
Residency and Year	LONG ISLAND JEWISH MEDICAL CENTER, NEW HYDE PARK NY 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16798
License Date	10/1/2014
Name	<b>MALIYEKKEL, ANIL T MD</b>
Address	4401 4TH ST NORTH #344, ARLINGTON, VA, 22203
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIV OF ILLINOIS COLLEGE OF MEDICINE USA 2008
Internship and Year	GOOD SAMARITAN HOSPITAL-TRIHEALTH - CINCINNATI, OH 2009
Residency and Year	UNIVERSITY HOSPITALS CASE MEDICAL CENTER - CLEVELAND, OH 2013
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12266
License Date	4/7/2004
Name	<b>MALKO, ELIZABETH C MD</b>
Address	EVOLENT HEALTH, 800 N GLOBE RDARLINGTON, VA, 22203
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF CT, FARMINGTON CT US 1989
Internship and Year	YALE UNIVERSITY, BRIDGEPORT CT 1989
Residency and Year	MIDDLESEX HOSP, MIDDLETOWN CT 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12749
License Date	6/1/2005
Name	<b>MALLARI, MARGARET Q MD</b>
Address	AVH, 59 PAGE HILL RDBERLIN, NH, 03570
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF E RAMON, PHILIPPINES PHILIPPINES 1998
Internship and Year	STATE UNIVERSITY OF NEW YORK, BROOKLYN NY 2001
Residency and Year	STATE UNIVERSITY OF NEW YORK, BROOKLYN NY 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6560
License Date	6/24/1982
Name	<b>MALLEK, MARK L MD</b>
Address	280 MAIN ST STE 340, NASHUA, NH, 03060-2920
Specialty	GE
Board Certified	
School and Year of Graduation	GEORGETOWN UNIV SCH MED - WASHINGTON,DC USA 1977
Internship and Year	CARNEY HOSPITAL - BOSTON, MA 1978
Residency and Year	CARNEY HOSPITAL - BOSTON, MA 1981
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14295
License Date	1/7/2009
Name	<b>MALLEMAT, HANEY A MD</b>
Address	660 COLONIAL DR, WRJ, VT, 05001
Specialty	IM
Board Certified	IM
School and Year of Graduation	STATE UNIV OF NEW YORK USA 2003
Internship and Year	SUNY DOWNSTATE - BROOKLYN, NY 2004
Residency and Year	SUNY DOWNSTATE - BROOKLYN, NY 2008
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number 7688  
 License Date 8/5/1987  
 Name **MALLEN, JOHN KANNAN MD**  
 Address 32 STILES RD STE 204, SALEM, NH, 03079-2853  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation TUFTS UNIV SCH MED-BOSTON,MA USA 1947  
 Internship and Year PROVIDENCE HOSP-WASHINGTON,DC 1948  
 Residency and Year DOCTORS HOSP-WASHINGTON,DC 1949  
 License Expiration Date **6/30/2009**  
 Remarks **Deceased 3/24/11**

License Number 10052  
 License Date 7/2/1997  
 Name **MALLEN, JOHN KENNETH MD**  
 Address 32 STILES RD STE 204, SALEM, NH, 03079  
 Specialty PS  
 Board Certified  
 School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1988  
 Internship and Year ST ELIZABETH'S MEDICAL CENTER - MA 1989  
 Residency and Year ST VINCENT'S HOSPITAL MEDICAL CENTER - OH 1996  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14204  
 License Date 10/1/2008  
 Name **MALONE, STEPHEN L MD**  
 Address THE ORTHOPMEDIC SPINE CTR, PA, 260 BEISER BLVD STE 101DOVER, DE, 19904  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation THOMAS JEFFERSON UNIV USA 1995  
 Internship and Year UNIV OF CINCINNATI MEDICAL CENTER - CINCINNATI, OH 1996  
 Residency and Year UNIV OF CINCINNATI MEDICAL CENTER - CINCINNATI, OH 2000  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 7254  
 License Date 1/2/1986  
 Name **MALONEY, CHRISTOPHER T MD**  
 Address 3170 N SWAN RD, TUCSON, AZ, 85712  
 Specialty CDS  
 Board Certified CDS  
 School and Year of Graduation NEW YORK MED COLL - VALHALLA, NY USA 1963  
 Internship and Year LENOX HILL HOSPITAL - NEW YORK, NY 1964  
 Residency and Year NEW YORK MEDICAL COLL /MET HOSPITAL CENTER - NY, NY 1965  
 License Expiration Date **6/30/2008**  
 Remarks

License Number	16596
License Date	5/7/2014
Name	<b>MALONEY, CRISTINE J MD</b>
Address	44 S MAIN ST, PO BOX 2000RANDOLPH, VT, 05060
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF VT SCHOOL OF MEDICINE USA 2007
Internship and Year	YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2008
Residency and Year	YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7915
License Date	7/6/1988
Name	<b>MALONEY, JOHN P MD</b>
Address	, , ,
Specialty	ORS
Board Certified	
School and Year of Graduation	BROWN UNIVERSITY USA 1977
Internship and Year	
Residency and Year	
License Expiration Date	<b>5/15/1995</b>
Remarks	<b>LICENSE REVOKED 5/15/95</b>

License Number	6881
License Date	5/10/1984
Name	<b>MALONEY, LISABETH L MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	AN
Board Certified	AN
School and Year of Graduation	BOSTON UNIV SCH MED-BOSTON,MA USA 1981
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1982
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11799
License Date	12/4/2002
Name	<b>MALONSO, RESTITUTO D MD</b>
Address	STRAFFORD MED ASSOC, 10 MEMBERS WAY STE 302DOVER, NH, 03820
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF ARIZONA - TUCSON, AZ USA 1989
Internship and Year	NORTH SHORE UNIV HOSPITAL - MANHASSETT, NY 1990
Residency and Year	ST JOSEPHS HOSPITAL AND MEDICAL CENTER - PHOENIX, AZ 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number 15588  
 License Date 3/7/2012  
 Name **MAMMADOVA, NAILA R MD**  
 Address 2-01 50TH AVE #2G, LONG ISLAND CITY, NY, 11101  
 Specialty AN  
 Board Certified  
 School and Year of Graduation AZERBAIJAN STATE MEDICAL UNIVERSITY AZERBAIJAN 1992  
 Internship and Year SUNY HEALTH SCIENCE CENTER - BROOKLYN, NY 2009  
 Residency and Year SUNY HEALTH SCIENCE CENTER - BROOKLYN, NY 2012  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 8974  
 License Date 6/2/1993  
 Name **MAMOURIAN, ALEXANDER C MD**  
 Address UNIVERSITY OF PA MED CTR, 3400 SPRUCE ST 219 DULLES BLDGPHILADELPHIA, PA, 19104  
 Specialty DR  
 Board Certified R  
 School and Year of Graduation JEFFERSON MEDICAL COLLEGE USA 1978  
 Internship and Year ALBERT EINSTEIN MEDICAL CENTER - PHILADELPHIA PA 1979  
 Residency and Year MEDICAL CENTER HOSPITAL VERMONT - BURLINGTON VT 1982  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13775  
 License Date 12/5/2007  
 Name **MAMUYA, WILFRED MD**  
 Address CARDIOLOGY DIV MGH, 55 FRUIT ST YAWKEY 5800BOSTON, MA, 02114  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation BOSTON UNIV USA 1993  
 Internship and Year BRIGHAM & WOMEN'S HOSPITAL-BOSTON, MA 1995  
 Residency and Year BRIGHAM & WOMEN'S HOSPITAL-BOSTON, MA 1998  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 14518  
 License Date 7/1/2009  
 Name **MANALO, FELIPE B MD**  
 Address LOCUM TENENS PHYSICIAN, 5645 LAKE MENDOTA DRMADISON, WI, 53705  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF SANTO TOMAS PHILLIPINES 1962  
 Internship and Year DEACONESS HOSPITAL-FOREST PARK HOSP - ST LOUIS, MO 1966  
 Residency and Year ST MARYS HEALTH CENTER - ST LOUIS, MO 1970  
 License Expiration Date **6/30/2011**  
 Remarks

License Number	11713
License Date	8/7/2002
Name	<b>MANCALL, ANDREW C MD</b>
Address	SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200SOUTH PORTLAND, ME, 04106
Specialty	R
Board Certified	R
School and Year of Graduation	HAHNEMANN MED COL OF PHILADELPHIA- PHILADELPHIA,PA USA 1983
Internship and Year	EVANSTON NORTHWESTERN HEALTHCARE-EVANSTON,IL 1984
Residency and Year	UNIVERSITY HOSPITALS OF CLEVELAND-CLEVELAND,OH 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13257
License Date	9/6/2006
Name	<b>MANCINI, DAVID J MD</b>
Address	WALTER REED NATIONAL MILITARY MEDICAL CTR, 8901 ROCKVILLE PIKEBETHESDA, MD, 20889
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF PENNSYLVANIA USA 2003
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CTR-LEBANON NH 2004
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CTR-LEBANON NH 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16551
License Date	4/2/2014
Name	<b>MANCUSO, AARON J MD</b>
Address	100 GATES POND RD, BERLIN, MA, 01503
Specialty	AN
Board Certified	
School and Year of Graduation	CREIGHTON UNIVERSITY SCHOOL OF MEDICINE USA 2009
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12626
License Date	3/2/2005
Name	<b>MANCUSO, MARC A MD</b>
Address	CHARLOTTE RADIOLOGY PA, 1701 EAST BOULEVARDCHARLOTTE, NC, 28203-5823
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS, WORCESTER MA US 2001
Internship and Year	ST VINCENT HOSPITAL, WORCESTER MA 2002
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13258
License Date	9/6/2006
Name	<b>MANDEL, MICHELE D MD</b>
Address	MERRIMACK VALLEY PEDIATRICS, 387 EAST DUNSTABLE RD NASHUA, NH, 03062
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF MASSACHUSETTS USA 2003
Internship and Year	CONNECTICUT CHILDRENS MED CTR-HARTFORD CT 2004
Residency and Year	CONNECTICUT CHILDRENS MED CTR-HARTFORD CT 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>lapsed 6/30/14 - reinstated 8/5/15</b>

License Number	9408
License Date	4/5/1995
Name	<b>MANDELL, JONATHAN D MD</b>
Address	ANDOVER SURGICAL ASSOCIATES, 140 HAVERHILL STANDOVER, MA, 01810-
Specialty	GS
Board Certified	GS
School and Year of Graduation	DUKE UNIVERSITY SCHOOL OF MEDICINE USA 1987
Internship and Year	NY HOSPITAL - NEW YORK NY 1992
Residency and Year	NY HOSPITAL - NEW YORK NY 1992
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	8490
License Date	2/6/1991
Name	<b>MANDELL, TODD W MD</b>
Address	COMMUNITY SUBSTANCE ABUSE CTR, 125 N. ELM ST WESTFIELD, MA, 01085
Specialty	P
Board Certified	P
School and Year of Graduation	BOSTON UNIV SCH OF MED - BOSTON, MA USA 1985
Internship and Year	UNIV MASS HOSPITAL - WORCESTER, MA 1986
Residency and Year	UNIV MASS HOSPITAL - WORCESTER, MA 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16597
License Date	5/7/2014
Name	<b>MANE, HEATHER A MD</b>
Address	52 ST IVES WAY APT 23, MARLBOROUGH, MA, 01752
Specialty	PD
Board Certified	
School and Year of Graduation	UNIV OF MASSACHUSETTS MEDICAL SCHOOL USA 2010
Internship and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL-WORCESTER, MA 2011
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL-WORCESTER, MA 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 4621  
 License Date 10/2/1970  
 Name **MANECHE, HOUCHIDAR C MD**  
 Address 3 TWISTED OAK PLACE, PALM COAST, FL, 32137  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation UNIV OF PARIS SORBONNE PARIS FRANCE 1961  
 Internship and Year MERCY HOSPITAL - DENVER, CO 1962  
 Residency and Year VA HOSPITAL - WEST ROXBURY, MA 1967  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 8909  
 License Date 3/3/1993  
 Name **MANEKSHA, JIMMY R MD**  
 Address DHMC-CT SURGERY, ONE MEDICAL CENTER DRLEBANON, NH, 03756-  
 Specialty CDS  
 Board Certified  
 School and Year of Graduation TOPIWALA NATIONAL MED COLLEGE UNIV OF BOMBAY INDIA 1973  
 Internship and Year BYL NAIR CHARITABLE HOSPITAL - BOMBAY INDIA 1975  
 Residency and Year BYL NAIR CHARITABLE HOSPITAL - BOMBAY INDIA 1975  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 10053  
 License Date 7/2/1997  
 Name **MANESIS, DIMITRA A MD**  
 Address 4602 FARM ST, KENOSHA, WI, 53142  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF WISCONSIN MEDICAL SCHOOL-MADISON USA 1992  
 Internship and Year GROUP HEALTH COOP/PUGET SOND - WA 1994  
 Residency and Year GROUP HEALTH COOP/PUGET SOND - WA 1995  
 License Expiration Date **6/30/1998**  
 Remarks

License Number 14931  
 License Date 7/7/2010  
 Name **MANFIELD, LAURA DO**  
 Address 289 COUNTY RD, WINDSOR, VT, 05089  
 Specialty PM  
 Board Certified  
 School and Year of Graduation NEW YORK COLLEGE OF OSTEOPATHIC USA 2006  
 Internship and Year NORTH SHORE UNIVERSITY HOSPITAL - PLAINVIEW, NY 2007  
 Residency and Year NEW YORK & PRESBYTERIAN HOSPITAL - NY, NY 2010  
 License Expiration Date **6/30/2012**  
 Remarks

License Number	15036
License Date	10/6/2010
Name	<b>MANFRED, CHRISTOPHER S MD</b>
Address	DHMC-ANESTHESIOLOGY DEPT, 1 MED CTR DRLEBANON, NH, 03756
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF NEW JERSEY USA 2008
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12910
License Date	10/5/2005
Name	<b>MANGANARO, ANDREW J MD</b>
Address	1821 SCHNEBLY RD, XENIA, OH, 45385
Specialty	GS
Board Certified	
School and Year of Graduation	NEW YORK UNIVERSITY, NEW YORK NY US 1972
Internship and Year	BELLEVUE HOSPITAL CTR, NEW YORK NY 1974
Residency and Year	BELLEVUE HOSPITAL CTR, NEW YORK NY 1977
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8095
License Date	5/10/1989
Name	<b>MANGANELLI, MONIQUE L MD</b>
Address	VA MEDICAL CENTER, 218 SMYTH RDMANCHESTER, NH, 03104
Specialty	IM
Board Certified	IM
School and Year of Graduation	ST GEORGES UNIV SCH OF MED ST GEORGE'S GRENADA 1984
Internship and Year	CONEY ISLAND HOSP BROOKLYN NY 1985
Residency and Year	CONEY ISLAND HOSP BROOKLYN NY 1987
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	16232
License Date	7/3/2013
Name	<b>MANGANIELLO, MARC D MD</b>
Address	14 UNION PARK ST APT 6, BOSTON, MA, 02118
Specialty	U
Board Certified	
School and Year of Graduation	LOYOLA UNIVERSITY OF CHICAGO STRITCH SCHOOL OF MED USA 2008
Internship and Year	LAHEY CLINIC DOUNDTION - BURLINGTON,MA 2010
Residency and Year	LAHEY CLINIC DOUNDTION - BURLINGTON,MA 2013
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	6070
License Date	6/11/1979
Name	<b>MANGANIELLO, PAUL D MD</b>
Address	226 TURNPIKE RD, PO BOX 1001NORWICH, VT, 05055
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	JEFFERSON MEDICAL COLL OF THOMAS JEFFERSON UNIV PA USA 1973
Internship and Year	THOMAS JEFFERSON UNIV HOSPITAL - PHILA, PA 1974
Residency and Year	EUGENE TALMADGE MEMORIAL HOSPITAL - AUGUSTA, GA 1979
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>RETIRED</b>

License Number	5890
License Date	4/26/1978
Name	<b>MANGER, JULES N MD</b>
Address	CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301-2598
Specialty	IM
Board Certified	IM
School and Year of Graduation	COLUMBIA UNIV COLLEGE OF PHYSICIANS SURGEONS, NY USA 1975
Internship and Year	MARY I BASSETT HOSPITAL - COOPERTOWN, CT 1976
Residency and Year	MARY I BASSETT HOSPITAL - COOPERTOWN, CT 1978
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	14738
License Date	2/3/2010
Name	<b>MANGIARDI, JASON R MD</b>
Address	ENT ASSOC OF NH, 85 SPRING STLACONIA, NH, 03246
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	UNIVERSITY OF PITTSBURGH USA 2003
Internship and Year	SUNY HEALTH SCIENCE CENTER - BROOKLYN, NY 2005
Residency and Year	SUNY HEALTH SCIENCE CENTER - BROOKLYN, NY 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6292
License Date	9/17/1980
Name	<b>MANHEIMER, ERIC D MD</b>
Address	110 BLEECKER ST, APT 29-DNEW YORK, NY, 10012
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF NY DOWNSTATE COLLEGE MEDICINE USA 1975
Internship and Year	BALTIMORE CITY HOSPITAL - BALTIMORE, MD 1976
Residency and Year	KINGS COUNTY HOSPITAL CENTER - BROOKLYN, NY 1979
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	10430
License Date	10/7/1998
Name	<b>MANIACE, LEO L MD</b>
Address	11 GRANT DR, BEDFORD, NH, 03110
Specialty	AN
Board Certified	AN
School and Year of Graduation	SCH OF MED ROSS UNIV - NEW YORK, NY USA 1986
Internship and Year	STATEN ISLAND UNIV HOSPITAL - STATEN ISLAND, NY 1987
Residency and Year	SUNY HLTH SCI CTR AT BROOKLYN - BROOKLYN, NY 1989
License Expiration Date	<b>6/30/2004</b>
Remarks	6/8/04 - Settlement Agreement

License Number	6168
License Date	3/6/1980
Name	<b>MANIN, MITCHELL MD</b>
Address	1247 WASHINGTON RD, PO BOX 423 RYE, NH, 03870
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV. OF MIAMI SCH OF MED. MIAMI FL USA 1976
Internship and Year	UNIV. HOSPITAL ANNE ARBOR, MI 1977
Residency and Year	UNIV. OF MICHIGAN 1980
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12467
License Date	9/1/2004
Name	<b>MANKU, KAWALPREET MD</b>
Address	DARTMOUTH HITCHCOCK, 14 ARMORY RD RR 3 MILFORD, NH, 03055
Specialty	FP
Board Certified	FP
School and Year of Graduation	GURU NARAK DEV UNIVERSITY, INDIA INDIA 1995
Internship and Year	NORTH OAKLAND MED CTR, PONTIAC MI 2002
Residency and Year	NORTH OAKLAND MED CTR, PONTIAC ME 2004
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	8236
License Date	10/4/1989
Name	<b>MANN, JASON MD</b>
Address	CENTRAL INTERSTATE MEDICAL, 3600 N INTERSTATE AVE PORTLAND, OR, 97227-1191
Specialty	ON
Board Certified	ON
School and Year of Graduation	GEORGE WASHINGTON UNIV SCH - WASHINGTON, DC USA 1075
Internship and Year	BETH ISRAEL HOSPITAL - BOSTON, MA 1976
Residency and Year	BETH ISRAEL HOSPITAL - BOSTON, MA 1977
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	16675
License Date	7/2/2014
Name	<b>MANN, JULIANNE A MD</b>
Address	3303 SW BOND AVE, MAIL CODE CH16DPORTLAND, OR, 97239
Specialty	D
Board Certified	D
School and Year of Graduation	THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 2007
Internship and Year	NY UNIVERSITY MEDICAL CENTER - NEW YORK, NY 2008
Residency and Year	OREGON HEALTH SCIENCES UNIVERSITY - PORTLAND, OR 2011
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4939
License Date	1/31/1973
Name	<b>MANN, LEWIS DO</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>7/18/1990</b>
Remarks	

License Number	8355
License Date	6/6/1990
Name	<b>MANNING, HAROLD L MD</b>
Address	DHMC, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	JOHN HOPKINS UNIV SCH OF MED-BALTIMORE,MD USA 1982
Internship and Year	NEW YORK UNIV MED CTR -NY 1983
Residency and Year	NEW YORK UNIV MED CTR-NY 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5960
License Date	8/3/1978
Name	<b>MANNING, MARCOS B MD</b>
Address	MELROSE WAKEFIELD HOSP, 585 LEBANON STMELROSE, MA, 02176
Specialty	EM
Board Certified	
School and Year of Graduation	MC MASTER UNIV FACULTY OF MED HAMILTON CANADA 1976
Internship and Year	MEDICAL COLLEGE OF OHIO - TOLEDO, OH 1976
Residency and Year	ROYAL VICTORIA HOSPITAL - MONTREAL, QUEBEC CANADA 1978
License Expiration Date	<b>6/30/2003</b>
Remarks	<b>11/4/04 - Final Order on Request for License Renewal</b>



License Number	15542
License Date	2/1/2012
Name	<b>MANNING, MARIA A MD</b>
Address	VIRTUAL RADIOLOGY, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	DR
Board Certified	DR
School and Year of Graduation	THOMAS JEFFERSON UNIVERSITY USA 2000
Internship and Year	INOVA FAIRFAX HOSPITAL - FALLS CHURCH, VA 2001
Residency and Year	UNIVERSITY OF MARYLAND MEDICAL SYSTEM - BALTIMORE, MD 2005
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	14133
License Date	8/6/2008
Name	<b>MANNION, KYLE MD</b>
Address	10 MUSEUM WAY APT # 821, CAMBRIDGE, MA, 02141
Specialty	OTO
Board Certified	
School and Year of Graduation	UNIV OF CONNECTICUT USA 2002
Internship and Year	UNIV OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON, CT 2003
Residency and Year	UNIV OF CONNECTICUT SCHOOL OF MEDICINE -FARMINGTON, CT 2007
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	15718
License Date	6/6/2012
Name	<b>MANNO, PHILLIP J MD</b>
Address	DH-NORRIS COTTON CANCER CTR, 87 MCGREGOR ST STE 4100MANCHESTER, NH, 03102
Specialty	ON
Board Certified	ON
School and Year of Graduation	AMERICAN UNIVERSITY OF THE CARIBBEAN ST MAARTIN 1985
Internship and Year	OAKWOOD HOSPITAL & MEDICAL CENTER - DEARBORN, MI 1987
Residency and Year	OAKWOOD HOSPITAL & MEDICAL CENTER - DEARBORN, MI 1989
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12750
License Date	6/1/2005
Name	<b>MANOLI, SABINE H MD</b>
Address	SABINE H MANOLI, 168 KINSLEY ST SUITE LLNASHUA, NH, 03060
Specialty	GS
Board Certified	GS
School and Year of Graduation	BAYLOR COLLEGE, HOUSTON TX US 2000
Internship and Year	BOSTON UNIVERSITY, ROXBURY MA 2001
Residency and Year	BOSTON UNIVERSITY, ROXBURY MA 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 8296  
 License Date 4/4/1990  
 Name **MANSCHRECK, THEO C MD**  
 Address 59 OUTLOOK DR, LEXINGTON, MA, 02173-6937  
 Specialty P  
 Board Certified P  
 School and Year of Graduation CORNELL UNIV MED COLL-NY USA 1971  
 Internship and Year SAN FRANCISCO GEN HOSP-SAN FRANCISCO 1972  
 Residency and Year MASS GEN HOSP-BOSTON,MA 1975  
 License Expiration Date **6/30/1998**  
 Remarks

License Number 7033  
 License Date 1/10/1985  
 Name **MANSFIELD, FREDERICK L MD**  
 Address YAWKEY CENTER FOR OUTPATIENT CARE, 55 FRUIT ST STE 3800BOSTON, MA, 02114-  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1976  
 Internship and Year BRIGHAM-WOMENS HOSPITAL - BOSTON, MA 1977  
 Residency and Year MASS GENERAL HOSPITAL - BOSTON,MA 1981  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11613  
 License Date 5/1/2002  
 Name **MANSFIELD, LAURI S MD**  
 Address 47 ORCHARD HILL, HINESURG, VT, 05461  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF VERMONT - BRULINGTON, VT USA 1998  
 Internship and Year NEW HAMPSHIRE DRTMOUTH FAMILY PRACTICE RESIDENCY - CONCORD, NH 1999  
 Residency and Year NEW HAMPSHIRE DRTMOUTH FAMILY PRACTICE RESIDENCY - CONCORD, NH 2001  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15761  
 License Date 7/11/2012  
 Name **MANSON, SUSAN M MD**  
 Address 915 GORDON AVE, THOMASVILLE, GA, 31792  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation STATE UNIVESITY OF NEW YORK HEALTH SCIENCE CENTER USA 1997  
 Internship and Year WINTHROP-UNIVERSITY HOSPITAL- MINEOLA NY 1998  
 Residency and Year WINTHROP-UNIVERSITY HOSPITAL- MINEOLA NY 1999  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	10431
License Date	10/7/1998
Name	<b>MANSOOR, SHADAN MD</b>
Address	7 PARKER ST, ACTON, MA, 01720
Specialty	IM
Board Certified	IM
School and Year of Graduation	DOW MEDICAL COLLEGE - UNIV KARACHI PAKISTAN 1989
Internship and Year	BOSTON UNIV SCH OF MED - BOSTON MEDICAL CENTER - BOSTON, MA 1993
Residency and Year	BOSTON UNIV SCH OF MED - BOSTON MEDICAL CENTER - BOSTON, MA 1998
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	13114
License Date	6/7/2006
Name	<b>MANUCHA, VARSHA MD</b>
Address	79 ALSUN DR, HOLLIS, NH, 03049
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	DELHI UNIVERSITY, INDIA INDIA 1997
Internship and Year	BOSTON UNIVERSITY, BOSTON MA 2004
Residency and Year	BOSTON UNIVERSITY, BOSTON MA 2005
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	8128
License Date	6/7/1989
Name	<b>MANZANERO, BIENVENIDO L MD</b>
Address	HAMPSTEAD HOSP, 218 EAST RDHAMPSTEAD, NH, 03841
Specialty	P
Board Certified	P
School and Year of Graduation	RAMON MAGSAYSAY MEM MED QUEZON CITY PHILLIPINES 1980
Internship and Year	CITY HOSP CTR - ELMHURST, NY 1989
Residency and Year	CITY HOSP CTR ELMHURST NY 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11540
License Date	3/6/2002
Name	<b>MANZI, STEVEN V MD</b>
Address	X-RAY PA, 2 1/2 BEACON STCONCORD, NH, 03301
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF SOUTH FLORIDA - TAMPA, FL USA 1990
Internship and Year	UNIV MEDICAL CENTER - UFHSCJ - JACKSONVILLE, FL 1991
Residency and Year	UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1995
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	11178
License Date	2/7/2001
Name	<b>MAQUINE, MELANIE DO</b>
Address	215 MAIN ST, PORT WASHINGTON, NY, 11050
Specialty	IM
Board Certified	IM
School and Year of Graduation	NEW YORK COLL OF OSTEOPATHIC MED - OLD WESTBURY, N USA 1992
Internship and Year	UNITED HEALTH SERVICES HOSPITALS - JOHNSON CITY, NY 1993
Residency and Year	WINTHROP-UNIV HOSPITAL - MINEOLA, NY 1995
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	15762
License Date	7/11/2012
Name	<b>MARAIRE, JACQUELINE N MD</b>
Address	NH NEUROSPINE INSTITUTE, 4 HAWTHORN DRBEDFORD, NH, 03110
Specialty	NS
Board Certified	NS
School and Year of Graduation	COLUMBIA UNIVERSITY COLLEGE OF PHYSICIANS SURGEONS USA 1992
Internship and Year	YALE UNIVERSITY SCHOOL OF MEDICINE-NEW HAVEN CT 06520 1993
Residency and Year	YALE UNIVERSITY SCHOOL OF MEDICINE- NEW HAVEN CT 06520 1999
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	15037
License Date	10/6/2010
Name	<b>MARASA, RICHARD A MD</b>
Address	SPRINGFIELD HOSPITAL, 25 RIDGEWOOD RDSRINGFIELD, VT, 05156
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF MARYLAND USA 1980
Internship and Year	PRINCE GEORGES HOSPITAL CENTER - CHEVERLY, MD 1981
Residency and Year	PRINCE GEORGES HOSPITAL CENTER - CHEVERLY, MD 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15066
License Date	11/3/2010
Name	<b>MARASCO JR, PATRICK V MD</b>
Address	PLASTIC SURGERY CENTER, 43 HIGH ST STE BN ANDOVER, MA, 01845
Specialty	PS
Board Certified	PS
School and Year of Graduation	BOSTON UNIVERSITY USA 1983
Internship and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 1984
Residency and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 1985
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	16014
License Date	2/6/2013
Name	<b>MARAWAR, ROHIT A MD</b>
Address	WENTWORTH DOUGLASS PHYSICIAN CORP, 158 E NH RTE 108, STE #5DOVER, NH, 03820
Specialty	N
Board Certified	N
School and Year of Graduation	GOVERNMENT MEDICAL COLLEGE-NAGPUR UNIV INDIA 2005
Internship and Year	ALBANY MEDICAL CENTER - ALBANY, NY 2008
Residency and Year	ALBANY MEDICAL CENTER - ALBANY, NY 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9816
License Date	8/7/1996
Name	<b>MARBLE, KIMBERLY R MD</b>
Address	3 ALUMNI DR STE 402, EXETER, NH, 03833-
Specialty	PS
Board Certified	PS
School and Year of Graduation	TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1989
Internship and Year	ST FRANCIS HOSP MEDICAL CENTER - HARTFORD CT 1990
Residency and Year	UNIV OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON, CT 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4247
License Date	4/16/1968
Name	<b>MARCHANT, ROBERT M MD</b>
Address	162 WASHINGTON RD, RYE, NH, 03870
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	NEW YORK MEDICAL COLLEGE - NY, NY USA 1935
Internship and Year	ELLIS HOSPITAL - SCHENECTADY, NY 1963
Residency and Year	HARTFORD HOSPITAL - HARTFORD, CT 1968
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	6791
License Date	9/8/1983
Name	<b>MARCUCCI, RICHARD A MD</b>
Address	ELLIOT HOSP, 1 ELLIOT WAYMANCHESTER, NH, 03103-3599
Specialty	EM
Board Certified	IM
School and Year of Graduation	NEW YORK MED COLL-VALHALLA,NY USA 1972
Internship and Year	NORTH SHORE UNIV HOSPITAL-MANHASSET,NY 1973
Residency and Year	NORTH SHORE UNIV HOSPITAL-MANHASSET,NY 1975
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15931
License Date	11/7/2012
Name	<b>MARENCHIC, MICHAEL G MD</b>
Address	P O BOX 1269, RANCHO SANTA FE, CA, 92067
Specialty	EM
Board Certified	EM
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 1974
Internship and Year	STANFORD UNIVERSITY MEDICAL CENTER - STANFORD, CA 1975
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1976
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9703
License Date	5/1/1996
Name	<b>MARGESSON, LYNETTE J MD</b>
Address	721 CHESTNUT ST, MANCHESTER, NH, 03104
Specialty	D
Board Certified	D
School and Year of Graduation	UNIVERSITY OF WESTERN ONTARIO- ONTARIO CANADA CANADA 1970
Internship and Year	ST JOSEPHS HOSPITAL ONTARIO 1971
Residency and Year	UNIVERSITY OF TORONTO 1975
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11179
License Date	2/7/2001
Name	<b>MARGOLIN, CHAIM J MD</b>
Address	3680 BROADWAY, FT MYERS, FL, 33901
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF MED & DENTISTRY OF NJ - NEWARK, NJ USA 1986
Internship and Year	THOMAS JEFFERSON UNIV HOSP - PHILIA, PA 1987
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1991
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	12502
License Date	10/6/2004
Name	<b>MARGOLIS, DEBRA E DO</b>
Address	PARKLAND URGENT CARE, 31 STILES RDSALEM, NH, 03079
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME US 1998
Internship and Year	ST JOSEPHS HOSPITAL, PATERSON NJ 1999
Residency and Year	ST JOSEPHS HOSP, PATERSON NJ 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 5163  
 License Date 4/16/1974  
 Name **MARGRAF, JAMES H MD**  
 Address 60 BLACKBERRY LANE, KEENE, NH, 03431  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation UNIVERSITY OF VIRGINIA-CHARLOTTESVILLE VA USA 1969  
 Internship and Year MARY HITCHCOCK MEM HOSP-HANOVER NH 1970  
 Residency and Year MEDICAL COLLEGE OF VIRGINIA-RICHMOND VA 1974  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 15543  
 License Date 2/1/2012  
 Name **MARIETTA, CHANDLER W MD**  
 Address ENT ASSOCIATES OF NH, 85 SPRINGS ST LACONIA, NH, 03246  
 Specialty OTO  
 Board Certified OTO  
 School and Year of Graduation UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE USA 2004  
 Internship and Year UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2005  
 Residency and Year UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2009  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10093  
 License Date 8/6/1997  
 Name **MARINELLI, FRANKLIN C MD**  
 Address NORTH ANDOVER MEDICAL ASSOC, 232 SUTTON STN ANDOVER, MA, 01845  
 Specialty GE  
 Board Certified  
 School and Year of Graduation BROWN UNIV PROGRAM IN MED PROVINCE, RI USA 1992  
 Internship and Year BETH ISRAEL HOSPITAL - MA 1995  
 Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER- MA 1997  
 License Expiration Date **6/30/1998**  
 Remarks

License Number 6790  
 License Date 9/8/1983  
 Name **MARINO, ANTHONY F MD**  
 Address 99 JACKSON ST, METHUEN, MA, 01844-  
 Specialty CD  
 Board Certified CD  
 School and Year of Graduation UNIV OF MASS-WORCESTER,MA USA 1978  
 Internship and Year WORCESTER MEM HOSP INC-WORCESTER,MA 1979  
 Residency and Year WORCESTERMEM HOSP INC-WORCESTER,MA 1981  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	8319
License Date	5/9/1990
Name	<b>MARINO, ANTHONY R MD</b>
Address	NH ORTHOPEDIC CENTER, 17 RIVERSIDE ST STE 101NASHUA, NH, 03062-1383
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIV OF CONNECTICUT SCH OF MED-FRAMINGHAM,CT USA 1983
Internship and Year	UNIV MA HOSP-WORCHESTER,MA 1984
Residency and Year	UNIV MA HOSP-WORCHESTER,MA 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8647
License Date	11/6/1991
Name	<b>MARINO, MARK MD</b>
Address	115 N LAKESHORE DR, MANAHAWKIN, NJ, 08050-2914
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	ST GEORGE'S UNIVERSITY WEST INDIES 1986
Internship and Year	ST JOSEPH HOSPITAL AND MEDICAL CENTER PATERSON - NEW JERSEY 1987
Residency and Year	JERSEY CITY MEDICAL CENTER - JERSEY CITY - NJ ST LUKES HOSPITAL - BETHLEHEM - PENNSYLVANIA
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	3604
License Date	3/16/1963
Name	<b>MARIN-PADILLA, JUAN MIGUEL MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	ATP
Board Certified	ATP
School and Year of Graduation	FACULTAD DE MEDICINA GRANADA, SPAIN SPAIN 1955
Internship and Year	SAINT FRANCIS HOSPITAL - JERSEY CITY, NJ 1957
Residency and Year	BOSTON CITY HOSITAL - BOSTON, MA 1962
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	7255
License Date	1/2/1986
Name	<b>MARK, KONRAD A MD</b>
Address	6 MILL ST, ARLINGTON, MA, 02476
Specialty	N
Board Certified	N
School and Year of Graduation	MED COLL OF SC CHARALESTON SC USA 1976
Internship and Year	WASH UNIV MED SCH ST LOUIS MO 1977
Residency and Year	WASH UNIV MED SCH ST LOUIS MO 1979
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number 15067  
 License Date 11/3/2010  
 Name **MARK, RON Y MD**  
 Address IMAGING MEDICAL ASSOC, 2103 DEER PARK AVE DEER PARK, NY, 11735  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIV AUTONOMA DE GUADALAJARA MEXICO 1996  
 Internship and Year SUNY @ BUFFALO - BUFFALO, NY 1998  
 Residency and Year NEW YORK & PRESBYTERIAN HOSPITAL - NY, NY 2000  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 5699  
 License Date 4/21/1977  
 Name **MARKERT, CRAIG W MD**  
 Address LACONIA CLINIC, PO BOX 637 LACONIA, NH, 03247  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation NEW YORK MEDICAL COLLEGE-NEW YORK NY USA 1973  
 Internship and Year NEW ENGLAND DEACONESS HOSPITAL-BOSTON MA 1974  
 Residency and Year NEW ENGLAND DEACONESS HOSPITAL-BOSTON MA 1976  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 6245  
 License Date 7/3/1980  
 Name **MARKHAM, FRED W MD**  
 Address 1015 WALNUT STE 401, PHILADELPHIA, PA, 19107  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANVOER, NH USA 1976  
 Internship and Year THOMAS JEFFERSON UNIV HOSPITAL - PHILA, PA 1977  
 Residency and Year THOMAS JEFFERSON UNIV HOSPITAL - PHILA, PA 1979  
 License Expiration Date **6/30/2000**  
 Remarks

License Number 7000  
 License Date 11/1/1984  
 Name **MARKOS, PETER G DO**  
 Address 8 RENAUD AVE L-3, PO BOX 732-3 LDOVER, NH, 03821-0732  
 Specialty PM  
 Board Certified PM  
 School and Year of Graduation UNIV NEW ENGLAND-BIDDEFORD, ME USA 1982  
 Internship and Year DOCTORS GENERAL HOSP-PLANTATION, FL 1983  
 Residency and Year UNIV HOSP-BOSTON, MA 1984  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14257  
 License Date 12/3/2008  
 Name **MARKOWITZ, MINDY MD**  
 Address 205 EAST 95TH ST APT 6G, NEW YORK, NY, 10128  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation BOSTON UNIV USA 2005  
 Internship and Year LENOX HILL HOSPITAL - NEW YORK, NY 2006  
 Residency and Year LENOX HILL HOSPITAL - NEW YORK, NY 2008  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 12110  
 License Date 10/1/2003  
 Name **MARKS JR, DOUGLAS F MD**  
 Address ELLIOT RHEUMATOLOGY ASSOCIATES, 185 QUEEN CITY AVEMANCHESTER, NH, 03101  
 Specialty RHU  
 Board Certified RHU  
 School and Year of Graduation UNIVERSITY OF MA, WORCESTER MA US 2001  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2002  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2004  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16121  
 License Date 5/1/2013  
 Name **MARKS, BRIAN K MD**  
 Address CONCORD HOSPITAL CENTER FOR UROLOGIC CARE, 246 PLEASANT ST., STE G2CONCORD, NH, 0330  
 Specialty U  
 Board Certified U  
 School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 2006  
 Internship and Year SUNY DOWNSTATE MEDICAL CENTER - BROOKLYN, NY 2007  
 Residency and Year SUNY DOWNSTATE MEDICAL CENTER - BROOKLYN, NY 2011  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12310  
 License Date 5/5/2004  
 Name **MARKS, HEATHER L MD**  
 Address DARTMOUTH-HITCHCOCK CLINIC MAN, 100 HITCHCOCK WAYMANCHESTER, NH, 03104  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF MASS, WORCESTER MA US 2001  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2002  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2003  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	12267
License Date	4/7/2004
Name	<b>MARKS, NICHOLAS R MD</b>
Address	NORTH COUNTRY WOMEN'S HEALTH, 580 ST JOHNSBURY RD STE ELITTLETON, NH, 03561
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF MINNESOTA, MINNEAPOLIS MN US 1998
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 1999
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9546
License Date	9/6/1995
Name	<b>MARKS, RICHARD M MD</b>
Address	MEDICAL COLLEGE OF WISCONSIN, 9200 W WISCONSIN AVENUE MILWAUKEE, WI, 53226
Specialty	ORS
Board Certified	
School and Year of Graduation	JEFFERSON MED COLL-THOMAS JEFFERSON UNIV PA USA 1988
Internship and Year	THOMAS JEFFERSON UNIV HOSPITAL PHILADELPHIA PA 1989
Residency and Year	THOMAS JEFFERSON UNIV HOSPITAL PHILADELPHIA PA 1994
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	7357
License Date	6/12/1986
Name	<b>MARKS, THOMAS MD</b>
Address	GRANITE STATE ORTHOPAEDICS, 44 BIRCH ST STE 305 DERRY, NH, 03038
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS - WORCESTER USA 1979
Internship and Year	BERKSHIRE MED CTR 1980
Residency and Year	UNIVERSITY OF MA MEDICAL CTR 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5961
License Date	8/3/1978
Name	<b>MARKWITH, NEIL J MD</b>
Address	445 CYPRESS ST, MANCHESTER, NH, 03103-3600
Specialty	IM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1975
Internship and Year	ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1976
Residency and Year	ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15108
License Date	1/5/2011
Name	<b>MAROTTI, JONATHAN D MD</b>
Address	DHMC-PATHOLOGY DEPT, ONE MED CTR DRLEBANON, NH, 03756
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2005
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2006
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13793
License Date	1/11/2008
Name	<b>MARQUEZ, MA THERESA C MD</b>
Address	DHMC-MANCHESTER, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF SANTO TOMAS PHILIPPINES
Internship and Year	MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 2006
Residency and Year	MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7128
License Date	6/6/1985
Name	<b>MARQUIS, STEPHEN J MD</b>
Address	AFFINITY MED GROUP, 1531 S MADISON STSTE 330APPLETON, WI, 54915
Specialty	PD
Board Certified	PD
School and Year of Graduation	TUFTS UNIVERSITY-MEDFORD, MA USA 1982
Internship and Year	NEW ENGLAND MEDICAL CTR-BOSTON, MA 1983
Residency and Year	NEW ENGLAND MEDICAL CTR-BOSTON, MA 1985
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	9165
License Date	5/4/1994
Name	<b>MARRERO, MICHAEL E MD</b>
Address	5 ALUMNI DR, EXETER, NH, 03833
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF IL COLLEGE OF MEDICINE USA 1987
Internship and Year	IL MASONIC MEDICAL CENTER - CHICAGO IL 1991
Residency and Year	IL MASONIC MEDICAL CENTER - CHICAGO IL 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 6331  
 License Date 1/8/1981  
 Name **MARRIN, CHARLES A S MD**  
 Address JUNIPER HILL, 420 QUECHEE RDHARTLAND, VT, 05048  
 Specialty CDS  
 Board Certified CDS  
 School and Year of Graduation UNIV OF LONDON FAC OF MED-LONDON ENGLAND 1971  
 Internship and Year ST LUKES HOSPITAL - NY 1977  
 Residency and Year ST LUKES HOSP,NEW YORK 1977  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15084  
 License Date 12/1/2010  
 Name **MARRIOTT, ROBERT J MD**  
 Address ADVANTAGE WOUND CARE, 222 N SEPULVEDA BLVD, SUITE 2175EL SEGUNDO, CA, 90245  
 Specialty GS  
 Board Certified  
 School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 2000  
 Internship and Year SAINT VINCENT'S HOSPITAL & MEDICAL CENTER - NY, NY 2002  
 Residency and Year SAINT VINCENT'S HOSPITAL & MEDICAL CENTER - NY, NY 2005  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10561  
 License Date 5/5/1999  
 Name **MARSEGLIA, RICHARD V MD**  
 Address HITCHCOCK CLINIC, 100 HITCHCOCK WAYMANCHESTER, NH, 03104  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIV OF MASS MED SCH - WORCESTER, MA USA 1995  
 Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1996  
 Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1998  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 8898  
 License Date 2/3/1993  
 Name **MARSH, BRYAN J MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DR INF DISEASLEBANON, NH, 03756-  
 Specialty IM  
 Board Certified ID  
 School and Year of Graduation UNIVERSITY OF CHICAGO PRITZKER SCHOOL OF MED USA 1990  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1991  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1993  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12503  
 License Date 10/6/2004  
 Name **MARSH, ERIC J MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DR LEBANON, NH, 03756  
 Specialty ORS  
 Board Certified  
 School and Year of Graduation OHIO STATE UNIVERSITY, COLUMBUS OH US 2000  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2001  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2004  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 10054  
 License Date 7/2/1997  
 Name **MARSH, MARIANNE MD**  
 Address MONADNOCK FAMILY SERVICES, 17 93RD ST KEENE, NH, 03431  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIV OF VT COLL OF MED - BURLINGTON, VT USA 1989  
 Internship and Year NEW ENGLAND MEDICAL CENTER HOSPITAL - MA 1990  
 Residency and Year MEDICAL CENTER HOSPITAL OF VERMONT 1993  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 4660  
 License Date 2/16/1971  
 Name **MARSH, MEMOIR B MD**  
 Address , , ,  
 Specialty OBG  
 Board Certified  
 School and Year of Graduation  
 Internship and Year  
 Residency and Year  
 License Expiration Date **6/30/1996**  
 Remarks **DECEASED 3/11/03**

License Number 7228  
 License Date 11/7/1985  
 Name **MARSH, WILLIAM M MD**  
 Address 10 CENTER ST, PO BOX 2027 WOLFEBORO, NH, 03894  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation DARTMOUTH-HITCHCOCK MED CTR-HANOVER, NH USA 1982  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER, NH 1983  
 Residency and Year SUNY UPSTATE MED CTR-SYRACUSE, NY 1986  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	2806
License Date	3/8/1950
Name	<b>MARSHALL, DAVID C MD</b>
Address	10 DEERHAVEN DR, NASHUA, NH, 03060-1118
Specialty	GP
Board Certified	
School and Year of Graduation	MC GILL UNIVERSITY - MONTREAL CANADA 1949
Internship and Year	THE MEMORIAL HOSPITAL - WORCESTER, MA 1950
Residency and Year	THE MEMORIAL HOSPITAL - WORCESTER, MA 1950
License Expiration Date	<b>9/15/2003</b>
Remarks	<b>DECEASED</b>

License Number	4107
License Date	7/13/1967
Name	<b>MARSHALL, GUY C MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>4/16/1987</b>
Remarks	<b>DECEASED 4/16/87</b>

License Number	14086
License Date	7/9/2008
Name	<b>MARSHALL, JODI F MD</b>
Address	FRISBEE MEMORIAL HOSPITAL, 11 WHITEHALL RD ROCHESTER, NH, 03867
Specialty	P
Board Certified	P
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2006
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10756
License Date	11/3/1999
Name	<b>MARSHALL, JOHN F MD</b>
Address	NORRIS COTTON CANCER CENTER, 1080 HOSPITAL DR PO BOX 468 ST JOHNSBURY, VT, 05819
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF MIAMI USA 1966
Internship and Year	LOUISIANA STATE UNIVERSITY - NEW ORLEANS LA 1967
Residency and Year	PENROSE CANCER CTR - COLORADO SPRINGS CO 1972
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	9547
License Date	9/6/1995
Name	<b>MARSHALL, MICHAEL B MD</b>
Address	1313 BROADWAY PLAZA, SUITE 200TACOMA, WA, 98402
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF THE WITWATERSRAND MED SCHOOL JOHANNESBURG S AFRICA 1988
Internship and Year	BOKSBURG BENONI HOSPITAL SOUTH AFRICA 1989
Residency and Year	HILLBROW HOSPITAL JOHANNESBURG SOUTH AFRICA 1990
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13632
License Date	8/1/2007
Name	<b>MARSHALL, SHARON A MD</b>
Address	RADIOLOGY ASSOC OF MAIN LINE, 255 WEST LANCASTER AVEPAOLI, PA, 19301
Specialty	R
Board Certified	R
School and Year of Graduation	UNIFORMED SERVICES UNIV OF THE HEALTH SCIENCES USA 1983
Internship and Year	NAVAL MEDICAL CENTER-PORTSMOUTH, VA 1984
Residency and Year	GEORGE WASHINGTON UNIV-WASHINGTON,DC 1993
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	17016
License Date	4/1/2015
Name	<b>MARSHALL, STEPHEN D MD</b>
Address	724 NORTH MAIN ST, LACONIA, NH, 03246
Specialty	U
Board Certified	
School and Year of Graduation	UNIV OF MED & DENTISTRY OF NJ USA 2009
Internship and Year	SUNY HEALTH SCIENCE CENTER - BROOKLYN, NY 2010
Residency and Year	SUNY DOWNSTATE MEDICAL CENTER - BROOKLYN, NY 2014
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13071
License Date	5/3/2006
Name	<b>MARSONI, NICOLO MD</b>
Address	NOVANT HEALTH PULMONARY AND CRITICAL CARE, 1900 RANDOLPH RD STE 580CHARLOTTE, NC,
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV DI PADOVA ITALY 2000
Internship and Year	UNIV OF OKLAHOMA COLLEGE OF MEDICINE-TULSA OK 2005
Residency and Year	UNIV OF OKLAHOMA COLLEGE OF MEDICINE-TULSA OK 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	16233
License Date	7/3/2013
Name	<b>MARSZALEK LITAUSKA, AGATA MD</b>
Address	SUPPORTIVE & PALLIATIVE CARE, 789 CENTRAL AVEDOVER, NH, 03820
Specialty	IM
Board Certified	IM
School and Year of Graduation	JAGIELLONIAN UNIVERSITY MEDICAL COLLEGE POLAND 2003
Internship and Year	FOREST HILLS HOSPITAL - FOREST HILLS, NY 2009
Residency and Year	FOREST HILLS HOSPITAL - FOREST HILLS, NY 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12850
License Date	8/3/2005
Name	<b>MARTEL, AMY L MD</b>
Address	CONCORD FAMILY MEDICINE, 18 FOUNDRY ST STE 201CONCORD, NH, 03301
Specialty	FP
Board Certified	FP
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL, LEBANON NH US 2002
Internship and Year	CONCORD HOSPITAL, CONCORD NH 2003
Residency and Year	CONCORD HOSPITAL, CONCORD NH 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8936
License Date	5/5/1993
Name	<b>MARTENS, RICHARD A MD</b>
Address	, , ,
Specialty	GE
Board Certified	
School and Year of Graduation	UNIVERSITY OF ILLINOIS USA 1961
Internship and Year	
Residency and Year	
License Expiration Date	<b>7/31/1995</b>
Remarks	

License Number	14519
License Date	7/1/2009
Name	<b>MARTIN III, WILLIAM J MD</b>
Address	C/O PRIMARY CARE @MEMORIAL HOS, 3073 WHITE MOUNTAIN HWYNORTH CONWAY, NH, 03860
Specialty	FP
Board Certified	FP
School and Year of Graduation	ROSS UNIVERSITY DOMINICA 2006
Internship and Year	MERCY HEALTH SYSTEM - JANESVILLE, WI 2007
Residency and Year	MERCY HEALTH SYSTEM - JANESVILLE, WI 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7229
License Date	11/7/1985
Name	<b>MARTIN JR, FRANCIS P MD</b>
Address	131 BANGOR LN, MILFORD, DE, 19968
Specialty	EM
Board Certified	FP
School and Year of Graduation	LOYOLA UNIV OF CHICAGO, MAYWOOD, IL USA 1978
Internship and Year	WINTHROP-UNIV HOSPITAL - NEW YORK 1979
Residency and Year	WINTHROP-UNIV HOSPITAL - NEW YORK 1980
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	9680
License Date	4/3/1996
Name	<b>MARTIN, DAVID T MD</b>
Address	LAHEY CLINIC, 41 MALL RDBURLINGTON, MA, 01805-
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF LONDON LONDON 1982
Internship and Year	EDGWARE GENERAL HOSPITAL - ENGLAND 1983
Residency and Year	LAHEY CLINICI MEDICAL CTR - BURLINGTON, MA 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14659
License Date	11/4/2009
Name	<b>MARTIN, ERIC D MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF NORTH CAROLINA USA 2005
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10562
License Date	5/5/1999
Name	<b>MARTIN, GREGORY F MD</b>
Address	NASHUA ANESTHESIA PARTNERS, 8 PROSPECT STNASHUA, NH, 03060
Specialty	AN
Board Certified	AN
School and Year of Graduation	BOSTON UNIV SCH OF MED - BOSTON, MA USA 1989
Internship and Year	WATERBURY HOSPITAL HEALTH CTR - WATERBURY, CT 1990
Residency and Year	HARTFORD HOSPITAL - HARTFORD, CT 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16916
License Date	1/21/2015
Name	<b>MARTIN, ISABELLA W MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03766
Specialty	PTH
Board Certified	
School and Year of Graduation	UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 2010
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8575
License Date	6/5/1991
Name	<b>MARTIN, JAMES S MD</b>
Address	ST JOSEPH HOSPITAL, 172 KINSLEY STNASHUA, NH, 03060-3648
Specialty	EM
Board Certified	EM
School and Year of Graduation	GEORGETOWN UNIV SCH OF MED - WASHINGTON,DC USA 1988
Internship and Year	CHARLOTTE MEMORIAL HOSPITAL - CHARLOTTE, NC 1989
Residency and Year	CAROLINAS MEDICAL CTR - CHARLOTTE, NC 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14231
License Date	11/5/2008
Name	<b>MARTIN, JEFFREY E MD</b>
Address	4 DANA DR, BERWICK, ME, 03901
Specialty	FP
Board Certified	FP
School and Year of Graduation	E CAROLINA UNIV USA 1983
Internship and Year	CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 1984
Residency and Year	CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 1986
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	17227
License Date	8/5/2015
Name	<b>MARTIN, JOHN H DO</b>
Address	1304 PLANTATION DR N, COLLEYVILLE, TX, 76034-4162
Specialty	FP
Board Certified	FP
School and Year of Graduation	OK STATE UNIV COLL OF OSTEO MED USA 1986
Internship and Year	DALLAS-FT WORTH MED CTR- GRAND PRAIRIE, TX 1987
Residency and Year	NORTH CENTRAL TEXAS MED FOUNDATION- Wichita falls, tx 1990
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 11327  
 License Date 7/11/2001  
 Name **MARTIN, KATHLEEN L MD**  
 Address MERE POINT OB/GYN, 329 MAINE STBRUNSWICK, ME, 04011  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIVERSITY OF VERMONT USA 1988  
 Internship and Year DANBURY HOSPITAL DANBURY CT 1989  
 Residency and Year BRIGHAM & WOMEN'S HOSPITAL CHESTNUT HILL MA 1990  
 License Expiration Date **6/30/2003**  
 Remarks

License Number 7129  
 License Date 6/6/1985  
 Name **MARTIN, NEIL M MD**  
 Address PENKUCKET MEDICAL ASSOCIATES, 360 MERRIMACK STLAWRENCE, MA, 01843  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation DOWNSTATE MEDICAL CENTER-BROOKLYN, NY USA 1979  
 Internship and Year UNIVERSITY OF MARYLAND HOSPITAL-BALTIMORE, MD 1980  
 Residency and Year UNIVERSITY OF MARYLAND HOSPITAL-BALTIMORE, MD 1982  
 License Expiration Date **6/30/2017**  
 Remarks **SETTLEMENT AGREEMENT 3/15/01**

License Number 8801  
 License Date 9/2/1992  
 Name **MARTIN, PETER M MD**  
 Address BOSTON IVF, 40 SECOND ST STE 300WALTHAM, MA, 02154  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE USA 1972  
 Internship and Year UNIVERSITY OF MICHIGAN- ANN ARBOR - MI 1973  
 Residency and Year BRIGHAM AND WOMEN'S HOSPITAL-BOSTON - MA 1977  
 License Expiration Date **6/30/2001**  
 Remarks

License Number 10432  
 License Date 10/7/1998  
 Name **MARTIN, SAMUEL P MD**  
 Address 1555 HOWELL BRANCH RD, STE B-4WINTER PARK, FL, 32789  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation DUKE UNIV SCH OF MED - DURHAM, NC USA 1972  
 Internship and Year NEW YORK HOSPITAL - NEW YORK, NY 1973  
 Residency and Year NEW YORK HOSPITAL - NEW YORK, NY 1974  
 License Expiration Date **6/30/2001**  
 Remarks

License Number 11380  
 License Date 9/5/2001  
 Name **MARTIN, THOMAS L MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DR LEBANON, NH, 03756  
 Specialty ORS  
 Board Certified  
 School and Year of Graduation UNIV OF PITTSBURGH SCH OF MED- PITTSBURGH, PA USA 1996  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1997  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2001  
 License Expiration Date **6/30/2002**  
 Remarks

License Number 17116  
 License Date 6/3/2015  
 Name **MARTIN, TYLER P DO**  
 Address CONCORD HOSPITAL, 250 PLEASANT ST CONCORD, NH, 03301  
 Specialty FP  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC USA 2012  
 Internship and Year CONCORD HOSPITAL - CONCORD, NH 2013  
 Residency and Year CONCORD HOSPITAL - CONCORD, NH 2015  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13408  
 License Date 2/7/2007  
 Name **MARTIN, VICTORIA J MD**  
 Address DHMC EMERGENCY DEPT, ONE MEDICAL CENTER DR LEBANON, NH, 03756  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2004  
 Internship and Year HARTFORD HOSPITAL - HARTFORD, CT 2005  
 Residency and Year HARTFORD HOSPITAL - HARTFORD, CT 2006  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13551  
 License Date 6/6/2007  
 Name **MARTIN, WENDY M MD**  
 Address LAHEY HOSPITAL & MEDICAL CTR, 41 MALL RD BURLINGTON, MA, 01805  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIV OF MISSISSIPPI USA 2003  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2004  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 7880  
 License Date 6/8/1988  
 Name **MARTIN, WILLIAM P MD**  
 Address 100 MCGREGOR ST, MANCHESTER, NH, 03102  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation GEORGETOWN UNIV SCH MED -WASHINGTON,DC USA 1985  
 Internship and Year NEWTON WELLESLEY HOSPITAL - NEWTON, MA 1986  
 Residency and Year NEWTON WELLESLEY HOSPITAL - NEWTON, MA 1987  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11029  
 License Date 8/2/2000  
 Name **MARTINEAU, MICHAEL R MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DR LEBANON, NH, 03756  
 Specialty D  
 Board Certified  
 School and Year of Graduation UNIV OF UTAH SCH - SALT LAKE CITY, UT USA 1998  
 Internship and Year LDS HOSPITAL - SALT LAKE CITY, UT 1999  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2000  
 License Expiration Date **6/30/2002**  
 Remarks

License Number 16282  
 License Date 8/7/2013  
 Name **MARTINEZ, JOSEPH A MD**  
 Address 8 CENTURY PINES STE 2, PO BOX 430 BARRINGTON, NH, 03825  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE USA 2002  
 Internship and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 2003  
 Residency and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 2005  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15763  
 License Date 7/11/2012  
 Name **MARTINEZ, ROBIN E MD**  
 Address 6305 SUNLAKE DR, AMARILLO, TX, 79124-1215  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIVERSITY OF TEXAS MEDICAL SCHOOL AT GALVESTON, TX USA 1986  
 Internship and Year TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER- ODESSA, TX 79763 1987  
 Residency and Year TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER AT AMA- AMARILLO, TX 79106 1988  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9454  
 License Date 6/7/1995  
 Name **MARTINEZ, ROY E MD**  
 Address , , ,  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation STANFORD UNIVERSITY USA 1983  
 Internship and Year DHMC 1995  
 Residency and Year  
 License Expiration Date **6/30/1996**  
 Remarks

License Number 12311  
 License Date 5/5/2004  
 Name **MARTINEZ-ADORNO, MELISSA MD**  
 Address WOMEN'S CARE OF NASHUA, 10 PROSPECT ST STE 303NASHUA, NH, 03060  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIVERSITY OF PA, PHILADELPHIA PA US 2000  
 Internship and Year PA STATE UNIVERSITY, ALLENTOWN PA 2001  
 Residency and Year PA STATE UNIVERSITY, ALLENTOWN PA 2003  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 7525  
 License Date 3/4/1987  
 Name **MARTINO, CHRISTOPHER DO**  
 Address CONCORD HOSP - NEUROLOGY ASSOC, 248 PLEASANT ST STE G200CONCORD, NH, 03301  
 Specialty N  
 Board Certified N  
 School and Year of Graduation UNIVERSITY OF MEDICINE & DENTISTRY-NJ USA 1982  
 Internship and Year BOSTON GENERAL HOSPITAL-MI 1983  
 Residency and Year THOMAS JEFFERSON UNIV HOSPITAL 1986  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14805  
 License Date 4/7/2010  
 Name **MARTONE, CATHARINE L MD**  
 Address FALLON CLINIC, 630 PLANTATION ST WORESTER, MA, 01605  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation UNIVERSITY OF VERMONT USA 2003  
 Internship and Year NEW YORK METHODIST HOSPITAL - BROOKLYN, NY 2004  
 Residency and Year NEW YORK METHODIST HOSPITAL - BROOKLYN, NY 2008  
 License Expiration Date **6/30/2012**  
 Remarks

License Number	8716
License Date	5/6/1992
Name	<b>MARTY, JOHN M DO</b>
Address	CHESHIRE MEDICAL CENTER, 580 COURT STKEENE, NH, 03431-1718
Specialty	AN
Board Certified	AN
School and Year of Graduation	NY COLLEGE OF OSTEOPATHIC MEDICINE USA 1984
Internship and Year	MEMORIAL HOSPITAL 1985
Residency and Year	PORTSMOUTH NAVAN HOSPITAL 1989
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17226
License Date	8/5/2015
Name	<b>MARUS, JONATHAN E MD</b>
Address	1875 NW CORPORATE BLVD STE 260, BOCA RATON, FL, 33431-8542
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF MED & DENSTRY USA 2002
Internship and Year	UMDNJ-ROBERT WOOD JOHNSON MED SCHOOL- NEW BRUNSWICK NJ 2003
Residency and Year	UMDNJ-ROBERT WOOD JOHNSON MED SCHOOL- NEW BRUNSWICK NJ 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14715
License Date	1/6/2010
Name	<b>MARUSZAK, SANDRA L MD</b>
Address	LAKES REGION GENERAL HOSP, 80 HIGHLAND STLACONIA, NH, 03246
Specialty	EM
Board Certified	EM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2007
Internship and Year	ALBANY MEDICAL COLLEGE - ALBANY, NY 2008
Residency and Year	ALBANY MEDICAL COLLEGE - ALBANY, NY 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16483
License Date	2/5/2014
Name	<b>MARVELLI, CHRISTOPHER A MD</b>
Address	MEMORIAL HOSP, 3073 WHITE MTN HWYN CONWAY, NH, 03860
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF MASSACHUSETTS MEDICAL SCHOOL USA 1996
Internship and Year	HOSPITAL OF SAINT RAPHAEL - NEW HAVEN, CT 1997
Residency and Year	HOSPITAL OF SAINT RAPHAEL - NEW HAVEN, CT 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	14520
License Date	7/1/2009
Name	<b>MARVIN, KATHERINE G MD</b>
Address	657 DAVIS HILL RD, HYDE PARK, VT, 05655
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF MARYLAND USA 2004
Internship and Year	UNIVERSITY OF VERMONT COLLEGE OF MEDICINE - MILTON, VT 2005
Residency and Year	UNIVERSITY OF VERMONT COLLEGE OF MEDICINE - MILTON, VT 2007
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	6521
License Date	4/1/1982
Name	<b>MARVIN, RONALD A MD</b>
Address	ORTHOPAEDICS NORTHEAST PC, 575 TURNPIKE ST STE 11N ANDOVER, MA, 01845
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIV OF VERMONT COLL MED-BURLINGTON,VT USA 1972
Internship and Year	ST ELIZABETH HOSP-BOSTON,MA 1975
Residency and Year	ST ELIZABETHS HOSP-BOSTON,MA 1979
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12884
License Date	9/7/2005
Name	<b>MARX, JEFFREY L MD</b>
Address	LAHEY CLINIC, 41 MALL RDBURLINGTON, MA, 01805
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	STATE UNIVERSITY OF NY, STONY BROOK NY US 1990
Internship and Year	WINTHROP UNIVERSITY HOSP, MINEOLA NY 1991
Residency and Year	UNIVERSITY OF ILLINOIS, CHICAGO IL 1994
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7715
License Date	9/2/1987
Name	<b>MARX, KENNETH W MD</b>
Address	401 CANDLEWOOD RD, BROOMALL, PA, 19008
Specialty	EM
Board Certified	FP
School and Year of Graduation	UNIV CENTRAL DEL ESTE, ESCUELA DE MED SAN PEDRO DE DOMINICAN REPUBLIC 1981
Internship and Year	RUTGERS MEDICAL SCHOOL - PISCATAWAY, NJ 1982
Residency and Year	ST MICHAELS MEDICAL CENTER - NEWARK, NJ 1983
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	8843
License Date	11/4/1992
Name	<b>MARX, OTTO M MD</b>
Address	139 MAIN ST, STE 404BRATTLEBORO, VT, 05301
Specialty	P
Board Certified	
School and Year of Graduation	UNIVERSITY OF CALIFORNIA SCHOOL OF MEDICINE USA 1957
Internship and Year	BARNES HOSPITAL ST LOUIS - MISSOURI 1958
Residency and Year	LANGLEY PORTER PSYCHIATRIC HOSPITAL AND CLINIC SAN FRANCISCO - CALIFORNIA 1961
License Expiration Date	<b>8/30/2012</b>
Remarks	Deceased 8/30/2012

License Number	3435
License Date	3/11/1961
Name	<b>MARYN, DENIS T MD</b>
Address	1 SPRUCE ST, NEWPORT, NH, 03773-
Specialty	FP
Board Certified	
School and Year of Graduation	LEYDEN UNIVERSITY HOLLAND 1959
Internship and Year	WASHINGTON SANITARIUM AND HOSPITAL- MAYLAND 1960
Residency and Year	SIBLEY MEMORIAL HOSPITAL 1961
License Expiration Date	<b>6/30/2003</b>
Remarks	DECEASED 12/16/09

License Number	17117
License Date	6/3/2015
Name	<b>MASARACCHIA, MELISSA M MD</b>
Address	DHMC`, 1 MED CTR DRLEBANON, NH, 03756
Specialty	AN
Board Certified	
School and Year of Graduation	NEW YORK MEDICAL COLLEGE USA 2011
Internship and Year	NORWALK HOSPITAL-YALE UNIVERSITY - NORWALK, CT 2012
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12217
License Date	2/4/2004
Name	<b>MASEWIC, MATTHEW J MD</b>
Address	NEW HAMPSHIRE HOSPITAL, 36 CLINTON STCONCORD, NH, 03301
Specialty	FP
Board Certified	FP
School and Year of Graduation	ST GEORGE'S UNIVERSITY, SAINT GEORGES GRENADA GRENADA 2001
Internship and Year	CONCORD HOSPITAL, CONCORD NH 2002
Residency and Year	CONCORD HOSPITAL, CONCORD NH 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12504
License Date	10/6/2004
Name	<b>MASNER, RADEK MD</b>
Address	CATHOLIC MEDICAL CENTER, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF OTTAWA, OTTAWA ONTARIO CANADA CANADA 1992
Internship and Year	MT SINAI HOSPITAL, TORONTO ONTARIO CANADA 1993
Residency and Year	QUEENS UNIVERSITY, KINGSTON ONTARIO CANADA 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12967
License Date	12/7/2005
Name	<b>MASON JR, WILLIAM G MD</b>
Address	20 ROHDE AVE, ST AUGUSTINE, FL, 32084
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF FLORIDA, GAINESVILLE FL US 1975
Internship and Year	UNIVERSITY OF MINNESOTA, MINNEAPOLIS MN 1976
Residency and Year	UNIVERSITY OF MINNESOTA, MINNEAPOLIS MN 1979
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16723
License Date	8/6/2014
Name	<b>MASON, ANNICE M MD</b>
Address	MT ASCUTNEY HOSPITAL & HEALTH CTR, 289 COUNTY RDWINDSOR, VT, 05089
Specialty	PM
Board Certified	
School and Year of Graduation	UNIV OF VT COLLEGE OF MEDICINE - BURLINGTON, VT USA 2010
Internship and Year	UNIVERSITY OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 2012
Residency and Year	UNIVERSITY OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6471
License Date	11/30/1981
Name	<b>MASON, PETER A MD</b>
Address	ALICE PECK DAY MEMORIAL HOSP, 10 ALICE PECK DAY DRIVELEBANON, NH, 03766-1130
Specialty	FP
Board Certified	FP
School and Year of Graduation	BOSTON UNIV SCH MED-BOSTON,MA USA 1974
Internship and Year	LANCASTER GENERAL HOSPITAL - LANCASTER, PA 1977
Residency and Year	LANCASTER GEN HOSP-LANCASTER,PA 1977
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 16320  
 License Date 9/4/2013  
 Name **MASON, PETER C DO**  
 Address 110 ORIENTAL GARDENS, PORTSMOUTH, NH, 03801  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 1983  
 Internship and Year OSTEOPATHIC HOSPITAL OF MAINE - PORTLAND, ME 1984  
 Residency and Year WATERVILLE OSTEOPATHIC HOSPITAL - WATERVILLE, ME 1988  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 3232  
 License Date 3/12/1958  
 Name **MASRY, GABRIEL I MD**  
 Address 7-2 HICKORY LN, HOLLIS, NH, 03049-6221  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation UNIVERSITE DE LAUSANNE SWITZERLAND 1949  
 Internship and Year GALLINGER MUNICIPAL HOSPITAL WASHINGTON DC 1950  
 Residency and Year SIBLEY MEMORIAL HOSPITAL WASHINGTON DC 1952  
 License Expiration Date **6/17/2011**  
 Remarks **DECEASED 6/17/11**

License Number 10539  
 License Date 4/7/1999  
 Name **MASSANARI, DAVID L MD**  
 Address HARVARD PILGRIM HEALTH CARE, 1600 CROWN COLONYQUINCY, MA, 02169  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF ILLINOIS COLL OF MED -CHICAGO,IL USA 1975  
 Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1976  
 Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1977  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 14426  
 License Date 5/6/2009  
 Name **MASSING, GEORGE K MD**  
 Address LIFE LINE SCREENING, 50 TURNIN LNMOBILE, AL, 36608  
 Specialty CD  
 Board Certified CD  
 School and Year of Graduation CASE WESTERN RESERVE UNIVERSITY USA 1964  
 Internship and Year METROHEALTH MEDICAL CENTER-CLEVELAND, OH 1965  
 Residency and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 1966  
 License Expiration Date **6/30/2011**  
 Remarks

License Number	9681
License Date	4/3/1996
Name	<b>MASSO, PETER D MD</b>
Address	SHRINERS HOSPITAL, 516 CAREW STSPRINGFIELD, MA, 01104-
Specialty	OP
Board Certified	ORS
School and Year of Graduation	UNIV OF CONNECTICUT SCHOOL OF MEDICINE USA 1985
Internship and Year	HARTFORD HOSPITAL - HARTFORD, CT 1986
Residency and Year	J DEMPSEY HOSPITAL - FARMINGTON, CT 1990
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	16976
License Date	3/4/2015
Name	<b>MASSOUD, AMJAD Y MD</b>
Address	8 LOUDON RD, CONCORD, NH, 03301
Specialty	DR
Board Certified	
School and Year of Graduation	UNIVERSITY OF DAMASCUS SYRIA 2000
Internship and Year	SWAIDA GENERAL HOSPITAL- SWAIDA, SYRIA 2010
Residency and Year	AL MOUWASAT UNIVERSITY HOSPITAL-DAMASCUS, SYRIA 2014
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6792
License Date	9/8/1983
Name	<b>MAST, WILLIAM E MD</b>
Address	3 MEETING HOUSE RD STE 18, CHELMSFORD, MA, 01824-2738
Specialty	IM
Board Certified	IM
School and Year of Graduation	BAYLOR COLL MED -HOUSTON,TX USA 1971
Internship and Year	NAVAL HOSP-CHELSEA,MA 1972
Residency and Year	NATL NAVAL MED CTR-BETHESDA,MD 1974
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	9046
License Date	9/1/1993
Name	<b>MASTEN, BETTY M MD</b>
Address	DERRY PEDIATRICS PROF ASSOC, 43B BIRCH STDERRY, NH, 03038-
Specialty	PD
Board Certified	PD
School and Year of Graduation	WASHINGTON UNIVERSITY SCHOOL OF MEDICINE USA 1990
Internship and Year	CHILDREN'S HOSPITAL MEDICAL CENTER - CINCINNATI OH 1993
Residency and Year	CHILDREN'S HOSPITAL MEDICAL CENTER - CINCINNATI OH 1993
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number 14087  
 License Date 7/9/2008  
 Name **MASTERS, JAMES J MD**  
 Address 7775 ANNESDALE DR, CINCINNATI, OH, 45243  
 Specialty R  
 Board Certified R  
 School and Year of Graduation INDIANA UNIV USA 1971  
 Internship and Year CHICAGO WESLEY MEMORIAL HOSP - CHICAGO, IL 1972  
 Residency and Year UNIV OF MINNESOTA - MINNEAPOLIS, MN 1973  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 8226  
 License Date 9/6/1989  
 Name **MASTERS, SALLY R MD**  
 Address 1005 A CAMINO SAN ACACIO, SANTA FE, NM, 87505  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF ARIZONA- TUCSON, AZ USA 1987  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER LEBANON - NEW HAMPSHIRE 1988  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER LEBANON - NEW HAMPSHIRE 1990  
 License Expiration Date **6/30/2007**  
 Remarks

License Number 8092  
 License Date 5/10/1989  
 Name **MASTERSON, SCOTT R MD**  
 Address NE NEUROLOGICAL ASSOC, 354 MERRIMACK ST BLDG 1LAWRENCE, MA, 01843  
 Specialty PM  
 Board Certified PM  
 School and Year of Graduation SUNY HLTH SCI CTR BROOKLYN NY USA 1984  
 Internship and Year STATE UNIV KINGS CO HOSP CTR BROOKLYN 1985  
 Residency and Year STATE UNIV KINGS CO HOSP CTR BROOKLYN 1986  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14885  
 License Date 6/2/2010  
 Name **MASTROIANNI, TRAVIS A DO**  
 Address DHMC, 1 MED CTR DRLEBANON, NH, 03756  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2005  
 Internship and Year BOTSFORD GENERAL HOSPITAL - FARMINGTON HILLS, MI 2006  
 Residency and Year BOTSFORD GENERAL HOSPITAL - FARMINGTON HILLS, MI 2010  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 9586  
 License Date 11/1/1995  
 Name **MASTROMARINO, JOSEPH H MD**  
 Address RIVERVIEW HOSPITAL, 410 DEWEY ST WISCONSIN RAPIDS, WI, 54494  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation GEORGE WASHINGTON UNIV SCH OF MED, HLTH SCI USA 1982  
 Internship and Year PENN STATE UNIV HOSPITAL M S HERSHEY MC HERSHEY, PA 1983  
 Residency and Year PENN STATE UNIV HOSPITAL M S HERSHEY MC HERSHEY, PA 1985  
 License Expiration Date **6/30/2017**  
 Remarks **LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/2/15**

License Number 15415  
 License Date 10/5/2011  
 Name **MATADEEN-ALI, CHANDRA MD**  
 Address 4 MOUNT AIRE FARM RD, GLEN MILLS, PA, 19342  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF THE WEST INDIES TRINIDAD 1996  
 Internship and Year CROZER-CHESTER MEDICAL CENTER - CHESTER, PA 2003  
 Residency and Year CROZER-CHESTER MEDICAL CENTER - CHESTER, PA 2005  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16724  
 License Date 8/6/2014  
 Name **MATA-FINK, ANA MD**  
 Address YALE UNIV SCHOOL OF MED - DEPT OF ORTHO & REHAB, 800 HOWARD AVE - RM YPB 133 NEW HA  
 Specialty ORS  
 Board Certified  
 School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA US 2009  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10871  
 License Date 4/5/2000  
 Name **MATEJICKA, COLLEEN DO**  
 Address DARTMOUTH HITCHCOCK MEDICAL, ONE MEDICAL CTR DR LEBANON, NH, 03756  
 Specialty RHU  
 Board Certified IM  
 School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE USA 1997  
 Internship and Year LEHIGH VALLEY HOSP - ALLENTOWN PA 1993  
 Residency and Year LEHIGH VALLEY HOSP - ALLENTOWN PA 2000  
 License Expiration Date **6/30/2002**  
 Remarks

License Number	16234
License Date	7/3/2013
Name	<b>MATHENEY, TRAVIS H MD</b>
Address	CHILDRENS HOSPITAL - BOSTON, 300 LONGWOOD AVEBOSTON, MA, 02115
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 2000
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2001
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13597
License Date	7/11/2007
Name	<b>MATHER, CHERI C MD</b>
Address	DHMC-LYME, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1995
Internship and Year	UNIV OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 1996
Residency and Year	UNIV OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7792
License Date	3/9/1988
Name	<b>MATHES, ROBERT J MD</b>
Address	CONVENIENT MD, 8 LOUDON RDCONCORD, NH, 03301
Specialty	FP
Board Certified	FP
School and Year of Graduation	WRIGHT STATE UNIV SCH MED - DAYTON, OH USA 1980
Internship and Year	ST ELIZABETH'S MEDICAL CENTER - DAYTON, OH 1981
Residency and Year	ST ELIZABETH'S MEDICAL CENTER - DAYTON, OH 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12436
License Date	8/4/2004
Name	<b>MATHEW, ANNIE MD</b>
Address	DH CMC - HOSPITALISTS, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF TEXAS, SAN ANTONIO TX US 1998
Internship and Year	UNIVERSITY OF TEXAS, HOUSTON TX 1999
Residency and Year	UNIVERSITY OF TEXAS, HOUSTON TX 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	10722
License Date	10/6/1999
Name	<b>MATHEW, MEERA M MD</b>
Address	NEW LONDON FAMILY PRACTICE, 280 COUNTY RD STE 101NEW LONDON, NH, 03257
Specialty	FP
Board Certified	FP
School and Year of Graduation	ST GEORGE UNIVERSITY-BAY SHORE ,NY USA 1987
Internship and Year	UNIVERSITY OF MARYLAND,BALTIMORE,MD 1988
Residency and Year	UNIVERSITY OF MARYLAND-BALTIMORE,MD 1991
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	17228
License Date	8/5/2015
Name	<b>MATHEW, STEPHANIE D DO</b>
Address	4881 SUGAR MAPLE DR, WRIGHT PATTERSON, OH, 45433
Specialty	RHU
Board Certified	RHU
School and Year of Graduation	NEW YORK COLLEGE OF OSTEOPATHIC MEDICINE - NY USA 2006
Internship and Year	WRIGHT STATE UNIVERSITY - DAYTON, OH 2007
Residency and Year	WRIGHT STATE UNIVERSITY - DAYTON, OH 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4795
License Date	6/14/1971
Name	<b>MATHEWSON, OWEN D MD</b>
Address	121 NORWAY HILL RD, HANCOCK, NH, 03449
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF VERMONT COLLEGE OF MEDICINE USA 1966
Internship and Year	ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1967
Residency and Year	MEDICAL CENTER HOSPITAL OF VERMONT - BURLINGTON, VT 1971
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	15416
License Date	10/5/2011
Name	<b>MATHISEN, DOUGLAS J MD</b>
Address	MASS GEN HOSP, 55 FRUIT ST BLAKE 1570BOSTON, MA, 02114
Specialty	TS
Board Certified	TS
School and Year of Graduation	UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE USA 1974
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1975
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1980
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 4334  
 License Date 10/22/1968  
 Name **MATHUR, PADMA R MD**  
 Address 1008 RAY ST, MANCHESTER, NH, 03104  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation UNIV OF MYSORE INDIA 1954  
 Internship and Year KRIGHUARAJEUDRA HOSPITAL - MYSORE, INDIA 1956  
 Residency and Year HARRIS HOSPITAL - FORT WORTH, TX 1967  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 16766  
 License Date 9/3/2014  
 Name **MATHUR, VINITA MD**  
 Address OUR PATHOLOGY PRACTICE OF TN, 1450 ELM HILL PIKENASHVILLE, TN, 37210  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation KASTURBA MEDICAL COLLEGE, MANIPAL UNIV INDIA 1996  
 Internship and Year PITT COUNTY MEMORIAL HOSPITAL - GREENVILLE, NC 2001  
 Residency and Year PITT COUNTY MEMORIAL HOSPITAL - GREENVILLE, NC 2004  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15353  
 License Date 8/3/2011  
 Name **MATLYUK, ZINAIDA MD**  
 Address 177 GROVE ST, LEXINGTON, MA, 02420  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation PENNSYLVANIA STATE UNIVERSITY COLLEGE OF MEDICINE USA 2002  
 Internship and Year MAIMONIDES MEDICAL CENTER - BROOKLYN,NY 2003  
 Residency and Year MILTONS HERSHEY MEDICAL CENTER - HERSHEY, PA 2007  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11966  
 License Date 6/4/2003  
 Name **MATOS, MICHAEL E MD**  
 Address WOLFEBORO PEDIATRICS, PO BOX 912WOLFEBORO, NH, 03894  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation JOHNS HOPKINS UNIVERSITY - BALTIMORE MD USA 1997  
 Internship and Year CHILDRENS HOSPITAL - BOSTON MA 1998  
 Residency and Year CHILDRENS HOSPITAL - BOSTON MA 2000  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15670  
 License Date 5/2/2012  
 Name **MATOSSIAN, DEBORA MD**  
 Address DHMC - PEDIATRICS, ONE MED CTR DRLEBANON, NH, 03756  
 Specialty PN  
 Board Certified PD  
 School and Year of Graduation UNIVERSIDAD FAVALORO ARGENTINA 2004  
 Internship and Year UNIVERSITY OF ILLINOIS HOSPITAL & CLINICS - CHICAGO, IL 2007  
 Residency and Year UNIVERSITY OF ILLINOIS HOSPITAL & CLINICS - CHICAGO, IL 2009  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15314  
 License Date 7/6/2011  
 Name **MATSON, ELISABETH B DO**  
 Address CORE PHYSICIANS, LLC, 9 BUZELL AVEEXETER, NH, 03833  
 Specialty RHU  
 Board Certified RHU  
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2006  
 Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2007  
 Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2009  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13598  
 License Date 7/11/2007  
 Name **MATSUOKA, MITSUO MD**  
 Address DHMC, ONE MEDICAL CTR DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation GUNMA UNIV JAPAN 1989  
 Internship and Year NEW YORK MEDICAL COLLEGE @ WESTCHESTER MEDICAL CENTER - VALHALLA, NY 1998  
 Residency and Year UNIV OF TEXAS MEDICAL SCHOOL-HOUSTON,TX 2000  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9841  
 License Date 9/4/1996  
 Name **MATTA, NARESH V MD**  
 Address SEACOAST KIDNEY & HYPERTENSION, 875 GREENLAND RD C-10PORTSMOUTH, NH, 03801  
 Specialty NEP  
 Board Certified NEP  
 School and Year of Graduation J.J.M. MEDICAL COLLEGE MYSORE UNIV DAVANGERE INDIA 1986  
 Internship and Year CATHOLIC MEDICAL CENTER - CORNELL UNIV- NY 1992  
 Residency and Year VIRGINIA COMMONWEALTH UNIV - VA 1995  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	14716
License Date	1/6/2010
Name	<b>MATTHEOS, STEVEN MD</b>
Address	SPORTS MEDICINE NORTH, 1 ORTHOPEDICS DRPEABODY, MA, 01960
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS USA 2003
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2004
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17017
License Date	4/1/2015
Name	<b>MATTHEW, LEAH G MD</b>
Address	DHMC - HEATER ROAD - PRIMARY CARE, 1 MEDICAL CTR DRLEBANON, NH, 03756
Specialty	FP
Board Certified	FP
School and Year of Graduation	CASE WESTERN RESERVE UNIV SCHOOL OF MED USA 2000
Internship and Year	UNIVERSITY OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 2001
Residency and Year	UNIVERSITY OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17069
License Date	5/6/2015
Name	<b>MATTHEW, MICHAEL K MD</b>
Address	DHMC, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	PS
Board Certified	PS
School and Year of Graduation	CASE WESTERN RESERVE UNIVERSITY USA 2000
Internship and Year	UNIVERSITY OF VIRGINIA HEALTH SYSTEM-CHARLOTTESVILLE, VA 2001
Residency and Year	UNIVERSITY OF VIRGINIA HEALTH SYSTEM-CHARLOTTESVILLE, VA 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	3172
License Date	1/7/1957
Name	<b>MATTHEWS JR, LOUIS B MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>4/28/1990</b>
Remarks	<b>DECEASED 04/28/90</b>

License Number 15932  
 License Date 11/7/2012  
 Name **MATTHEWS, ALISA L MD**  
 Address 801 NORTH 29TH ST, PO BOX 37000BILLINGS, MT, 59107  
 Specialty DMP  
 Board Certified DMP  
 School and Year of Graduation UNIVERSITY OF TX - HOUSTON MEDICAL SCHOOL USA 2004  
 Internship and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2005  
 Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2007  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10242  
 License Date 2/4/1998  
 Name **MATTIA, ANTHONY R MD**  
 Address NEWTON WELLESLEY HOSPITAL, 2014 WASHINGTON STNEWTON, MA, 02462  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1985  
 Internship and Year NATIONAL NAVAL MEDICAL CENTER - MD 1986  
 Residency and Year MASS GENERAL HOSPITAL - MA 1993  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 9548  
 License Date 9/6/1995  
 Name **MATTICE, DAVID F MD**  
 Address LAKES REGION GENERAL HOSPITAL, 80 HIGHLAND STLAACONIA, NH, 03246  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF TORONTO FACILITY OF MED TORONTO ONTARIO CANADA 1989  
 Internship and Year OTTAWA GENERAL HOSPITAL OTTOWA ONTARIO CANADA 1990  
 Residency and Year OTTAWA GENERAL HOSPITAL OTTOWA ONTARIO CANADA 1991  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11967  
 License Date 6/4/2003  
 Name **MATTIN, MICHAEL A MD**  
 Address WILLOWBEND FAMILY PRACTICE, 5 WASHINGTON PLACEBEDFORD, NH, 03110-6706  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF VERMONT - BURLINGTON VT USA 1985  
 Internship and Year UPMC ST MARGARET - PITTSBURGH PA 1986  
 Residency and Year UPMC ST MARGARET - PITTSBURGH PA 1988  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16015  
 License Date 2/6/2013  
 Name **MATULIS III, JOHN C DO**  
 Address DHMC, 1 MED CTR DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified  
 School and Year of Graduation UNIV OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MEDICIN USA 2010  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 4923  
 License Date 12/4/1972  
 Name **MATUSOW, PAUL D MD**  
 Address , , ,  
 Specialty OPH  
 Board Certified  
 School and Year of Graduation  
 Internship and Year  
 Residency and Year  
 License Expiration Date **12/7/1987**  
 Remarks **DECEASED 12/7/87**

License Number 11853  
 License Date 3/5/2003  
 Name **MATZKIN, PAUL D MD**  
 Address ALICE PECK DAY MEM HOSP, 10 ALICE PECK DAY DRLEBANON, NH, 03766  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV IF NEW YORK - STONY BROOK, NY USA 2000  
 Internship and Year SUNY AT STONY BROOK HEALTH SCIENCES CENTER - STONY BROOK, NY 2001  
 Residency and Year MAINE-DARTMOUTH FAMILY PRACTICE RESIDENCY - AUGUSTA, ME 2003  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 8356  
 License Date 6/6/1990  
 Name **MAULL, JOHN M MD**  
 Address EXETER INTERNAL MEDICINE, 21 HAMPTON RD BLDG 3EXETER, NH, 03833-2122  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation EMORY UNIV SCH OF MED-ATLANTA,GA USA 1981  
 Internship and Year UNIV IOWA HOSP-IOWA CITY,IA 1982  
 Residency and Year UNIV IOWA HOSP-IOWA CITY,IA 1984  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12580  
 License Date 1/5/2005  
 Name **MAULSBY, GILBERT H MD**  
 Address 5400 KENNEDY AVE, CINCINNATI, OH, 45213  
 Specialty R  
 Board Certified R  
 School and Year of Graduation MEDICAL COLLEGE OF GEORGIA, AUGUSTA GA US 1996  
 Internship and Year MEMORIAL HEALTH UNIVERSITY MED CTR, SAVANNAH GA 1999  
 Residency and Year MEMORIAL HEALTH UNIVERSITY MED CTR, SAVANNAH GA 2000  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16028  
 License Date 2/6/2013  
 Name **MAURER, JANET R MD**  
 Address 4801 E WASHINGTON ST, PHOENIX, AZ, 85034  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF MINNESOTA, MINNEAPOLIS MN USA 1976  
 Internship and Year EMORY UNIVERSITY, ATLANTA, GA 1979  
 Residency and Year UNIVERSITY OF CALIFORNIA SAN DIEGO, LA JOLLA, CA 1981  
 License Expiration Date **6/30/2017**  
 Remarks **ADMINISTRATIVE LICENSE**

License Number 4563  
 License Date 6/18/1970  
 Name **MAURER, LLOYD H MD**  
 Address MT ASCUTNEY HOSPITAL, 289 COUNTRY RD WINDSOR, VT, 05084  
 Specialty ON  
 Board Certified ON  
 School and Year of Graduation ALBANY MEDICAL COLLEGE, NY USA 1964  
 Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1965  
 Residency and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1969  
 License Expiration Date **9/13/2009**  
 Remarks **DECEASED 9/13/09**

License Number 10652  
 License Date 8/4/1999  
 Name **MAURER, VIRGINIA E MD**  
 Address 243 WILLIS AVE, MINEOLA, NY, 11501  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation QUEENS UNIV FAC HLTH SCI - KINGSTON ONTARIO CANADA 1971  
 Internship and Year UNIV OF CHICAGO HOSPITAL - CHICAGO, IL 1972  
 Residency and Year UNIV OF CHICAGO HOSPITAL - CHICAGO, IL 1973  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	16977
License Date	3/4/2015
Name	<b>MAWJI, ELYSHA MD</b>
Address	81 ALLISON ST, CONCORD, NH, 03301
Specialty	FP
Board Certified	
School and Year of Graduation	ST GEORGES UNIVERSITY GRENADA 2012
Internship and Year	CONCORD HOSPITAL - CONCORD, NH 2013
Residency and Year	CONCORD HOSPITAL - CONCORD, NH 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14521
License Date	7/1/2009
Name	<b>MAXFIELD, JOHN F MD</b>
Address	35036 CANNON RD, BENTLEYVILLE, OH, 44023
Specialty	EM
Board Certified	EM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1978
Internship and Year	OREGON HEALTH SCIENCES UNIVERSITY - PORTLAND, OR 1979
Residency and Year	OREGON HEALTH SCIENCES UNIVERSITY - PORTLAND, OR 1980
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15719
License Date	6/6/2012
Name	<b>MAXWELL, LEISA L DO</b>
Address	PRIMARY CARE OF HUDSON, 300 DERRY RDHUDSON, NH, 03051
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MEDICIN USA 2006
Internship and Year	MAINE-DARTMOUTH FAMILY MEDICINE RESIDENCY - AUGUSTA, ME 2007
Residency and Year	MAINE-DARTMOUTH FAMILY MEDICINE RESIDENCY - AUGUSTA, ME 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8011
License Date	12/7/1988
Name	<b>MAY, ALLYN G MD</b>
Address	50 RED BROOK RD, GROTON, VT, 05046-
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE USA 1956
Internship and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER NY 1957
Residency and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER NY 1964
License Expiration Date	<b>6/30/1998</b>
Remarks	



License Number	10908
License Date	5/3/2000
Name	<b>MAY, KEVIN M MD</b>
Address	9253 W 107TH PLACE, WESTMINSTER, CO, 80021
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	SUNY HEALTH SCIENCE CTR AT BROOKLYN - BROOKLYN NY USA 1995
Internship and Year	UNIVERSITY OF TENNESSEE - KNOXVILLE TN 1996
Residency and Year	UNIVERSITY HOSPITAL - CINCINNATI OH 1999
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	10366
License Date	8/5/1998
Name	<b>MAYER, DAVID N MD</b>
Address	DHMC-ANESTHESIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	AN
Board Certified	AN
School and Year of Graduation	STANFORD UNIV SCH OF MED - STANFORD, CA USA 1993
Internship and Year	KAISER PERMANENTE MED CTR - SANTA CLARA, CA 1994
Residency and Year	STANFORD UNIV MED CTR - STANFORD, CA 1996
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	13171
License Date	7/5/2006
Name	<b>MAYER, PAUL D MD</b>
Address	2 CONCOURSE PKWY, STE 245, ATLANTA, GA, 30328
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF MINNESOTA USA 1959
Internship and Year	UNIV OF MINNESOTA-MINNEAPOLIS, MN 1960
Residency and Year	CHEROKEE STATE MENTAL HEALTH INSTITUTE-CHEROKEE, IA 1963
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	10957
License Date	6/7/2000
Name	<b>MAYLAND, ELISABETH B MD</b>
Address	55 BRIAR HILL RD, HOPKINTON, NH, 03229
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF MEDICINE & DENTISTRY -NEWARK, NJ USA 1996
Internship and Year	ABINGTON MEMORIAL HOSPITAL - ABINGTON, PA 1997
Residency and Year	ABINGTON MEMORIAL HOSPITAL - ABINGTON, PA 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 10306  
 License Date 6/3/1998  
 Name **MAYNARD, KAREN K MD**  
 Address WOMEN'S CARE OF NASHUA, 10 PROSPECT ST STE303NASHUA, NH, 03060  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1994  
 Internship and Year UNIV OF ARIZONA AFFILIATED HOSP - TUCSON, AZ 1995  
 Residency and Year UNIV OF ARIZONA AFFILIATED HOSP - TUCSON, AZ 1998  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11783  
 License Date 11/6/2002  
 Name **MAYNARD, SHARON E MD**  
 Address UMASS MEMORIAL HEALTH CTR, RENAL DIV 55 LAKE AVE NORTHWORCESTER, MA, 01655  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF PITTSBURGH SCH OF MED - PITTSBURGH, PA USA 1997  
 Internship and Year UNIV HEALTH CENTER OF PITTSBURGH - PITTSBURGH, PA 1998  
 Residency and Year UNIV HEALTH CENTER OF PITTSBURGH - PITTSBURGH, PA 2000  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 8975  
 License Date 6/2/1993  
 Name **MAYO, DENISE M MD**  
 Address 195 WORCESTER RD, WELLESLEY, MA, 02481  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF OTTAWA FACILITY OF MEDICINE CANADA 1987  
 Internship and Year CARNEY HOSPITAL - BOSTON MA 1990  
 Residency and Year CARNEY HOSPITAL - BOSTON MA 1990  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12268  
 License Date 4/7/2004  
 Name **MAYO, LORNA K MD**  
 Address VA MEDICAL CENTER, DESK 60, 601 HIGHWAY 6 WESTWHITE RIVER JCT, VT, 05009  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF IOWA,IOWA CITY IA US 1999  
 Internship and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2000  
 Residency and Year DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2003  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 4803  
 License Date 7/1/1971  
 Name **MAYOR, MICHAEL B MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation YALE UNIV - CT USA 1965  
 Internship and Year UNIV HOSPITAL OF CLEVELAND - CLEVELAND, OH 1966  
 Residency and Year UNIV HOSPITAL OF CLEVELAND - CLEVELAND, OH 1970  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 7326  
 License Date 5/8/1986  
 Name **MAYO-SMITH, MICHAEL F MD**  
 Address VA NEW ENGLAND HEALTHCARE, VISN BLDG 61 - 200 SPRINGS RDBEDFORD, MA, 01730  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation HAHNEMANN MED COLL OF PHILA - PHILA, PA USA 1980  
 Internship and Year THE MIRIAM HOSPITAL - PROVIDENCE, RI 1981  
 Residency and Year THE MIRIAM HOSPITAL - PROVIDENCE, RI 1984  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16122  
 License Date 5/1/2013  
 Name **MAYS, WILLIAM R MD**  
 Address MHM SERVICES, 1593 SPRING HILL RDVIENNA, VA, 22182  
 Specialty P  
 Board Certified P  
 School and Year of Graduation MEHARRY MEDICAL COLLEGE SCHOOL OF MEDICINE USA 1991  
 Internship and Year DWIGHT DAVID EISENHOWER ARMY MEDICAL CENTER - FORT GORDON, GA 1992  
 Residency and Year DWIGHT DAVID EISENHOWER ARMY MEDICAL CENTER - FORT GORDON, GA 1995  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 7917  
 License Date 7/6/1988  
 Name **MAZANOWSKI, DONALD M MD**  
 Address DARTMOUTH HITCHCOCK-KEENE, 590 COURT STKEENE, NH, 03431-1798  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF CT SCH OF MED-FARMINGTON,CT USA 1985  
 Internship and Year GEISINGER MED CTR-DANVILLE PA 1986  
 Residency and Year GEISINGER MED CTR DANNVILLE PA 1988  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 7729  
 License Date 10/7/1987  
 Name **MAZUR, CHRISTOPHER T MD**  
 Address 125 MASCOMA ST, LEBANON, NH, 03766  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF ROCHESTER SCH MED-ROCHESTER,NY USA 1985  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1986  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1988  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12002  
 License Date 7/2/2003  
 Name **MAZUR, JON MD**  
 Address NEW ENGLAND NEUROLOGICAL ASSOC, 29 NORTHWEST BLVD NASHUA, NH, 03063  
 Specialty IM  
 Board Certified PM  
 School and Year of Graduation UNIV OF MARYLAND - BALTIMORE, MD USA 1987  
 Internship and Year GEORGE WASHINGTON UNIV - WASHINGTON, DC 1989  
 Residency and Year GEORGE WASHINGTON UNIV - WASHINGTON, DC 1992  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 7445  
 License Date 10/2/1986  
 Name **MAZUR, LAWRENCE A MD**  
 Address GENESIS BEHAVIORAL HLTH, 111 CHURCH ST LACONIA, NH, 03246  
 Specialty P  
 Board Certified P  
 School and Year of Graduation VRIJE UNIVERSITEIT BRUSSEL - BRUSSELS, BELGIUM BELGIUM 1976  
 Internship and Year UNIVERSITY HOSP ST. PIERRE, BRUSSELS, BELGIUM 1976  
 Residency and Year ALBANY MEDICAL COLLEGE DEPT OF NEUROLOGY AND AFFILIATED HOSP, ALBANY NY  
 License Expiration Date **6/30/2010**  
 Remarks **6/30/10 - Order of Emergency Suspension and Notice of Hearing. 10/13/10 - Order & Permanent Voluntary Surrender of License.**

License Number 10162  
 License Date 11/5/1997  
 Name **MAZZA, DANIEL DO**  
 Address BARRINGTON WALK IN CARE, 426 CALEF HWY (RTE 125 ) BARRINGTON, NH, 03825  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF NEW ENGLAND COLL OF OSTEO MED-ME USA 1984  
 Internship and Year ALBANY MEDICAL CENTER HOSPITAL - NY 1987  
 Residency and Year ALBANY MEDICAL CENTER HOSPITAL - NY 1987  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	16046
License Date	3/6/2013
Name	<b>MAZZILLO, JUSTIN A MD</b>
Address	DARTMOUTH HITCHCOCK - CHESHIRE, 580-590 COURT ST.KEENE, NH, 03431
Specialty	EM
Board Certified	EM
School and Year of Graduation	STATE UNIV OF NY @ BUFFALO SCHOOL OF MED USA 2010
Internship and Year	UNIVERSITY OF TX MEDICAL SCHOOL - HOUSTON, TX 2011
Residency and Year	UNIVERSITY OF TX MEDICAL SCHOOL - HOUSTON, TX 2013
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	11067
License Date	9/6/2000
Name	<b>MC GARAGHAN, AMY S MD</b>
Address	CENTER FOR WOMEN, 330 MOUNT AUBURN STCAMBRIDGE, MA, 02138
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF VERMONT- BURLINGTON, VT USA 1996
Internship and Year	UNIV OF CALIFORNIA SAN FRANCISCO - CA 1997
Residency and Year	UNIV OF CALIFORNIA SAN FRANCISCO - CA 2000
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	8844
License Date	11/4/1992
Name	<b>MC GARR, KATHLEEN A MD</b>
Address	5 BUCKNAM RD, FALMOUTH, ME, 04105
Specialty	FP
Board Certified	FP
School and Year of Graduation	MEDICAL COLLEGE OF VIRGINIA USA 1987
Internship and Year	MAINE MEDICA CENTER - PORTLAND, ME 1990
Residency and Year	MAINE MEDICAL CENTER- PORTLAND, ME 1990
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	4085
License Date	6/20/1967
Name	<b>MC GILL, MICHAEL W MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1997</b>
Remarks	

License Number	9455
License Date	6/7/1995
Name	<b>MC GLONE, JEFFREY D MD</b>
Address	14 BOWEN ST, CLAREMONT, NH, 03743
Specialty	AN
Board Certified	
School and Year of Graduation	UNIVERSITY OF TEXAS USA 1991
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER, LEBANON NH 1992
Residency and Year	MARY HITCHCOCK MEMORIAL HOSPITAL, HANOVER NH 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	3297
License Date	3/11/1959
Name	<b>MC GOLDRICK, DAVID M MD</b>
Address	22 WILDE RD, WELLESLEY, MA, 02181
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	CORNELL UNIVERSITY MEDICAL COLLEGE USA 1957
Internship and Year	ALBANY HOSPITAL ALBANY - NEW YORK 1958
Residency and Year	ST ELIZABETH'S HOSPITAL BRIGHTON - MASSACHUSETTS 1959
License Expiration Date	<b>6/30/1998</b>
Remarks	Deceased 2/7/2003

License Number	11284
License Date	6/6/2001
Name	<b>MC GOVERN, THOMAS F MD</b>
Address	INTEGRATED ORTHOPAEDICS, 3 ALUMNI DRIVE SUITE 301 EXETER, NH, 03833
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	GEORGETOWN UNIV SCH OF MED - WASHINGTON, DC USA 1994
Internship and Year	UNIV OF VIRGINIA HLTH SCI CTR- CHARLOTTESVILLE, VA 1995
Residency and Year	UNIV OF VIRGINIA HLTH SCIENCE CTR- CHARLOTTESVILLE, VA 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11784
License Date	11/6/2002
Name	<b>MC GOWAN, ARCHIE R MD</b>
Address	PORTSMOUTH RADIOLOGICAL, PO BOX 1849, 40 EAST AVE., UNIT 7 LEWISTON, ME, 04241
Specialty	R
Board Certified	R
School and Year of Graduation	DARTMOUTH MED SCH - LEBANON, NH USA 1993
Internship and Year	MT AUBURN HOSPITAL - CAMBRIDGE, MA 1994
Residency and Year	BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9682
License Date	4/3/1996
Name	<b>MC GOWAN, KATHRYN D MD</b>
Address	RADIOLOGY ASOC, 38 HAMLET AVEWOONSOCKET, RI, 02895
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	SUNY AT STONY BROOK HEALTH SCIENCE CENTER - NY USA 1985
Internship and Year	PENNSYLVANIA HOSPITAL - PHILA, PA 1986
Residency and Year	PENNSYLVANIA HOSPITAL - PHILA, PA 1989
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	11453
License Date	11/7/2001
Name	<b>MC GRATH, PAUL D MD</b>
Address	CARDIOVASCULAR CONSULTANTS, 96 CAMPUS DRSCARBOROUGH, ME, 04074
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF VERMONT - BURLINGTON, VT USA 1991
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1992
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1994
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	9191
License Date	6/1/1994
Name	<b>MC GREEHAN JR, JAMES R MD</b>
Address	, P.O. BOX 6057AMHERST, NH, 03031-6057
Specialty	FP
Board Certified	FP
School and Year of Graduation	NEW JERSY MEDICAL SCHOOL USA 1973
Internship and Year	UNIVERSITY OF MARYLAND HOSPITAL - BALTIMORE MD 1974
Residency and Year	UNIVERSITY OF MARYLAND HOSPITAL - BALTIMORE MD 1976
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	11854
License Date	3/5/2003
Name	<b>MC GURRIN, MARK A MD</b>
Address	VASCULAR SURGEONS OF CNY, 104 UNION AVE STE 1005SYRACUSE, NY, 13203
Specialty	GS
Board Certified	GS
School and Year of Graduation	THOMAS JEFFERSON UNIV - PHILADELPHIA, PA USA 1982
Internship and Year	THOMAS JEFFERSON UNIVERSITY HOSPITAL - PHILADELPHIA, PA 1983
Residency and Year	THOMAS JEFFERSON UNIVERSITY HOSPITAL - PHILADELPHIA, PA 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11135
License Date	12/6/2000
Name	<b>MC INERNEY, JAMES MD</b>
Address	DEPARTMENT OF NEUROSURGERY, NATIONAL NAVAL MED CTRBETHESDA, MD, 20889
Specialty	NS
Board Certified	
School and Year of Graduation	GEORGETOWN UNIV SCH OF MED - WASHINGTON, DC USA 1993
Internship and Year	NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1994
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON,NH 2000
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	3400
License Date	10/19/1960
Name	<b>MC INTYRE, O ROSS MD</b>
Address	34 LAMPHERE HILL LN, LYME, NH, 03768
Specialty	HEM
Board Certified	
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 1957
Internship and Year	UNIVERSITY OF PENNSYLVANIA PHILADELPHIA - PENNSYLVANIA 1958
Residency and Year	MARY HITCHCOCK MEMORIAL HOSPITAL HANOVER - NEW HAMPSHIRE 1958
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	7230
License Date	11/7/1985
Name	<b>MC KENNA, JAMES M MD</b>
Address	ATLANTIC ANESTHESIA PA, 7 MARSH BROOK DR STE 10SOMERSWORTH, NH, 03878
Specialty	AN
Board Certified	AN
School and Year of Graduation	HANNEMANN MED COLL PHILA, PA USA 1981
Internship and Year	HAHNEMANN MEDICAL COLLEGE HOSPITAL - PHILA, PA 1982
Residency and Year	HAHNEMANN MEDICAL COLLEGE HOSPITAL - PHILA, PA 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11068
License Date	9/6/2000
Name	<b>MC KEON, LUCY MD</b>
Address	WEEKS MEDICAL CTR, 173 MIDDLE STLANCASTER, NH, 03584
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF VERMONT - BURLINGTON, VT USA 1988
Internship and Year	UNIV OF VERMONT COLLEGE OF MEDICINE - MILTON, VT 1989
Residency and Year	UNIV OF VERMONT COLLEGE OF MEDICINE - MILTON, VT 1991
License Expiration Date	<b>6/30/2003</b>
Remarks	



License Number 4796  
 License Date 6/14/1971  
 Name **MC KINNEY JR, KENNETH L MD**  
 Address , , ,  
 Specialty OBG  
 Board Certified  
 School and Year of Graduation  
 Internship and Year  
 Residency and Year  
 License Expiration Date **2/11/1987**  
 Remarks **DECEASED 2/11/87**

License Number 6522  
 License Date 4/1/1982  
 Name **MC LACHLAN, MAURICE S MD**  
 Address , 122 COURT STKEENE, NH, 03431  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation FACULTY OF MED UNIV OF EDINBURGH-EDINBURGH SCOTTLAND 1959  
 Internship and Year ROYAL COLLEGE OF PHYSICIANS - EDINBURGH 1965  
 Residency and Year ROYAL COLLEGE OF PHUSICIANS - EDINBURGH 1973  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 11968  
 License Date 6/4/2003  
 Name **MC LEOD JR, MICHAEL M DO**  
 Address FAMILY TREE HEALTHCARE, 19 FARRINGTON CORNER RDHOPKINTON, NH, 03229  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation U OF NE COLL OF OSTEOPATHIC - BIDDEFORD ME USA 2000  
 Internship and Year NH DARTMOUTH FAMILY PRACTICE RESIDENCY, CONCORD - CONCORD NH 2001  
 Residency and Year NH DARTMOUTH FAMILY PRACTICE RESIDENCY, CONCORD - CONCORD NH 2003  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 3346  
 License Date 3/9/1960  
 Name **MC MURPHY, CHARLES H MD**  
 Address , , ,  
 Specialty  
 Board Certified  
 School and Year of Graduation  
 Internship and Year  
 Residency and Year  
 License Expiration Date **6/30/1996**  
 Remarks

License Number 10811  
 License Date 1/5/2000  
 Name **MC NALLY, JANE D DO**  
 Address PENHALLAN PRIMARY CARE, 330 BROTHWICK AVE PORTSMOUTH, NH, 03801  
 Specialty IM  
 Board Certified  
 School and Year of Graduation UNIV NEW ENGLAND COLL OSTEO MED-BIDDEFORD, ME USA 1995  
 Internship and Year NYCOM/ST CLARE'S HOSPITAL AND HEALTH CENTER - NEW YORK, NY 1996  
 Residency and Year MEMORIAL HEALTH CARE - WORCESTER, MA 1997  
 License Expiration Date **6/30/2004**  
 Remarks

License Number 9587  
 License Date 11/1/1995  
 Name **MC NEILL, LAURIE K MD**  
 Address PEDIATRIC PRIMARY CARE CENTRE, 282 WASHINGTON ST HARTFORD, CT, 06106  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation DALHOUSIE UNIV FAC OF MED HALIFAX NS CANADA CANADA 1965  
 Internship and Year VICTORIA GENERAL HOSPITAL HALIFAX, NS CANADA 1965  
 Residency and Year IWK HOSPITAL FOR CHILDREN CHIEF RESIDENT, NS CANADA 1971  
 License Expiration Date **6/30/2003**  
 Remarks

License Number 6350  
 License Date 3/5/1981  
 Name **MC SHANE, MICHAEL M MD**  
 Address , , ,  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation TULANE UNIVERSITY - LOUISIANA USA 1974  
 Internship and Year  
 Residency and Year  
 License Expiration Date **6/30/1983**  
 Remarks

License Number 10959  
 License Date 6/7/2000  
 Name **MC SHANE, PATRICIA M MD**  
 Address REPRODUCTIVE SCIENCE CTR, ONE FORBES RD LEXINGTON, MA, 02421  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation TUFTS UNIV SCH - BOSTON, MA USA 1977  
 Internship and Year BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1978  
 Residency and Year BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1981  
 License Expiration Date **6/30/2008**  
 Remarks **REQUESTED INACTIVE 12/23/06**

License Number	6372
License Date	4/28/1981
Name	<b>MC VICAR, DOUGLAS S MD</b>
Address	SPEARE MEMORIAL HOSPITAL, 2 HOSPITAL RDPLYMOUTH, NH, 03264-1199
Specialty	EM
Board Certified	EM
School and Year of Graduation	MOUNT SINAI SCH OF MED CITY UNIV,NY,NY USA 1975
Internship and Year	BELLEVUE HOSPITAL CENTER - NY, NY 1976
Residency and Year	CHARITY HOSPITAL - NEW ORLEANS 1980
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	5680
License Date	3/3/1977
Name	<b>MCABEE JR, EDWARD A MD</b>
Address	22 SHAPLEIGH RD, KITTERY, ME, 03904-1455
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF PENNSYLVANIA-PHILADELPHIA PA USA 1970
Internship and Year	HUNTERDON MEDICAL CENTER-FLEMINGTON, NJ 1973
Residency and Year	HUNTERDON MEDICAL CENTER-FLEMINGTON NJ 1973
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	9283
License Date	9/7/1994
Name	<b>MCALARY, BRIAN G MD</b>
Address	15 W652 82ND ST, BURR RIDGE, IL, 60527
Specialty	AN
Board Certified	AN
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 1967
Internship and Year	NAVAL HOSPITAL - OAKLAND CA 1968
Residency and Year	NATIONAL NAVAL MEDICAL CENTERR - BETHESDA MD 1971
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	13259
License Date	9/6/2006
Name	<b>MCALEER, SARAH MD</b>
Address	MANCHESTER UROLOGY ASSOC, 4 ELLIOT WAY STE 200MANCHESTER, NH, 03103
Specialty	U
Board Certified	U
School and Year of Graduation	CORNELL UNIV 2001 2001
Internship and Year	BRIGHAM & WOMENS HOSPITAL - BOSTON MA 2002
Residency and Year	BRIGHAM & WOMENS HOSPITAL - BOSTON MA 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6339
License Date	2/5/1981
Name	<b>MCALLISTER, THOMAS W MD</b>
Address	DARTMOUTH HITCHCOCK PSCHIATRY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	P
Board Certified	P
School and Year of Graduation	DARTMOUTH MED SCH-HANOVER,NH USA 1978
Internship and Year	DARTMOUTH MED SCH- HANOVER, NH 1979
Residency and Year	DARTMOUTH MED SCH- HANOVER,NH 1980
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	6581
License Date	6/24/1982
Name	<b>MCANULTY, JAMES G MD</b>
Address	, , ,
Specialty	GS
Board Certified	
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 1975
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1993</b>
Remarks	

License Number	3753
License Date	12/30/1964
Name	<b>MCAREE, CHRISTOPHER P MD</b>
Address	, BOX 38STOWE, VT, 05672
Specialty	P
Board Certified	P
School and Year of Graduation	QUEEN'S UNIV - BELFAST, NORTHERN IRELAND IRELAND 1956
Internship and Year	LAGEN VALLEY HOSPITAL - LISBURN, NORTHERN IRELAND 1957
Residency and Year	CLAIRMONT STREET HOSPITAL - BELFAST, NORTHERN IRELAND 1958
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	10653
License Date	8/4/1999
Name	<b>MCAVOY, KEITH J MD</b>
Address	DH @ NOTRE DAME PAVILION, 87 MCGREGOR ST STE 1300MANCHESTER, NH, 03102
Specialty	N
Board Certified	N
School and Year of Graduation	FINCH UNIV HLTH SCI CHICAGO MED SCH , IL USA 1992
Internship and Year	UNIV OF MASSACHUSETTS MEDICAL CENTER - WORCESTER, MA 1993
Residency and Year	UNIV OF MASSACHUSETTS MEDICAL CENTER - WORCESTER, MA 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 10958  
 License Date 6/7/2000  
 Name **MCBEAN, JUDITH H MD**  
 Address 21 BELMONT AVE, BRATTLEBORO, VT, 05301  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIV OF VERMONT - BURLINGTON, VT USA 1987  
 Internship and Year UNIV OF VERMONT - BURLINGTON, VT 1988  
 Residency and Year UNIV OF VERMONT - BURLINGTON, VT 1991  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15840  
 License Date 9/5/2012  
 Name **MCCAFFREY, MARY H MD**  
 Address APPLIEDORE MEDICAL GROUP, 31 STILES ROAD SUITE 1500SALEM, NH, 03079  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation NEW YORK UNIVERSITY SCHOOL OF MEDICINE USA 1997  
 Internship and Year TUFTS MEDICAL CENTER - BOSTON, MA 1998  
 Residency and Year TUFTS MEDICAL CENTER - BOSTON, MA 2001  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14427  
 License Date 5/6/2009  
 Name **MCCALL, MARIANNE C MD**  
 Address 49 RIDGE RD, CONCORD, NH, 03301  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF FLORIDA USA 2000  
 Internship and Year TALLAHASSEE MEMORIAL HEALTHCARE - TALLAHASSEE, FL 2001  
 Residency and Year TALLAHASSEE MEMORIAL HEALTHCARE - TALLAHASSEE, FL 2003  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13717  
 License Date 10/3/2007  
 Name **MCCALMONT, TIMOTHY H MD**  
 Address UCSF DERMATOPATHOLOGY, 1701 DIVISADERO ST SUITE 280SAN FRANCISCO, CA, 94115  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation UNIV OF IOWA 1986 1986  
 Internship and Year WILLIAM BEAUMONT HOSPITAL - ROYAL OAK, MI 1987  
 Residency and Year WAKE FOREST UNIV SCHOOL OF MEDICINE - WINSTON-SALEM, NC 1990  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	14724
License Date	1/6/2010
Name	<b>McCAMPBELL, NINA K MD</b>
Address	ROBERT MESROPIAN CTR FOR COMMUNITY CARE, 10 ALICE PECK DAY DRIVELEBANON, NH, 03766
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV CENTRAL DEL CARIBE SCHOOL OF MEDICINE PUERTO RICO 2004
Internship and Year	GREATER LAWRENCE FAMILY HEALTH CENTER - LAWRENCE, MA 2005
Residency and Year	GREATER LAWRENCE FAMILY HEALTH CENTER - LAWRENCE, MA 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4652
License Date	2/1/1971
Name	<b>MCCANN, WILLIAM P MD</b>
Address	NEW ENGLAND NEUROLOGICAL, 354 MERRIMACK ST BLDG 1LAWRENCE, MA, 01843
Specialty	NS
Board Certified	NS
School and Year of Graduation	GEORGETOWN UNIV WASH, DC USA 1962
Internship and Year	NEW YORK HOSPITAL - NY, NY 1963
Residency and Year	MONTREAL NEUROLOGICAL INSTITUTE AND HOSPITAL - MONTREAL CANADA 1968
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6594
License Date	7/15/1982
Name	<b>MCCANTY, MAUREEN E MD</b>
Address	50 TENNEY HILL RD, DUNBARTON, NH, 03045-4115
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	STATE UNIV OF NEW YORK UPSTATE COLL MED USA 1978
Internship and Year	WOMEN-INFANTS HOSPITAL - PROVIDENCE, RI 1979
Residency and Year	WOMEN-INFANT HOSPITAL - PROVIDENCE, RI 1979
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16645
License Date	6/4/2014
Name	<b>MCCARDLE, TIMOTHY W MD</b>
Address	7615 LAKE CYPRESS DR, ODESSA, FL, 33556
Specialty	DMP
Board Certified	DMP
School and Year of Graduation	UNIVERSITY OF MISSESSIPPI SCHOOL OF MEDICINE USA 2003
Internship and Year	WASHINGTON UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS, MO 2004
Residency and Year	WASHINGTON UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS, MO 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 16348  
 License Date 10/2/2013  
 Name **MCCARTEN, MICHAEL D DO**  
 Address ELLIOT FAMILY MED AT WINDHAM, 5 INDUSTRIAL DR WINDHAM, NH, 03087  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC USA 1983  
 Internship and Year US NAVAL HOSPITAL CAMP PENDLETON - CAMP PENDELTON, CA 1987  
 Residency and Year US NAVAL HOSPITAL CAMP PENDLETON - CAMP PENDELTON, CA 1988  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 7256  
 License Date 1/2/1986  
 Name **MCCARTHY, GREGORY M MD**  
 Address GUIDANCE MEDICAL ASSOCIATES PC, PO BOX 677 LACONIA, NH, 03247  
 Specialty IMG  
 Board Certified IM  
 School and Year of Graduation FAC DE MED DE LA UNIV AUTONOMA DE GUADALAJARA MEXICO 1980  
 Internship and Year UNIV RUTGERS MEDICAL SCHOOL HOSPITAL - PISCATAWAY, NJ 1984  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1986  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14660  
 License Date 11/4/2009  
 Name **MCCARTHY, JAMES E MD**  
 Address 653 N PLEASANT VIEW RD, UNIT 212 MIDDLETON, WI, 53562  
 Specialty PD  
 Board Certified  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2007  
 Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008  
 Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 3919  
 License Date 7/1/1966  
 Name **MCCARTHY, RICHARD E MD**  
 Address 25 SAMOSET DR, SALEM, NH, 03079-2859  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation NEW YORK MEDICAL COLLEGE - NEW YORK, NY USA 1959  
 Internship and Year ST ELIZABETH'S HOSPITAL - BOSTON, MA 1960  
 Residency and Year ST ELIZABETH'S HOSPITAL - BOSTON, MA 1964  
 License Expiration Date **9/9/2010**  
 Remarks **Deceased 9/9/10**

License Number	9874
License Date	11/6/1996
Name	<b>MCCARTIE, JOHN C MD</b>
Address	CROTCHED MOUNTAIN REHAB CTR, 1 VERNEY DRGREENFIELD, NH, 03047
Specialty	PD
Board Certified	PD
School and Year of Graduation	JOHNS HOPKINS UNIV SCHOOL OF MEDICINE BALTIMORE,MD USA 1989
Internship and Year	JOHN HOPINS HOSPITAL - MD 1992
Residency and Year	JOHNS HOPKINS HOSPITAL - MD 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8824
License Date	10/7/1992
Name	<b>MCCARTNEY, MICHAEL J MD</b>
Address	18 HIGHLAND AVE, NEWBURYPORT, MA, 01985
Specialty	IM
Board Certified	IM
School and Year of Graduation	WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE USA 1988
Internship and Year	ROGER WILLIAMS GENERAL HOSPITAL PROVIDENCE RI 1991
Residency and Year	ROGER WILLIAMS GENERAL HOSPITAL PROVIDENCE RI 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4442
License Date	6/17/1969
Name	<b>MCCLEERY, JACK L MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	GE
Board Certified	GE
School and Year of Graduation	UNIV OF CHICAGO - IL USA 1962
Internship and Year	KING COUNTY HOSPITAL - SEATTLE WA 1963
Residency and Year	JACKSON MAMOERIAL HOSPITAL - MIAMI, FL 1967
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	11680
License Date	7/3/2002
Name	<b>McCLINTOCK, LORA MD</b>
Address	PETERBOROUGH INTERNAL MEDICINE, 454 OLD STREET RD STE 301PETERBOROUGH, NH, 03458
Specialty	IM
Board Certified	IM
School and Year of Graduation	GEORGE WASHINGTON UNIV - WASHINGTON, DC USA 1992
Internship and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1993
Residency and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	11420
License Date	10/3/2001
Name	<b>MCCLURE, AUDEN C MD</b>
Address	DHMC/PEDIATRICS DEPT, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PD
Board Certified	PD
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1999
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14168
License Date	9/3/2008
Name	<b>MCCLURE, LYDIA H MD</b>
Address	FAMILY PRACTICE OF SO. NASHUA, 116 SPIT BROOK RD NASHUA, NH, 03060
Specialty	FP
Board Certified	FP
School and Year of Graduation	STATE UNIV OF NEW YORK USA 1982
Internship and Year	SUNY @ BUFFALO - BUFFALO, NY 1983
Residency and Year	UNIV OF MASSACHUSETTS/FITCHBURG FAMILY PRACTICE - FITCHBURG, MA 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17118
License Date	6/3/2015
Name	<b>MCCOIN, CAMERON E MD</b>
Address	818 SW 3RD AVE, #221-7792 PORTLAND, OR, 97204
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF TX HEALTH SCIENCE CTR @ SAN ANTONIO USA 1991
Internship and Year	CHRISTUS SPOHN MEMORIAL HOSPITAL - CORPUS CHRISTI, TX 1992
Residency and Year	CHRISTUS SPOHN MEMORIAL HOSPITAL - CORPUS CHRISTI, TX 1994
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9842
License Date	9/4/1996
Name	<b>MCCOLE, JUDITH M DO</b>
Address	BEDFORD VILLAGE FAM PRACTICE, 15 CONSTITUTION DR BEDFORD, NH, 03110
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF NEW ENGLAND COLLEGE OF OSTEO MED BIDDEFORD USA 1993
Internship and Year	EASTERN MAINE MEDICAL CENTER - ME 1996
Residency and Year	EASTERN MAINE MEDICAL CENTER - ME 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7583
License Date	5/6/1987
Name	<b>MCCOLGAN, STEPHEN J MD</b>
Address	9604 ARTESIA BLVD STE 200, BELLFLOWER, CA, 90706-6682
Specialty	GS
Board Certified	
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1982
Internship and Year	UNIVERSITY OF CA IRVINE MEDICAL CENTER - ORANGE CA 1983
Residency and Year	UNIVERSITY OF CA IRVINE MEDICAL CENTER - ORANGE CA 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	10/9/06 - Settlement Agreement

License Number	13833
License Date	2/6/2008
Name	<b>MCCOLGAN, YUKO MD</b>
Address	1180 BEACON ST STE 3B, BROOKLINE, MA, 02446
Specialty	FP
Board Certified	FP
School and Year of Graduation	TOKYO WOMEN'S MEDICAL COLLEGE JAPAN 2002
Internship and Year	UNIV OF SOUTHERN CALIFORNIA - LOS ANGELES, CA 2006
Residency and Year	UNIV OF SOUTHERN CALIFORNIA - LOS ANGELES, CA 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16521
License Date	3/5/2014
Name	<b>MCCONACHIE, MOLLY A MD</b>
Address	MIDSTATE MEDICAL CENTER, 435 LEWIS AVEMERIDEN, CT, 06451
Specialty	EM
Board Certified	EM
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2008
Internship and Year	COOPER UNIVERSITY HOSPITAL - CAMDEN, NJ 2009
Residency and Year	COOPER UNIVERSITY HOSPITAL - CAMDEN, NJ 2011
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17070
License Date	5/6/2015
Name	<b>MCCONNELL, JOSEPH E MD</b>
Address	ADULT HOSPITALIST PROGAM - SNHMC, 8 PROSPECT STNASHUA, NH, 03060
Specialty	IM
Board Certified	
School and Year of Graduation	ROSS UNIVERSITY DOMINICA 2011
Internship and Year	STATEN ISLAND UNIVERSITY HOSPITAL - STATEN ISLAND, NY 2013
Residency and Year	STATEN ISLAND UNIVERSITY HOSPITAL - STATEN ISLAND, NY 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15315
License Date	7/6/2011
Name	<b>MCCOOL, RYAN R MD</b>
Address	VA MEDICAL CENTER, 215 N MAIN STWHITE RIVER JUNCTION, VT, 05009
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	UNIVERSITY OF ALABAMA USA 2006
Internship and Year	UNIVERSITY OF UTAH SCHOOL OF MEDICINE - SALT LAKE CITY, UT 2007
Residency and Year	UNIVERSITY OF UTAH SCHOOL OF MEDICINE - SALT LAKE CITY, UT 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5940
License Date	7/8/1978
Name	<b>MCCORMACK, TIMOTHY J MD</b>
Address	X-RAY PROFESSIONAL ASSOC, 2 1/2 BEACON STCONCORD, NH, 03301-
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIV OF ROCHESTER SCHOOL OF MEDICINE ROCHESTER, NY USA 1974
Internship and Year	STRONG MEMORIAL HOSPITAL UNIV ROCHESTER - ROCHESTER, NY 1975
Residency and Year	STRONG MEMORIAL HOSPITAL UNIV ROCHESTER - ROCHESTER, NY 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15258
License Date	6/1/2011
Name	<b>MCCORMICK, LYNN M MD</b>
Address	HCRS, 49 SCHOOL STHARTFORD, VT, 05047
Specialty	P
Board Certified	
School and Year of Graduation	BAYLOR COLLEGE OF MEDICINE USA 2008
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	T1993
License Date	6/26/1987
Name	<b>MCCORMICK, MARY V MD</b>
Address	DHMC, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	GS
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/26/1991</b>
Remarks	

License Number	11199
License Date	3/7/2001
Name	<b>MCCORMICK, MICHAEL J MD</b>
Address	LUNG, ALLERGY & SLEEP SPEC, 94 MENDON STHOPEDALE, MA, 01747
Specialty	AI
Board Certified	AI
School and Year of Graduation	VANDERBILT UNIV SCH OF MED- NASHVILLE, TN USA 1989
Internship and Year	BRIGHAM & WOMEN'S HOSPITAL - CHESTNUT HILL, MA 1990
Residency and Year	BRIGHAM & WOMEN'S HOSPITAL - CHESTNUT HILL, MA 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16420
License Date	12/4/2013
Name	<b>MCCORMICK, THOMAS E MD</b>
Address	57 CHESTNUT AVE, RUTLAND, VT, 05701-9499
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF VERMONT COLLEGE OF MEDICINE - VT USA 1975
Internship and Year	ALBANY MEDICAL CENTER - ALBANY, NY 1976
Residency and Year	ALBANY MEDICAL CENTER - ALBANY, NY 1978
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10684
License Date	9/1/1999
Name	<b>MCCOY, DEBORAH L MD</b>
Address	LEXINGTON EYE ASSOCIATES, 21 WORTHEN RDLEXINGTON, MA, 02421-5451
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIV OF VT COLL OF MED - BURLINGTON, VT USA 1995
Internship and Year	LAHEY CLINIC - BURLINGTON, MA 1995
Residency and Year	NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON, MA 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5928
License Date	6/12/1978
Name	<b>MCCUE, MILES J MD</b>
Address	1269 UNION ST, MANCHESTER, NH, 03104-2043
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	LOYOLA UNIV STRITCH SCHOOL OF MEDICINE - MAYWOOD USA 1971
Internship and Year	MONTEFIORE HOSPITAL - PITTSBURGH, PA 1972
Residency and Year	MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1976
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17018
License Date	4/1/2015
Name	<b>MCCULLOCH, MICHAEL D MD</b>
Address	DHMC, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF VIRGINIA SCHOOL OF MEDICINE USA 2008
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2009
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5375
License Date	7/24/1975
Name	<b>MCCULLOUGH, DENNIS M MD</b>
Address	DARTMOUTH CENTERS FOR HEALTHY AGING, HB7250HANOVER, NH, 03756
Specialty	FP
Board Certified	
School and Year of Graduation	HARVARD MEDICAL SCHOOL MA USA 1972
Internship and Year	SWEDISH HOSPITAL MEDICAL CTR 1973
Residency and Year	ST JOSEPH'S HOSPITAL - ONTARIO, CANADA 1975
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16767
License Date	9/3/2014
Name	<b>MCCULLOUGH, JOCK N MD</b>
Address	ONE MEDICAL CENTER DR, LEBANON, NH, 03756-0001
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF MED & DENTISTRY OF NJ USA 1987
Internship and Year	UMDNJ-NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 1988
Residency and Year	UMDNJ-NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6545
License Date	6/24/1982
Name	<b>MCCUTCHEON JR, JOHN J MD</b>
Address	, , ,
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF VERMONT, BURLINGTON, VT USA 1949
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1988</b>
Remarks	

License Number	13115
License Date	6/7/2006
Name	<b>MCDANIEL, BENJAMIN B MD</b>
Address	CNY DIAGNOSTIC IMAGING, 1000 E GENESEE ST STE 100SYRACUSE, NY, 13210
Specialty	R
Board Certified	R
School and Year of Graduation	DUKE UNIVERSITY, DURHAM NC US 2000
Internship and Year	RIVERSIDE REGIONAL MED CTR, NEWPORT NEWS VA 2001
Residency and Year	EMORY UNIVERSITY HOSP, ATLANTA GA 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6623
License Date	10/7/1982
Name	<b>MCDANIEL, MARTHA D MD</b>
Address	DEPT OF ANATOMY, DARTMOUTH MED SCHOOLHANOVER, NH, 03755
Specialty	CDS
Board Certified	CDS
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1977
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER- HANOVER, NH 1978
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - HANOVER, NH 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8406
License Date	7/11/1990
Name	<b>MCDONAGH, ANNMARIE S MD</b>
Address	159 SLAYTON HILL RD, PO BOX 205LEBANON, NH, 03766
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF MASS MED SCH-WORCHESTER,MA USA 1988
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1989
Residency and Year	DARTMOUTH-HTICHCOCK MED CTR-HANOVER,NH 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9284
License Date	9/7/1994
Name	<b>MCDONAH, DONALD B MD</b>
Address	SJ FAMILY MED CENTERS, 173 DANIEL WEBSTER HWYNASHUA, NH, 03060
Specialty	FP
Board Certified	FP
School and Year of Graduation	DALHOUSIE UNIVERSITY FACILITY OF MEDICINE CANADA 1981
Internship and Year	DALHOUSIE UNIVERSITY FACILITY OF MEDICINE - HALIFAX NS CANADA 1983
Residency and Year	DALHOUSIE UNIVERSITY FACILITY OF MEDICINE - HALIFAX NS CANADA 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13050
License Date	4/5/2006
Name	<b>MCDONALD, NEIL A MD</b>
Address	191 MIDDLETON RD, WOLFEBORO, NH, 03894
Specialty	AN
Board Certified	AN
School and Year of Graduation	BOSTON UNIV-BOSTON MA USA 2002
Internship and Year	DWIGHT DAVID EISENHOWER ARMY MED CTR-FORT GORDON GA 2003
Residency and Year	BOSTON UNIV MED CTR-BOSTON MA 2005
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	13977
License Date	5/7/2008
Name	<b>MCDONNELL, KEVIN M MD</b>
Address	VIRTUAL RADIOLOGIC CORP, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF TEXAS USA 1992
Internship and Year	UNIV OF TEXAS MEDICAL CENTER @ SAN ANTONIO 1993
Residency and Year	UNIV OF TEXAS HEALTH SCIENCE CENTER @ SAN ANTONIO 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6141
License Date	12/10/1979
Name	<b>MCDUGAL, WILLIAM SCOTT MD</b>
Address	, , ,
Specialty	U
Board Certified	
School and Year of Graduation	CORNELL UNIVERSITY IN NEW YORK USA 1968
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1997</b>
Remarks	

License Number	17178
License Date	7/1/2015
Name	<b>MCDUGALL, ERIC C MD</b>
Address	1492 E BROAD ST, COLUMBUS, OH, 43205
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF ALBERTA CANADA 1994
Internship and Year	UNIVERSITY OF CALGARY - CALGARY, CANADA 1995
Residency and Year	UNIVERSITY OF CALGARY - CALGARY, CANADA 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14767
License Date	3/3/2010
Name	<b>MCDUGALL, VIRGINIA H MD</b>
Address	AUGUSTA HEALTH, 59 MED CENTER DR FISHERSVILLE, VA, 22939
Specialty	GS
Board Certified	GS
School and Year of Graduation	LOUISIANA STATE UNIVERSITY USA 1994
Internship and Year	LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - NEW ORLEANS, LA 1995
Residency and Year	LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - NEW ORLEANS, LA 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5240
License Date	9/12/1974
Name	<b>MCDOWELL, JOHN A MD</b>
Address	ANDROSCOGGIN VALLEY HOSP, 59 PAGE HILL RD BERLIN, NH, 03570
Specialty	FP
Board Certified	FP
School and Year of Graduation	YALE UNIV SCHOOL OF MEDICINE, CT USA 1973
Internship and Year	CHILDREN'S HOSPITAL - PHILA, PA 1974
Residency and Year	CHILDREN'S HOSPITAL - PHILA, PA 1974
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6444
License Date	8/6/1981
Name	<b>MCDOWELL, ROBERT W MD</b>
Address	UVM MEDICAL CENTER - PATHOLOGY, 111 COLCHESTER AVE 233MP1 BURLINGTON, VT, 05401
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	INDIANA UNIV SCH OF MED INDIANAPOLIS, IN USA 1977
Internship and Year	BALL MEMORIAL HOSPITAL - MUNCIE, IN 1978
Residency and Year	BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1981
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>lapsed 6/30/13 - reinstated 9/3/14</b>

License Number	16978
License Date	3/4/2015
Name	<b>MCENTARFER, ROSS A MD</b>
Address	DHMC, 1 MED CTR DR LEBANON, NH, 03756
Specialty	ORS
Board Certified	
School and Year of Graduation	INDIANA UNIVERSITY SCHOOL OF MEDICINE USA 2011
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 2012
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number 3913  
 License Date 6/23/1966  
 Name **MCFADDEN III, WILLIAM M MD**  
 Address , , ,  
 Specialty  
 Board Certified  
 School and Year of Graduation  
 Internship and Year  
 Residency and Year  
 License Expiration Date **6/30/1996**  
 Remarks

License Number 17019  
 License Date 4/1/2015  
 Name **MCFADDEN, PATRICIA A MD**  
 Address 283 OAK HILL RD, CONCORD, NH, 03301  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE USA 2005  
 Internship and Year YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2006  
 Residency and Year YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2009  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14739  
 License Date 2/3/2010  
 Name **MCFARLANE, KAREN N MD**  
 Address HOPE SURGICAL SVS, 1216 WASHINGTON AVEPORT HURON, MI, 48060  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation UNIVERSITY OF IOWA USA 2004  
 Internship and Year PROVIDENCE HOSPITAL AND MEDICAL CENTERS - SOUTHFIELD, MI 2006  
 Residency and Year PROVIDENCE HOSPITAL AND MEDICAL CENTERS - SOUTHFIELD, MI 2008  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15316  
 License Date 7/6/2011  
 Name **MCGARRY, SEAN M MD**  
 Address BOISE ANESTHESIA PA, 1055 N CURTIS RD BOISE, ID, 83706  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation PENNSYLVANIA STATE UNIVERSITY USA 2007  
 Internship and Year LEHIGH VALLEY HSOPITAL - ALLENTOWN, PA 2008  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011  
 License Expiration Date **6/30/2015**  
 Remarks

License Number	8784
License Date	8/5/1992
Name	<b>MCGEE, DONALD R MD</b>
Address	ARBOR HOSPITAL, 49 ROBINWOOD AVE BOSTON, MA, 02130
Specialty	GP
Board Certified	
School and Year of Graduation	UNIVERSITY OF WESTERN ONTARIO CANADA 1979
Internship and Year	STATEN ISLAND UNIVERSITY HOSPITAL      STATEN ISLAND - NEW YORK 1980
Residency and Year	STATEN ISLAND UNIVERSITY HOSPITAL      STATEN ISLAND - NEW YORK 1981
License Expiration Date	<b>6/30/2016</b>
Remarks	7/22/05 - Preliminary Agreement For Practice Restrictions - Dr. McGee is not to practice medicine as of 7/22/05. 6/13/07 - Settlement Agreement

License Number	11634
License Date	6/5/2002
Name	<b>MCGEE, MICHAEL D MD</b>
Address	1 BELMONT RD, UNIT 215W HARWICH, MA, 02671-1343
Specialty	P
Board Certified	P
School and Year of Graduation	STANFORD UNIV - STANFORD, CA USA 1985
Internship and Year	ST MARY'S MEDICAL CENTER - SAN FRANCISCO, CA 1986
Residency and Year	MASSACHUSETTS MENTAL HEALTH CENTER - BOSTON, MA 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9637
License Date	1/3/1996
Name	<b>MCGHEE, JUDIANN MD</b>
Address	33 MARGUAND LN, NEWBURYPORT, MA, 01950-
Specialty	FP
Board Certified	FP
School and Year of Graduation	MT SINAI SCHOOL OF MEDICINE OF THE CITY UNIV OF NY USA 1989
Internship and Year	UNIV OF MASS MEDICAL CENTER - WORCESTER, MA 1990
Residency and Year	UNIV OF MASS MEDICAL CENTER - WORCESTER, MA 1993
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	13506
License Date	5/9/2007
Name	<b>MCGINLEY-SMITH, DANIEL E MD</b>
Address	NEW ENGLAND DERMATOLOGY, 160 PALMER COURT WHITE RIVER JCT, VT, 05001
Specialty	D
Board Certified	D
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 2003
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2004
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7621
License Date	6/3/1987
Name	<b>MCGINN, DANA F MD</b>
Address	238 WESTERN AVE, BRATTLEBORO, VT, 05301-3140
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIV OF VERMONT COLLEGE OF MEDICINE USA 1984
Internship and Year	FRAMINGTON UNION HOSPITAL - FRAMINGTON MA 1981
Residency and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER NY 1984
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	11452
License Date	11/7/2001
Name	<b>MCGINN, MARYANNE MD</b>
Address	187 SW SNAPDRAGON C, PORT ST LUCIE, FL, 34953
Specialty	EM
Board Certified	EM
School and Year of Graduation	VIRGINIA COMMONWEALTH UNIV- RICHMOND, VA USA 1984
Internship and Year	OUCOM/ST VINCENT MERCY MEDICAL CENTER - TOLEDO, OH 1985
Residency and Year	OUCOM/ST VINCENT MERCY MEDICAL CENTER - TOLEDO, OH 1987
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	9425
License Date	5/3/1995
Name	<b>MCGONAGLE, JAN MD</b>
Address	, 99 TERRACE STKEENE, NH, 03431
Specialty	PHO
Board Certified	PD
School and Year of Graduation	STATE UNIVERSITY OF NEW YORK USA 1991
Internship and Year	UNIVERSITY OF COLORADO HEALTH SCIENCE CENTER 1994
Residency and Year	UNIVERSITY OF COLORADO HEALTH SCIENCE CENTER 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14806
License Date	4/7/2010
Name	<b>MCGOUGH JR, BILLY W MD</b>
Address	DHMC - CLINIC 3A - ORTHOPAEDIC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	ORS
Board Certified	
School and Year of Graduation	UNIVERSITY OF ALABAMA USA 2005
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	14134
License Date	8/6/2008
Name	<b>MCGOWAN, MARGIT M DO</b>
Address	NORRIS COTTON CANCER CTR-DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF NEW ENGLAND USA 2001
Internship and Year	SUNY @ STONY BROOK UNIV HOSP - STONY BROOK, NY 2002
Residency and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2004
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	8739
License Date	6/3/1992
Name	<b>MCGOWAN, MARY P MD</b>
Address	DHMC - CARDIOLOGY, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF MASSCHUSETTS USA 1987
Internship and Year	UNIV OF MAS MEDICAL CENTER - WORCESTER - MA 1990
Residency and Year	UNIV OF MASS MEDICAL CENTER - WORCESTER, MA 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15483
License Date	12/7/2011
Name	<b>MCGRATH, CAROLYN K MD</b>
Address	300 FRONT ST #107, PAWTUCKET, RI, 02860
Specialty	EM
Board Certified	IM
School and Year of Graduation	THE WARREN ALPERT MEDICAL SCHOOL USA 1990
Internship and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1991
Residency and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1993
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	11381
License Date	9/5/2001
Name	<b>MCGREEVY, JAMES M MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	GS
Board Certified	
School and Year of Graduation	UNIV OF WASHINGTON SCH MED- SEATTLE, WA USA 1995
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1996
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1997
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	9068
License Date	10/6/1993
Name	<b>MCGUIRE, JAMES G MD</b>
Address	ELLIOT PEDIATRIC SPECIALTIES, 275 MAMMOTH RD STE 1MANCHESTER, NH, 03109-5603
Specialty	PD
Board Certified	PD
School and Year of Graduation	GEORGE WASHINGTON UNIVERSITY SCHOOL OF MEDICINE USA 1980
Internship and Year	CHILDRENS HOSPITAL - BUFFALO NY 1981
Residency and Year	CHILDRENS HOSPITAL - BUFFALO NY 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9817
License Date	8/7/1996
Name	<b>MCHUGH, DENISE D MD</b>
Address	10 PROSPECT ST, STE 402NASHUA, NH, 03060
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	BOWMAN GRAY SCHOOL OF MEDICINE OF WAKE FOREST UNIV USA 1992
Internship and Year	EAST CAROLINA UNIV SCHOOL OF MEDICINE - GREENVILLE, NC 1993
Residency and Year	LEHIGH VALLEY HOSP - ALLENTOWN, PA 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10790
License Date	12/1/1999
Name	<b>MCINTEER, DEBBI M MD</b>
Address	2 MENDUMS LANDING RD, BARRINGTON, NH, 03825
Specialty	P
Board Certified	
School and Year of Graduation	UNIV OF TEXAS SO MED CTR - DALLAS, TX USA 1995
Internship and Year	BROWN UNIV - PROVIDENCE, RI 1996
Residency and Year	BROWN UNIV - PROVIDENCE, RI 1999
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	15157
License Date	3/2/2011
Name	<b>MCINTIRE, MARIA G MD</b>
Address	MIRACA LIFE SCIENCES, 320 NEEDHAM ST STE 200NEWTON, MA, 02464
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	RUSH UNIVERSITY USA 2005
Internship and Year	RUSH UNIVERSITY MEDICAL CENTER - CHICAGO, IL 2006
Residency and Year	RUSH UNIVERSITY MEDICAL CENTER - CHICAGO, IL 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16917
License Date	1/21/2015
Name	<b>MCINTOSH, MARCY A MD</b>
Address	500 W COURT, KANKAKEE, IL, 60901
Specialty	DR
Board Certified	
School and Year of Graduation	LOYOLA UNIVERSITY OF CHICAGO STRITCH SCHOOL OF MED USA 1982
Internship and Year	MACNEAL HOSPITAL - BERWYN, IL 1983
Residency and Year	JOHN H STROGER JR HOSPITAL OF COOK COUNTY - CHICAGO, IL 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10488
License Date	1/6/1999
Name	<b>MCINTYRE, JOHN J MD</b>
Address	DHMC, ONE MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF VERMONT COLL OF MED - BURLINGTON,VT USA 1991
Internship and Year	KAISER PERMANENTE MEDICAL CENTER - SAN FRANCISCO, CA 1992
Residency and Year	FLETHER ALLEN HEALTH CENTER - BURLINGTON, VT 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13292
License Date	10/4/2006
Name	<b>MCKEAN, KIMBERLY M DO</b>
Address	DARTMOUTH-HITCHCOCK, 100 HITCHCOCK WAYMANCHESTER, NH, 03102
Specialty	FP
Board Certified	FP
School and Year of Graduation	MICHIGAN STATE UNIVERSITY, EAST LANSING MI US 1994
Internship and Year	MICHIGAN STATE UNIVERSITY, LANSING MI 1995
Residency and Year	GADEN CITY HOSPITAL, GARDEN CITY MI 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11200
License Date	3/7/2001
Name	<b>MCKEE, ANDREA B MD</b>
Address	LAHEY CLINIC, 41 MALL RDBURLINGTON, MA, 01805
Specialty	RO
Board Certified	RO
School and Year of Graduation	COLUMBIA UNIV COLL PHYSICIAN & SURGEONS- NY, NY USA 1996
Internship and Year	LENOX HILL HOSPITAL - NEW YORK, NY 1997
Residency and Year	MEMORIAL SLOAN-KETTERING CANCER CENTER - NEW YORK, NY 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11285
License Date	6/6/2001
Name	<b>MCKEE, RODERICK S MD</b>
Address	CORE PHYSICIANS, 3 ALUMNI DRIVE STE 201 EXETER, NH, 03833
Specialty	GS
Board Certified	GS
School and Year of Graduation	NEW YORK MED COLL- VALHALLA, NY USA 1979
Internship and Year	MCP HAHNEMANN UNIV - PHILADELPHIA, PA 1980
Residency and Year	MCP HAHNEMANN UNIV- PHILADELPHIA, PA 1982
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14169
License Date	9/3/2008
Name	<b>MCKENNA, DANIEL T MD</b>
Address	DHMC, 1 MED CTR DR LEBANON, NH, 03756
Specialty	GS
Board Certified	
School and Year of Graduation	CREIGHTON UNIV USA 2003
Internship and Year	UNIV OF UTAH HEALTH SCIENCES CENTER - SALT LAKE CITY, UT 2004
Residency and Year	UNIV OF UTAH HEALTH SCIENCES CENTER 2005
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	14768
License Date	3/3/2010
Name	<b>MCKENNA, JENNIFER C MD</b>
Address	PENOBSCOT BAY WOMENS HEALTH, 3 GLENCOVE DR STE 1 ROCKPORT, ME, 04856
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF SOUTHERN CALIFORNIA USA 1994
Internship and Year	BAYLOR UNIVERSITY MEDICAL CENTER PROGRAM - DALLAS, TX 1995
Residency and Year	BAYLOR UNIVERSITY MEDICAL CENTER PROGRAM - DALLAS, TX 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14296
License Date	1/7/2009
Name	<b>MCKENZIE, RICHARD G DO</b>
Address	NORTH COUNTRY PRIMARY CARE - RHC, 580 ST JOHNSBURY RD LITTLETON, NH, 03561
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF NEW ENGLAND USA 2006
Internship and Year	CONCORD HOSPITAL - CONCORD, NH 2007
Residency and Year	CONCORD HOSPITAL - CONCORD, NH 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15109
License Date	1/5/2011
Name	<b>MCKILLION, PATRICK C MD</b>
Address	LAKELAND REG MED CTR, 1234 NAPIER AVEST JOSEPH, MI, 49085
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF MEDICINE & DENTISTRY OF NJ USA 1987
Internship and Year	GEISINGER MEDICAL CENTER - DANVILLE, PA 1988
Residency and Year	GEISINGER MEDICAL CENTER - DANVILLE, PA 1990
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	14592
License Date	9/2/2009
Name	<b>MCKINNON JR, HARRY D MD</b>
Address	CONVENIENT MD, 14 WEBB PLACEDOVER, NH, 03820
Specialty	FP
Board Certified	FP
School and Year of Graduation	BOSTON UNIVERSITY - BOSTON, MA USA 1997
Internship and Year	DEWITT ARMY COMMUNITY HOSPITAL - FORT BELVOIR, VA 1998
Residency and Year	DEWITT ARMY COMMUNITY HOSPITAL - FORT BELVOIR, VA 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15085
License Date	12/1/2010
Name	<b>MCKNIGHT, TIMOTHY A DO</b>
Address	DHMC DEPT OF RADIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	R
Board Certified	R
School and Year of Graduation	MICHIGAN STATE UNIV COLLEGE OF OSTEOPATHIC MED USA 2006
Internship and Year	BOTSFORD GENERAL HOSPITAL - FARMINGTON HILLS, MI 2007
Residency and Year	BOTSFORD GENERAL HOSPITAL - FARMINGTON HILLS, MI 2011
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	5652
License Date	12/6/1976
Name	<b>MCLAREN, GEORGE P MD</b>
Address	PO BOX 752, FRANCONIA, NH, 03580
Specialty	EM
Board Certified	EM
School and Year of Graduation	ST THOMAS HOSPITAL LONDON 1967
Internship and Year	KING EDWARDS MEMORIAL HOSPITAL - BERMUDA 1970
Residency and Year	ROYAL COLLEGE OF OBGYN 1972
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	14886
License Date	6/2/2010
Name	<b>MCLAREN, JENNIFER L MD</b>
Address	DHMC-PSYCHIATRY DEPT, 1 MED CTR DRLEBANON, NH, 03756
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF MED & DENTISTRY NJ RW JOHNSON MED SCHOOL USA 2005
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15841
License Date	9/5/2012
Name	<b>MCLAUGHLIN II, ROBERT E MD</b>
Address	NORTH SHORE SHOULDER, 900 CUMMINGS CTR SUITE 1300BEVERLY, MA, 01815
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIVERSITY OF VIRGINIA USA 1997
Internship and Year	PENNSYLVANIA HOSPITAL - PHILADELPHIA, PA 1998
Residency and Year	THOMAS JEFFERSON UNIVERSITY - PHILADELPHIA, PA 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8320
License Date	5/9/1990
Name	<b>MCLAUGHLIN, WENDY A MD</b>
Address	1245 WASHINGTON RD, PO 955RYE, NH, 03870-0955
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	BOSTON UNIV SCH OF MED - BOSTON, MA USA 1986
Internship and Year	BETH ISRAEL HOSPITAL - BOSTON, MA 1987
Residency and Year	BETH ISRAEL HOSPITAL - BOSTON, MA 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10163
License Date	11/5/1997
Name	<b>MCLAULIN, JOHN W MD</b>
Address	NNA JACQUES HOSPITAL ED, 25 HIGHLAND AVENEWBURYPORT, MA, 01951
Specialty	EM
Board Certified	FP
School and Year of Graduation	VA COMMONWEALTH UNIV - RICHMOND, VA USA 1988
Internship and Year	MOSES H CONE MEMORIAL HOSPITAL - NC 1991
Residency and Year	MOSES H CONE MEMORIAL HOSPITAL - NC 1991
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	11760
License Date	10/2/2002
Name	<b>MCLEAN, WALTER L MD</b>
Address	200 MOORLAND RD, FALMOUTH, MA, 02540
Specialty	PD
Board Certified	PD
School and Year of Graduation	BOSTON UNIVERSITY, BOSTON MA USA 1960
Internship and Year	CHELSEA NAVAL HOSPITAL, CHELSEA MA 1961
Residency and Year	CHELSEA NAVAL HOSPITAL, CHELSEA MA 1965
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	8519
License Date	4/3/1991
Name	<b>MCLELLAN, ROBERT MD</b>
Address	AMG DBA THE HEMATOLOGY AND ONCOLOGY CTR, 155 BORTHWICK AVEPORTSMOUTH, NH, 0380
Specialty	GO
Board Certified	GO
School and Year of Graduation	UNIV OF MARYLAND SCH OF MED-BALTIMORE, MD USA 1980
Internship and Year	ST AGNES HOSPITAL - BALTIMORE, MD 1981
Residency and Year	ST AGNES HOSPITAL - BALTIMORE, MD 1984
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	8417
License Date	8/8/1990
Name	<b>MCLELLAN, ROBERT K MD</b>
Address	D H M C OCC MED, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	OM
Board Certified	OM
School and Year of Graduation	YALE UNIV SCH OF MED - NEW HAVEN,CT USA 1978
Internship and Year	HIGHLAND HOSPITAL - ROCHESTER, NY 1979
Residency and Year	HIGHAND HOSPITAL - ROCHESTER, NY 1981
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16834
License Date	11/6/2014
Name	<b>MCLEOD, ALEKSANDRA A MD</b>
Address	364 SE 8TH AVE, STE 108-AHILLSBORO, OR, 97123
Specialty	HO
Board Certified	HO
School and Year of Graduation	STATE UNIV OF NY UPSTATE MEDICAL UNIV USA 2005
Internship and Year	OREGON HEALTH & SCIENCE UNIVERSITY - PORTLAND, OR 2006
Residency and Year	OREGON HEALTH & SCIENCE UNIVERSITY - PORTLAND, OR 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 16235  
 License Date 7/3/2013  
 Name **MCMAHON, JOHN A DO**  
 Address ATLANTIC SPORTS MEDICINE, 150 US 1 BYPASSPORTSMOUTH, NH, 03801  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC M USA 2008  
 Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2009  
 Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2011  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13116  
 License Date 6/7/2006  
 Name **MCMATH, JONATHAN C MD**  
 Address ROCHESTER PEDIATRICS ASSOC, 245 ROCHESTER HILL RD UNIT 2 ROCHESTER, NH, 03867  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation KIGEZI INTERNATIONAL SCHOOL OF MED, UGANDA UGANDA 2003  
 Internship and Year METROHEALTH MEDICAL CTR, CLEVELAND OH 2004  
 Residency and Year METROHEALTH MEDICAL CTR, CLEVELAND OH 2006  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 11635  
 License Date 6/5/2002  
 Name **MCMILLAN, ELIZABETH R MD**  
 Address DARTMOUTH-HITCHCOCK NASHUA, 2300 SOUTHWOOD DR NASHUA, NH, 03063  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF NW MEXICO SCH OF MED - ALBUQUERQUE, NM USA 1999  
 Internship and Year FITCHBURG FAMILY PRACTICE - FITCHBURG, MA 2001  
 Residency and Year FITCHBURG FAMILY PRACTICE - FITCHBURG, MA 2002  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 10184  
 License Date 12/3/1997  
 Name **MCMILLAN, ROBERT MD**  
 Address 6 WINDSOR SQUARE, LACONIA, NH, 03246  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation UNIV OF GLASGOW FAC OF MED-SCOTLAND SCOTLAND 1963  
 Internship and Year VANCOUVER HOSP & HEALTH SCIENCES CTR 1973  
 Residency and Year VANCOUVER HOSP & HEALTH SCIENCES CTR 1973  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 16646  
 License Date 6/4/2014  
 Name **MCNAMARA, MICHAEL D DO**  
 Address THE MENTAL HEALTH CTR, 1228 ELM ST STE 201MANCHESTER, NH, 03101  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND OF OSTEOPATHIC MED USA 1988  
 Internship and Year DETROIT PSYCHIATRIC INSTITUTE - DETROIT, MI 1989  
 Residency and Year DETROIT PSYCHIATRIC INSTITUTE - DETROIT, MI 1992  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14887  
 License Date 6/2/2010  
 Name **MCNAMARA, TERRENCE R DO**  
 Address MONADNOCK ORTHOPAEDIC ASSOC, 458 OLD ST RD STE 200PETERBOROUGH, NH, 03458  
 Specialty PM  
 Board Certified PM  
 School and Year of Graduation DES MOINES UNIVERSITY USA 2005  
 Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2006  
 Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE, MAYO CLINIC - ROCHESTER, MN 2009  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11739  
 License Date 9/4/2002  
 Name **MCNAMARA, THOMAS C MD**  
 Address CHESHIRE MEDICAL CENTER, 149 EMERALD STKEENE, NH, 03431  
 Specialty U  
 Board Certified U  
 School and Year of Graduation GEORGE WASHINGTON UNIVERSITY, WASHINGTON DC USA 1969  
 Internship and Year VANDERBILT UNIVERSITY MED CTR, NASHVILLE TN 1970  
 Residency and Year VANDERBILT UNIVERSITY MED CTR, NASHVILLE TN 1976  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10164  
 License Date 11/5/1997  
 Name **MCNEEL, DON F MD**  
 Address MILFORD MEDICAL CENTER, 442 NASHUA STREETMILFORD, NH, 03055  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF SOUTH CAROLINA OF MED -COLUMBIA-SC USA 1995  
 Internship and Year CONCORD HOSPITAL - CONCORD, NH 1998  
 Residency and Year CONCORD HOSPITAL - CONCORD, NH 1998  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	16598
License Date	5/7/2014
Name	<b>MCNEELY, ERIN R MD</b>
Address	1 CLARK ST, LEBANON, NH, 03106
Specialty	IM
Board Certified	
School and Year of Graduation	LOYOLA UNIVERSITY OF CHICAGO STRITCH SCHOOL OF MED USA 2011
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER LEBANON, NH 2012
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER LEBANON, NH 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11328
License Date	7/11/2001
Name	<b>MCNEIL III, JOHN R MD</b>
Address	ONE MEDICAL CENTER DR, LEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	MEDICAL COLLEGE OF OHIO USA 1998
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CTR LEBANON NH 1999
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CTR LEBANON NH 2000
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	11329
License Date	7/11/2001
Name	<b>MCNEIL, STEPHEN C MD</b>
Address	21 BRISTOL DR STE 202, SOUTH EASTON, MA, 02375-1199
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	TUFTS MEDICAL SCHOOL USA 1985
Internship and Year	ST ELIZABETH'S MEDICAL CENTER BOSTON MA 1986
Residency and Year	NEW ENGLAND MEDICAL CENTER BOSTON MA 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12581
License Date	1/5/2005
Name	<b>MCNULTY, NANCY J MD</b>
Address	D H M C, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty	R
Board Certified	R
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL, LEBANON NH US 1995
Internship and Year	BETH ISRAEL DEACONESS MED CTR, BOSTON MA 1996
Residency and Year	UNIVERSITY OF MECHIGAN, ANN ARBOR ME 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15387
License Date	9/7/2011
Name	<b>MCPHEE, LAURA C DO</b>
Address	ELLIOT HOSPITAL, ONE ELLIOT WAYMANCHESTER, NH, 03101
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND USA 2005
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2006
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12751
License Date	6/1/2005
Name	<b>MCQUADE, DAVID B MD</b>
Address	68 CROSS RD, HANCOCK, ME, 04640
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF OKLAHOMA, OKLAHOMA CITY OK US 1980
Internship and Year	UNIVERSITY OF ROCHESTER MED CTR, ROCHESTER NH 1981
Residency and Year	UNIVERSITY OF ROCHESTER MED CTR, ROCHESTER NH 1984
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	11030
License Date	8/2/2000
Name	<b>MCQUADE, DEBRA V MD</b>
Address	BRATTLEBORO RETREAT, ONE ANNA MARSH LANE BRATTLEBORO, VT, 05301
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF CONNECTICUT SCH - FARMINGTON, CT USA 1998
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1999
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15388
License Date	9/7/2011
Name	<b>MCQUEEN, CLAUDIA F MD</b>
Address	21 HAMPTON RD, EXETER, NH, 03833
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF MICHIGAN USA 1993
Internship and Year	ST JOSEPH MERCY HOSPITAL - ANN ARBOR, MI 1994
Residency and Year	ST JOSEPH MERCY HOSPITAL - ANN ARBOR, MI 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 16835  
 License Date 11/6/2014  
 Name **MCQUIDE, ANDREW E MD**  
 Address 690 CANTON ST STE 325, WESTWOOD, MA, 02090  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation STATE UNIV OF NY UPSTATE MEDICAL UNIV USA 2001  
 Internship and Year ST VINCENT'S MEDICAL CENTER - BRIDGEPORT, CT 2002  
 Residency and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2005  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14170  
 License Date 9/3/2008  
 Name **MCQUISTON, LESLIE T MD**  
 Address DHMC-DEPT OF SURG/PED UROLOGY, ONE MED CTR DRLEBANON, NH, 03756  
 Specialty UP  
 Board Certified UP  
 School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1994  
 Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1995  
 Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1999  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 15450  
 License Date 11/2/2011  
 Name **MCSWEENEY, MAIREADE E MD**  
 Address 131 SEWALL AVE UNIT 38, BROOKLINE, MA, 02446  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2005  
 Internship and Year CHILDREN'S HOSPITAL - BOSTON MEDICAL CENTER - BOSTON, MA 2006  
 Residency and Year CHILDREN'S HOSPITAL - BOSTON MEDICAL CENTER - BOSTON, MA 2008  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 15966  
 License Date 12/5/2012  
 Name **MCWILLIAMS, ROBERT R MD**  
 Address MAYO CLINIC, 200 1ST ST SW ROCHESTER, MN, 55905  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 1997  
 Internship and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1998  
 Residency and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 2000  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	9492
License Date	7/5/1995
Name	<b>MEAD, VERONIQUE P MD</b>
Address	4439 DRIFTWOOD PLACE, BOULDER, CO, 80301-3170
Specialty	FP
Board Certified	
School and Year of Graduation	MC MASTER UNIVERSITY SCHOOL OF MEDICINE CANADA 1990
Internship and Year	UNIVERSITY OF NM SCHOOL OF MEDICINE - ALBUQUERQUE NM 1993
Residency and Year	UNIVERSITY OF NM SCHOOL OF MEDICINE - ALBUQUERQUE NM 1993
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	16376
License Date	11/6/2013
Name	<b>MEADE, CHRISTINE N MD</b>
Address	SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200S PORTLAND, ME, 04106
Specialty	DR
Board Certified	DR
School and Year of Graduation	CREIGHTON UNIVERSITY SCHOOL OF MEDICINE USA 2007
Internship and Year	CHILDRENS MERCY HOSPITAL - KANSAS CITY, MO 2008
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2012
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7952
License Date	8/10/1988
Name	<b>MEADER, CHARLES R MD</b>
Address	613 OTTER RD, PO BOX 976GRANTHAM, NH, 03753
Specialty	IM
Board Certified	IM
School and Year of Graduation	BOSTON UNIV SCH MED - BOSTON, MA USA 1962
Internship and Year	BOSTON CITY HOSPITAL - BOSTON, MA 1963
Residency and Year	CLEVELAND CLINIC FOUNDATION - CLAEVELAND, OH 1968
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11541
License Date	3/6/2002
Name	<b>MEADOR, JOSEPHINE M MD</b>
Address	96 MAIN ST 236, BRUNSWICK, ME, 04011
Specialty	IM
Board Certified	IM
School and Year of Graduation	TEXAS TECH UNIV - LUBBOCK, TX USA 1982
Internship and Year	UNIV OF CALIFORNIA - ORANGE ,CA 1985
Residency and Year	UNIV OF CALIFORNIA - ORANGE ,CA 1987
License Expiration Date	<b>6/30/2003</b>
Remarks	<b>10/12/04 - Settlement Agreement</b>



License Number	6299
License Date	10/2/1980
Name	<b>MEADOW, ELIZABETH A MD</b>
Address	NFI-THS, 99 PLEASANT STCONCORD, NH, 03301
Specialty	P
Board Certified	P
School and Year of Graduation	DAARTMOUTH MED SCH HANOVER,NH USA 1978
Internship and Year	DARTMOUTH MED SCH- HANOVER,NH 1979
Residency and Year	DARTMOUTH MED SCH - HANOVER, NH 1980
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7716
License Date	9/2/1987
Name	<b>MEADOW, FELICE P DO</b>
Address	, , ,
Specialty	FP
Board Certified	FP
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1995</b>
Remarks	

License Number	6445
License Date	8/6/1981
Name	<b>MEADOWS, JOHN G MD</b>
Address	16 TAHANTO ST, CONCORD, NH, 03301
Specialty	GE
Board Certified	GE
School and Year of Graduation	UNIV OF MIAMI SCH OF MED-MIAMI,FL USA 1974
Internship and Year	MED COLL OF VIRGINIA HOSP-RICHMOND,VA 1975
Residency and Year	MED COLL OF VIRGINIA HOSP- RICHMOND,VA 1979
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	12138
License Date	11/5/2003
Name	<b>MEADS, THOMAS E MD</b>
Address	HANCOCK SURGICAL GROUP, ONE MEMORIAL SQUARE SUITE 100GREENFIELD, IN, 46140
Specialty	GS
Board Certified	GS
School and Year of Graduation	ROYAL COLLEGE OF SURGEONS IN IRELAND IRELAND 1989
Internship and Year	ST JOSEPH MERCY HOSP, ANN ARBOR MI 1990
Residency and Year	ST JOSEPH MERCY HOSP, ANN ARBOR MI 1991
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number 15038  
 License Date 10/6/2010  
 Name **MEARNS, ROBERT D MD**  
 Address LEXINGTON MEDICAL CTR, 2720 SUNSET BLVDW COLUMBIA, SC, 29169  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIVERSITY OF SOUTH CAROLINA USA 1988  
 Internship and Year PALMETTO HEALTH RICHLAND - COLUMBIA, SC 1989  
 Residency and Year PALMETTO HEALTH RICHLAND - COLUMBIA, SC 1992  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 14428  
 License Date 5/6/2009  
 Name **MEATTEY, HEATH R MD**  
 Address CORE ENDOCRINOLOGY, 881 LAFAYETTE RDHAMPTON, NH, 03842  
 Specialty END  
 Board Certified IM  
 School and Year of Graduation TULANE UNIVERSITY USA 2004  
 Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2005  
 Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2007  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14932  
 License Date 7/7/2010  
 Name **MECHELLA II, JOHN N DO**  
 Address DHMC, 1 MED CTR DRLEBANON, NH, 03756  
 Specialty RHU  
 Board Certified RHU  
 School and Year of Graduation NY COLLEGE OF OSTEOPATHIC MEDICINE USA 2007  
 Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008  
 Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10126  
 License Date 9/10/1997  
 Name **MECINSKI, ADAM M MD**  
 Address 9-A SHAKER LNDG #23, ENFIELD, NH, 03748  
 Specialty GS  
 Board Certified  
 School and Year of Graduation GEORGETOWN UNIV SCH MED WASHINGTON, DC USA 1993  
 Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - NH 1976  
 Residency and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - NH 1977  
 License Expiration Date **6/30/1998**  
 Remarks

License Number 10909  
 License Date 5/3/2000  
 Name **MEDINA, RAFAEL R MD**  
 Address 110 ARIELLE COURT, WILLIAMSVILLE, NY, 14221  
 Specialty OPH  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF WISCONSIN - MADISON WI USA 1994  
 Internship and Year MARSHFIELD CLINIC - MARSHFIELD WI 1996  
 Residency and Year CHILDREN'S HOSPITAL - BUFFALO NY 1999  
 License Expiration Date **6/30/2002**  
 Remarks

License Number 16283  
 License Date 8/7/2013  
 Name **MEDINA-BRAVO, ANGEL A MD**  
 Address 209 OAKSPRING LANE, MADISON HEIGHTS, VA, 24572  
 Specialty PM  
 Board Certified PM  
 School and Year of Graduation UNIVERSITY OF PUERTO RICO SCHOOL OF MEDICINE USA 2006  
 Internship and Year VETERANS AFFAIRS MEDICAL CENTER - SAN JUAN, PUERTO RICO 2007  
 Residency and Year BOSTON MEDICAL CENTER - BOSTON, MA 2010  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 6137  
 License Date 11/5/1979  
 Name **MEDLICOTT, ALEX G MD**  
 Address SPEARE MEMORIAL HOSPITAL, 16 HOSPITAL RDPLYMOUTH, NH, 03264  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIV. OF OREGON MED. SCH PORTLAND, OR USA 1976  
 Internship and Year DEACONESS HOSP. SPOKANE,WA 1977  
 Residency and Year DEACONESS HOSP - SPOKANE, WA 1977  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15451  
 License Date 11/2/2011  
 Name **MEDLIN, ALLISON L MD**  
 Address HERITAGE PHYSICIANS GROUP, 300 N OSAGE ST #200INDEPENDENCE, MO, 64050  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation AMERICAN UNIVERSITY OF THE CARIBBEAN NETHERLANDS ANTILLES 2008  
 Internship and Year ST JOHN HOSPITAL AND MEDICAL CENTER - DETROIT, MI 2009  
 Residency and Year ST JOHN HOSPITAL AND MEDICAL CENTER - DETROIT, MI 2011  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	12968
License Date	12/7/2005
Name	<b>MEDORA, CHRISTINE R MD</b>
Address	HANOVER CONTINUITY CLINIC, 45 LYME RD STE 104HANOVER, NH, 03755
Specialty	IM
Board Certified	IM
School and Year of Graduation	TULANE UNIVERSITY, NEW ORLEANS LA US 1996
Internship and Year	CAMBRIDGE HOSPITAL, CAMBRIDGE MA 1997
Residency and Year	CAMBRIDGE HOSPITAL, CAMBRIDGE MA 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11486
License Date	1/2/2002
Name	<b>MEDREK, PAUL L MD</b>
Address	COEH, 19 RYE STPORTSMOUTH, NH, 03801
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF MASS MED SCH - WORCESTER, MA USA 1987
Internship and Year	WRIGHT STATE UNIV - KETTERING, OH 1988
Residency and Year	WRIGHT STATE UNIV - KETTERING, OH 1990
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	8825
License Date	10/7/1992
Name	<b>MEEHAN, KENNETH R MD</b>
Address	DHMC-HEMATOLOGY-ONCOLOGY, ONE MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty	HEM
Board Certified	IM
School and Year of Graduation	GEORGETOWN UNIVERSITY USA 1986
Internship and Year	GEORGETOWN UNIVERSITY MEDICAL CENTER 1989
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER LEBANON NH 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6652
License Date	1/31/1983
Name	<b>MEEHAN, THOMAS C MD</b>
Address	NEW HAMPSHIRE HOSPITAL, 36 CLINTON STCONCORD, NH, 03301
Specialty	P
Board Certified	P
School and Year of Graduation	COLUMBIA UNIV COLL OF PHYSICIANS-NY USA 1973
Internship and Year	NORTH SHORE UNIV HOSP-MANHASSET,NY 1974
Residency and Year	NORTH SHORE UNIV HOSP-MANHASSET,NY 1974
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 16484  
 License Date 2/5/2014  
 Name **MEEK, JESSEE L DO**  
 Address FAMILY CARE OF CONCORD, 248 PLEASANT ST., SUITE 2600CONCORD, NH, 03301  
 Specialty FP  
 Board Certified  
 School and Year of Graduation OHIO UNIV COLLEGE OF OSTEOPATHIC MEDICINE USA 2011  
 Internship and Year CONCORD HOSPITAL - CONCORD, NH 2012  
 Residency and Year CONCORD HOSPITAL - CONCORD, NH 2014  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12911  
 License Date 10/5/2005  
 Name **MEEK, JONATHAN D MD**  
 Address 675 E 2100 SOUTH, STE 390SALT LAKE CITY, UT, 84106  
 Specialty FP  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF ILLINOIS, CHICAGO IL US 2002  
 Internship and Year HINSDALE HOSPITAL, HINSDALE IL 2003  
 Residency and Year HINSDALE HOSPITAL, HINSDALE IL 2005  
 License Expiration Date **6/30/2007**  
 Remarks

License Number 12111  
 License Date 10/1/2003  
 Name **MEERSMAN, STEPHEN H MD**  
 Address ASSOCIATES IN SURGERY AND GAST, 7 DUNNING STCLAREMONT, NH, 03743  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation UNIVERSITY OF COLORADO, DENVER CO US 1994  
 Internship and Year KEESLER MEDICAL CTR, KEESLER AFB MS 1995  
 Residency and Year KEESLER MEDICAL CTR, KEESLER AFB MS 1999  
 License Expiration Date **6/30/2005**  
 Remarks **DECEASED 4/1/07**

License Number 16647  
 License Date 6/4/2014  
 Name **MEESA, INDU R MD**  
 Address SUMMIT RADIOLOGY, PO BOX 80070FORT WAYNE, IN, 46898-0070  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation INDIANA UNIVERSITY SCHOOL OF MEDICINE USA 2007  
 Internship and Year GRAND RAPIDS MEDICAL EDUCATION PARTNERS - GRAND RAPIDS, MI 2008  
 Residency and Year GRAND RAPIDS MEDICAL EDUCATION PARTNERS - GRAND RAPIDS, MI 2012  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	14522
License Date	7/1/2009
Name	<b>MEESARAPU, DEBORAH N MD</b>
Address	DARTMOUT-HITCHCOCK, 253 PLEASANT STCONCORD, NH, 03301
Specialty	FP
Board Certified	FP
School and Year of Graduation	MANIPAL UNIVERSITY INDIA 1998
Internship and Year	CONCORD HOSPITAL - CONCORD, NH 2007
Residency and Year	CONCORD HOSPITAL - CONCORD, NH 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9021
License Date	8/4/1993
Name	<b>MEESS, MARK A MD</b>
Address	12 TYNG HILL RD, HOLLIS, NH, 03049
Specialty	IM
Board Certified	IM
School and Year of Graduation	JOHN HOPKINS UNIVERSITY SCHOOL OF MEDICINE USA 1980
Internship and Year	UNIVERSITY HEALTH CENTER OF PITTSBURGH - PITTSBURGH PA 1983
Residency and Year	UNIVERSITY HEALTH CENTER OF PITTSBURGH - PITTSBURGH PA 1983
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	14297
License Date	1/7/2009
Name	<b>MEHRA, AMI MD</b>
Address	9 VILLAGE SQ, CHELMSFORD, MA, 01824
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF MEDICINE & DENTISTRY - NEW JERSEY USA 2003
Internship and Year	BOSTON UNIV MEDICAL CENTER-UNIV HOSP - BOSTON, MA 2004
Residency and Year	MOUNT SINAI HOSPITAL - NEW YORK, NY 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13435
License Date	3/7/2007
Name	<b>MEHTA, JAGJIVAN R MD</b>
Address	VA MEDICAL CENTER, 1 VA CENTER BLD 255 RM 110AUGUSTA, MA, 04330
Specialty	N
Board Certified	N
School and Year of Graduation	UNIV EUGINIO MARIO DE HOSTOS DOMINICAN REPUBLIC 1998
Internship and Year	MEHARRY MEDICAL COLLEGE-NASHVILLE, TN 2002
Residency and Year	UNIV OF WISCONSIN HOSPITAL & CLINICS - MADISON, WI 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15626
License Date	4/4/2012
Name	<b>MEHTA, MEENA MD</b>
Address	131 ORNAC SUITE 610, CONCORD, MA, 01742
Specialty	PUD
Board Certified	PUD
School and Year of Graduation	INDIRA GANDHI MEDICAL COLLEGE INDIA 1982
Internship and Year	ST PETERS MEDICAL CENTER - NEW BRUNSWICK, NJ 1992
Residency and Year	ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>LAPSED FOR NONRENEWAL 6/30/14 RENEWED 8/21/14</b>

License Number	11740
License Date	9/4/2002
Name	<b>MEIER-EWERT, HANS K MD</b>
Address	BOSTON MEDICAL CENTER, 88 EAST NEWTON ST-C8BOSTON, MA, 02118
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF MUNICH, MUNICH GERMANY GERMANY 1994
Internship and Year	GRADUATE HOSPITAL, PHILADELPHIA PA 1997
Residency and Year	GRADUATE HOSPITAL, PHILADELPHIA PA 1999
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	8397
License Date	7/11/1990
Name	<b>MEILLER, JOAN M MD</b>
Address	687 BACKWESTMINSTER RD, WESTMINSTER, VT, 05158-9735
Specialty	CHP
Board Certified	CHP
School and Year of Graduation	SUNY HLTH SCIENCE CTR-BROOKLYN NY USA 1948
Internship and Year	NORWALK HOSPITAL-NORWALK CT 1953
Residency and Year	INSTITUTE OF LIVING HOSPITAL-HARTFORD CT 1954
License Expiration Date	<b>6/30/2002</b>
Remarks	<b>DECEASED 6-29-04</b>

License Number	11180
License Date	2/7/2001
Name	<b>MEINZ, HEIDI L MD</b>
Address	150 TARRYTOWN RD, MANCHESTER, NH, 03103-2767
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	VANDERBILT UNIV SCH OF MED - NASHVILLE, TN USA 1997
Internship and Year	BROWN UNIV-WOMEN & INFANT HOSP- PROVIDENCE, RI 1999
Residency and Year	BROWN UNIV - WOMEN & INFANT HOSP - PROVIDENCE, RI 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7584
License Date	5/6/1987
Name	<b>MEKLER, ALAN MD</b>
Address	AMOSKEAG ANESTHESIA, ONE ELLIOT WAY STE 200MANCHESTER, NH, 03103
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV OF MASS MED SCH - WORCESTER, MA USA 1982
Internship and Year	UNIV MASS HOSPITAL MEDICAL CENTER - WORCESTER, MA 1983
Residency and Year	UNIV MASS HOSPITAL MEDICAL CENTER - WORCESTER, MA 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6882
License Date	5/10/1984
Name	<b>MELAMED, JULIAN MD</b>
Address	ALLERGY & ASTHMA SPEC, 505 W HOLLIS STNASHUA, NH, 03062-1358
Specialty	AI
Board Certified	AI
School and Year of Graduation	MED SCH UNIV OF THE WITWATERSRAND AFRICA 1972
Internship and Year	HAHNEMANN MED COLL HOSP-PHIL,PA 1978
Residency and Year	HAHNEMANN MED COLL HOSP-PHIL,PA 1979
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10367
License Date	8/5/1998
Name	<b>MELAMED, YAIR D MD</b>
Address	MY PHYSICIAN PC, 5 COLISEUM AVE STE 306NASHUA, NH, 03063
Specialty	IM
Board Certified	IM
School and Year of Graduation	SACKLER FACULTY OF MED - RAMAT AVIV ISRAEL ISRAEL 1981
Internship and Year	METRO WEST MEDICAL CENTER - FRAMINGHAM, MA 1992
Residency and Year	METRO WEST MEDICAL CENTER - FRAMINGHAM, MA 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9253
License Date	8/3/1994
Name	<b>MELANCON, DIANE M MD</b>
Address	ST MARY'S HOSPITAL, 750 WELLINGTON AVEGRAND JUNCTION, CO, 81502
Specialty	IM
Board Certified	
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1987
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - HANOVER NH 1991
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - HANOVER NH 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	15802
License Date	8/1/2012
Name	<b>MELE JR, FRANK M MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	DR
Board Certified	DR
School and Year of Graduation	ROSALIND FRANKLIN UNIVERSITY USA 1992
Internship and Year	NORWALK HOSPITAL - NORWALK, CT 1993
Residency and Year	HOSPITAL OF SAINT RAPHAEL - NEW HAVEN, CT 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16236
License Date	7/3/2013
Name	<b>MELENDEZ DEDOS, ANDRES MD</b>
Address	PO BOX 367228, SAN JUAN, PR, 00936
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF PUERTO RICO USA 1989
Internship and Year	NEW ROCHELLE HOSPITAL MEDICAL CENTER - NEW ROCHELLE, NY 1990
Residency and Year	GEORGETOWN UNIVERSITY HOSPITAL - WASHINGTON, DC 1994
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14051
License Date	6/4/2008
Name	<b>MELENDEZ YOUNG, JILL A MD</b>
Address	NASHUA NEPHROLOGY, 38 TYLER STNASHUA, NH, 03060
Specialty	IM
Board Certified	IM
School and Year of Graduation	SOUTHERN ILLINOIS UNIV USA 2001
Internship and Year	OREGON HEALTH SCIENCES UNIV - PORTLAND,OR 2002
Residency and Year	OREGON HEALTH SCIENCES UNIV-PORTLAND, OR 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14387
License Date	4/1/2009
Name	<b>MELENDY, ELIZABETH K MD</b>
Address	CORE PEDIATRICS, 24 PLAISTOW RD UNIT 3PLAISTOW, NH, 03865
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF VERMONT USA 2006
Internship and Year	MAINE MEDICAL CENTER-PORTLAND, ME 2007
Residency and Year	MAINE MEDICAL CENTER-PORTLAND, ME 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17269
License Date	9/2/2015
Name	<b>MELIA, DAVID C DO</b>
Address	80 HIGHLAND ST, LACONIA, NH, 03246
Specialty	EM
Board Certified	
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC USA 2012
Internship and Year	MERCY ST VINCENT MEDICAL CENTER - TOLEDO, OH 2013
Residency and Year	MERCY ST VINCENT MEDICAL CENTER - TOLEDO, OH 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13978
License Date	5/7/2008
Name	<b>MELIK-ADAMYAN, LUSINE MD</b>
Address	PULMONARY & CRITICAL CARE, 85 SPRING ST LACONIA, NH, 03246-3113
Specialty	IM
Board Certified	IM
School and Year of Graduation	YEREVAN STATE MEDICAL UNIV ARMENIA 1993
Internship and Year	NEW YORK HOSPITAL MEDICAL CENTER OF QUEENS - FLUSHING, NY 2002
Residency and Year	NEW YORK HOSPITAL MEDICAL CENTER OF QUEENS - FLUSHING, NY 2005
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	16155
License Date	6/5/2013
Name	<b>MELITZ, CELINE MD</b>
Address	VIRTUAL RADIOLOGY, 11995 SINGLETREE LN STE 500 EDEN PRAIRIE, MN, 55344
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF PITTSBURGH SCHOOL OF MED USA 2000
Internship and Year	WASHINGTON UNIVERSITY SCHOOL OF MED - ST LOUIS, MO 2001
Residency and Year	WASHINGTON UNIVERSITY SCHOOL OF MED - ST LOUIS, MO 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5941
License Date	7/6/1978
Name	<b>MELKONIAN, GREGORY J MD</b>
Address	CHILDREN'S HOSPITAL BOSTON, 300 LONGWOOD AVE BOSTON, MA, 02115
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIV OF VT COLLEGE OF MEDICINE BURLINGTON, VT USA 1973
Internship and Year	MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1974
Residency and Year	MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1977
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11330
License Date	7/11/2001
Name	<b>MELLISH, TODD D DO</b>
Address	ELLIOT BAY MEDICAL ASSOC, 4 ELLIOT WAY STE 102MANCHESTER, NH, 03103
Specialty	IM
Board Certified	IM
School and Year of Graduation	CHICAGO COLLEGE OF OSTEOPATHIC MEDICINE OF MIDWEST USA 1998
Internship and Year	CHRIST HOSPITAL & MEDICAL CENTER OAK LAWN IL 1999
Residency and Year	CHRIST HOSPITAL & MEDICAL CENTER OAK LAWN IL 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10654
License Date	8/4/1999
Name	<b>MELLMAN, THOMAS A MD</b>
Address	HOWARD UNIVERSITY HOSPITAL, 2041 GEORGIA AVEN.W. WASHINGTON, DC, 20060
Specialty	P
Board Certified	P
School and Year of Graduation	CASE WESTERN RESERVE UNIV SCH - CLEVELAND, OH USA 1982
Internship and Year	CASE WESTERN RESERVE UNIV - CLEVELAND, OH 1983
Residency and Year	CASE WESTERN RESERVE UNIV - CLEVELAND, OH 1984
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	9306
License Date	10/5/1994
Name	<b>MELLON, ROBERT MD</b>
Address	701 E NEVERSINK RD, READING, PA, 19606
Specialty	CHP
Board Certified	
School and Year of Graduation	UNIVERSITY OF TN COLLEGE OF MEDICINE USA 1945
Internship and Year	TRENTON PSYCHIATRIC HOSPITAL - WEST TRENTON NJ 1950
Residency and Year	INSTITUTE OF PENNSYLVANIA HOSPITAL - PHILADELPHIA PA 1951
License Expiration Date	<b>6/30/2006</b>
Remarks	<b>Deceased 4/12/2013</b>

License Number	6264
License Date	8/7/1980
Name	<b>MELLORS, ROBERT C MD</b>
Address	SOUTH SHORE MED CTR, 75 WASHINGTON STNORWELL, MA, 02061
Specialty	RHU
Board Certified	RHU
School and Year of Graduation	UNIV OF NY DOWNSTATE COLL MED-BROOKLYN, NY USA 1975
Internship and Year	NEW ENGLAND DEACONESS HOSPITAL - BOSTON, MA 1976
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1980
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	13172
License Date	7/5/2006
Name	<b>MELNIKOVA, YANA V MD</b>
Address	789 CENTRAL AVE, DOVER, NH, 03820
Specialty	IM
Board Certified	IM
School and Year of Graduation	ST PETERSBURG UNIV RUSSIA 1998
Internship and Year	HOSPITAL OF ST RAPHAEL-NEW HAVEN, CT 2005
Residency and Year	HOSPITAL OF ST RAPHAEL-NEW HAVEN, CT 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12666
License Date	4/6/2005
Name	<b>MELOTTI, MICHELLE MD</b>
Address	VIRTUAL RADIOLOGIC PROFESSIONA, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	TEMPLE UNIVERSITY, PHILADELPHIA PA US 1995
Internship and Year	UNIVERSITY OF MARYLAND, BALTIMORE MD 1997
Residency and Year	UNIVERSITY OF MARYLAND, BALTIMORE MD 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10828
License Date	2/2/2000
Name	<b>MEMOLI, NATALIE P MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	STATE UNIV OF NY SCH OF MED - BUFFALO, NY USA 1995
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1999
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2000
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	6817
License Date	11/10/1983
Name	<b>MEMOLI, VINCENT A MD</b>
Address	DHMC-PATHOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	TUFTS UNIV SCH MED -BOSTON,MA USA 1976
Internship and Year	RUSH-PRESBY,ST LUKES CTR-CHICAGO,IL 1977
Residency and Year	RUSH-PRESBY ,ST LUKES CTR-CHICAGO,IL 1980
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17119
License Date	6/3/2015
Name	<b>MEMON, HASAN K MD</b>
Address	450 OCEAN BLVD #9, LONG BRANCH, NJ, 07740
Specialty	P
Board Certified	
School and Year of Graduation	ST GEORGES UNIVERSITY GRENADA 2012
Internship and Year	EASTERN VIRGINIA MEDICAL SCHOOL - NORFOLK, VA 2013
Residency and Year	EASTERN VIRGINIA MEDICAL SCHOOL - NORFOLK, VA 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11570
License Date	4/3/2002
Name	<b>MEMON, ZARINA G MD</b>
Address	15 SUNSET RD, ARLINGTON, MA, 02474
Specialty	AN
Board Certified	AN
School and Year of Graduation	MEDICAL COLLEGE OF WISCONSIN - MILWAUKEE, WI USA 1993
Internship and Year	HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 1994
Residency and Year	BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1995
License Expiration Date	<b>12/12/2007</b>
Remarks	12/12/07 - Preliminary Agreement for Practice Restrictions. 6/6/11- Settlement Agreement

License Number	14769
License Date	3/3/2010
Name	<b>MENDEL, JEFFREY B MD</b>
Address	180 OTIS ST, W NEWTON, MA, 02465
Specialty	DR
Board Certified	DR
School and Year of Graduation	TUFTS UNIVERSITY USA 1977
Internship and Year	NORWALK HOSPITAL - NORWALK, CT 1978
Residency and Year	NORWALK HOSPITAL - NORWALK, CT 1981
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8826
License Date	10/7/1992
Name	<b>MENDELL, ALLAN E MD</b>
Address	THE COUNSELING CENTER, ONE MAIN ST NASHUA, NH, 03060
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF TEXAS USA 1976
Internship and Year	BUREAU FOR HEALTH SERVICES FRANKFORT - KENTUCKY 1978
Residency and Year	UNIVERSITY HOSPITAL - A B CHANDLER M C LEXINGTON - KENTUCKY 1979
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12505
License Date	10/6/2004
Name	<b>MENDELOVICZ, NAOMI M MD</b>
Address	GENESIS BEHAVIORAL HEALTH, 111 CHURCH ST LACONIA, NH, 03246
Specialty	P
Board Certified	P
School and Year of Graduation	ALBANY MEDICAL COLLEGE, ALBANY NY US 2000
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2001
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2004
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	15671
License Date	5/2/2012
Name	<b>MENDESE, GARY W MD</b>
Address	MYSTIC VALLEY DERMATOLOGY, 92 MONTVALE AVE STE 3000 STONEHAM, MA, 02180
Specialty	D
Board Certified	D
School and Year of Graduation	UNIVERSITY MASSACHUSETTS MEDICAL SCHOOL USA 2007
Internship and Year	ST VINCENT HOSPITAL - WORCESTER, MA 2008
Residency and Year	BOSTON MEDICAL CENTER - BOSTON, MA 2011
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16456
License Date	1/8/2014
Name	<b>MENDLICK, MATTHEW R MD</b>
Address	WAYS, 13737 NOEL RD STE 1600 DALLAS, TX, 75240
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF NEBRASKA MEDICAL CENTER USA 2003
Internship and Year	TUCSON HOSPITALS MEDICAL EDUCATION PROGRAM - TUCSON, AZ 2004
Residency and Year	UNIVERSITY OF ARIZONA HEALTH SCIENCES CENTER - TUCSON, AZ 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14324
License Date	2/4/2009
Name	<b>MENDLOWITZ, ABBE D MD</b>
Address	IMAGING ON CALL, 695 DUTCHESS TPKE STE 105 Poughkeepsie, NY, 12603
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF MARYLAND USA 1982
Internship and Year	MALLINCKRODT INSTITUTE OF RADIOLOGY/WASHINGTON UNIV-ST LOUIS, MO 1983
Residency and Year	MALLINCKRODT INSTITUTE OF RADIOLOGY/WASHINGTON UNIV-ST LOUIS, MO 1986
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	11925
License Date	5/7/2003
Name	<b>MENDOZA JR, ARTEMIO J C MD</b>
Address	WENTWORTH DOUGLASS HOSP, 789 CENTRAL AVEDOVER, NH, 03820
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF THE PHILIPPINES- MANILA, PHILIPPINES PHILIPPINES 1996
Internship and Year	MONTEFIORE MEDICAL CENTER - BRONX, NY 1999
Residency and Year	MONTEFIORE MEDICAL CENTER - BRONX, NY 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15452
License Date	11/2/2011
Name	<b>MENDOZA, SALUD P MD</b>
Address	74 PEAR TREE LN, NEWMARKET, NH, 03857
Specialty	P
Board Certified	P
School and Year of Graduation	DE LA SALLE UNIVERSITY HEALTH SCIENCES CAMPUS PHILIPPINES 2004
Internship and Year	WAYNE STATE UNIVERSITY/DETROIT MEDICAL CENTER - DETROIT, MI 2008
Residency and Year	WAYNE STATE UNIVERSITY/DETROIT MEDICAL CENTER - DETROIT, MI 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11905
License Date	5/7/2003
Name	<b>MENDOZA, SONITA E MD</b>
Address	SEACOAST ARTHRITIS& OSTEOPOROS, 10 MEMBERS WAY STE 403DOVER, NH, 03820-5933
Specialty	RHU
Board Certified	RHU
School and Year of Graduation	UNIV OF THE PHILIPPINES- MANILA PHILIPPINES PHILIPPINES 1996
Internship and Year	MONTEFIORE MEDICAL CENTER - BRONX, NY 1998
Residency and Year	MONTEFIORE MEDICAL CENTER - BRONX, NY 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14388
License Date	4/1/2009
Name	<b>MENDOZA, TRICIA P MD</b>
Address	FRISBIE HOSP, 11 WHITEHALL RDROCHESTER, NH, 03867
Specialty	PYG
Board Certified	P
School and Year of Graduation	UNIV OF SANTO TOMAS PHILIPPINES 1999
Internship and Year	BROOKDALE UNIV HOSPITAL & MEDICAL CENTER - BROOKLYN, NY 2005
Residency and Year	BROOKDALE UNIV HOSPITAL & MEDICAL CENTER - BROOKLYN, NY 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	3936
License Date	8/31/1966
Name	<b>MENGER, HAROLD C MD</b>
Address	78-09 MYRTLE AVE, GLENDALE, NY, 11385-
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	LONG ISLAND COLLEGE OF MEDICINE - BROOKLYN, NY USA 1947
Internship and Year	KINGS COUNTY HOSPITAL CENTER - BROOKLYN, NY 1948
Residency and Year	NY POLYCLINIC MEDICAL SCHOOL & HOSPITAL - NY, NY 1951
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	7130
License Date	6/6/1985
Name	<b>MENKE, THOMAS S DO</b>
Address	4B, 4 WEST RD STE BSTRATHAM, NH, 03885
Specialty	AN
Board Certified	AN
School and Year of Graduation	NJ SCH OF OSTEOPATHIC MEDICINE-STRATFORD, NJ USA 1982
Internship and Year	MONMOUTH MEDICAL CENTER HOSPITAL-LONG BRANCH, NJ 1983
Residency and Year	MONMOUTH MEDICAL CENTER HOSPITAL-LONG BRANCH, NJ 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8480
License Date	1/9/1991
Name	<b>MENKES, DANIEL L MD</b>
Address	UNIV OF CT HLTH CTR-NEUROLOGY, 263 FARMINGTON AVEFARMINGTON, CT, 06030
Specialty	N
Board Certified	N
School and Year of Graduation	BOSTON UNIV SCH OF MED - BOSTON, MA USA 1988
Internship and Year	FRAMINGHAM UNION HOSPITAL - FRAMINGHAM, MA 1989
Residency and Year	FRAMINGHAM UNION HOSPITAL - FRAMINGHAM, MA 1989
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	16979
License Date	3/4/2015
Name	<b>MENON, ASHWATY MD</b>
Address	2100 S 12TH ST #302, BISMARCK, ND, 58504
Specialty	FP
Board Certified	FP
School and Year of Graduation	JAWAHARLAL NEHRU MEDICAL COLLEGE BELGAUM INDIA 2009
Internship and Year	MARQUETTE GENERAL FAMILY MEDICINE - MARQUETTE, MI 2012
Residency and Year	MARQUETTE GENERAL FAMILY MEDICINE - MARQUETTE, MI 2014
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number	13681
License Date	9/5/2007
Name	<b>MENOR, EDWIN S MD</b>
Address	THE VLGS HEALTH CARE CTR SPEC, 1400 US HWY 27/441, BLDG 810THE VILLAGES, FL, 32162
Specialty	GS
Board Certified	
School and Year of Graduation	CREIGHTON UNIV USA 1997
Internship and Year	CABRINI MEDICAL CENTER - NEW YORK, NY 1999
Residency and Year	CABRINI MEDICAL CENTER - NEW YORK, NY 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>lapsed 6/30/11 - reinstated 6/4/14</b>

License Number	16799
License Date	10/1/2014
Name	<b>MERCADO, JOSE R MD</b>
Address	DHMC, ONE MEDICAL CTR DRLEBANON, NH, 03766
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF SANTO TOMAS PHILIPPINES 2004
Internship and Year	GRIFFIN HOSPITAL - DERBY, CT 2008
Residency and Year	UNIVERSITY OF CONNECTICUT(NEW BRITAIN) - FARMINGTON, CT 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16800
License Date	10/1/2014
Name	<b>MERCADO, RIMA R MD</b>
Address	DHMC, ONE MEDICAL CTR DRLEBANON, NH, 03766
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF SANTO TOMAS PHILIPPINES 2003
Internship and Year	GRIFFIN HOSPITAL - DERBY, CT 2008
Residency and Year	GRIFFIN HOSPITAL - DERBY, CT 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10307
License Date	6/3/1998
Name	<b>MERCEA, RADU MD</b>
Address	MC KEESPORT HOSP, 1500 FIFTH STMC KEESPORT, PA, 15132
Specialty	FP
Board Certified	
School and Year of Graduation	INSTITUTE OF MED AND PHARMACY BUCURESTI ROMANIA 1987
Internship and Year	MC KEESPORT HOSP - MC KEESPORT, PA 1995
Residency and Year	MC KEESPORT HOSP - MCKEESPORT, PA 1998
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	5854
License Date	1/5/1978
Name	<b>MERCER, GEORGE N MD</b>
Address	4211 SWIFT AVENUE, SAN DIEGO, CA, 92104
Specialty	END
Board Certified	END
School and Year of Graduation	UNIV OF MIAMI SCHOOL OF MEDICINE MIAMI, FL USA 1975
Internship and Year	DARTMOUTH MEDICAL SCHOOL AFFILIATED HOSPITAL - HANOVER, NH 1976
Residency and Year	DARTMOUTH MEDICAL SCHOOL AFFILTATED HOSPITAL - HANOVER, NH 1977
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	9322
License Date	11/2/1994
Name	<b>MERCHANT, KENNETH MD</b>
Address	HEGG MEDICAL CLINIC, 2121 HEGG DR ROCK VALLEY, IA, 51247
Specialty	FP
Board Certified	FP
School and Year of Graduation	GEORGETOWN UNIV SCHOOL OF MEDICINE USA 1987
Internship and Year	GEISINGER MEDICAL CENTER 1988
Residency and Year	TX TECH UNIV HEALTH SCIENCE CENTER 1993
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	12395
License Date	7/7/2004
Name	<b>MERCURO, ELISA J DO</b>
Address	DERRY MEDICAL CENTER, 6 TSIENNETTO RD DERRY, NH, 03038
Specialty	FP
Board Certified	FP
School and Year of Graduation	KIRKSVILLE COLLEGE, KIRKSVILLE MO US 2001
Internship and Year	NH DARTMOUTH-CONCORD, CONCORD NH 2002
Residency and Year	NH DARTMOUTH-CONCORD, CONCORD NH 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10489
License Date	1/6/1999
Name	<b>MEREDITH, THOMAS S MD</b>
Address	1210 MILAN RD, MILAN, NH, 03588
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF COLORADO SCH OF MED- BOULDER, CO USA 1986
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1987
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1989
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	8357
License Date	6/6/1990
Name	<b>MERGUERIAN, PAUL A MD</b>
Address	SEATTLE CHILDRENS HOSP, 4800 SANDPOINT WAY NESEATTLE, WA, 98105
Specialty	U
Board Certified	U
School and Year of Graduation	HEBREN UNIVERSITY ISRAEL 1981
Internship and Year	UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1984
Residency and Year	UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	6/30/94 LAPSED FOR NON RENEWAL /REINSTATED 11/5/03

License Number	13461
License Date	4/4/2007
Name	<b>MERHI, BASMA O MD</b>
Address	2 CHABLIS TERRACE UNIT 1, CONCORD, NH, 03303
Specialty	IM
Board Certified	IM
School and Year of Graduation	LEBANESE UNIV LEBANON 2002
Internship and Year	STATEN ISLAND UNIV HOSPITAL-STATEN ISLAND, NY 2005
Residency and Year	ST PETERS UNIV HOSPITAL, NEW BRUNSWICK, NJ 2006
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	14031
License Date	6/4/2008
Name	<b>MERING III, JAMES H MD</b>
Address	328 EAST RIDGE ST, MARQUETTE, MI, 49855
Specialty	U
Board Certified	U
School and Year of Graduation	GEORGE WASHINGTON UNIV USA 1965
Internship and Year	SWEDISH MEDICAL CENTER-SEATTLE, WA 1966
Residency and Year	UNIV OF CALIFORNIA SANDIEGO MEDICAL CENTER - SAN DIEGO, CA 1972
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11669
License Date	7/3/2002
Name	<b>MERKEL, MARY F DO</b>
Address	MERRIMACK FAMILY PRACTICE, 294 DANIEL WEBSTER HGWYMERRIMACK, NH, 03054
Specialty	FP
Board Certified	FP
School and Year of Graduation	NEW YORK COLL OF OSTEOPATHIC - OLD WESTBURY, NY USA 1999
Internship and Year	LUTHERAN MEDICAL CTR - BROOKLYN, NY 2000
Residency and Year	LUTHERAN MEDICAL CTR - BROOKLYN, NY 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16836
License Date	11/6/2014
Name	<b>MERKLE, PAUL F MD</b>
Address	PORTSMOUTH REGIONAL, 333 BORTHWICK AVEPORTSMOUTH, NH, 03801
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	KECK SCHOOL OF MED OF THE UNIV OF SOUTHERN CALIFOR USA 1990
Internship and Year	UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF MEDICINE- LOS ANGELES, CA 1991
Residency and Year	UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF MEDICINE- LOS ANGELES, CA 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5341
License Date	6/9/1975
Name	<b>MERLIS, ANTHONY L MD</b>
Address	DHMC- RADIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	RNR
Board Certified	RNR
School and Year of Graduation	UNIV OF MARYLAND SCH OF MED- BALTIMORE, MD USA 1968
Internship and Year	NORTHWESTERN MEMORIAL HOSPITAL - CHICAGO, IL 1969
Residency and Year	BARNES-JEWISH HOSPITALS CAMPUS- ST LOUIS, MO 1970
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9569
License Date	10/4/1995
Name	<b>MERRA, ANNE M MD</b>
Address	10 MARKET PL DR UNIT 3A, PO BOX 204YORK, ME, 03909
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF MA MEDICAL SCHOOL WORCESTER, MA USA 1988
Internship and Year	J DEMPSEY HOSPITAL UNIV CT H C FARMINGTON, CT 1992
Residency and Year	J DEMPSEY HOSPITAL UNIV CT H C FARMINGTON, CT 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10335
License Date	7/1/1998
Name	<b>MERRENS, EDWARD J MD</b>
Address	DHMC - HOSPITAL MEDICINE, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1994
Internship and Year	UNIV WASHINGTON HOSPITAL - SEATTLE, WA 1995
Residency and Year	UNIV WASHINGTON HOSPITAL - SEATTLE, WA 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15135
License Date	2/2/2011
Name	<b>MERRIAM, MICHAEL A MD</b>
Address	SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200S PORTLAND, ME, 04106
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF VERMONT USA 1984
Internship and Year	BROWN UNIVERSITY/RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1986
Residency and Year	BROWN UNIVERSITY/RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1990
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7881
License Date	8/8/1988
Name	<b>MERRICK, RICHARD M MD</b>
Address	NORTHEASTER VT REG HOSPITAL, 1315 HOSPITAL DRST JOHNSBURY, VT, 05819
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF VT COLLEGE OF MEDICINE USA 1985
Internship and Year	OVERLOOK HOSPITAL - SUMMIT NJ 1986
Residency and Year	OVERLOOK HOSPITAL - SUMMIT NJ 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14661
License Date	11/4/2009
Name	<b>MERRILL, DOUGLAS G MD</b>
Address	UC IRVINE HEALTH - ADMINISTRATION, 101 THE CITY DRIVE SOUTHORANGE, CA, 92868
Specialty	
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF KANSAS USA 1978
Internship and Year	STANFORD UNIVERSITY MEDICAL CENTER - STANFORD, CA 1978
Residency and Year	STANFORD UNIVERSITY MEDICAL CENTER - STANFORD, CA 1981
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6285
License Date	9/4/1980
Name	<b>MERRILL, RAYMOND E MD</b>
Address	, , ,
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	TUFTS UNIVERSITY IN BOSTON, MA USA 1957
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1997</b>
Remarks	

License Number 6365  
 License Date 4/2/1981  
 Name **MERRITHEW, DANA A MD**  
 Address SPEARE MEMORIAL HOSPITAL, 16 HOSPITAL RDPLYMOUTH, NH, 03264  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation BOSTON UNIV SCH OF MED-BOSTON,MA USA 1978  
 Internship and Year ST ELIZABETHS HOSP-BOSTON,MA 1979  
 Residency and Year ST ELIZABETHS HOSP - BOSTON, MA 1981  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 6326  
 License Date 12/1/1980  
 Name **MERRITT, DENISE MD**  
 Address EASTERN MAINE MED CTR, 489 STATE STBANGOR, ME, 04401  
 Specialty IM  
 Board Certified  
 School and Year of Graduation UNIV OF CONN SCH OF MED-FARMINGTON,CT USA 1979  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR 1980  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR 1980  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 15317  
 License Date 7/6/2011  
 Name **MERTZ, CHRISTOPHER M MD**  
 Address 250 PLEASANT STREET, CONCORD, NH, 03301  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF VA SCHOOL OF MEDICINE USA 2008  
 Internship and Year UNIVERSITY OF COLORADO HEALTH SCIENCES CENTER - AURORA, CO 2009  
 Residency and Year UNIVERSITY OF COLORADO HEALTH SCIENCES CENTER - AURORA, CO 2011  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10336  
 License Date 7/1/1998  
 Name **MESSINA, CARLEEN M DO**  
 Address US DEPT OF VET AFFAIRS - FITCHBURG PRIMARY CARE, C/O VA CENTERAL W MASS - 275 NICHOLS  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation KIRKSVILLE COLL OF OSTEO MED - KIRKSVILLE, MO USA 1993  
 Internship and Year GENESYS REGIONAL MEDICAL CENTER - GRAND BLANC, MI 1994  
 Residency and Year GENESYS REGIONAL MEDICAL CENTER - GRAND BLANC, MI 1995  
 License Expiration Date **6/30/2016**  
 Remarks **LAPSED FOR NON-RENEWAL 6/30/99**  
**REINSTATED 9/1/10**

License Number	12627
License Date	3/2/2005
Name	<b>MESZAROS, MICHAEL D MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	DR
Board Certified	
School and Year of Graduation	STATE UNIVERSITY OF NEW YORK, SYRACUSE NY US 2002
Internship and Year	MAYO CLINIC JACKSONVILLE, JACKSONVILLE FL 2003
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2007
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	14845
License Date	5/5/2010
Name	<b>METCALFE, SU MD</b>
Address	RADIATION ONCOLOGY ASSOC PA, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty	RO
Board Certified	R
School and Year of Graduation	UNIVERSITY OF VERMONT USA 2005
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2006
Residency and Year	UNIVERSITY OF ROCHESTER - ROCHESTER, NY 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12112
License Date	10/1/2003
Name	<b>METER, RICHARD A MD</b>
Address	DARTMOUTH-HITCHCOCK MEDICAL CT, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	GYN
Board Certified	
School and Year of Graduation	UNIVERSITY OF S CAROLINA, CHARLESTON SC US 1999
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2000
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2003
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	15197
License Date	4/6/2011
Name	<b>METKAR, UMESH S MD</b>
Address	CAROLINA PINES REGIONAL MEDICAL CENTER, 1304 W BOBO NEWSOM HWYHARTSVILLE, SC, 2955
Specialty	ORS
Board Certified	
School and Year of Graduation	N.D.M.V.P.SAMAJ'S MEDICAL COLLEGE INDIA 2002
Internship and Year	MEDICAL COLLEGE OF WISCONSIN AFFILIATED HOSPITALS - MILWAUKEE, WI 2008
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2010
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	10872
License Date	4/5/2000
Name	<b>METTS, ROBERT E MD</b>
Address	EASTERN CAROLINA ORTHOPADIC CL, 31 OFFICE PARK DRJACKSONVILLE, NC, 28546
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIVERSITY OF CONNECTICUT USA 1989
Internship and Year	NAVAL MEDICAL CENTER PORTSMOUTH - PORTSMOUTH VA 1990
Residency and Year	NAVAL MEDICAL CENTER PORSMOUTH - PORTSMOUTH VA 1996
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	12851
License Date	8/3/2005
Name	<b>METZGER, MICHAEL E MD</b>
Address	STRAFFORD CARDIOLOGY ASSOC, 21 WHITEHALL RD STE 301ROCHESTER, NH, 03867
Specialty	CD
Board Certified	CD
School and Year of Graduation	THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA US 1999
Internship and Year	CHRISTIANA HOSPITAL, NEWARK DE 2000
Residency and Year	CHRISTIANA HOSPITAL, NEWARK DE 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10395
License Date	9/2/1998
Name	<b>MEVORACH, DAVID L MD</b>
Address	FINGER LAKES PAIN MANAGEMENT, 13 ITHACA ST PO BOX 555HORSEHEADS, NY, 14845
Specialty	AN
Board Certified	AN
School and Year of Graduation	TEMPLE UNIV SCH OF MED - PHILA, PA USA 1986
Internship and Year	UNIV OF ROCHESTER MED CTR - ROCHESTER, NY 1987
Residency and Year	UNIV OF ROCHESTER MED CTR - ROCHESTER, NY 1990
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	13436
License Date	3/7/2007
Name	<b>MEYER, ERIC T MD</b>
Address	LAKE REGION GENERAL HOSPITAL, 80 HIGHLAND STLACONIA, NH, 03246
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV OF ILLINOIS USA 1983
Internship and Year	EVANSTON NORTHWESTERN HEALTHCARE-EVANSTON, IL 1984
Residency and Year	NORTHWESTERN UNIV FEINBERG SOM - CHICAGO, IL 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>LAPSED FOR NONRENEWAL. 6/30/15. RENEWED 7/9/15.</b>



License Number	3473
License Date	9/13/1961
Name	<b>MEYER, GEORGE A MD</b>
Address	C/O PETER A MEYER, 12 GREYSTONE WAYREADING, MA, 01867
Specialty	R
Board Certified	R
School and Year of Graduation	NEW YORK MEDICAL COLLEGE USA 1949
Internship and Year	METROPOLITAN HOSPITAL- NY 1950
Residency and Year	BRONX VA- NY 1956
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	15764
License Date	7/11/2012
Name	<b>MEYER, GREGG S MD</b>
Address	1 CHERRY BROOK RD, WESTON, MA, 02493-1305
Specialty	IM
Board Certified	IM
School and Year of Graduation	ALBANY MEDICAL COLLEGE- ALBANY, NY USA 1986
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1989
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1990
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	11382
License Date	9/5/2001
Name	<b>MEYER, HERB T DO</b>
Address	391 MAIN ST, DANVILLE, NH, 03819
Specialty	FP
Board Certified	
School and Year of Graduation	UNIV OF NEW ENGLAND COLL OF OSTEO- BIDDEFORD, ME USA 1988
Internship and Year	EASTMORELAND HOSPITAL - PORTLAND, OR 1989
Residency and Year	UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>7/12/05 - Settlement Agreement</b>

License Number	11785
License Date	11/6/2002
Name	<b>MEYER, JACK E MD</b>
Address	BRIGHAM & WOMENS HOSPITAL, 75 FRANCIS ST RAD ADM RA008BOSTON, MA, 02115-2120
Specialty	R
Board Certified	R
School and Year of Graduation	CORNELL UNIV MED COLL - NEW YORK, NY USA 1965
Internship and Year	SAN FRANCISCO GENERAL HOSPITAL - SAN FRANCISCO, CA 1966
Residency and Year	UNIV OF MICHIGAN HLTH SYSTEMS - ANN ARBOR, MI 1969
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	8662
License Date	12/4/1991
Name	<b>MEYER, JOSEPH P MD</b>
Address	CONCORD SURGICAL ASSOCIATES, 246 PLEASANT ST STE 205CONCORD, NH, 03301-2952
Specialty	
Board Certified	GS
School and Year of Graduation	LOYOLA-STRICTH SCHOOL OF MEDICINE UNITED STATES 1977
Internship and Year	COOK COUNTY HOSPITAL CHICAGO - ILLINOIS 1978
Residency and Year	COOK COUNTY HOSPITAL CHICAGO - ILLINOIS 1982
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14770
License Date	3/3/2010
Name	<b>MEYER, KEVIN B MD</b>
Address	NASHUA NEPHROLOGY, 38 TYLER STNASHUA, NH, 03060
Specialty	NEP
Board Certified	NEP
School and Year of Graduation	UNIVERSITY OF CINCINNATI USA 2001
Internship and Year	BETH ISRAEL MEDICAL CENTER - NY, NY 2002
Residency and Year	BETH ISRAEL MEDICAL CENTER - NY, NY 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7478
License Date	12/4/1986
Name	<b>MEYER, MELVIN B MD</b>
Address	40 PRESTONFIELD RD, NASHUA, NH, 03060
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF WASHINGTON SCH MED SEATTLE, WA USA 1958
Internship and Year	HENNEPIN CO MEDICAL CENTER - MINNEAPOLIS, MN 1959
Residency and Year	GRADY MEMORIAL HOSPITAL - ATLANTA, GA 1963
License Expiration Date	<b>6/30/2006</b>
Remarks	<b>DECEASED 1/8/2015</b>

License Number	11383
License Date	9/5/2001
Name	<b>MEYER, PETER C MD</b>
Address	1701 N CHESTNUT AVE APT 10, MARSHFIELD, WI, 54449
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF WISCONSIN MED SCH - MADISON, WI USA 1983
Internship and Year	UNIV OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 1984
Residency and Year	UNIV OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 1986
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number 7882  
 License Date 6/8/1988  
 Name **MEYER, RICHARD A MD**  
 Address GRACE COTTAGE HOSP, 185 GRAFTON RDTOWNSHEND, VT, 05353  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation ALBANY MEDICAL COLLEGE OF UNION UNIV ALBANY, NY USA 1983  
 Internship and Year MARY I BASSETT HOSPITAL - COOPERTOWN, NY 1984  
 Residency and Year MARY I BASSETT HOSPITAL - COOPERTOWN, NY 1986  
 License Expiration Date **6/30/2016**  
 Remarks **Lapsed for non-renewal 6/30/02 - Reinstated 4/6/11**

License Number 10844  
 License Date 3/1/2000  
 Name **MEYER, THEO E MD**  
 Address U M M H C, 55 LAKE AVE NWORCESTER, MA, 01655  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF PRETORIA- SOUTH AFRICA SOUTH AFRICA 1976  
 Internship and Year VERWOERD HOSPITAL - PRETORIA SOUTH AFRICA 1977  
 Residency and Year GARANKUWA HOSPITAL - PRETORIA SOUTH AFRICA 1978  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 6953  
 License Date 8/2/1984  
 Name **MEYER, THOMAS L MD**  
 Address CLARKS SUMMIT STATE HOSP, 1451 HILLSIDE DRCLARKS SUMMIT, PA, 18411  
 Specialty P  
 Board Certified P  
 School and Year of Graduation SOUTHWESTERN UNIV AZNAR MED COLL PHILIPPINES 1978  
 Internship and Year MERCY CATHOLIC MED CTR-PHIL,PA 1980  
 Residency and Year NORRISTOWN STATE HOSP-NORRISTOWN,PA 1983  
 License Expiration Date **6/30/2016**  
 Remarks **2/12/92 - DISCIPLINARY ORDER 2/18/93 - Amendment to Disc. Order 12/31/97 - Recommended Decision 4/8/98 - "Decision and Order" 5/8/01 - "Order of the Board" 8/8/01 - "Order of the Board" 5/7/02 - "Order of the Board" 3/28/03 - "Order Removing Restrictions"**

License Number 14846  
 License Date 5/5/2010  
 Name **MEYER, TRINH B MD**  
 Address DARTMOUTH-HITCHCOCK MANCHESTER, 100 HITCHCOCK WAYMANCHESTER, NH, 03104  
 Specialty GE  
 Board Certified GE  
 School and Year of Graduation UNIVERSITY OF ROCHESTER USA 2002  
 Internship and Year BETH ISRAEL MEDICAL CENTER - NY, NY 2003  
 Residency and Year BETH ISRAEL MEDICAL CENTER - NY, NY 2005  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	14232
License Date	11/5/2008
Name	<b>MEYERMANN, MARK W DO</b>
Address	TRIPLER ARMY MED CTR, 1 JARRET WHIT RD 3G, RADIOLOGYTRIPLER AMC, HI, 96859
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF NEW JERSEY USA 1999
Internship and Year	TRIPLER ARMY MEDICAL CENTER - HONOLULU, HI 2000
Residency and Year	TRIPLER ARMY MEDICAL CENTER - HONOLULU, HI 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11817
License Date	1/8/2003
Name	<b>MEYERS, COREY J MD</b>
Address	157 VIEW DR, PITTSFIELD, MA, 01201
Specialty	IM
Board Certified	IM
School and Year of Graduation	STATE UNIV OF NEW YORK - BROOKLYN, NY USA 1993
Internship and Year	UNIV OF CONNECTICUT MEDICAL CENTER - FARMINGTON, CT 1995
Residency and Year	BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1997
License Expiration Date	<b>5/6/2015</b>
Remarks	<b>LAPSED FOR NON-RENEWAL ON 6/30/05-RE-INSTATED ON 2/6/08</b> <b>8/7/12 - Final Decision and Order. 7/9/14 - Order of Conditional Approval - license issued with restrictions and/or conditions. 5/1/15 - Dr. Meyers requested to be placed on inactive status. Board approved his request at its May 6, 2015 meeting.</b>

License Number	10812
License Date	1/5/2000
Name	<b>MEYERS, DAVID L MD</b>
Address	2301 KEN OAK RD, BALTIMORE, MD, 21209
Specialty	EM
Board Certified	EM
School and Year of Graduation	TEMPLE UNIV SCH OF MED - PHILA, PA USA 1975
Internship and Year	COOK COUNTY HOSPITAL - CHICAGO, IL 1976
Residency and Year	COOK COUNTY HOSPITAL - CHICAGO, IL 1979
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	3731
License Date	9/5/1964
Name	<b>MEYERS, KARL R MD</b>
Address	, PO BOX 2716BALA-CYNWYD, PA, 19004
Specialty	CLP
Board Certified	CLP
School and Year of Graduation	ALBANY, NY USA 1963
Internship and Year	PHILADELPHIA HOSPITAL - PA 1964
Residency and Year	PHILA HOSPITAL - PA 1964
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	4132
License Date	9/19/1967
Name	<b>MEYERS, ROBERT D MD</b>
Address	62 KING RD, ETNA, NH, 03750-3504
Specialty	IM
Board Certified	IM
School and Year of Graduation	ALBANY MEDICAL COLLEGE - ALBANY, NY USA 1961
Internship and Year	SAN FRANCISCO GENERAL HOSPITAL - SAN FRANCISCO, CA 1962
Residency and Year	DARTMOUTH AFFILIATED HOSPITAL - HANOVER, NH 1967
License Expiration Date	<b>6/30/2011</b>
Remarks	<b>DECEASED 7/12/2011</b>

License Number	14999
License Date	9/1/2010
Name	<b>MEYSAMI, ALIREZA MD</b>
Address	DHMC/REHUMATOLOGY DEPT, ONE MEDICAL CENTER DRLEBANON, NH, 03756-0001
Specialty	RHU
Board Certified	
School and Year of Graduation	SHADID BEHESHTI UNIVERSITY IRAN 2002
Internship and Year	METROWEST MEDICAL CENTER - FRAMINGHAM, MA 2008
Residency and Year	METROWEST MEDICAL CENTER - FRAMINGHAM, MA 2010
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	8862
License Date	12/2/1992
Name	<b>MEZZANOTTE, WILLIAM S MD</b>
Address	PULMONARY MEDICINE ASSOC, BEDFORD COMMONS 31 RIVERWAY PLBEDFORD, NH, 03110-6743
Specialty	PUD
Board Certified	PUD
School and Year of Graduation	UNIVERSITY OF PENNSYLVANIA USA 1984
Internship and Year	THOMAS JEFFERSON UNIVERSITY HOSPITAL PHILADELPHIA - PENNSYLVANIA 1985
Residency and Year	THOMAS JEFFERSON UNIVERSITY HOSPITAL PHILADELPHIA - PENNSYLVANIA 1988
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	16768
License Date	9/3/2014
Name	<b>MEZZETTI JR, THOMAS P MD</b>
Address	STRATA PATHOLOGY, 1 CRANBERRY HILL STE 303LEXINGTON, MA, 02421
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	COLUMBIA UNIVERSITY COLLEGE OF PHYSICIANS & SURGEO USA 1992
Internship and Year	WALTER REED ARMY MEDICAL CENTER - BETHESDA, MD 1993
Residency and Year	WALTER REED ARMY MEDICAL CENTER - BETHESDA, MD 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12912
License Date	10/5/2005
Name	<b>MIALE, THOMAS D MD</b>
Address	PEDIATRIC ONCOLOGY, 4101 DEW DWEY AVEREGINA, SK, S4T 7T1
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF PITTSBURGH, PITTSBURGH PA US 1969
Internship and Year	ST LOUIS CHILDRENS HOSP, ST LOUIS MO 1970
Residency and Year	ST LOUIS CHILDRENS HOSP, ST LOUIS MO 1971
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	17071
License Date	5/6/2015
Name	<b>MIAN, MUHAMMAD S MD</b>
Address	CMC, 100 MCGREGOR STMANCHESTER, NH, 03101
Specialty	IM
Board Certified	
School and Year of Graduation	RAWALPINDI MEDICAL COLLEGE UNIV OF THE PUNJAB PAKISTAN 2007
Internship and Year	MAIMONIDES MEDICAL CENTER-BROOKLYN,NY 2012
Residency and Year	GRAND RAPIDS MEDICAL-MICHIGAN STATE UNIVERSITY-GRAND RAPIDS, MI 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12239
License Date	3/3/2004
Name	<b>MIAO, LIN MD</b>
Address	HEART SAFE, 565 TURNPIKE ST STE 75NO ANDOVER, MA, 01845
Specialty	IM
Board Certified	IM
School and Year of Graduation	HARBIN MEDICAL UNIVERSITY, CHINA CHINA 1982
Internship and Year	MIRIAM HOSPITAL, PROVIDENCE RI 1995
Residency and Year	MIRIAM HOSPITAL, PROVIDENCE RI 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7953
License Date	8/10/1988
Name	<b>MICCOLO, MICHAEL L MD</b>
Address	432 MASSACHUSETTS AVE, W SPRINGFIELD, MA, 01089
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF VT COLL OF MED-BURLINGTON,VT USA 1981
Internship and Year	THE GRADUATE HOSP-PHIL,PA 1982
Residency and Year	THE GRADUATE HOSP-PHIL,PA 1986
License Expiration Date	<b>6/30/2010</b>
Remarks	Deceased 5/15/10

License Number 6540  
 License Date 8/8/1997  
 Name **MICELI, ROBERT G MD**  
 Address , PO BOX 2027DANVERS, MA, 01923-5027  
 Specialty LM  
 Board Certified IM  
 School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1976  
 Internship and Year ST ELIZABETH'S MED CTR - MA 1977  
 Residency and Year ST ELIZABETH'S MED CTR - MA 1979  
 License Expiration Date **6/30/2003**  
 Remarks

License Number 15511  
 License Date 1/4/2012  
 Name **MICHAEL, LAURA E DO**  
 Address ENDO CHOICE PATHOLOGY, 11390 OLD ROSWELL RD., STE 100ALPHARETTA, GA, 30009  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF MEDICINE USA 1993  
 Internship and Year FLORIDA MEDICAL CENTER SOUTH - FORT LAUDERDALE, FL 1994  
 Residency and Year UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE - GAINESVILLE, FL 1998  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12035  
 License Date 8/6/2003  
 Name **MICHAELS, MICHAEL J MD**  
 Address LAHEY CLINIC INSTITUTE OF UROL, 17 OLD ROLLINSFORD RD STE 3DOVER, NH, 03820-2892  
 Specialty U  
 Board Certified U  
 School and Year of Graduation CORNELL UNIVERSITY, NEW YORK NY US 1997  
 Internship and Year LAHEY CLINIC MED CTR, BURLINGTON MA 1998  
 Residency and Year LAHEY CLINIC MEDICAL CTR, BURLIINGTON MA 1999  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12396  
 License Date 7/7/2004  
 Name **MICHAELSON, IRA P MD**  
 Address 170 GOVERNORS AVE, MEDFORD, MA, 02155  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF FLORENCE, FIRENZE ITALY ITALY 1977  
 Internship and Year CARNEY HOSPITAL, BOSTON MA 1979  
 Residency and Year JOHN H STROGER HOSP, CHICAGO IL 1980  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	11969
License Date	6/4/2003
Name	<b>MICHALAK, RONALD E MD</b>
Address	MONADNOCK ORTHOPAEDIC ASSOC, 458 OLD ST RD STE 200PETERBOROUGH, NH, 03458
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIVERSITY OF ILLINOIS - CHICAGO IL USA 1998
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1999
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8993
License Date	7/7/1993
Name	<b>MICHALOPOULOS, GEORGE N MD</b>
Address	PARKLAND MEDICAL CENTER, ONE PARKLAND DRDERRY, NH, 03038-
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL USA 1988
Internship and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD MA 1989
Residency and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD MA 1990
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13260
License Date	9/6/2006
Name	<b>MICHAUD, GREGORY F MD</b>
Address	BRIGHAM AND WOMAN'S HOSPITAL, 75 FRANCIS STBOSTON, MA, 02115
Specialty	CD
Board Certified	IM
School and Year of Graduation	UNIV OF MARYLAND USA 1990
Internship and Year	BOSTON UNIV MED CTR-BOSTON MA 1991
Residency and Year	BOSTON UNIV MED CTR-BOSTON MA 1994
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	11331
License Date	7/11/2001
Name	<b>MICHAUD, JEFFREY S DO</b>
Address	FMI, 15 E CHESTNUT STAUGUSTA, ME, 04330
Specialty	FP
Board Certified	
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC M USA 1998
Internship and Year	MAINE-DARTMOUTH FAMILY PRACTICE 1999
Residency and Year	MAINE-DARTMOUTH FAMILY PRACTICE 2001
License Expiration Date	<b>6/30/2002</b>
Remarks	



License Number	12269
License Date	4/7/2004
Name	<b>MICHAUD, MARC J MD</b>
Address	NH ORTHOPAEDIC SURGERY, 9 WASHINGTON PLACE BEDFORD, NH, 03110
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	TUFTS UNIVERSITY, BOSTON MA US 1993
Internship and Year	FITZSIMONS ARMY MED CTR, FORT SAM HOUSTON TX 1994
Residency and Year	MADIGAN ARMY MEDICAL CTR, TACOMA WA 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11384
License Date	9/5/2001
Name	<b>MICHAUD, STEPHEN J MD</b>
Address	GOFFSTOWN PRIMARY CARE, 17 A TATRO DRIVE SUITE 201 GOFFSTOWN, NH, 03045
Specialty	FP
Board Certified	FP
School and Year of Graduation	JEFFERSON MED COLL - PHILADELPHIA, PA USA 1993
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1994
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11832
License Date	2/5/2003
Name	<b>MICHEL, EDUARD MD</b>
Address	VRC, 11995 SINGLETREE LN STE 500 EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF MINNESOTA MED SCH - MINNEAPOLIS, MN USA 1993
Internship and Year	UNIV OF MINNESOTA - MINNEAPOLIS, MN 1997
Residency and Year	UNIV OF MINNESOTA - MINNEAPOLIS, MN 1998
License Expiration Date	<b>6/30/2011</b>
Remarks	<b>LAPSED FOR NON-RENEWAL 6/30/05...</b> <b>REINSTATED 1/3/07</b>

License Number	16349
License Date	10/2/2013
Name	<b>MICHELIN, KRISTA M MD</b>
Address	333 BORTHWICK AVE, PORTSMOUTH, NH, 03801
Specialty	IM
Board Certified	IM
School and Year of Graduation	MEDEX PROGRAM DARTMOUTH MEDICAL SCHOOL USA 2007
Internship and Year	NEW YORK UNIVERSITY SCHOOL OF MEDICINE - NY, NY 2008
Residency and Year	NEW YORK UNIVERSITY SCHOOL OF MEDICINE - NY, NY 2010
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10337
License Date	7/1/1998
Name	<b>MICHESEN, WOLFGANG J MD</b>
Address	330 BORTHWICK AVE, STE 108PORTSMOUTH, NH, 03801
Specialty	N
Board Certified	N
School and Year of Graduation	COLUMBIA UNIV COLL OF PHYSICIANS- NY, NY USA 1963
Internship and Year	UNIV HOSPITAL - CLEVELAND, OH 1964
Residency and Year	MASS GENERAL HOSPITAL - BOSTON, MA 1965
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	17179
License Date	7/1/2015
Name	<b>MICIC, VESNA MD</b>
Address	11011 MCCORMICK RD STE 200, HUNT VALLEY, MD, 21031
Specialty	CHN
Board Certified	CHN
School and Year of Graduation	UNIVERSITY OF NIS SERBIA 1990
Internship and Year	SUNY @ STONY BROOK-STONY BROOK, NY 2005
Residency and Year	SUNY @ STONY BROOK-STONY BROOK, NY 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11600
License Date	5/1/2002
Name	<b>MIDHA, DEEPAK MD</b>
Address	1055 LAKE WINDWARD OVERLOOK, ALPHARETTA, GA, 30005
Specialty	GS
Board Certified	GS
School and Year of Graduation	PATNA MEDICAL COLL- PATNA BIHAR INDIA INDIA 1963
Internship and Year	THE HOSPITAL CENTER AT ORANGE - ORANGE, NJ 1970
Residency and Year	THE HOSPITAL CENTER AT ORANGE - ORANGE, NJ 1973
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12969
License Date	12/7/2005
Name	<b>MIEDEL, HANNAH E MD</b>
Address	CARILION FAMILY MEDICINE, 415 S POLLARD STVINTON, VA, 24179
Specialty	FP
Board Certified	FP
School and Year of Graduation	TEMPLE UNIVERSITY, PHILADELPHIA PA US 2001
Internship and Year	THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA 2002
Residency and Year	THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA 2004
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number 7155  
 License Date 7/10/1985  
 Name **MIELE, CATHY A MD**  
 Address CTR FOR WOMENS HEALTH, 21 WHITEHALL RD ROCHESTER, NH, 03867-1935  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIVERSITY OF MASSACHUSETTS-WORCESTER, MA USA 1981  
 Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1982  
 Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1985  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 16837  
 License Date 11/6/2014  
 Name **MIETTINEN, SARI T MD**  
 Address 134 BIRCH DR, RINDGE, NH, 03461  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation BAYLOR COLLEGE OF MEDICINE USA 2003  
 Internship and Year BAYLOR COM-TEXAS CHILDREN'S HOSPITAL - HOUSTON, TX 2004  
 Residency and Year BAYLOR COM-TEXAS CHILDREN'S HOSPITAL - HOUSTON, TX 2006  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 8827  
 License Date 10/7/1992  
 Name **MIGLIORE, JOSEPH J MD**  
 Address , PO BOX 40 DURHAM, NH, 03824-0040  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation BOSTON UNIVERSITY USA 1966  
 Internship and Year BARNES HOSPITAL - WASHINGTON UNIVERSITY ST LOUIS - MISSOURI 1967  
 Residency and Year BOSTON CITY HOSPITAL BOSTON - MASSACHUSETTS 1972  
 License Expiration Date **6/30/2010**  
 Remarks **2/9/01 - LICENSE SUSPENDED FOR 180 DAYS WITH THE LAST 90 DAYS STAYED PENDING COMPLIANCE WITH THE REMAINING SANCTIONS IN SETTLEMENT AGREEMENT. DR. MIGLIORE CAN RESUME PRACTICE 8/8/01 OR 5/10/01 IF OTHER TERMS OF SETTLEMENT AGREEMENT ARE MET. REINSTATED ON MAY 24, 2001**

License Number 10185  
 License Date 12/3/1997  
 Name **MIGOTSKY, FAY J MD**  
 Address RINGE FAMILY PRACTICE, 145 RT 202 RINDGE, NH, 03461  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF ROCHESTER SCH OF MED-ROCHESTER, NY USA 1978  
 Internship and Year ME-DARTMOUTH FAMILY PRACTICE- ME 1979  
 Residency and Year ME DARTMOUTH FAMILY PRACTICE-ME 1979  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16016  
 License Date 2/6/2013  
 Name **MIHU, ANAMARIA C MD**  
 Address DANBURY HOSP, 24 HOSPITAL AVEDANBURY, CT, 06810  
 Specialty IM  
 Board Certified  
 School and Year of Graduation UNIV DE MEDICINA SI FARMACIE IULIU HATIEGANU ROMANIA 2005  
 Internship and Year DANBURY HOSPITAL - DANBURY, CT 2010  
 Residency and Year DANBURY HOSPITAL - DANBURY, CT 2013  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 10257  
 License Date 4/1/1998  
 Name **MIKAEL, NAGY MD**  
 Address 590 SOUTH AVE, WESTON, MA, 02493  
 Specialty IM  
 Board Certified  
 School and Year of Graduation KASER EL ENI SCHOOL OF MEDICINE EGYPT 1983  
 Internship and Year FAULKNER HOSPITAL-BOSTON,MA 1992  
 Residency and Year FAULKNER HOSPITAL-BOSTON,MA 1994  
 License Expiration Date **6/30/2003**  
 Remarks

License Number 12582  
 License Date 1/5/2005  
 Name **MIKE-MAYER, ROBERT MD**  
 Address 875 GREENLAND RD C-12, PORTSMOUTH, NH, 03801  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF NEW JERESEY, NEWARK NJ US 1995  
 Internship and Year ROBERT WOOD JOHNSON MED SCHOOL, NEW BRUNSWICK NJ 1996  
 Residency and Year ROBERT WOOD JOHNSON MED SCHOOL, NEW BRUNSWICK NJ 1998  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10960  
 License Date 6/7/2000  
 Name **MIKHAIL, ASHRAF G MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty P  
 Board Certified  
 School and Year of Graduation AZARITA-ALEXANDRIA UNIV - ALEXANDRIA, EGYPT EGYPT 1994  
 Internship and Year CREEDMOOR PSYCHIATRIC CENTER - QUEENS VILLAGE, NY 1997  
 Residency and Year CREEDMOOR PSYCHIATRIC CENTER - QUEENS VILLAGE, NY 1998  
 License Expiration Date **6/30/2002**  
 Remarks

License Number 5509  
 License Date 4/28/1976  
 Name **MIKKELSEN, EDWIN J MD**  
 Address 313 CONGRESS ST 5TH FL, BOSTON, MA, 02210  
 Specialty CHP  
 Board Certified P  
 School and Year of Graduation UNIVERSITY OF NEBRASKA USA 1973  
 Internship and Year MAYO GRAD SCH OF MED 1974  
 Residency and Year MAYO GRAD SCH OF MED 1974  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 9192  
 License Date 6/1/1994  
 Name **MILAD, EMAD R MD**  
 Address HAMPSTEAD HOSPITAL, 218 EAST RDHAMPSTEAD, NH, 03841  
 Specialty CHP  
 Board Certified P  
 School and Year of Graduation UNIVERRSITY OF ALEXANDRIA FAC OF MEDICINE EGYPT 1980  
 Internship and Year INSTITUTE OF LIVING HOSPITAL - HARTFORD CT 1992  
 Residency and Year FINCH UNIVERSITY OF HEALTH SCIENCE - N CHICAGO IL 1990  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12770  
 License Date 6/1/2005  
 Name **MILANCOVICI, SILVIA Z DO**  
 Address WENTWORTH-DOUGLASS HOSP, 789 CENTRAL AVEDOVER, NH, 03820  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME US 2002  
 Internship and Year UNIVERSITY OF MASSACHUSETTS, WORCESTER MA 2003  
 Residency and Year UNIVERSITY OF MASSACHUSETTS, WORCESTER MA 2005  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10791  
 License Date 12/1/1999  
 Name **MILCHEV, VALENTIN I MD**  
 Address LACONIA CLINIC, 724 MAIN STLACONIA, NH, 03246  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation MED ACEDEMY HIGHER MED INSTITUTE OF SOFIA BULGARIA 1991  
 Internship and Year MIRIAM HOSPITAL - PROVIDENCE, RI 1994  
 Residency and Year MIRIAM HOSPITAL - PROVIDENCE, RI 1996  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9166  
 License Date 5/4/1994  
 Name **MILEK, DEBRA J MD**  
 Address 26 MANCHESTER SQ PEASE INTL, 601 SPAULDING TPKE #19PORTSMOUTH, NH, 03801-  
 Specialty OM  
 Board Certified PM  
 School and Year of Graduation NEW JERSY MEDICAL SCHOOL USA 1985  
 Internship and Year MONMOUTH MEDICAL CENTER - LONG BRANCH NJ 1986  
 Residency and Year HARVARD SCHOOL OF PUBLIC HEALTH - BOSTON MA 1990  
 License Expiration Date **6/30/1998**  
 Remarks

License Number 11875  
 License Date 4/2/2003  
 Name **MILES, CLIFFORD D MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified  
 School and Year of Graduation UNIV OF NEBRASKA - OMAHA, NE USA 2000  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2001  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2002  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 16869  
 License Date 12/3/2014  
 Name **MILHOAN, RUSTY A MD**  
 Address 3150 MATLOCK RD STE 401, ARLINGTON, TX, 76015  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation UNIVERSITY OF TX HEALTH SCIENCE CENTER USA 1985  
 Internship and Year JOHN PETER SMITH HOSPITAL - FORT WORTH, TX 1989  
 Residency and Year JOHN PETER SMITH HOSPITAL - FORT WORTH, TX 1992  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12270  
 License Date 4/7/2004  
 Name **MILIAN, NAILIM M MD**  
 Address , PO BOX 82-4294PEMBROKE PINES, FL, 33082  
 Specialty OBG  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF MIAMI, MIAMI FL US 1997  
 Internship and Year JACKSON MEMORIAL MED CTR, MIAMI FL 1998  
 Residency and Year JACKSON MEMORIAL MED CTR, MIAMI FL 2001  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	16284
License Date	8/7/2013
Name	<b>MILLARD, HUN MD</b>
Address	HUN MILLARD MD, 230 SO. FRONTAGE RDNEW HAVEN, CT, 06519
Specialty	P
Board Certified	P
School and Year of Graduation	HOWARD UNIVERSITY COLLEGE OF MEDICINE USA 2011
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8717
License Date	5/6/1992
Name	<b>MILLARD, ROBERTA L MD</b>
Address	PERRY MEDICAL SERVICES, 5 ALUMNI DR STE 204EXETER, NH, 03833-2122
Specialty	IM
Board Certified	IM
School and Year of Graduation	PENNSYLVANIA STATE UNIVERSITY USA 1986
Internship and Year	UNIVERSITY OF VIRGINIA HOSPITALS 1987
Residency and Year	UNIVERSITY OF VIRGINIA HOSPITALS 1989
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	15068
License Date	11/3/2010
Name	<b>MILLEA, RYAN MD</b>
Address	17 NEW MEADOW RD, LYNNFIELD, MA, 01940
Specialty	GS
Board Certified	
School and Year of Graduation	ST GEORGE'S UNIV GRENADA 2008
Internship and Year	LAHEY CLINIC MEDICAL CENTER - BURLINGTON, MA 2009
Residency and Year	LAHEY CLINIC MEDICAL CENTER - BURLINGTON, MA 2010
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	10685
License Date	9/1/1999
Name	<b>MILLER JR, DAVID P MD</b>
Address	WAKE FOREST UNIV SCH OF MED, MEDICAL CTR BLVDWINSTON-SALEM, NC, 27157
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF NC AT CHAPEL HILL SCH OF MED - NC USA 1996
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1997
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1998
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number 7435  
 License Date 9/4/1986  
 Name **MILLER II, CLINTON F MD**  
 Address 330 BORTHWICK AVE STE 300, PORTSMOUTH, NH, 03801-4102  
 Specialty NS  
 Board Certified NS  
 School and Year of Graduation DUKE UNIV SCH MED DURHAM NC USA 1972  
 Internship and Year UNIVERSITY HOSPITAL CLEVELAND OH 1973  
 Residency and Year UNIVERSITY HOSPITAL CLEVELAND OH 1978  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 6603  
 License Date 8/12/1982  
 Name **MILLER III, FREDERICK S MD**  
 Address MAINE EYE CENTER, 15 LOWELL ST PORTLAND, ME, 04102-2748  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation CASE WESTERN RESERVE UNIV SCH MED - OH USA 1976  
 Internship and Year UNIV COLORADO HEALTH SCIENCE CENTER - DENVER, CO 1977  
 Residency and Year UNIV WASHINGTON AFFILIATED HOSPITAL - SEATTLE, WA 1982  
 License Expiration Date **6/30/1999**  
 Remarks

License Number 7217  
 License Date 10/3/1985  
 Name **MILLER, A CHRISTINE MD**  
 Address 795 EL CAMINO REAL, PALO ALTO, CA, 94301  
 Specialty D  
 Board Certified D  
 School and Year of Graduation UNIV OF CALIFORNIA SCH MED - DAVIS, CA USA 1978  
 Internship and Year SANTA CLARA VALLEY MEDICAL CENTER - SAN JOSE, CA 1979  
 Residency and Year STANFORD UNIV HOSPITAL - STANFORD, CA 1982  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 7358  
 License Date 6/12/1986  
 Name **MILLER, ARNOLD R MD**  
 Address LACONIA CLINIC, 274 MAIN ST LACONIA, NH, 03246-2742  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation UNIVERSITY OF MASSACHUSETTS USA 1980  
 Internship and Year ST ELIZABETH HOSPITAL - BOSTON MA 1981  
 Residency and Year UNIVERISTY OF MA HOSPITAL - WORCESTER 1985  
 License Expiration Date **6/30/2016**  
 Remarks **5/7/02 Settlement Agreement**



License Number 14135  
 License Date 8/6/2008  
 Name **MILLER, ASHLEY A MD**  
 Address NEW LONDON PEDIATRICS, 273 COUNTY RD NEW LONDON, NH, 03257  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2006  
 Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007  
 Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9893  
 License Date 12/4/1996  
 Name **MILLER, BRIAN F DO**  
 Address SO NH REGIONAL MED CTR, 8 PROSPECT ST NASHUA, NH, 03061  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation MICHIGAN STATE UNIV COLLEGE OF OSTEO MED E LANSING USA 1979  
 Internship and Year GARDEN CITY HOSPITAL - GARDEN CITY MI 1980  
 Residency and Year PONTIAC OSTEOPATHIC HOSPITAL - PONTIAC, MI 1985  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 5513  
 License Date 5/6/1976  
 Name **MILLER, BUELL A MD**  
 Address 260 WESTERN AVE, S PORTLAND, ME, 04106-2432  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIV OF PENNSYLVANIA USA 1961  
 Internship and Year ST LUKES HOSPITAL - NY, NY 1962  
 Residency and Year UNIV HOSPITAL - ANN ARBOR, MICHIGAN 1966  
 License Expiration Date **6/30/2000**  
 Remarks

License Number 12240  
 License Date 3/3/2004  
 Name **MILLER, CHRISTOPHER J MD**  
 Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500 EDEN PRAIRIE, MN, 55344  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation UNIVERSITY OF TEXAS, SAN ANTONIO TX US 1990  
 Internship and Year NAVAL SCHOOL OF HEALTH SCIENCES, BETHESDA MD 1991  
 Residency and Year UNIVERSITY OF TEXAS, DALLAS TX 1999  
 License Expiration Date **6/30/2014**  
 Remarks

License Number	10094
License Date	8/6/1997
Name	<b>MILLER, CLAIRE L MD</b>
Address	115 MACLEAN PLACE, ONTARIOCANADA, , L0S 1E3
Specialty	FP
Board Certified	
School and Year of Graduation	UNIV OF WESTERN ONTARIO LONDON CANADA CANADA 1995
Internship and Year	QUEEN'S UNIV FAMILY MEDICINE - KINGSTON, ONTARIO 1997
Residency and Year	QUEEN'S UNIV FAMILY MEDICINE - KINGSTON, ONTARIO 1997
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	11181
License Date	2/7/2001
Name	<b>MILLER, DANIEL J MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	NS
Board Certified	NS
School and Year of Graduation	UNIV OF ROME LA SAPIENZA - ROME ITALY ITALY 1979
Internship and Year	ALBERT EINSTEIN MEDICAL CENTER - PHILADELPHIA, PA 1980
Residency and Year	WESTERN PENNSYLVANIA HOSPITAL - PITTSBURGH, PA 1981
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	17120
License Date	6/3/2015
Name	<b>MILLER, DARIN J MD</b>
Address	YORK HOSPITAL, 16 HOSPITAL DRYORK, ME, 03909
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF CHICAGO PRITZKER SCHOOL OF MEDICINE USA 1992
Internship and Year	BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 1993
Residency and Year	BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14690
License Date	12/2/2009
Name	<b>MILLER, DENA L MD</b>
Address	IMAGING ON CALL, 695 DUTCHESS TPKE #105POUGHKEEPSIE, NY, 12603
Specialty	R
Board Certified	R
School and Year of Graduation	MT SINAI SCHOOL OF MEDICINE USA 1995
Internship and Year	WINTHROP UNIVERSITY HOSPITAL - MINEOLA, NY 1996
Residency and Year	YALE UNIVERSITY SCHOOL OF MEDICINE - NEW HAVEN, CT 2000
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	10910
License Date	5/3/2000
Name	<b>MILLER, DONALD M MD</b>
Address	DHMC OPH, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1991
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1992
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9123
License Date	3/2/1994
Name	<b>MILLER, ERIC B MD</b>
Address	HVMA, 40 HOLLAND STSOMERVILLE, MA, 02144
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1990
Internship and Year	UNIVERSITY OF CT SCHOOL OF MEDICINE - FARMINGTON CT 1993
Residency and Year	UNIVERSITY OF CT SCHOOL OF MEDICINE - FARMINGTON CT 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7918
License Date	7/6/1988
Name	<b>MILLER, FELICIA G MD</b>
Address	121 RIVER RD, WEST NEWBURY, MA, 01985
Specialty	PD
Board Certified	PD
School and Year of Graduation	MOUNT SINAI SCHOOL OF MEDICINE USA 1983
Internship and Year	MA GENERAL HOSPITAL - BOSTON MA 1984
Residency and Year	MA GENERAL HOSPITAL - BOSTON MA 1986
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	5656
License Date	12/21/1976
Name	<b>MILLER, GARY E MD</b>
Address	, , ,
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF TEXAS USA 1960
Internship and Year	
Residency and Year	
License Expiration Date	<b>1/5/1982</b>
Remarks	

License Number	16079
License Date	4/3/2013
Name	<b>MILLER, JEREMY S MD</b>
Address	MLAB PC, 403 LAKESTONE WAYMARTINEZ, GA, 30907
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	MEDICAL COLLEGE OF GEORGIA SCHOOL OF MED USA 2003
Internship and Year	MEDICAL COLLEGE OF GEORGIA - AUGUSTA, GA 2008
Residency and Year	MEDICAL COLLEGE OF GEORGIA - AUGUSTA, GA 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13552
License Date	6/6/2007
Name	<b>MILLER, JOHN J MD</b>
Address	SEACOAST MENTA HEALTH CENTER, 30 PROSPECT AVEEXETER, NH, 03833
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF MASSACHUSETTS USA 1986
Internship and Year	FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1987
Residency and Year	UNIV OF MASSACHUSETTS MEDICAL CENTER - WORCESTER, MA 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4990
License Date	5/22/1973
Name	<b>MILLER, JOSEPH M MD</b>
Address	9 BUCKS HILL RD, DURHAM, NH, 03824
Specialty	OM
Board Certified	OM
School and Year of Graduation	HARVARD MEDICAL SCHOOL-BOSTON MA USA 1945
Internship and Year	MOUNT SINAI HOSP-NEW YORK CITY NY 1946
Residency and Year	PETER BENT BRIGHAM HOSP-BOSTON MA 1949
License Expiration Date	<b>6/30/2008</b>
Remarks	6/4/03 - Board directed office staff to change Dr. Miller's license to "Even Year Renewal"

License Number	7258
License Date	1/2/1986
Name	<b>MILLER, KENNETH J MD</b>
Address	, , ,
Specialty	P
Board Certified	
School and Year of Graduation	WRIGHT STATE UNIVERSITY USA 1982
Internship and Year	
Residency and Year	
License Expiration Date	<b>8/22/1988</b>
Remarks	

License Number	10095
License Date	8/6/1997
Name	<b>MILLER, LINDA A MD</b>
Address	4913 THAMES LANE, SARASOTA, FL, 34238
Specialty	GS
Board Certified	
School and Year of Graduation	DARTMOUTH MEDICAL - HANOVER, NH USA 1991
Internship and Year	U-HOSPITAL-SUNY HLTH SCI CENTER-NY 1997
Residency and Year	U HOSPITAL-SUNY HLTH SCI CENTER - NY 1997
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	13914
License Date	4/2/2008
Name	<b>MILLER, MARIAN K MD</b>
Address	DARTMOUTH HITCHCOCK CLINIC, 590 COURT STKEENE, NH, 03431
Specialty	IM
Board Certified	IM
School and Year of Graduation	WRIGHT STATE UNIV USA 1995
Internship and Year	KETTERING MEDICAL CENTER-KETTERING, OH 1996
Residency and Year	KETTERING MEDICAL CENTER-KETTERING, OH 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12533
License Date	11/3/2004
Name	<b>MILLER, MAURICE M MD</b>
Address	5400 KENNEDY AVE, CINCINNATI, OH, 45213
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF MARYLAND, BALTIMORE MD US 1990
Internship and Year	NAVAL MEDICAL CTR, SAN DIEGO CA 1991
Residency and Year	ROBERT C BYRD HEALTH SCIENCES CTR, MORGANTOWN WV 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5865
License Date	3/2/1978
Name	<b>MILLER, MICHAEL D MD</b>
Address	35 STEPHEN DR, GOFFSTOWN, NH, 03045-2176
Specialty	DR
Board Certified	DR
School and Year of Graduation	DUKE UNIV SCHOOL OF MEDICINE - DURHAM, NC USA 1974
Internship and Year	DUKE UNIV MEDICAL CENTER - DURHAM, NC 1975
Residency and Year	DUKE UNIV MEDICAL CENTER - DURHAM, NC 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12803
License Date	7/6/2005
Name	<b>MILLER, MICHAEL K MD</b>
Address	100 MIDLAND AVE, PORT CHESTER, NY, 10573
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	HAHNEMANN UNIVERSITY, PHILADELPHIA PA USA 1997
Internship and Year	MT SINAI MEDICAL CENTER, NEW YORK NY 1998
Residency and Year	MT SINAI MEDICAL CENTER, NEW YORK NY 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14888
License Date	6/2/2010
Name	<b>MILLER, MICHAEL L DO</b>
Address	MIRACA SCIENCES, 4207 E COTTON CTR BLVD PHOENIX, AZ, 85040
Specialty	HMP
Board Certified	HMP
School and Year of Graduation	KANSAS CITY UNIVERSITY USA 1975
Internship and Year	NAVAL MEDICAL CENTER - PORTSMOUTH, VA 1976
Residency and Year	NAVAL MEDICAL CENTER - SAN DIEGO, CA 1980
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14847
License Date	5/5/2010
Name	<b>MILLER, MICHAEL P MD</b>
Address	ELLIOT HEALTH SYSTEM, ONE ELLIOT WAY MANCHESTER, NH, 03103
Specialty	PD
Board Certified	PD
School and Year of Graduation	NY MEDICAL COLLEGE USA 1999
Internship and Year	NSLIJHS SCHNEIDER CHILDRENS HOSPITAL - NEW HYDE PARK, NY 2000
Residency and Year	NSLIJHS SCHNEIDER CHILDRENS HOSPITAL - NEW HYDE PARK, NY 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8574
License Date	6/5/1991
Name	<b>MILLER, NORMAN D MD</b>
Address	MERRIMACK VALLEY GI, 92-1162 OLANI ST, UNIT 1 KAPOLEI, HI, 96707
Specialty	GE
Board Certified	IM
School and Year of Graduation	MT SINAI SCHOOL OF MED-CITY UNIV OF NY USA 1983
Internship and Year	MONTEFIORE HOSPITAL MC-H&L MOSES 1984
Residency and Year	MOUNT AUBURN HOSP 1986
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	12349
License Date	6/2/2004
Name	<b>MILLER, NORMAND MD</b>
Address	VEIN CENTERS FOR EXCELLENCE, 224 MAIN ST STE 1-DSALEM, NH, 03079
Specialty	VS
Board Certified	VS
School and Year of Graduation	LAVAL UNIVERSITY, ST-FOY, QUEBEC CANADA CANADA 1977
Internship and Year	UNIVERSITY LAVAL, QUEBEC, QUEBEC CANADA 1978
Residency and Year	MCGILL UNIVERSITY, MONTREAL, QUEBEC CANADA 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7156
License Date	7/10/1985
Name	<b>MILLER, PATRICIA M MD</b>
Address	25 VILLAGE BROOK LN, DERRY, NH, 03038
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	MEDICAL COLLEGE OF WISCONSIN-MILWAUKEE, WI USA 1980
Internship and Year	NEW BRITAIN GENERAL HOSPITAL - NEW BRITAIN, CT 1981
Residency and Year	NEW BRITAIN GENERAL HOSPITAL - NEW BRITAIN, CT 1982
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15544
License Date	2/1/2012
Name	<b>MILLER, RASA K MD</b>
Address	DARTMOUTH-HITCHCOCK, 25 SOUTH RIVER RDBEDFORD, NH, 03110
Specialty	FP
Board Certified	FP
School and Year of Graduation	KAUNO MEDICINOS UNIVERSITETO LITHUANIA 1987
Internship and Year	WRIGHT STATE UNIVERSITY - DAYTON, OH 2003
Residency and Year	WRIGHT STATE UNIVERSITY - DAYTON, OH 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17020
License Date	4/1/2015
Name	<b>MILLER, ROBYN R MD</b>
Address	932 HENDERSONVILLE RD STE 104, ASHEVILLE, NC, 28803
Specialty	P
Board Certified	P
School and Year of Graduation	JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE USA 1989
Internship and Year	WALTER REED NATIONAL MILITARY MEDICAL CENTER - WASHINGTON, DC 1990
Residency and Year	WALTER REED NATIONAL MILITARY MEDICAL CENTER - WASHINGTON, DC 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10186
License Date	12/3/1997
Name	<b>MILLER, STEPHEN G MD</b>
Address	31 LINCOLNSHIRE DR, FALL RIVERNOVA SCOTIA CANADA, , B2T-1P8
Specialty	FP
Board Certified	FP
School and Year of Graduation	DALHOUSIE UNIV NOVA SCOTIA 1993
Internship and Year	DALHOUSIE UNIV-HALIFAX,NS 1994
Residency and Year	DALHOUSIE UNIV -HALIFAX,NS 1996
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	9426
License Date	5/3/1995
Name	<b>MILLER, STEVEN G MD</b>
Address	STE 2600, 92 MONTVALE AVESTONEHAM, MA, 02180
Specialty	IM
Board Certified	IM
School and Year of Graduation	BROWN UNIVERSITY USA 1976
Internship and Year	VET ADMIN MEDICAL CENTER, RHODE ISLAND 1977
Residency and Year	MIRIAM HOSPITAL, RHODE ISLAND 1978
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	8130
License Date	6/7/1989
Name	<b>MILLER, THEODORE M MD</b>
Address	SPRINGFIELD MEDICAL CARE SYSTEMS, 1 HOSPITAL CTRBELLOWS FALLS, VT, 05101
Specialty	P
Board Certified	P
School and Year of Graduation	OREGON HEALTH SCIENCES UNIVERSITY USA 1985
Internship and Year	INSTITUTE FOR LIVING - HARTFORD, CT 1986
Residency and Year	UVM/FLETCHER ALLEN HOSPITAL - BURLINGTON, VT 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9660
License Date	3/6/1996
Name	<b>MILLIGAN, FRANCIS J MD</b>
Address	19 FARRINGTON CORNER RD, HOPKINTON, NH, 03229
Specialty	FP
Board Certified	FP
School and Year of Graduation	LOYOLA UNIV OF CHICAGO STRITCH SCHOOL OF MED - IL USA 1989
Internship and Year	SILAS B HAYES - CA 1990
Residency and Year	SILAS B HAYES - CA 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	9117
License Date	2/2/1994
Name	<b>MILLIGAN, THOMAS R MD</b>
Address	, , ,
Specialty	IM
Board Certified	
School and Year of Graduation	UNIVERSITY OF MONTERRY MEXICO MEXICO 1978
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1994</b>
Remarks	1/94 - DECISION AND ORDER 11/94 DECISION AND ORDER Deceased 11/20/2006

License Number	16950
License Date	2/4/2015
Name	<b>MILLINGTON, TIMOTHY M MD</b>
Address	15 GOULD AVE, MALDEN, MA, 02148
Specialty	GS
Board Certified	GS
School and Year of Graduation	DUKE UNIVERSITY SCHOOL OF MEDICINE USA 2004
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2005
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2012
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10339
License Date	7/1/1998
Name	<b>MILLS, CARA L MD</b>
Address	FOUNDATION PEDIATRIC, 280 MAIN ST., STE. 111NASHUA, NH, 03060
Specialty	PD
Board Certified	PD
School and Year of Graduation	GEORGE WASHINGTON UNIV - WASHINGTON, DC USA 1994
Internship and Year	CHILDREN'S NATIONAL MEDICAL CENTER - WASHINGTON, DC 1995
Residency and Year	CHILDREN'S NATIONAL MEDICAL CENTER - WASHINGTON, DC 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16080
License Date	4/3/2013
Name	<b>MILLS, CHARLES S MD</b>
Address	1070 HOLT AVE, MANCHESTER, NH, 03109
Specialty	IM
Board Certified	IM
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1979
Internship and Year	VETERANS ADMINISTRATION HOSPITAL - BOSTON, MA 1980
Residency and Year	VETERANS ADMINISTRATION HOSPITAL - BOSTON, MA 1982
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 10096  
License Date 8/6/1997  
Name **MILLS, CHRISTOPHER J MD**  
Address 590 COURT ST, KEENE, NH, 03431  
Specialty OBG  
Board Certified  
School and Year of Graduation SUNY-HLTH SCI CTR AT BROOKLYN, NY USA 1993  
Internship and Year CARILION HEALTH SYSTEM-VA 1997  
Residency and Year CARILION HEALTH SYSTEM - VA 1997  
License Expiration Date **6/30/2005**  
Remarks

License Number 7359  
License Date 6/12/1986  
Name **MILLS, JOHN C MD**  
Address VALLEY REGIONAL HOSP, 243 ELM STCLAREMONT, NH, 03743  
Specialty EM  
Board Certified  
School and Year of Graduation YALE UNIVERSITY USA 1971  
Internship and Year YALE HOSPITAL 1972  
Residency and Year YALE HOSPITAL-1973 NEW ENGLAND MED CTR 1979  
License Expiration Date **6/30/2016**  
Remarks

License Number 6740  
License Date 7/7/1983  
Name **MILLS, LETHA E MD**  
Address MT ASCUTNEY HOSPITAL, 289 COUNTY ROADWINDSOR, VT, 05089  
Specialty HEM  
Board Certified HEM  
School and Year of Graduation DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH USA 1977  
Internship and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1978  
Residency and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1980  
License Expiration Date **6/30/2017**  
Remarks

License Number 10655  
License Date 8/4/1999  
Name **MILLS, SHAWN P MD**  
Address 348 GIFFORD ST, #2FALMOUTH, MA, 02540  
Specialty ORS  
Board Certified  
School and Year of Graduation UNIV OF TEXAS MED SCH -GALVESTON, TX USA 1993  
Internship and Year UNIV OF MASSACHUSETTS MED CTR - WORCESTER, MA 1994  
Residency and Year UNIV OF MASSACHUSETTS MED CTR - WORCESTER, MA 1999  
License Expiration Date **6/30/2002**  
Remarks

License Number 8012  
 License Date 12/7/1988  
 Name **MILLSTEIN, ROBERT P MD**  
 Address 10 SPRING CREEK LN, STRATHAM, NH, 03885  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF CONNECICUT SCH OF MED USA 1983  
 Internship and Year STRONG MEM HOSP-ROCHESTER,NY 1984  
 Residency and Year STRONG MEM HOSP-ROCHESTER,NY 1987  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15842  
 License Date 9/5/2012  
 Name **MILMAN, STEVEN MD**  
 Address COASTAL CARDIOTHORACIC & VASCULAR SURGERY, 333 BORTHWICK AVE MED OFFICE BLDG #402  
 Specialty TS  
 Board Certified TS  
 School and Year of Graduation CORNELL UNIVERSITY MEDICAL COLLEGE USA 2002  
 Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2003  
 Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2007  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 2327  
 License Date 9/10/1942  
 Name **MILNE, JOHN MD**  
 Address , , ,  
 Specialty  
 Board Certified  
 School and Year of Graduation  
 Internship and Year  
 Residency and Year  
 License Expiration Date **6/30/1992**  
 Remarks

License Number 15672  
 License Date 5/2/2012  
 Name **MILNER, TIFFANY L MD**  
 Address DHMC - DEPT OF MEDICINE, ONE MED CTR DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF TX HEALTH SCIENCE CTR @ SAN ANTONIO USA 2008  
 Internship and Year UNIVERSITY OF UTAH HEALTH CARE - SALT LAKE CITY, UT 2009  
 Residency and Year UNIVERSITY OF UTAH HEALTH CARE - SALT LAKE CITY, UT 2012  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	11601
License Date	5/1/2002
Name	<b>MILOSAVLJEVIC, VLADAN P MD</b>
Address	NEW ENGLAND NEUROLOGICAL, 354 MERRIMACK ST LAWRENCE, MA, 01843
Specialty	N
Board Certified	N
School and Year of Graduation	MEDICAL FACULTY UNIV OF BLEGRADE, YUGOSLAVIA YUGOSLAVIA 1987
Internship and Year	WAYNE STATE UNIV- DETROIT MEDICAL CTR - DETROIT, MI 1990
Residency and Year	MT SINAI HOSPITAL - NEW YORK, NY 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14469
License Date	6/3/2009
Name	<b>MIN, PATRICIA L MD</b>
Address	DHMC-DEPT OF GENERAL MEDICINE, ONE MED CTR DR LEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	NEW YORK UNIVERSITY USA 1994
Internship and Year	UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM - PHILADELPHIA, PA 1995
Residency and Year	UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM - PHILADELPHIA, PA 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16676
License Date	7/2/2014
Name	<b>MINA, KARIM G MD</b>
Address	176 DRAKESIDE RD #306, HAMPTON, NH, 03842
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF ALEXANDRIA FACULTY OF MEDICINE EGYPT 2008
Internship and Year	NY METHODIST HOSPITAL - BROOKLYN, NY 2011
Residency and Year	NY METHODIST HOSPITAL - BROOKLYN, NY 2013
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7767
License Date	1/6/1988
Name	<b>MINER, DANIEL G MD</b>
Address	8 E PEARL ST, NASHUA, NH, 03060-3461
Specialty	DR
Board Certified	DR
School and Year of Graduation	JOHN HOPKINS UNIV SCH MED BALTIMORE MD USA 1981
Internship and Year	UNION MEM HOSP BALTIMORE MD 1982
Residency and Year	JOHNS HOPKINS HOSP BALTIMORE MD 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 10961  
 License Date 6/7/2000  
 Name **MINER, PAULA M MD**  
 Address ASSOC IN OBSTETRICS & GYN, 25 DeGRANDPRE WAYPLATTSBURG, NY, 12901  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation STATE UNIV OF NEW YORK - SYRACUSE, NY USA 1997  
 Internship and Year MAINE-DARTMOUTH FAMILY PRACTICE - AUGUSTA, ME 1999  
 Residency and Year MAINE-DARTMOUTH FAMILY PRACTICE - AUGUSTA, ME 2000  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 15545  
 License Date 2/1/2012  
 Name **MINERVA, ELLEN MD**  
 Address NEW HAMPSHIRE HOSPITAL, G UNIT - 36 CLINTON STCONCORD, NH, 03301  
 Specialty P  
 Board Certified P  
 School and Year of Graduation GEORGE WASHINGTON UNIVERSITY SCHOOL OF MEDICINE USA 1991  
 Internship and Year GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER - WASHINGTON, DC 1992  
 Residency and Year GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER - WASHINGTON, DC 1995  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10723  
 License Date 10/6/1999  
 Name **MINKIEWICZ, GARY M MD**  
 Address C/O CMC NEHI, 100 MCGREGOR STMANCHESTER, NH, 03102  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE-ROC,NY USA 1977  
 Internship and Year UNIVERSITY OF CALIFORNIA-SAN DIEGO,CA 1978  
 Residency and Year UNIVERSITY OF CALIFORNIA-SAN DIEGO,CA 1981  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 6230  
 License Date 6/25/1980  
 Name **MINSINGER, WILLIAM E MD**  
 Address DHMC, DEPT OF ORTHOPEDICS, 1 MEDICAL CTR DRLEBANON, NH, 03756  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation BOSTON UNIV SCHOOL MEDICINE - BOSTON, MA USA 1978  
 Internship and Year DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1979  
 Residency and Year DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1980  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10911  
 License Date 5/3/2000  
 Name **MINSTER, ANNA MD**  
 Address 750 WASHINGTON ST, BOSTON, MA, 02111  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation KISINEV MED INSTITUTE - KISINEV, USSR USSR 1979  
 Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1998  
 Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1999  
 License Expiration Date **6/30/2003**  
 Remarks

License Number 13173  
 License Date 7/5/2006  
 Name **MINTZ, DANIEL H MD**  
 Address MILLER SCHOOL MED UNIV/MIAMI, 1450 NW 10 AVE (R-77)MIAMI, FL, 33136  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation NY MEDICAL COLLEGE USA 1956  
 Internship and Year HENRY FORD HOSPITAL-DETROIT, MI 1957  
 Residency and Year DC GENERAL HOSPITAL PROGRAM-GEORGETOWN MED-WASHINGTON, DC 1958  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 9778  
 License Date 7/3/1996  
 Name **MINTZ, HOLLY P MD**  
 Address PEDIATRICS HLTH PINE TREE PLC, UNIT 8, 360 RTE 101BEDFORD, NH, 03110  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation SUNY HEALTH SCIENCE CTR AT SYRACUSE COLL OF MED NY USA 1993  
 Internship and Year UNIV OF PITTSBURGH MEDICAL CENTER - PA 1996  
 Residency and Year UNIV OF PITTSBURGH MEDICAL CENTER - PA 1996  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11216  
 License Date 4/4/2001  
 Name **MIRABELLO, JOHN MD**  
 Address ROCHESTER OBGYN, 21 WHITEHALL RD STE 201ROCHESTER, NH, 03867  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIFORMED SER UNIV - BETHESDA, MD USA 1988  
 Internship and Year WILFORD HALL MED CTR - LACKLAND AFB, TX 1989  
 Residency and Year WILFORD HALL MED CTR - LACKLAND AFB, TX 1992  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	5720
License Date	5/5/1977
Name	<b>MIRAGLIUOLO, NICOLA J MD</b>
Address	193 KINSLEY ST, NASHUA, NH, 03060-3658
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF VERMONT-BURLINGTON VT USA 1973
Internship and Year	ST ELIZABETHS HOSPITAL-BOSTON MA 1974
Residency and Year	ST ELIZABETHS HOSPITAL - BOSTON,MA 1974
License Expiration Date	<b>11/13/2003</b>
Remarks	11/13/03 - Voluntary Surrender of License

License Number	12939
License Date	11/2/2005
Name	<b>MIRANDA, JULIO A MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF DE PANAMA, PANAMA PANAMA 1993
Internship and Year	COOK COUNTY HOSPITAL, CHICAGO IL 2002
Residency and Year	COOK COUNTY HOSPITAL, CHICAGO IL 2005
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	10724
License Date	10/6/1999
Name	<b>MIRANDA-SEIJO, JUAN MD</b>
Address	OKEMO REGIONAL MED CTR, RTE 103LUDLOW, VT, 05149
Specialty	FP
Board Certified	FP
School and Year of Graduation	FACULTY OF MEDICINE UNIV OF SANTIAGO SPAIN 1987
Internship and Year	ST RICHARDS HOSPITAL-CHICHESTER-UNITED KINGDOM 1992
Residency and Year	IXWORTH SURGERY-IXWORTH SUFFOLK-ENGLAND 1996
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	11602
License Date	5/1/2002
Name	<b>MIRAZITA, JAMES A MD</b>
Address	PAIN SOLUTIONS, 280 MAIN ST #420NASHUA, NH, 03060
Specialty	AN
Board Certified	AN
School and Year of Graduation	OHIO STATE UNIV - COLUMBUS, OH USA 1992
Internship and Year	DAVID GRANT MEDICAL CENTER - TRAVIS AFB, CA 1993
Residency and Year	WILFORD HALL MEDICAL CENTER - LACKLAND AFB, TX 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 6400  
 License Date 6/4/1981  
 Name **MIRBEGIAN, ROUBEN MD**  
 Address , , ,  
 Specialty GS  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF TEHERAN 1971  
 Internship and Year  
 Residency and Year  
 License Expiration Date **10/3/1984**  
 Remarks

License Number 3372  
 License Date 7/20/1960  
 Name **MIREAULT, NORMAN G MD**  
 Address , , ,  
 Specialty  
 Board Certified  
 School and Year of Graduation  
 Internship and Year  
 Residency and Year  
 License Expiration Date **10/3/1993**  
 Remarks **DECEASED 10/3/93**

License Number 14632  
 License Date 10/7/2009  
 Name **MIRMANESH, SHAPOUR MD**  
 Address VISTA STAFF, 275 E 200 SSALT LAKE CITY, UT, 84111  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation SPARTAN HEALTH SCIENCE UNIVERSITY USA 1999  
 Internship and Year TEMPLE UNIVERSITY HOSPITAL - PHILADELPHIA, PA 2001  
 Residency and Year TEMPLE UNIVERSITY HOSPITAL - PHILADELPHIA, PA 2003  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16123  
 License Date 5/1/2013  
 Name **MIRMOW, DWIGHT P MD**  
 Address PATHOLOGY DEPARTMENT, 2260 WRIGHTSBORO ROAD AUGUSTA, GA, 30904  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation UNIVERSITY OF SC SCHOOL OF MEDICINE USA 1990  
 Internship and Year PALMETTO RICHLAND MEMORIAL HOSPITAL - COLUMBIA, SC 1991  
 Residency and Year MEDICAL COLLEGE OF GEORGIA - AUGUSTA, GA 1995  
 License Expiration Date **6/30/2017**  
 Remarks



License Number	12547
License Date	12/1/2004
Name	<b>MIROCHA, SARAH J MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	UNIVERSITY OF WISCONSIN, MADISON WI US 2002
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2003
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2005
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	15453
License Date	11/2/2011
Name	<b>MIRZA, MUHAMMAD F MD</b>
Address	PSG, 121 BIRKDALE RDBEDFORD, NH, 03110
Specialty	PUD
Board Certified	PUD
School and Year of Graduation	UNIVERSITY OF KARACHI PAKISTAN 1995
Internship and Year	FLUSHING HOSPITAL MEDICAL CENTER - FLUSHING, NY 2005
Residency and Year	FLUSHING HOSPITAL MEDICAL CENTER - FLUSHING, NY 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15546
License Date	2/1/2012
Name	<b>MIRZA, NAUREEN MD</b>
Address	ELLIOT HOSPITAL, 185 QUEENS CITY AVEMANCHESTER, NH, 03101
Specialty	RHU
Board Certified	RHU
School and Year of Graduation	UNIVERSITY OF KARACHI PAKISTAN 1998
Internship and Year	FLUSHING HOSPITAL MEDICAL CENTER - FLUSHING, NY 2001
Residency and Year	FLUSHING HOSPITAL MEDICAL CENTER - FLUSHING, NY 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14258
License Date	12/3/2008
Name	<b>MIRZA, SOHAIL K MD</b>
Address	DHMC-ORTHOPEDIC SURGERY, ONE MED CTR DRLEBANON, NH, 03756
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIV OF COLORADO USA 1987
Internship and Year	UNIV OF WASHINGTON SCHOOL OF MEDICINE - SEATTLE, WA 1990
Residency and Year	UNIV OF WASHINGTON - SEATTLE, WA 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6029
License Date	4/5/1979
Name	<b>MISHCON, MERIT J MD</b>
Address	TILTON MEDICAL ASSOCIATES, 243 EAST MAINTILTON, NH, 03276-
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF VERMONT COLLEGE MEDICINE - BURLINGTON, VT USA 1976
Internship and Year	MEMORIAL HOSPITAL - PAWTUCKET, RI 1977
Residency and Year	MEMORIAL HOSPITAL - PAWTUCKET, RI 1979
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14933
License Date	7/7/2010
Name	<b>MISHRA, ANURAG MD</b>
Address	UNIVERSAL PHYSICIAN & TELEMEDICINE PLLC, 6800 SMOKETREE TRAILDENTON, TX, 76208
Specialty	IM
Board Certified	IM
School and Year of Graduation	KANPUR UNIVERSITY INDIA 1983
Internship and Year	UNIVERSITY OF MISSOURI HEALTH SCIENCE CENTER - COLUMBIA, MO 1994
Residency and Year	UNIVERSITY OF MISSOURI HEALTH SCIENCE CENTER - COLUMBIA, MO 1995
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	8249
License Date	11/16/1989
Name	<b>MISIEWICZ, JOSEPH A MD</b>
Address	163A DW HWY, MEREDITH, NH, 03253-5839
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF MIAMI SCH OF MED - MIAMI, FL USA 1984
Internship and Year	PHOENIX BAPIST HOSPITAL - PHOENIX, AZ 1985
Residency and Year	PHOENIX BAPIST HOSPITAL - PHOENIX, AZ 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17021
License Date	4/1/2015
Name	<b>MISRA, SARTHAK B MD</b>
Address	45 HIGH ST, NASHUA, NH, 03060
Specialty	P
Board Certified	P
School and Year of Graduation	TOPIWALA NAT'L MED COLLEGE, UNIV OF MUMBAI INDIA 2007
Internship and Year	ST LOUIS UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS, MO 2013
Residency and Year	ST LOUIS UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS, MO 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14934
License Date	7/7/2010
Name	<b>MISSIOS, SYMEON MD</b>
Address	LSU-HSC DEPT OF NEUROSURGERY, 1501 KINGS HWYSHREVEPORT, LA, 71105
Specialty	NS
Board Certified	
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2004
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10873
License Date	4/5/2000
Name	<b>MISTLER, LISA A MD</b>
Address	NEW HAMPSHIRE HOSPITAL, 36 CLINTON STCONCORD, NH, 03301
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF VERMONT USA 1996
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CTR - LEBANON NH 1997
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CTR - LEBANON NH 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14807
License Date	4/7/2010
Name	<b>MISTRETTA, ANTHONY MD</b>
Address	DARTMOUTH-HITCHCOCK MEDICAL CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	TUFTS UNIVERSITY USA 1996
Internship and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1997
Residency and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6002
License Date	11/17/1978
Name	<b>MITAL, MOHINDER A MD</b>
Address	500 WALTER ST NE STE 305, ALBUQUERQUE, NM, 87102-2543
Specialty	
Board Certified	ORS
School and Year of Graduation	UNIV OF BOMBAY - INDIA INDIA 1959
Internship and Year	MUHLENBERG HOSPITAL - PLAINSFIELD, NJ 1963
Residency and Year	CHILDREN'S HOSPITAL MEDICAL CENTER - BOSTON,MA 1967
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	15227
License Date	5/4/2011
Name	<b>MITCHELL II, ROBERT E MD</b>
Address	CONCORD HOSP CTR FOR UROLOGIC CARE, 246 PLEASANT ST STE G2CONCORD, NH, 03301
Specialty	U
Board Certified	U
School and Year of Graduation	COLUMBIA UNIVERSITY USA 2006
Internship and Year	VANDERBILT UNIVERSITY MEDICAL CENTER - NASHVILLE, TN 2007
Residency and Year	VANDERBILT UNIVERSITY MEDICAL CENTER - NASHVILLE, TN 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9048
License Date	9/1/1993
Name	<b>MITCHELL, CHERYL M MD</b>
Address	CAMBRIDGE FAMILY HEALTH, 237 HAMPSHIRE STCAMBRIDGE, MA, 02039
Specialty	FP
Board Certified	FP
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1989
Internship and Year	MEMORIAL HOSPITAL - PAWTUCKET RI 1992
Residency and Year	MEMORIAL HOSPITAL - PAWTUCKET RI 1992
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	16184
License Date	6/5/2013
Name	<b>MITCHELL, DANIEL R MD</b>
Address	160 ALLEN STREET, RUTLAND, VT, 05701
Specialty	DR
Board Certified	DR
School and Year of Graduation	VANDERBILT UNIVERSITY SCHOOL OF MEDICINE USA 1986
Internship and Year	NAVAL MEDICAL CENTER - SAN DIEGO, CA 1987
Residency and Year	NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13142
License Date	6/7/2006
Name	<b>MITCHELL, ERIC I MD</b>
Address	7 COLONIAL DR, TOWANDA, PA, 18848
Specialty	ORS
Board Certified	
School and Year of Graduation	UNIV OF PENNSYLVANIA USA 1974
Internship and Year	PHILADELPHIA GENERAL HOSPITAL-PHILADELPHIA, PA 1975
Residency and Year	HOSPITAL OF THE UNIV OF PENNSYLVANIA-PHILADELPHIA, PA 1979
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	13599
License Date	7/11/2007
Name	<b>MITCHELL, HANNAH S MD</b>
Address	CONCORD WOMEN'S CARE, 248 PLEASANT ST STE 103CONCORD, NH, 03301
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF VERMONT USA 2003
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2004
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7446
License Date	10/2/1986
Name	<b>MITCHELL, JOHN S MD</b>
Address	WENATCHEE VA CBOC, 2530 CHESTER-KIM RDWENATCHEE, WA, 98801
Specialty	IM
Board Certified	IM
School and Year of Graduation	ST LOUIS UNIV SCH MED ST LOUIS MO USA 1981
Internship and Year	ST JOHNS MERCY MED CTR ST LOUIS MO 1982
Residency and Year	THE JEWISH HOSP ST LOUIS MO 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>1/7/00 - SETTLEMENT AGREEMENT</b>

License Number	10097
License Date	8/6/1997
Name	<b>MITCHELL, MICHAEL S MD</b>
Address	1493 CAMBRIDGE ST, CAMBRIDGE, MA, 02139
Specialty	P
Board Certified	
School and Year of Graduation	MOREHOUSE SCH OF MED - ATLANTA, GA USA 1992
Internship and Year	CAMBRIDGE HOSPITAL - MA 1993
Residency and Year	CAMBRIDGE HOSPITAL - MA 1997
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	8093
License Date	5/10/1989
Name	<b>MITCHELL, SANDRA E MD</b>
Address	UNIV OF FLORIDA RADIATION ONCO, PO BOX 100385GAINESVILLE, FL, 32610-0385
Specialty	ON
Board Certified	ON
School and Year of Graduation	UNIV OF CINCINNATI COLL OF MED CINCINNATI OH USA 1985
Internship and Year	UNIV CINCINNATI HOSP MED CTR CINCINNATI 1986
Residency and Year	UNIV CINCINNATI HOSP MED CTR CINCINNATI OH 1989
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	16725
License Date	8/6/2014
Name	<b>MITNAUL, JR, LARRY D MD</b>
Address	8 MEADOW LN, ENFIELD, NH, 03748-3532
Specialty	P
Board Certified	
School and Year of Graduation	U OF TEXAS HEALTH SCIENCE CTR - SAN ANTONIO, TX US 2012
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16124
License Date	5/1/2013
Name	<b>MITREVOLIS, E GARY MD</b>
Address	WENTWORTH - DOUGLAS HOSPITAL, 789 CENTRAL AVEDOVER, NH, 03820
Specialty	IM
Board Certified	
School and Year of Graduation	ST GEORGES UNIVERSITY GRENEDA 2010
Internship and Year	SUNY UPSTATE MEDICAL UNIVERSITY - SYRACUSE, NY 2011
Residency and Year	SUNY UPSTATE MEDICAL UNIVERSITY - SYRACUSE, NY 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16648
License Date	6/4/2014
Name	<b>MITSCHELE, MATTHEW W MD</b>
Address	ADULT AND CHILDRENS OF DOVER, 10 MEMBERS WAY, STE 201DOVER, NH, 03820
Specialty	FP
Board Certified	FP
School and Year of Graduation	ST GEORGES UNIVERSITY GRENADA 2011
Internship and Year	UMDNJ-ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK, NJ 2012
Residency and Year	UMDNJ-ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK, NJ 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7454
License Date	10/2/1986
Name	<b>MITSOPOULOS, SPIROS MD</b>
Address	SPIROS MITSOPOULOS, MD, PLLC, 445 CYPRESS ST., UNIT 9MANCHESTER, NH, 03103-
Specialty	IM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1984
Internship and Year	FAULKNER HOSPITAL - BOSTON, MA 1985
Residency and Year	FAULKNER HOSPITAL - BOSTON, MA 1987
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6013
License Date	2/2/1979
Name	<b>MITTELMAN, MICHAEL A MD</b>
Address	130 HARBOR RD, RYE, NH, 03870-1030
Specialty	D
Board Certified	D
School and Year of Graduation	UNIV OF TORONTO CANADA 1966
Internship and Year	COOK COUNTY HOSPITAL - CHICAGO, IL 1967
Residency and Year	ST FRANCIS HOSPITAL - MONTREAL CANADA 1968
License Expiration Date	<b>9/29/2014</b>
Remarks	Deceased 9/29/14

License Number	15000
License Date	9/1/2010
Name	<b>MITTLEIDER, DEREK MD</b>
Address	SPECTRUM MEDICAL GROUP, 33 SEWALL ST PORTLAND, ME, 04102
Specialty	DR
Board Certified	DR
School and Year of Graduation	LOUISIANA STATE UNIVERSITY USA 2004
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2005
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9856
License Date	10/2/1996
Name	<b>MITZ, HOWARD S DO</b>
Address	NORTH COUNTRY GASTROENTEROLOGY, 220 COTTAGE ST LITTLETON, NH, 03561
Specialty	GE
Board Certified	GE
School and Year of Graduation	UNIV OF HLTH SCI COLL OF OSTEO MED - KANSAS CITY USA 1985
Internship and Year	PHOENIX GENERAL HOSPITAL OSTEO - AR 1988
Residency and Year	CHICAGO COLLEGE OF OSTEO MEDICINE - IL 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4708
License Date	6/12/1972
Name	<b>MIXTER III, CHARLES G MD</b>
Address	20 LYDIA ST, GREYMOUTH, NZ, 7805
Specialty	GS
Board Certified	GS
School and Year of Graduation	HARVARD MEDICAL SCHOOL-BOSTON MA USA 1965
Internship and Year	MASSACHUSETTS GENERAL HOSP-BOSTON MA 1966
Residency and Year	MASSACHUSETTS GENERAL HOSP-BOSTON MA 1972
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	10396
License Date	9/2/1998
Name	<b>MIZRAY, MILITZA I MD</b>
Address	GENESIS BEHAVIORAL HEALTH, 111 CHURCH ST LACONIA, NH, 03246
Specialty	P
Board Certified	P
School and Year of Graduation	STATE UNIV OF NY HLTH SCI CTR-BROOKLYN, NY USA 1987
Internship and Year	NEW YORK UNIV MED CTR - NY, NY 1988
Residency and Year	NORTH SHORE UNIV HOSPITAL - MANHASSET, NY 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>lapsed 6/30/03 - reinstated 7/2/14</b>

License Number	8028
License Date	1/4/1989
Name	<b>MOAK, GARY S MD</b>
Address	GEISEL MEDICAL SCHOOL AT DARTMOUTH - PSYCH ASSOC, ONE MEDICAL CTR DR LEBANON, NH, 03
Specialty	P
Board Certified	P
School and Year of Graduation	UMDNJ-ROBERT WOOD JOHNSON MED SCH , NJ USA 1982
Internship and Year	HOSPITAL UNIV HLTH CTR - PITTSBURGH, PA 1983
Residency and Year	HOSPITAL UNIV HLTH CTR - PITTSBURGH, PA 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16125
License Date	5/1/2013
Name	<b>MOCHSON, CRAIG M MD</b>
Address	250 MERCER ST APT C403, NEW YORK, NY, 10012
Specialty	EM
Board Certified	EM
School and Year of Graduation	ALBERT EINSTEIN COLLEGE OF MEDICINE USA 1999
Internship and Year	BELLEVUE HOSPITAL CENTER - NEW YORK, NY 2000
Residency and Year	BELLEVUE HOSPITAL CENTER - NEW YORK, NY 2003
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	9350
License Date	1/11/1995
Name	<b>MOCKLI, GARY C MD</b>
Address	SMITHKLINE BEECHAM CLINICAL, 2040 CONCORSE ST LOUIS, MO, 63146
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSITY OF CALIFORNIA DAVIS SCHOOL OF MEDICINE USA 1987
Internship and Year	MOFFITT HOSPITAL - SAN FRANCISCO CA 1988
Residency and Year	MOFFITT HOSPITAL - SAN FRANCISCO CA 1992
License Expiration Date	<b>6/30/2000</b>
Remarks	



License Number 8561  
 License Date 6/5/1991  
 Name **MODLIN, JOHN F MD**  
 Address DHMC/PEDIATRIC DEPT, 1 MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation DUKE UNIVERSITY SCHOOL OF MEDICINE USA 1971  
 Internship and Year CHILDREN'S HOSPITAL, BOSTON MA 1972  
 Residency and Year CHILDREN'S HOSPITAL, BOSTON MA 1973  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 10338  
 License Date 7/1/1998  
 Name **MODZELEWSKI JR, JOSEPH R MD**  
 Address DEPT OF PATHOLOGY, 171 ASHLEY AVECHARLESTON, SC, 29425-0690  
 Specialty PTH  
 Board Certified  
 School and Year of Graduation UNIV OF SC SCHOOL OF MED - COLUMBIA, SC USA 1992  
 Internship and Year EAST CAROLINA UNIV PROGRAM - GREENVILLE, NC 1994  
 Residency and Year MEDICAL UNIV OF SOUTH CAROLINA - CHARLESTON, SC 1995  
 License Expiration Date **6/30/1999**  
 Remarks

License Number 10368  
 License Date 8/5/1998  
 Name **MOEN, KATHLEEN Y MD**  
 Address DHMC/ORTHOPEDIC SURGERY, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation UNIV OF MASS MED SCHOOL - WORCESTER, MA USA 1992  
 Internship and Year MEDICAL COLL OF WISCONSIN AND AFFILIATED HOSPITALS DEPT OF ORTHOPEDICS - MILWAUKEE,  
 Residency and Year MEDICAL COLL OF WISCONSIN - MILWAUKEE, WI 1997  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 7091  
 License Date 5/2/1985  
 Name **MOESCHLER, JOHN B MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty MG  
 Board Certified CG  
 School and Year of Graduation UNIVERSITY OF NEBRASKA-OMAHA, NE USA 1975  
 Internship and Year UNIVERSITY OF NEBRASKA HOSPITAL-OMAHA, NE 1976  
 Residency and Year UNIVERSITY OF NEBRASKA HOSPITAL-OMAHA, NE 1978  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	10540
License Date	4/7/1999
Name	<b>MOHAMMAD, AAMIR MD</b>
Address	119 BRENTWOOD ST 104, LIBERTY, MO, 64068
Specialty	IM
Board Certified	IM
School and Year of Graduation	DOW MED COLL UNIV OF KARACHI - KARACHI PAKISTAN 1991
Internship and Year	WAYNE STATE UNIV -DETROIT MEDICAL CENTER - DETROIT, MI 1995
Residency and Year	WAYNE STATE UNIV - DETROIT MEDICAL CENTER - DETROIT,MI 1996
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	3565
License Date	9/15/1962
Name	<b>MOHEBAN, ROBERT R MD</b>
Address	266 BARTEMUS TRAIL, PO BOX 588NASHUA, NH, 03061
Specialty	GS
Board Certified	GS
School and Year of Graduation	TEHERAN MEDICAL SCHOOL USA 1956
Internship and Year	ST LUKE'S HOSPITAL- MA 1957
Residency and Year	CARNEY HOSPITAL- MA 1962
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	11113
License Date	11/1/2000
Name	<b>MOHOLKAR, MANOJ MD</b>
Address	INDUSTRIAL MEDICAL CTR, 226 MILL HILL AVEBRIDGEPORT, CT, 06610
Specialty	IM
Board Certified	IM
School and Year of Graduation	GRANT MEDICAL COLL UNIV OF MUMBAI-BYCULLA INDIA 1989
Internship and Year	UNIV OF MASS MEDICAL CENTER - WORCESTER, MA 1997
Residency and Year	UNIV OF MASS MEDICAL CENTER - WORCESTER, MA 1999
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	15484
License Date	12/7/2011
Name	<b>MOHUCHY, MYKOLA MD</b>
Address	IMAGING ON CALL, 695 DUTCHESS TPKE #105POUGHKEEPSIE, NY, 12603
Specialty	DR
Board Certified	DR
School and Year of Graduation	ST GEORGES UNIVERSTIY GRENADA 1998
Internship and Year	JERSEY SHORE UNIVERSITY MEDICAL CENTER-NEPTUNE, NJ 1999
Residency and Year	ALBERT IENSTEIN COLLEGE OF MEDICINE JACOBI - BRONX, NJ 2003
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	14771
License Date	3/3/2010
Name	<b>MOINZADEH, ALIREZA MD</b>
Address	LAHEY CLINIC, 41 MALL RDBURLINGTON, MA, 01805
Specialty	U
Board Certified	U
School and Year of Graduation	NORTHWESTERN UNIVERSITY USA 1997
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1998
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8201
License Date	8/9/1989
Name	<b>MOLANO, THOMAS R MD</b>
Address	HUGGINS HOSPITAL, 240 SOUTH MAIN STWOLFEBORO, NH, 03894
Specialty	GS
Board Certified	GS
School and Year of Graduation	OHIO STATE UNIV COLL OF MED - COLUMBUS, OH USA 1981
Internship and Year	BAYLOR COLL MED HOSPITAL - HOUSTON, TX 1982
Residency and Year	SINAI HOSPITAL - BALTIMORE, MD 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>lapsed 6/30/02 - reinstated 3/4/15</b>

License Number	11970
License Date	6/4/2003
Name	<b>MOLINARI, DIANE C DO</b>
Address	ST JOSEPH MEDICAL CENTER, 1717 SOUTH J STTACOMA, WA, 98405
Specialty	EM
Board Certified	EM
School and Year of Graduation	NEW YORK COLLEGE OF OSTEOPATHIC - OLD WESTBURY NY USA 1989
Internship and Year	DELAWARE VALLEY MEDIACL CENTER - PHILADELPHIA PA 1990
Residency and Year	BETH ISRAEL MEDICAL CENTER - NEW YORK NY 1993
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	11876
License Date	4/2/2003
Name	<b>MOLINARI, ROBERT W MD</b>
Address	6703 70TH W, LAKEWOOD, WV, 98499
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	MT SINAI SCH OF MED - NEW YORK, NY USA 1988
Internship and Year	WALTER REED ARMY MED CTR - WASHINGTON, DC 1989
Residency and Year	MT SINAI SCH OF MED - NEW YORK, NY 1993
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	13507
License Date	5/9/2007
Name	<b>MOLLANO, ANTHONY V MD</b>
Address	CONCORD ORTHOPAEDICS, 264 PLEASANT STCONCORD, NH, 03301
Specialty	HSO
Board Certified	HSO
School and Year of Graduation	UNIV OF ROCHESTER USA 2001
Internship and Year	UNIV OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 2002
Residency and Year	UNIV OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15228
License Date	5/4/2011
Name	<b>MOLNAR-GABOR, STEVEN MD</b>
Address	WILLIAM BEAUMONT ARMY MEDICAL CENTER, 5005 NORTH PIEDRAS STREETEL PASO, TX, 79920
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF SZEGED HUNGARY 1975
Internship and Year	CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 1994
Residency and Year	CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15765
License Date	7/11/2012
Name	<b>MOLONEY, JOHN F MD</b>
Address	96 CAMPUS DRIVE SUITE 1, SCARBOROUGH, ME, 04107
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIVERSITY MASSACHUSETTS MEDICAL SCHOOL- WORCESTER USA 1985
Internship and Year	MAINE MEDICAL CENTER - PORTLAND ME, 04102 1986
Residency and Year	MAINE MEDICAL CENTER - PORTLAND ME, 04102 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8802
License Date	9/2/1992
Name	<b>MONAFO, WILLIAM J MD</b>
Address	356 MAIN ST, Cell #978-804-3426TOWNSEND, MA, 01469
Specialty	A
Board Certified	A
School and Year of Graduation	WASHINGTON UNIVERSITY SCHOOL OF MEDICINE USA 1987
Internship and Year	ST LOUIS CHILDRENS HOSPITAL - ST LOUIS MO 1989
Residency and Year	WASHINGTON UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS MO 1992
License Expiration Date	<b>6/30/2006</b>
Remarks	6/1/05 - Preliminary Agreement for Practice Restrictions. Voluntarily agrees not to practice medicine in the state of NH and MA 06/12/06 - Voluntary Surrender of License

License Number	9967
License Date	4/2/1997
Name	<b>MONAHAN, JOHN J MD</b>
Address	UNIV OF MASS MED CTR, 55 LAKE AVE NORTHWORCESTER, MA, 01655
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1958
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - NH 1960
Residency and Year	CHILDRENS HOSPITAL - MA 1963
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	12397
License Date	7/7/2004
Name	<b>MONAHAN, KEVIN M MD</b>
Address	BOSTON MEDICAL CTR, 88 E NEWTON STBOSTON, MA, 02118
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF CT, FARMINGTON CT US 1989
Internship and Year	BETH ISRAEL DEACONESS MED CTR, BOSTON MA 1990
Residency and Year	BETH ISRAEL DEACONESS MED CTR, BOSTON MA 1992
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	11818
License Date	1/8/2003
Name	<b>MONAHAN, LILA H MD</b>
Address	PARTNERS IN PED/FOUNDATION MEDICAL PARTNERS, 116 SPIT BROOK RD NASHUA, NH, 03062
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF VERMONT - BURLINGTON, VT USA 1991
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1992
Residency and Year	UNIV OF MASSACHUSETTS MEDICAL CENTER - WORCESTER, MA 1994
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11512
License Date	2/6/2002
Name	<b>MONAWAR, SADIG M MD</b>
Address	DARTMOUTH HITCHCOCK @ NASHUA, 2300 SOUTHWOOD DR NASHUA, NH, 03063
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF ZAGREB - ZAGREB, CROATIA CROATIA 1992
Internship and Year	SUNY HEALTH SCI CENTER - BROOKLYN, NY 1998
Residency and Year	SUNY HEALTH SCI CENTER - BROOKLYN, NY 2000
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	16726
License Date	8/6/2014
Name	<b>MONE JR, CHRISTOPHER B DO</b>
Address	WENTWORTH DOUGLASS PHYSICIAN CORP, 789 CENTRAL AVEDOVER, NH, 03820-2526
Specialty	IM
Board Certified	
School and Year of Graduation	U OF NEW ENGLAND COL OF OSTEO MED - BIDDEFORD, ME USA 2011
Internship and Year	BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 2012
Residency and Year	BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14298
License Date	1/7/2009
Name	<b>MONER, SUSAN E MD</b>
Address	435 KEARNEY ST SE, SALEM, OR, 97302
Specialty	IM
Board Certified	IM
School and Year of Graduation	WAYNE STATE UNIV USA 1983
Internship and Year	WAYNE STATE UNIV SCHOOL OF MEDICINE - DETROIT, MI 1984
Residency and Year	DETROIT MEDICAL CENTER WAYNE STATE UNIV - DETROIT, MI 1987
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	12940
License Date	11/2/2005
Name	<b>MONES, JOAN M DO</b>
Address	7406 SW 52ND CT, MIAMI, FL, 33143
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	DES MOINES UNIVERSITY, DES MOINES IA US 1979
Internship and Year	FLORIDA MEDICAL CTR SOUTH, FORT LAUDERDALE FL 1980
Residency and Year	JACKSON MEMORIAL HOSPITAL, MIAMI FL 1985
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	12072
License Date	9/3/2003
Name	<b>MONG, DENNIS P MD</b>
Address	BROOKE ARMY MEDICAL CTR, 3851 ROGER BROOKE DR MCHE-MDEFORT SAM HOUSTON, TX, 7823
Specialty	IM
Board Certified	IM
School and Year of Graduation	TEMPLE UNIVERSITY, PHILADELPHIA PA US 1970
Internship and Year	BAYSTATE MEDICAL CTR, SPRINGFIELD MA 1971
Residency and Year	BAYSTATE MEDICAL CTR, SPRINGFIELD MA 1975
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	14717
License Date	1/6/2010
Name	<b>MONIGHETTI, ROBERT A MD</b>
Address	NH SPINE INSTITUTE, 4 HAWTHORNE DRBEDFORD, NH, 03110
Specialty	PM
Board Certified	PM
School and Year of Graduation	UNIVERSITY OF CONNECTICUT USA 1983
Internship and Year	THOMAS JEFFERSON UNIVERSITY HOSPITAL - PHILADELPHIA, PA 1984
Residency and Year	THOMAS JEFFERSON UNIVERSITY HOSPITAL - PHILADELPHIA, PA 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9704
License Date	5/1/1996
Name	<b>MONLUX, GEORGE W MD</b>
Address	111 HOPKINS ST, ATHENS, PA, 18810-1005
Specialty	PM
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF WASHINGTON USA 1971
Internship and Year	TRIPLER ARMY MEDICAL CENTER HAWAII 1972
Residency and Year	NEW ENGLAND MEDICAL CENTER HOSPITAL 1996
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	11926
License Date	5/7/2003
Name	<b>MONOSON, PETER A MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	CORNELL UNIV MED COLLEGE - NEW YORK, NY USA 1971
Internship and Year	NEW YORK PRESBYTERIAN HOSPITAL/CORNELL CAMPUS- NEW YORK, NY 1974
Residency and Year	UNIV OF TEXAS HEALTH SCIENCE CENTER - SAN ANTONIO, TX 1978
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	3497
License Date	3/14/1962
Name	<b>MONROE, KENNETH E MD</b>
Address	294 W CONTINENTAL VISTA PL, GREEN VALLEY, AZ, 85614
Specialty	IM
Board Certified	
School and Year of Graduation	MCGILL UNIVERSITY- MONTREAL CANADA 1951
Internship and Year	RHODE ISLAND HOSPITAL 1952
Residency and Year	RHODE ISLAND HOSPITAL 1953
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number 4153  
 License Date 10/10/1967  
 Name **MONROE, RICHARD C MD**  
 Address 260 COTTAGE ST, LITTLETON, NH, 03561-1821  
 Specialty GS  
 Board Certified  
 School and Year of Graduation JOHN HOPKINS MEDICAL SCHOOL - BALTIMORE, MD USA 1960  
 Internship and Year ALLENTOWN HOSPITAL - ALLENTOWN, PA 1961  
 Residency and Year ALLENTOWN HOSPITAL - ALLENTOWN, PA 1965  
 License Expiration Date **6/30/2000**  
 Remarks

License Number 10816  
 License Date 1/5/2000  
 Name **MONTAGUE, LAURIE A MD**  
 Address 121 CAT HOLE RD, CLAREMONT, NH, 03743  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF VT COLL OF MED - BURLINGTON, VT USA 1997  
 Internship and Year NH DARTMOUTH FAMILY PRACTICE RESIDENCY - CONCORD, NH 1998  
 Residency and Year NH DARTMOUTH FAMILY PRACTICE RESIDENCY- CONCORD, NH 2000  
 License Expiration Date **6/30/2016**  
 Remarks **LAPSED 6/30/2002-----REINSTATED 12/6/2006**

License Number 8358  
 License Date 6/6/1990  
 Name **MONTANARELLA, MARY J MD**  
 Address DR MONTANARELLA & ASSOC, 30 CANTON ST STE 6MANCHESTER, NH, 03103  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIV OF ROCHESTER SCH OF MED -ROCHESTER,NY USA 1986  
 Internship and Year STRONG MEM HOSP-ROCHESTER,NY 1987  
 Residency and Year STRONG MEM HOSP-ROCHESTER,NY 1990  
 License Expiration Date **6/30/2016**  
 Remarks **2/11/14- Settlement Agreement**

License Number 9193  
 License Date 6/1/1994  
 Name **MONTANARO JR, JOSEPH MD**  
 Address JOSEPH MONTANARO JR, MD PC, 6 BUTTERICK RD STE 300LONDONDERRY, NH, 03053-  
 Specialty OBG  
 Board Certified  
 School and Year of Graduation ROSS UNIVERSITY DOMINICA 1989  
 Internship and Year ST MICHAEL'S MEDICAL CENTER - NEWARK NJ 1994  
 Residency and Year ST MICHAEL'S MEDICAL CENTER - NEWARK NJ 1994  
 License Expiration Date **6/30/2016**  
 Remarks



License Number	8491
License Date	2/6/1991
Name	<b>MONTEAGUDO, CARLOS A MD</b>
Address	NEW HAMPSHIRE HOSP, 36 CLINTON STCONCORD, NH, 03301
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF ILLINOIS COLL OF MED - CHICAGO, IL USA 1987
Internship and Year	BOSTON CITY HOSPITAL - BOSTON, MA 1988
Residency and Year	MASS MENTAL HEALTH CENTER - BOSTON, MA 1991
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	13001
License Date	2/1/2006
Name	<b>MONTECALVO, RAYMOND M MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF NEW JERSEY, NEWARK NJ US 1985
Internship and Year	UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA PA 1986
Residency and Year	UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA PA 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16951
License Date	2/4/2015
Name	<b>MONTEIRO, BIANCA F MD</b>
Address	WENTWORTH DOUGLAS PHYSICIAN CORP, 789 CENTRAL AVEDOVER, NH, 03820-2523
Specialty	PUD
Board Certified	PUD
School and Year of Graduation	UNIVERSIDADE FEDERAL FLUMINENSE BRAZIL 2001
Internship and Year	HOSPITAL OF ST RAPHAEL-NEW HAVEN, CT 2003
Residency and Year	HOSPITAL OF ST RAPHAEL-NEW HAVEN, CT 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15627
License Date	4/4/2012
Name	<b>MONTEIRO, JOSEPH A MD</b>
Address	SEACOAST RADIOLOGY, 2 WASHINGTON ST., STE 329DOVER, NH, 03820
Specialty	DR
Board Certified	DR
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2006
Internship and Year	ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 2007
Residency and Year	BOSTON MEDICAL CENTER - BOSTON, MA 2011
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10520
License Date	3/3/1999
Name	<b>MONTEITH, WILLIAM K MD</b>
Address	RIVERSIDE ASSOCIATES IN ANES, 38-40 FRONT STBINGHAMTON, NY, 13905
Specialty	AN
Board Certified	
School and Year of Graduation	DALHOUSIE UNIV FAC OF MED-HALIFAX CANADA 1985
Internship and Year	FACULTY OF MEDICINE UNIV OF OTTAWA - OTTAWA ONTARIO, CANADA 1986
Residency and Year	FACULTY OF MEDICINE UNIV OT OTTAWA - OTTAWA ONTARIO, CANADA 1990
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13017
License Date	3/1/2006
Name	<b>MONTGOMERY JR, JAMES C MD</b>
Address	7660 BLUE HOUSE LANE, EDISTO ISLAND, SC, 29438
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	MEDICAL UNIVERSITY OF SC, CHARLESTON SC US 1975
Internship and Year	GREENVILLE HOSPITAL, GREENVILLE SC 1976
Residency and Year	GREENVILLE HOSPITAL, GREENVILLE SC 1979
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	9100
License Date	1/5/1994
Name	<b>MONTGOMERY, CHARLES H MD</b>
Address	MASHREE FAMILY MEDICINE, 5 INDUSTRIAL DR STE 100MASHPEE, MA, 02649
Specialty	IM
Board Certified	
School and Year of Graduation	CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE USA 1961
Internship and Year	HARTFORD HOSPITAL - HARTFORD CT 1962
Residency and Year	HARTFORD HOSPITAL - HARTFORD CT 1964
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	12468
License Date	9/1/2004
Name	<b>MONTGOMERY, JULIA V MD</b>
Address	DHMC, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	NORTHERN STATE UNIVERSITY, RUSSIA RUSSIA 1992
Internship and Year	ABBOTT-NORTHWESTERN HOSP, MINNEAPOLIS MN 1999
Residency and Year	ABBOTT-NORTHWESTERN HOSP, MINNEAPOLIS MN 2001
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	16769
License Date	9/3/2014
Name	<b>MONTGOMERY, NICOLE J MD</b>
Address	DHMC-PSYCHIATRY DEPT, 1 MED CTR DRLEBANON, NH, 03756
Specialty	PTH
Board Certified	
School and Year of Graduation	THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 2012
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER-LEBANON, NH 2013
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER-LEBANON, NH 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3680
License Date	3/11/1964
Name	<b>MOODY JR, HAMDEN C MD</b>
Address	MANCHESTER ENT P A, 130 TARRYTOWN RDMANCHESTER, NH, 03103
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	TUFTS UNIV MEDICAL SCHOOL - BOSTON, MA USA 1959
Internship and Year	CARNEY HOSPITAL - BOSTON, MA 1960
Residency and Year	BOSTON CITY HOSPITAL - BOSTON, MA 1964
License Expiration Date	<b>6/30/1999</b>
Remarks	deceased 9/7/04

License Number	16081
License Date	4/3/2013
Name	<b>MOODY, LARA W MD</b>
Address	HEALTHPOINT, 33431 13TH PLACE SFEDERAL WAY, WA, 98003
Specialty	FP
Board Certified	FP
School and Year of Graduation	MEDICAL UNIVERSITY OF SOUTH CAROLINA USA 2008
Internship and Year	CONCORD HOSPITAL - CONCORD, NH 2009
Residency and Year	CONCORD HOSPITAL - CONCORD, NH 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13018
License Date	3/1/2006
Name	<b>MOODY, LAURA O MD</b>
Address	POPLAR HEALTHCARE, 3495 HACKS CROSSMEMPHIS, TN, 38125
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	EAST TENNESSEE STATE UNIVERSITY, JOHNSON CITY TN US 1995
Internship and Year	UNIVERSITY OF TENNESSEE, MEMPHIS TN 1996
Residency and Year	UNIVERSITY OF TENNESSEE, MEMPHIS TN 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13979
License Date	5/7/2008
Name	<b>MOONDRA, VAIBHAV K MD</b>
Address	HEART & VASCULAR INST OF FL, 1840 MEASE DR STE 200SAFETY HARBOR, FL, 34695
Specialty	ICE
Board Certified	ICE
School and Year of Graduation	STATE UNIV OF NEW YORK USA 2003
Internship and Year	BOSTON UNIV MEDICAL CENTER-UNIV HOSPITAL - BOSTON, MA 2004
Residency and Year	BOSTON UNIV MEDICAL CENTER-UNIV HOSPITAL - BOSTON, MA 2006
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	8976
License Date	6/2/1993
Name	<b>MOONEY, DAVID P MD</b>
Address	CHILDREN'S HOSPITAL BOSTON, FEGAN 3 300 LONGWOOD AVEBOSTON, MA, 02115
Specialty	PDS
Board Certified	PDS
School and Year of Graduation	ST LOUIS UNIVERSITY SCHOOL OF MEDICINE USA 1985
Internship and Year	MEDICAL CENTER HOSPITAL VERMONT - BURLINGTON VT 1991
Residency and Year	CHILDREN'S MERCY HOSPITAL -KANSAS CITY MO 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10165
License Date	11/5/1997
Name	<b>MOONEY, SUSAN E MD</b>
Address	WOMEN'S CARE CTR, 141 MASCOMA STLEBANON, NH, 03766
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF PITTSBURGH - PITTSBURGH, PA USA 1993
Internship and Year	UNIV OF NEW MEXICO - ALBUQUERQUE, NM 1997
Residency and Year	UNIV OF NEW MEXICO - ALBUQUERQUE, NM 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12583
License Date	1/5/2005
Name	<b>MOORE, ARTHUR V MD</b>
Address	11 CROCKETT DR, BOW, NH, 03304
Specialty	IM
Board Certified	IM
School and Year of Graduation	CORNELL UNIVERSITY, NEW YORK NY US 1983
Internship and Year	ROGER WILLIAMS GENERAL HOSP, PROVIDENCE RI 1984
Residency and Year	ROGER WILLIAMS GENERAL HOSP, PROVIDENCE RI 1985
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	10589
License Date	6/2/1999
Name	<b>MOORE, BRAD R MD</b>
Address	103 PELICAN PLACE, BRANDON, MS, 39047
Specialty	GP
Board Certified	
School and Year of Graduation	UNIV OF MISSISSIPPI SCH OF MED - JACKSON, MS USA 1994
Internship and Year	MEDICAL UNIV OF SOUTH CAROLINA - CHARLESTON, SC 1995
Residency and Year	FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1996
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	11761
License Date	10/2/2002
Name	<b>MOORE, CHERYL C MD</b>
Address	300 SLIGO RD, ROLLINSFORD, NH, 03869
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	GEORGETOWN UNIVERSITY, WASHINGTON DC USA 1987
Internship and Year	WALTER REED ARMY MEDICAL CTR, WASHINGTON DC 1988
Residency and Year	WALTER REED ARMY MEDICAL CTR, WASHINGTON DC 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7749
License Date	12/2/1987
Name	<b>MOORE, LOIS A MD</b>
Address	243 ELM ST, CLAREMONT, NH, 03743-2005
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIV OF VIRGINIA SCH MED-CHARLOTTESVILLE,VA USA 1969
Internship and Year	VANDERBILT UNIV HOSPITAL - NASHVILLE, TN 1970
Residency and Year	VANDERBILT UNIV HOSPITAL - NASHVILLE, TN 1973
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	3638
License Date	9/17/1963
Name	<b>MOORE, MICHAEL J MD</b>
Address	EMERSON HOSPITAL -JOHN, CUMING BLDG STE 720CONCORD, MA, 01742
Specialty	N
Board Certified	N
School and Year of Graduation	NORTHWESTERN UNIV MEDICAL SCHOOL - CHICAGO, IL USA 1962
Internship and Year	BOSTON CITY HOSPITAL - BOSTON, MA 1963
Residency and Year	BOSTON CITY HOSPITAL - BOSTON, MA 1963
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number 6537  
 License Date 5/6/1982  
 Name **MOORE, MICHELE C MD**  
 Address 34 PLEASANT ST, PO BOX 248ALSTEAD, NH, 03602-0248  
 Specialty GPM  
 Board Certified  
 School and Year of Graduation ROYAL COLLEGE OF PHYSICIANS IRELAND 1974  
 Internship and Year ST JOSEPH'S HOSPITAL - SYRACUSE, NY 1976  
 Residency and Year ST JOSEPH'S HOSPITAL - SYRACUSE, NY 1976  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16838  
 License Date 11/6/2014  
 Name **MOORE, NICOLA L MD**  
 Address 395 CONCORD AVE, CAMBRIDGE, MA, 02138  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation ALBERT EINSTEIN COLLEGE OF MED OF YESHIVA UNIV USA 1999  
 Internship and Year HIGHLAND FAMILY MEDICINE CENTER - ROCHESTER, NY 2000  
 Residency and Year HIGHLAND FAMILY MEDICINE CENTER - ROCHESTER, NY 2002  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 2192  
 License Date 9/14/1939  
 Name **MOORE, RAYMOND E MD**  
 Address 13 EMERSON AVE, PO BOX 159HAMPSTEAD, NH, 03841-  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation TUFTS MEDICAL SCHOOL USA 1937  
 Internship and Year RHODE ISLAND HOSPITAL- PROVIDENCE, RI 1938  
 Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1939  
 License Expiration Date **6/30/1998**  
 Remarks **Deceased 10/19/05**

License Number 9493  
 License Date 7/5/1995  
 Name **MOORE, STEPHEN B MD**  
 Address ASSOCIATES IN MEDICINE, 224 ELM STCLAREMONT, NH, 03743-  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF WESTERN ONTARIO CANADA 1969  
 Internship and Year MONTREAL GENERAL HOSPITAL - MONTREAL CANADA 1970  
 Residency and Year UNIVERSITY OF TORONTO MEDICAL SCHOOL - TORONTO CANADA 1975  
 License Expiration Date **6/30/2003**  
 Remarks

License Number	11833
License Date	2/5/2003
Name	<b>MOORE, THOMAS L MD</b>
Address	COMPREHENSIVE HEALTH SERVICES, 8810 ASTRONAUT BLVD CAPE CANAVERAL, FL, 32920
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF PITTSBURGH SCH OF MED- PITTSBURGH, PA USA 1983
Internship and Year	WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1984
Residency and Year	WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14299
License Date	1/7/2009
Name	<b>MORAG, EYAL MD</b>
Address	IMAGING ON CALL, 695 DUTCHESS TPKE #105 Poughkeepsie, NY, 12603
Specialty	R
Board Certified	R
School and Year of Graduation	BOSTON UNIV USA 1994
Internship and Year	BROCKTON UNIV - BROCKTON, MA 1995
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1999
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	5582
License Date	8/12/1976
Name	<b>MORAIN, WILLIAM D MD</b>
Address	, , ,
Specialty	PS
Board Certified	
School and Year of Graduation	HARVARD MEDICAL SCHOOL IN BOSTON, MA USA 1968
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1996</b>
Remarks	<b>1/13/98 - SETTLEMENT AGREEMENT</b>

License Number	12469
License Date	9/1/2004
Name	<b>MORAN, ADRIAN M MD</b>
Address	PEDIATRIC CARDIOLOGY ASSOCIATE, 71 US ROUTE ONE STE CSCARBOROUGH, ME, 04074
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY COLLEGE OF DUBLIN, DUBLIN 2 IRELAND IRELAND 1991
Internship and Year	CHILDRENS HOSP, BOSTON MA 1993
Residency and Year	CHILDRENS HOSP, BOSTON MA 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9737
License Date	6/5/1996
Name	<b>MORAN, ANNE A MD</b>
Address	MERRIMACK VALLEY HOS PATHOLOGY, 140 LINCOLN AVEHAVERHILL, MA, 01830
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSITY OF VERMONT-BURLINGTON VT USA 1987
Internship and Year	STRONG MEMORIAL HOSP-ROCHESTER,NY 1991
Residency and Year	STRONG MEMORIAL HOSPITAL-ROCHESTER NY 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7793
License Date	3/9/1988
Name	<b>MORAN, DOUGLAS J MD</b>
Address	CONCORD ORTHOPAEDICS, 264 PLEASANT STCONCORD, NH, 03301-2551
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	GEORGETOWN UNIV SCH MED-WASHINGTON,DC USA 1980
Internship and Year	UNIV MA HOSP COORD PROG-WORCHESTER,MA 1981
Residency and Year	UNIV MA HOSP COORD PROG-WORCHESTER,MA 1981
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6954
License Date	8/2/1984
Name	<b>MORAN, MARY L MD</b>
Address	, , ,
Specialty	IM
Board Certified	IM
School and Year of Graduation	RUSH MEDICAL COLLEGE - ILLINOIS USA 1981
Internship and Year	
Residency and Year	
License Expiration Date	
Remarks	

License Number	13072
License Date	5/3/2006
Name	<b>MORAN, PETER C MD</b>
Address	INDIAN STREAM HEALTH CTR, 141 CORLISS LANECOLEBROOK, NH, 03576
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF MASSACHUSETTS USA 1987
Internship and Year	UNIV OF MASSACHUSETTS MEDICAL SCHOOL-WORCESTER MA 1988
Residency and Year	UNIV OF MASSACHUSETTS MEDICAL SCHOOL- WORCESTER MA 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	15169
License Date	3/25/2011
Name	<b>MORAN, STEPHEN T MD</b>
Address	LAS VENTANAS, 2200 EAST 1ST ST #102ALAMOGORDO, NM, 88310
Specialty	P
Board Certified	P
School and Year of Graduation	STATE UNIVERSITY OF NEW YORK USA 1998
Internship and Year	THE ZUCKER HILLSIDE HOSPITAL - GLEN OAKS, NY 1999
Residency and Year	THE ZUCKER HILLSIDE HOSPITAL - GLEN OAKS, NY 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8285
License Date	3/7/1990
Name	<b>MORAY, JONATHAN S MD</b>
Address	NEW ENGLAND NEUROLOGICAL, 354 MERRIMACK STLAWRENCE, MA, 01843
Specialty	N
Board Certified	N
School and Year of Graduation	MOUNT SINAI SCH OF MED OF THE CITY OF NY USA 1985
Internship and Year	CARNEY HOSP-BOSTON,MA 1986
Residency and Year	UNIV HOSP INC-BOSTON,MA 1989
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9324
License Date	11/2/1994
Name	<b>MORBEY, PAUL G MD</b>
Address	HITCHCOCK CLINIC, 25 S RIVER RDBEDFORD, NH, 03110
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF OTTAWA CANADA 1974
Internship and Year	OTTAWA CIVIC HOSPITAL - OTTAWA ONTARIO CANADA 1975
Residency and Year	OTTAWA CIVIC HOSPITAL - OTTAWA ONTARIO CANADA 1976
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	13073
License Date	5/3/2006
Name	<b>MORDEN, NANCY E MD</b>
Address	D H COMMUNITY HEALTH CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	FP
Board Certified	FP
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 1995
Internship and Year	DULUTH FAMILY PRACTICE RESIDENCY PROGRAM, DULUTH MN 1996
Residency and Year	DULUTH FAMILY PRACTICE RESIDENCY PROGRAM, DULUTH MN 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12913
License Date	10/5/2005
Name	<b>MOREL, ANNE-SOPHIE MD</b>
Address	CENTRE HOSPITALIER UNIV, 1011 LAUSANNESWITZERLAND, ,
Specialty	PD
Board Certified	PDT
School and Year of Graduation	UNIVERSITY OF DE GENEVE, SWITZERLAND SWITZERLAND 1998
Internship and Year	JACOBI MED CTR, BRONX NY 2003
Residency and Year	JACOBI MED CTR, BRONX NY 2005
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	14088
License Date	7/9/2008
Name	<b>MORESI, JEAN M MD</b>
Address	MIRACA LIFE SCIENCES, 810 LANDMARK DR STE 217-219GLEN BURNIE, MD, 21061
Specialty	DMP
Board Certified	DMP
School and Year of Graduation	LOUISIANA STATE UNIV USA 1989
Internship and Year	LOUISIANA STATE UNIV HEALTH SCIENCES CENTER - SHREVEPORT, LA 1990
Residency and Year	LOUISIANA STATE UNIV MEDICAL CENTER HOSPITAL - SHREVEPORT, LA 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12350
License Date	6/2/2004
Name	<b>MORFORD, RONALD G MD</b>
Address	EXETER CARDIOVASCULAR, 3 ALUMNI DR STE 101EXETER, NH, 03833
Specialty	IM
Board Certified	IM
School and Year of Graduation	OHIO STATE UNIVERSITY, COLUMBUS OH US 1997
Internship and Year	MAYO SCHOOL OF MED, ROCHESTER MN 2000
Residency and Year	OHIO STATE UNIVERSITY, COLUMBUS OH 2003
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	5747
License Date	6/13/1977
Name	<b>MORGAN JR, GEORGE J MD</b>
Address	17 WOODCOCK LN, ETNA, NH, 03750
Specialty	RHU
Board Certified	RHU
School and Year of Graduation	HARVARD MEDICAL SCHOOL-BOSTON MA USA 1972
Internship and Year	UNIVERSITY OF CHICAGO CLINICS-CHICAGO IL 1973
Residency and Year	UNIVERSITY OF CHICAGO CLINICS-CHICAGO IL 1975
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 16552  
 License Date 4/2/2014  
 Name **MORGAN, ADAM A MD**  
 Address RAYS, 13737 NOEL RD STE 1600 DALLAS, TX, 75240  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation VA COMMONWEALTH UNIVERSITY SCHOOL OF MEDICINE USA 1996  
 Internship and Year THE COLORADO HEALTH FOUNDATION - DENVER, CO 1997  
 Residency and Year UNIVERSITY OF COLORADO HEALTH SCIENCES CENTER - AURORA, CO 2001  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15628  
 License Date 4/4/2012  
 Name **MORGAN, CLINTON R MD**  
 Address ST JOSEPH REGIONAL CANCER CTR, 1250 IDAHO ST LEWISTON, ID, 83501  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation PENNSYLVANIA STATE UNIVERSITY COLLEGE OF MEDICINE USA 2009  
 Internship and Year PROVIDENCE PORTLAND MEDICAL CENTER - PORTLAND, OR 2010  
 Residency and Year PROVIDENCE PORTLAND MEDICAL CENTER - PORTLAND, OR 2012  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15766  
 License Date 7/11/2012  
 Name **MORGAN, KAREN L DO**  
 Address DERRY PEDIATRICS PROF ASSOC, 43 B BIRCH ST DERRY, NH, 03038  
 Specialty PD  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC USA 2009  
 Internship and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON CT, 06030 2010  
 Residency and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON CT, 06030 2012  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12706  
 License Date 5/4/2005  
 Name **MORGAN, MARK A MD**  
 Address 173 MIDDLE ST, LANCASTER, NH, 03584  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation TUFTS UNIVERSITY, BOSTON MA US 2001  
 Internship and Year DARTMOUTH HITCHCOCK, LEBANON NH 2002  
 Residency and Year DARTMOUTH HITCHCOCK, LEBANON NH 2005  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	12218
License Date	2/4/2004
Name	<b>MORGAN, MARTHA MD</b>
Address	INDIAN HEALTH SVC HOSP, 760 HOSPITAL CIRCLEBROWNING, MT, 59417
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF UTAH, SALT LAKE CITY UT US 1993
Internship and Year	MAINE MEDICAL CTR, PORTLAND ME 1994
Residency and Year	MAINE MEDICAL CTR, PORTLAND ME 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10757
License Date	11/3/1999
Name	<b>MORGENSTERN, STEVEN A MD</b>
Address	76 ELM ST 307, JAMAICA PLAIN, MA, 02130
Specialty	GP
Board Certified	
School and Year of Graduation	MEDICAL COLLEGE OF PENNSYLVANIA USA 1996
Internship and Year	BOSTON UNIVERSITY - BOSTON MA 1999
Residency and Year	BOSTON UNIVERSITY - BOSTON MA 1999
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	9931
License Date	2/5/1997
Name	<b>MORHUN, PATRICK J MD</b>
Address	6 SOUTH PARK ST, PO BOX 2171LEBANON, NH, 03766
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIV OF MANITOBA FAC OF MED WINNIPEG CANADA 1990
Internship and Year	UCLA SCHOOL OF MEDICINE - CA 1996
Residency and Year	UCLA SCHOOL OF MEDICINE - CA 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8747
License Date	6/3/1992
Name	<b>MORIN, CHARLES R MD</b>
Address	210 WHITING ST STE 6, HINGHAM, MA, 02043
Specialty	P
Board Certified	P
School and Year of Graduation	BROWN UNIVERSITY USA 1976
Internship and Year	QUEEN'S MEDICAL CENTER HONOLULU - HAWAII 1977
Residency and Year	QUEEN'S MEDICAL CENTER - HONOLULU, HI 1977
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	16126
License Date	5/1/2013
Name	<b>MORIN, JESSIKA T MD</b>
Address	COOS COUNTY FAMILY HEALTH SVS, 133 PLEASANT STBERLIN, NH, 03570
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE USA 2001
Internship and Year	TRIPLER ARMY MEDICAL CENTER - HONOLULU, HI 2002
Residency and Year	TRIPLER ARMY MEDICAL CENTER - HONOLULU, HI 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	2394
License Date	3/8/1945
Name	<b>MORIN, ROBERT J MD</b>
Address	375 CENTRAL STREET, FRANKLIN, NH, 03235
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>3/3/1990</b>
Remarks	<b>DECEASED 3/3/90</b>

License Number	5008
License Date	6/11/1973
Name	<b>MORLEY JR, KENNETH C MD</b>
Address	MT ASCUTNEY MEDICAL CENTER, 289 COUNTY RDWINDSOR, VT, 05089
Specialty	GS
Board Certified	GS
School and Year of Graduation	BOSTON UNIVERSITY-BOSTON MA USA 1960
Internship and Year	PRESBYTERIAN MED CTR-NEW YORK CITY NY 1961
Residency and Year	PRESBYTERIAN MED CTR-NEW YORK CITY NY 1969
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	14633
License Date	10/7/2009
Name	<b>MORLEY, BENJAMIN D MD</b>
Address	DHMC/ ANES, 1 MED CTR DRLEBANON, NH, 03756
Specialty	AN
Board Certified	AN
School and Year of Graduation	WAKE FOREST UNIVERSITY USA 2005
Internship and Year	WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER - WINSTON-SALEM, SC 2006
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7205
License Date	9/10/1985
Name	<b>MORLEY, DAVID C MD</b>
Address	817 MERRIMACK ST, LOWELL, MA, 01854
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	QUEENS UNIVERSITY FAC OF MEDICINE-KINGSTON-CANADA CANADA 1978
Internship and Year	ST LUKES- ROOSEVELT -NEW YORK 1979
Residency and Year	ST LUKES-ROOSEVELT-NEW YORK 1980
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10792
License Date	12/1/1999
Name	<b>MOROSINI, CHARLES J MD</b>
Address	55 OL;D COLONY WAY, ORLEANS, MA, 02653
Specialty	IM
Board Certified	IM
School and Year of Graduation	JEFFERSON MED COLL -PHILADELPHIA, PA USA 1960
Internship and Year	ST LUKES-ROOSEVELT HOSPITAL - NEW YORK, NY 1961
Residency and Year	ST LUKE'S-ROOSEVELT HOSPITAL - NEW YORK, NY 1965
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	11603
License Date	5/1/2002
Name	<b>MORRAR, NIDAL MD</b>
Address	LITTLETON FAMILY PRACTICE, 580 ST JOHNSBURY RD LITTLETON, NH, 03561
Specialty	FP
Board Certified	
School and Year of Graduation	UNIV OF THE CARIBBEAN - PLYMOUTH, MONTSERRAT BRITISH WEST INDIES 1999
Internship and Year	CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 2000
Residency and Year	CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 2002
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	14136
License Date	8/6/2008
Name	<b>MORRELL, TODD D MD</b>
Address	DHMC EMERGENCY MEDICINE, ONE MED CTR DR LEBANON, NH, 03756
Specialty	EM
Board Certified	EM
School and Year of Graduation	WAKEFOREST UNIV USA 1998
Internship and Year	YALE-NEW HAVEN HOSPITAL - NEW HAVEN, CT 1999
Residency and Year	DENVER HEALTH MEDICAL CENTER - DENVER, CO 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5790
License Date	7/20/1977
Name	<b>MORRIS JR, NICHOLAS W MD</b>
Address	MONADNOCK SURGICAL ASSOCIATES, 452 OLD STREET RDPETERBOROUGH, NH, 03458
Specialty	GS
Board Certified	GS
School and Year of Graduation	TEMPLE UNIVERSITY USA 1969
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1970
Residency and Year	
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>lapsed 6/30/92 - reinstated 11/7/12</b>

License Number	16485
License Date	2/5/2014
Name	<b>MORRIS, ANDREW B MD</b>
Address	RIVERBEND COM MENTAL HEALTH, INC, PO BOX 2032CONCORD, NH, 03302
Specialty	P
Board Certified	P
School and Year of Graduation	TULANE UNIVERSITY SCHOOL OF MEDICINE USA 1988
Internship and Year	UNIV OF HAWAII JOHN A BURNS SOM - HONOLULU, HI 1989
Residency and Year	UNIV OF HAWAII JOHN A BURNS SOM - HONOLULU, HI 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13633
License Date	8/1/2007
Name	<b>MORRIS, CHRISTOPHER S MD</b>
Address	FAHC-RADIOLOGY DEPT PATRICK 1, MCHV CAMPUS 111 COLCHESTER AVEBURLINGTON, VT, 05401
Specialty	R
Board Certified	R
School and Year of Graduation	CASE WESTERN RESERVE UNIV USA 1985
Internship and Year	METROHEALTH MEDICAL CENTER - CLEVELAND, OH 1986
Residency and Year	OHIO STATE UNIV - COLUMBUS, OH 1990
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	9494
License Date	7/5/1995
Name	<b>MORRIS, DEAN C D MD</b>
Address	HAMPTON HEALTH, 879 LAFAYETTE RDHAMPTON, NH, 03842
Specialty	FP
Board Certified	FP
School and Year of Graduation	MEMORIAL UNIVERSITY OF NEWFOUNDLAND CANADA 1991
Internship and Year	MEMORIAL UNIVERSITY - NEWFOUNDLAND CANADA 1993
Residency and Year	MEMORIAL UNIVERSITY - NEWFOUNDLAND CANADA 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8170
License Date	7/12/1989
Name	<b>MORRIS, KATHLEEN C MD</b>
Address	CENTER FOR WOMENS HEALTH, 21 WHITEHALL RD ROCHESTER, NH, 03867-1935
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	TUFTS UNIV SCH OF MED BOSTON MA USA 1985
Internship and Year	YORK HOSP YORK PA 1986
Residency and Year	YORK HOSP YORK PA 1989
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	14233
License Date	11/5/2008
Name	<b>MORRIS, PADRAIG P MD</b>
Address	4204 MILHAVEN LAKE CT, WINSTON-SALEM, NC, 27106
Specialty	RNR
Board Certified	RNR
School and Year of Graduation	NATIONAL UNIV OF IRELAND IRELAND 1983
Internship and Year	JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1985
Residency and Year	JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1987
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	12885
License Date	9/7/2005
Name	<b>MORRISON JR, DANIEL H MD</b>
Address	DHMC-DIV OF OTOLARYNGOLOGY, ONE MEDICAL CTR DR, CLINIC 4 FLEBANON, NH, 03756
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	TEMPLE UNIVERSITY, PHILADELPHIA PA US 1983
Internship and Year	GEISINGER MEDICAL CTR, DANVILLE PA 1984
Residency and Year	GEISINGER MED CTR, DANVILLE PA 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16127
License Date	5/1/2013
Name	<b>MORRISON, JOSHUA P DO</b>
Address	LRGH HEALTHCARE, 80 HIGHLAND STREET LACONIA, NH, 03246
Specialty	EM
Board Certified	
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND USA 2009
Internship and Year	LEHIGH VALLEY HOSPITAL - BETHLEHEM, PA 2010
Residency and Year	LEHIGH VALLEY HOSPITAL - BETHLEHEM, PA 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number	8881
License Date	1/6/1993
Name	<b>MORRISON, PATRICIA M MD</b>
Address	3791 CRICKET COVE RD E, JACKSONVILLE, FL, 32224
Specialty	IM
Board Certified	IM
School and Year of Graduation	MEDICAL COLLEGE OF VA SCHOOL OF MEDICINE USA 1990
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1993
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1993
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	7241
License Date	12/5/1985
Name	<b>MORRISSEAU, PAUL M MD</b>
Address	9550 S OCEAN DR #910, JENSEN BEACH, FL, 34957-
Specialty	U
Board Certified	U
School and Year of Graduation	UNIV OF VERMONT COLL MED-BUURLINGTON, VT USA 1964
Internship and Year	LETTERMAN ARMY MEDICAL CENTER - SAN FRANCISCO, CA 1965
Residency and Year	IRELAND ARMY COMMUNITY HOSPITAL - FORT KNOX, KY 1966
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	11003
License Date	7/5/2000
Name	<b>MORRISSEY, GREGORY J DO</b>
Address	HAMPTON INTERNAL MEDICINE, 55 HIGH STHAMPTON, NH, 03842
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF NEW ENGLAND COL OF OSTEO-BIDDEFORD, ME USA 1997
Internship and Year	UNECOM/ST VINCENT HOSPITAL - WORCESTER, MA 1998
Residency and Year	UNECOM/ST VINCENT HOSPITAL - WORCESTER, MA 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11421
License Date	10/3/2001
Name	<b>MORROS, CONSTANTINE D MD</b>
Address	193 WHITE CLIFFS BLVD, SANA ROSA BEACH, FL, 32459
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF ALABAMA SCH OF MED- BIRMINGHAM, AL USA 1965
Internship and Year	UNIV OF ALABAMA - BIRMINGHAM, AL 1966
Residency and Year	UNIV OF CINCINNATI MEDICAL CENTER - CINCINNATI, OH 1969
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14205
License Date	10/1/2008
Name	<b>MORROW, CATHLEEN E MD</b>
Address	DHMC, 1 MEDICAL CTR DR HB 7015LEBANON, NH, 03756
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF VERMONT USA 1987
Internship and Year	UNIVERSITY OF ROCHESTER/HIGHLAND HOSPITAL - ROCHESTER, NY 1988
Residency and Year	UNIVERSITY OF ROCHESTER/HIGHLAND HOSPITAL - ROCHESTER, NY 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14662
License Date	11/4/2009
Name	<b>MORSE II, JAMES L MD</b>
Address	ANNA JAQUES HOSP/EMERG DEPT, 25 HIGHLAND RDNEWBURYPORT, MA, 01950
Specialty	EM
Board Certified	EM
School and Year of Graduation	MCGILL UNIVERSITY CANADA 2003
Internship and Year	YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2004
Residency and Year	YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8562
License Date	6/5/1991
Name	<b>MORSE, CHRISTIE L MD</b>
Address	CONCORD EYE CARE, 248 PLEASANT ST STE 1600CONCORD, NH, 03301
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIVERSITY OF SOUTH CAROLINA COLLEGE OF MEDICINE USA 1986
Internship and Year	WORCESTER MEMORIAL HOSPITAL 1987
Residency and Year	RHODE ISLAND HOSPITAL 1990
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15229
License Date	5/4/2011
Name	<b>MORSE, JACQUELINE M MD</b>
Address	CONCORD HOSPITAL FAMILY HEALTH CENTER, 250 PLEASANT STREETCONCORD, NH, 03301
Specialty	GPM
Board Certified	FP
School and Year of Graduation	UNIV OF TX SOUTHWESTERN MEDICAL CENTER USA 2007
Internship and Year	CONCORD HOSPITAL - CONCORD, NH 2008
Residency and Year	CONCORD HOSPITAL - CONCORD, NH 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8594
License Date	7/17/1991
Name	<b>MORSE, RICHARD A MD</b>
Address	VA MEDICAL CENTER RADIOLOGY, WHITE RIVER JCT, VT, 05055-
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF VERMONT COLL OF MED-BURLINGTON, VT USA 1983
Internship and Year	MEDICAL UNIV SOUTH CAROLINA TEACHING HOSPITAL - CHARLESTON, SC 1984
Residency and Year	MT AUBURN HOSPITAL - CAMBRIDGE, MA 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11422
License Date	10/3/2001
Name	<b>MORSE, RICHARD P MD</b>
Address	DHMC PEDIATRIC NEUROLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	CHN
Board Certified	CHN
School and Year of Graduation	DARTMOUTH MEDICAL SCH- LEBANON, NH USA 1987
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1988
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10505
License Date	2/3/1999
Name	<b>MORTELLITI, MICHAEL P MD</b>
Address	PARKLAND MEDICAL CTR, ONE PARKLAND DRDERRY, NH, 03038
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF VERMONT COLL OF MED - BURLINGTON,VT USA 1995
Internship and Year	GEORGETOWN UNIV MEDICAL CENTER - WASHINGTON, DC 1996
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1998
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	10912
License Date	5/3/2000
Name	<b>MORTON, MICHAEL T MD</b>
Address	EXEMPLA-SAINT JOSEPH HOSPITAL, 1835 FRANKLIN STDENVER, CO, 80218
Specialty	IM
Board Certified	IM
School and Year of Graduation	SAINT LOUIS UNIV SCH OF MED - ST LOUIS, MO USA 1996
Internship and Year	EXEMPLA ST JOSEPH HOSP - DENVER, CO 1997
Residency and Year	EXEMPLA ST JOSEPH HOSP - DENVER, CO 1999
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	15039
License Date	10/6/2010
Name	<b>MOSCHETTI, WAYNE E MD</b>
Address	DEPT OF ORTHOPAEDICS, DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CTR DRLEBANON, NH
Specialty	ORS
Board Certified	
School and Year of Graduation	BOSTON UNIVERSITY USA 2007
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13019
License Date	3/1/2006
Name	<b>MOSCOLA, RITAMARIE MD</b>
Address	VA MEDICAL CENTER, 718 SMYTH REMANCHESTER, NH, 03104
Specialty	FP
Board Certified	FP
School and Year of Graduation	PENNSYLVANIA STATE UNIVERSITY, UNIVERSITY PARK PA US 1984
Internship and Year	MCP HAHNEMANN UNIVERSITY, PHILADELPHIA PA 1985
Residency and Year	MCP HAHNEMANN UNIVERSITY, PHILADELPHIA PA 1987
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13875
License Date	3/5/2008
Name	<b>MOSELEY, ELIZABETH MD</b>
Address	IMAGING ON CALL, 695 DUTCHESS TPKE #105POUGHKEEPSIE, NY, 12603
Specialty	R
Board Certified	R
School and Year of Graduation	E VIRGINIA MED SCHOOL USA 1994
Internship and Year	EASTERN VIRGINIA MEDICAL SCHOOL - NORFOLK, VA 1995
Residency and Year	EASTERN VIRGINIA MEDICAL SCHOOL - NORFOLK, VA 1998
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	9661
License Date	3/6/1996
Name	<b>MOSER, AMANDA S MD</b>
Address	101 A MYRTLE ST, BOSTON, MA, 02114
Specialty	DR
Board Certified	DR
School and Year of Graduation	NORTHEASTERN OHIO UNIVERSITY-ROOTSTOWN OH USA 1992
Internship and Year	AKRON GENERAL MEDICAL CTR-AKRON OH 1993
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CTR-LEBANON NH 1997
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	7919
License Date	7/6/1988
Name	<b>MOSER, THOMAS V MD</b>
Address	20 WASHINGTON PL, BEDFORD, NH, 03110-6706
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	MED COLL OF PENNSYLVANIA.PA USA 1978
Internship and Year	UNIV HOSP-INC-BOSTON,MA 1979
Residency and Year	CATHOLIC MC BROOKLYN,NY 1984
License Expiration Date	<b>1/23/2005</b>
Remarks	<b>DECEASED</b>

License Number	13117
License Date	6/7/2006
Name	<b>MOSES, JEREMY M MD</b>
Address	14 RESEARCH PLACE, N CHELMSFORD, MA, 01863
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	HARVARD MEDICAL SCHOOL, BOSTON MA US 2000
Internship and Year	BETH ISRAEL DEACONESS MED CTR, BOSTON MA 2001
Residency and Year	HARVARD MEDICAL SCHOOL, BOSTON MA 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13118
License Date	6/7/2006
Name	<b>MOSES, LYLE MD</b>
Address	19 OLD KINGS HWY, LEBANON, NH, 03766-2742
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIVERSITY OF ILLINOIS, CHICAGO IL US 1957
Internship and Year	CHELSEA NAVAL HOSP, CHELSEA MA 1958
Residency and Year	MT SINAI MED CTR, CLEVELAND OH 1963
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12470
License Date	9/1/2004
Name	<b>MOSHER, JODEE L MD</b>
Address	SOUTHERN ME GERIATRICS, 50 MARQUIS RDRFREEPORT, ME, 04032
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF NEBRASKA, OMAHA NE US 1998
Internship and Year	UNIVERSITY OF VERMONT, BURLINGTON VT 1999
Residency and Year	UNIVERSITY OF VERMONT, BURLINGTON VT 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12506
License Date	10/6/2004
Name	<b>MOSQUERA, JOSEPH L MD</b>
Address	137 PROSPECT ST, NEWARK, NJ, 07105
Specialty	IM
Board Certified	IM
School and Year of Graduation	U. CENTRAL DEL ESTE, DOMINICAN REPUBLIC DOMINICAN REPUBLIC 1980
Internship and Year	HACKENSACK UNIVERSITY, HACKENSACK NJ 1982
Residency and Year	HACKENSACK UNIVERSITY, HACKENSACK NJ 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13634
License Date	8/1/2007
Name	<b>MOTAGANAHALLI, RAGHUNANDAN L MD</b>
Address	1801 N SENATE BLVD MPC 2, STE D-3500/DIV OF VASC SURGINDIANAPOLIS, IN, 46202
Specialty	GS
Board Certified	GS
School and Year of Graduation	AMBEDKAR MEDICAL COLLEGE INDIA 1993
Internship and Year	ST LOUIS UNIV SCHOOL OF MEDICINE - ST LOUIS, MO 2005
Residency and Year	ST LOUIS UNIV SCHOOL OF MEDICINE - ST LOUIS, MO 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	L2916
License Date	1/25/2010
Name	<b>MOTLEY, ROHANA MD</b>
Address	CONCORD HOSPITAL, 250 PLEASANT STREETCONCORD, NH, 03301
Specialty	OBG
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>5/4/2010</b>
Remarks	

License Number	15001
License Date	9/1/2010
Name	<b>MOTLEY, ROHANA U MD</b>
Address	301 WEST 118TH ST, NEW YORK, NY, 10026
Specialty	OBG
Board Certified	
School and Year of Graduation	MEHARRY MEDICAL COLLEGE USA 1997
Internship and Year	MEDICAL COLLEGE OF WISCONSIN - MILWAUKEE 1998
Residency and Year	MEDICAL COLLEGE OF WISCONSIN - MILWAUKEE 2001
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	14663
License Date	11/4/2009
Name	<b>MOTT, STEPHEN H MD</b>
Address	DHMC - DEPT OF PEDIATRICS, 1 MEDICAL CTR DRLEBANON, NH, 03756
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITE CATHOLIQUE DE LILLE FRANCE 1992
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1988
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1990
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12941
License Date	11/2/2005
Name	<b>MOURAD, IBRAHIM A MD</b>
Address	BARNES-JEWISH WEST COUNTRY HOS, 12634 OLIVE BLVDST LOUIS, MO, 63141
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF ALEXANDRIA, ALEXANDRIA EGYPT EGYPT 1982
Internship and Year	UNIVERSITY OF MISSOURI, KANSAS CITY MO 2002
Residency and Year	UNIVERSITY OF MISSOURI, KANSAS CITY MO 2004
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	14355
License Date	3/4/2009
Name	<b>MOURTZINOS, ARTHUR MD</b>
Address	LAHEY CLINIC MEDICAL CENTER, 41 MALL RDBURLINGTON, MA, 01805
Specialty	U
Board Certified	U
School and Year of Graduation	BOSTON UNIVERSITY USA 1999
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2001
Residency and Year	LAHEY CLINIC FOUNDATION - BURLINGTON, MA 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15158
License Date	3/2/2011
Name	<b>MOUSTAKAS, ARGIRIOS MD</b>
Address	FAHC/UVM, 100 COLCHESTER AVEBURLINGTON, VT, 05401
Specialty	N
Board Certified	N
School and Year of Graduation	UNIVERSITY OF SZEGED HUNGARY 2000
Internship and Year	FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2005
Residency and Year	FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2008
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	13876
License Date	3/5/2008
Name	<b>MOWCHUN, JUSTIN J MD</b>
Address	DHMC-NEUROLOGY, ONE MED CTR DRLEBANON, NH, 03756
Specialty	N
Board Certified	N
School and Year of Graduation	FLINDERS UNIV SOUTH AUSTRALIA 2003
Internship and Year	WASHINGTON UNIV - ST LOUIS, MO 2005
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17270
License Date	9/2/2015
Name	<b>MOWZOOM, NIMA MD</b>
Address	15050 ELDERBERRY LN, FORT MYERS, FL, 33907
Specialty	N
Board Certified	N
School and Year of Graduation	UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE- FL USA 2000
Internship and Year	MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 2001
Residency and Year	MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11254
License Date	5/2/2001
Name	<b>MOY, ALISON A MD</b>
Address	100 LIBERTY WAY, DOVER, NH, 03821
Specialty	IM
Board Certified	IM
School and Year of Graduation	EMORY UNIVERSITY USA 1989
Internship and Year	ST FRANCIS HOSPITAL/MOUNT SINAI HOSPITAL - HARTFORD CT 1990
Residency and Year	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON CT 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14772
License Date	3/3/2010
Name	<b>MOYER, KAREN M DO</b>
Address	PO BOX 151, BROOKLINE, NH, 03033
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF NEW JERSEY USA 1998
Internship and Year	MEDICAL UNIVERSITY OF SOUTH CAROLINA - CHARLESTON, SC 1999
Residency and Year	MEDICAL UNIVERSITY OF SOUTH CAROLINA - CHARLESTON, SC 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	11551
License Date	3/6/2002
Name	<b>MOYER, PETER H MD</b>
Address	267 WALNUT ST, BROOKLINE, MA, 02445
Specialty	EM
Board Certified	EM
School and Year of Graduation	COLUMBIA UNIV COLL - NEW YORK, NY USA 1970
Internship and Year	NEW YORK PRESBYTERIAN MEDICAL CENTER - NEW YORK, NY 1971
Residency and Year	LINCOLN MEDICAL AND MENTAL HEALTH CENTER- BRONX NY 1974
License Expiration Date	<b>5/7/2015</b>
Remarks	5/7/15 - Requested inactive.

License Number	13915
License Date	4/2/2008
Name	<b>MOYER, STEPHEN D DO</b>
Address	ELLIOT DERMATOLOGY, 185 QUEEN CITY AVEMANCHESTER, NH, 03101
Specialty	D
Board Certified	D
School and Year of Graduation	PHILADELPHIA COLLEGE USA 1997
Internship and Year	UMDNJSOM-KENNEDY MEMORIAL HOSPITAL - STRATFORD, NJ 1998
Residency and Year	MEDICAL UNIV OF SOUTH CAROLINA - CHARLESTON, SC 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4797
License Date	6/14/1971
Name	<b>MOYLE, WILLIAM D MD</b>
Address	22 BLACKBERRY LN, KEENE, NH, 03431
Specialty	GS
Board Certified	GS
School and Year of Graduation	CORNELL - NY USA 1960
Internship and Year	BELLEVUE HOSPITAL - NY, NY 1961
Residency and Year	NORTH SHORE HOSPITAL - MANHASSET, NY 1968
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	13916
License Date	4/2/2008
Name	<b>MOZUMDER, MOUSHUMI MD</b>
Address	ST JOSEPH FAMILY MED CTR, 444 NASHUA STMILFORD, NH, 03055
Specialty	FP
Board Certified	FP
School and Year of Graduation	SIR SALIMULLAH MEDICAL COLLEGE BANGLADESH 1993
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2004
Residency and Year	LUTHERAN MEDICAL CENTER-BROOKLYN, NY 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 16727  
 License Date 8/6/2014  
 Name **MOZZICATO, SUSAN MD**  
 Address DHMC - ALLERGY & IMMUNOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty AI  
 Board Certified AI  
 School and Year of Graduation UNIV OF LOUISVILLE SCH OF MEDICINE - LOUISVILLE KY US 2008  
 Internship and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 2009  
 Residency and Year UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 2011  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 5514  
 License Date 5/6/1976  
 Name **MROZ, FRANK M MD**  
 Address COTTAGE HOSP, PO BOX 2001WOODSVILLE, NH, 03785  
 Specialty R  
 Board Certified R  
 School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1973  
 Internship and Year WILFORD HALL MED CTR - TEXAS 1974  
 Residency and Year WILFORD HALL MED CTR - TEXAS 1977  
 License Expiration Date **7/25/2013**  
 Remarks **LAPSED FOR NON-RENEWAL 12/31/78...REINSTATED 6/6/07**  
**DECEASED 7/25/13**

License Number 14389  
 License Date 4/1/2009  
 Name **MROZOWSKI, ARLENE F DO**  
 Address MEMORIAL HOSPITAL, PO BOX 5001/3073 WHITE MT HWYNORTH CONWAY, NH, 03860  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation KANSAS CITY UNIVERSITY USA 1986  
 Internship and Year MIDWESTERN UNIVERSITY-CHICAGO COLLEGE OF OSTEOPATHIC MEDICINE-OLYMPIA FIELDS, IL 19  
 Residency and Year MIDWESTERN UNIVERSITY-CHICAGO COLLEGE OF OSTEOPATHIC MEDICINE-OLYMPIA FIELDS, IL 19  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14429  
 License Date 5/6/2009  
 Name **MSIMANGA, NOKUTHULA MD**  
 Address DARTMOUTH-HITCHCOCK, 21 EAST HOLLIS STNASHUA, NH, 03060  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation MEDICAL COLLEGE OF GEORGIA USA 2004  
 Internship and Year PALMETTO RICHLAND MEMORIAL HOSPITAL - COLUMBIA, SC 2005  
 Residency and Year PALMETTO RICHLAND MEMORIAL HOSPITAL - COLUMBIA, SC 2007  
 License Expiration Date **6/30/2011**  
 Remarks

License Number	14470
License Date	6/3/2009
Name	<b>MUAWWAD, RAFIK D MD</b>
Address	3062 UNIVERSITY TERR NW, WASHINGTON, DC, 20016
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIVERSITY OF BEIRUT IN NY USA 1974
Internship and Year	UNIVERSITY OF ROCHESTER MEDICAL CENTER-ROCHESTER, NY 1976
Residency and Year	UNIVERSITY OF MISSOURI-KANSAS CITY - KANSAS CITY, MO 1979
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9705
License Date	5/1/1996
Name	<b>MUCHMORE, JAMES H MD</b>
Address	HEUY P LONG MEDICAL CENTER, PO BOX 5352PINESVILLE, LA, 71361-5352
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF BOLOGNA ITALY 1975
Internship and Year	MORRISTOWN MEMORIAL HOSPITAL NJ 1977
Residency and Year	BRIDGEPORT HOSPITAL CONN 1981
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	14664
License Date	11/4/2009
Name	<b>MUDAN, PUSHPA R MD</b>
Address	4 HOUSTON DR, NASHUA, NH, 03062
Specialty	EM
Board Certified	EM
School and Year of Graduation	MYSORE UNIVERSITY INDIA 1972
Internship and Year	MACNEAL HOSPITAL - BERRWYN, IL 1976
Residency and Year	KINGS COUNTY HOSPITAL CENTER - BROOKLYN, NY 1980
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>ON MEDICAL LEAVE SINCE JAN 1ST 2014-PRESENT</b>

License Number	14889
License Date	6/2/2010
Name	<b>MUDDANA, SRIKANT MD</b>
Address	126 4TH AVE APT 7A, BROOKLYN, NY, 11217
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS USA 2003
Internship and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2004
Residency and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2006
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	14808
License Date	4/7/2010
Name	<b>MUELLER, ARIADNE R MD</b>
Address	360 MERRIMACK ST BLDG 9, LAWRENCE, MA, 01843
Specialty	FP
Board Certified	FP
School and Year of Graduation	DREXEL UNIVERSITY USA 2005
Internship and Year	GREATER LAWRENCE FAMILY HEALTH CENTER - LAWRENCE, MA 2006
Residency and Year	GREATER LAWRENCE FAMILY HEALTH CENTER - LAWRENCE, MA 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12970
License Date	12/7/2005
Name	<b>MUELLER, DEBORAH A MD</b>
Address	CARING PARTNERS-OBGYN, 21 WHITEHALL RD STE 303 ROCHESTER, NH, 03867
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF CONNECTICUT, FARMINGTON CT US 1985
Internship and Year	BROWN UNIVERSITY, PROVIDENCE RI 1986
Residency and Year	BROWN UNIVERSITY, PROVIDENCE RI 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7920
License Date	7/6/1988
Name	<b>MUELLO, WENDY G MD</b>
Address	WEEKS MEDICAL CENTER, 170 MIDDLE ST LANCASTER, NH, 03584
Specialty	IM
Board Certified	IM
School and Year of Graduation	BOSTON UNIV SCH MED-BOSTON, MA USA 1983
Internship and Year	BOSTON CITY HOSP-BOSTON, MA 1984
Residency and Year	BOSTON CITY HOSP-BOSTON, MA 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10308
License Date	6/3/1998
Name	<b>MUIR, J GAVIN MD</b>
Address	MANCHESTER COMMUNITY HEALTH, 145 HOLLIS ST MANCHESTER, NH, 03101
Specialty	FP
Board Certified	FP
School and Year of Graduation	TEMPLE UNIV SCH OF MED - PHILIA, PA USA 1995
Internship and Year	SOUTHERN COLORADO FAMILY MEDICINE - PUEBLO, CO 1996
Residency and Year	SOUTHERN COLORADO FAMILY MEDICINE - PUEBLO, CO 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7062
License Date	4/4/1985
Name	<b>MUKERJEE, ANIL K MD</b>
Address	134 COTTAGE ST, PO BOX 680LITTLETON, NH, 03561
Specialty	CD
Board Certified	CD
School and Year of Graduation	MAHATMA GANDHI MED COLL INDORE, PRADESH INDIA 1975
Internship and Year	UNITED HOSP MED CTR PRESBY NEWARK NJ 1978
Residency and Year	NEW ENG MED CTR BOSTON MA /MEMORIAL HOSPITAL PAWTUCKET RI 1984
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17271
License Date	9/2/2015
Name	<b>MUKERJEE, SEEMA MD</b>
Address	2 1/2 BEACON ST STE 199, CONCORD, NH, 03301
Specialty	R
Board Certified	R
School and Year of Graduation	WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE - MI USA 2005
Internship and Year	SINAI-GRACE HOSPITAL - DETROIT, MI 2007
Residency and Year	NEW YORK MEDICAL COLLEGE - VALHALLA, NY 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9738
License Date	6/5/1996
Name	<b>MUKHERJEE, SUNIT MD</b>
Address	ASSOCIATES IN CARDIOVASCULAR, 217 SUTTON ST NORTH ANDOVER, MA, 01845-
Specialty	CD
Board Certified	CD
School and Year of Graduation	BOSTON UNIVERSITY-BOSTON MA USA 1989
Internship and Year	DALLAS CO HP-PARKLAND MEM-DALLAS TX 1992
Residency and Year	BOSTON UNIVERSITY-BOSTON MA 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4682
License Date	5/10/1972
Name	<b>MULCAHY JR, THOMAS M MD</b>
Address	PO BOX 1101, N MARSHFIELD, MA, 02059-9999
Specialty	IM
Board Certified	IM
School and Year of Graduation	ALBANY MEDICAL COLLEGE, NY USA 1969
Internship and Year	UNIV HOSPITAL - BOSTON, MA 1970
Residency and Year	UNIV HOSPITAL - BOSTON, MA 1972
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	15885
License Date	10/3/2012
Name	<b>MULHOLLAND, KEVIN J MD</b>
Address	HOSPITAL MEDICINE OF EXETER, 5 ALUMNI DREXETER, NH, 03833
Specialty	IM
Board Certified	IM
School and Year of Graduation	OHIO STATE UNIVERSITY COLLEGE OF MEDICINE USA 1991
Internship and Year	FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1992
Residency and Year	FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13219
License Date	8/2/2006
Name	<b>MULL, SEARS C MD</b>
Address	278 PIONEER LOOP, GEORGETOWN, SC, 29440
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIV OF PITTSBURGH USA 1966
Internship and Year	SUNY HEALTH SCIENCE CTR SYRACUSE-SYRACUSE, NY 1970
Residency and Year	SUNY HEALTH SCIENCE CTR SYRACUSE-SYRACUSE, NY 1972
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>LAPSED FOR NON-RENEWAL 6/30/08.. REINSTATED 12/2/09</b>

License Number	5129
License Date	12/3/1973
Name	<b>MULLA, MOHAMMAD IBRAHIM MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	BRITISH MEDICAL COUNCIL
Internship and Year	
Residency and Year	
License Expiration Date	<b>10/1/1987</b>
Remarks	

License Number	11332
License Date	7/11/2001
Name	<b>MULLANEY, STEVEN MD</b>
Address	CORE PHYSICIAN SERVICES, 24 PLAISTOW ROADPLAISTOW, NH, 03865
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS SCHOOL OF MEDICINE USA 1994
Internship and Year	MALDEN MEDICAL CENTER MALDEN MA 1995
Residency and Year	MALDEN MEDICAL CENTER MALDEN MA 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11636
License Date	6/5/2002
Name	<b>MULLEN, CHARLES J MD</b>
Address	SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200SOUTH PORTLAND, ME, 04106
Specialty	R
Board Certified	R
School and Year of Graduation	NEW YORK MEDICAL COLL - VALHALLA, NY USA 1989
Internship and Year	NEW YORK MEDICAL COLLEGE - VALHALLA, NY 1990
Residency and Year	NEW YORK MEDICAL COLLEGE - VALHALLA, NY 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4534
License Date	2/20/1970
Name	<b>MULLEN, MAEVE MD</b>
Address	388 OLD LAKESHORE RD, GILFORD, NH, 03249-6571
Specialty	AN
Board Certified	
School and Year of Graduation	NATIONAL UNIV OF IRELAND IRELAND 1956
Internship and Year	UNIV COLLEGE HOSPITAL CORK - IRELAND 1957
Residency and Year	WINNIPEG HOSPITAL - CANADA 1969
License Expiration Date	<b>6/30/2006</b>
Remarks	Deceased 3/12/10

License Number	9254
License Date	8/3/1994
Name	<b>MULLER, DAVID L MD</b>
Address	29 RIDGEWOOD RD, SPRINGFIELD, VT, 05156
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1989
Internship and Year	MEDICAL CENTER HOSPITAL - BURLINGTON VT 1990
Residency and Year	MEDICAL CENTER HOSPITAL - BURLINGTON VT 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11741
License Date	9/4/2002
Name	<b>MULLEY, DEBRA A MD</b>
Address	DARTMOUTH-HITCHCOCK CLINIC, 253 PLEASANT STCONCORD, NH, 03301
Specialty	ORS
Board Certified	
School and Year of Graduation	GEORGE WASHINGTON UNIVERSITY, WASHINGTON DC USA 1996
Internship and Year	LONG ISLAND JEWISH MEDICAL CTR, NEW HYDE PARK, NY 1997
Residency and Year	LONG ISLAND JEWISH HOSPITAL, NEW HYDE PARK NY 2001
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	5396
License Date	8/7/1975
Name	<b>MULLICK, SUBHAS C MD</b>
Address	7140 DELL RD, SALINE, MI, 48176
Specialty	GS
Board Certified	GS
School and Year of Graduation	KING GEORGES MEDICAL COLLEGE INDIA 1958
Internship and Year	KING GEORGES MEDICAL COLLEGE - LUCKNOW, INDIA 1959
Residency and Year	BOSTON CITY HOSPITAL - BOSTON, MA 1973
License Expiration Date	<b>6/30/2011</b>
Remarks	Deceased 7/31/2012

License Number	5411
License Date	8/21/1975
Name	<b>MULLICK, SWADESH MD</b>
Address	289 MAIN ST, SALEM, NH, 03079-2731
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	KING GEORGE'S MEDICAL SCHOOL INDIA 1961
Internship and Year	LLANDUDNO GENERAL HOSPITAL - ENGLAND 1962
Residency and Year	ST TYDIFALS HOSPITAL - ENGLAND 1963
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	16082
License Date	4/3/2013
Name	<b>MULLINS, ERIC R MD</b>
Address	LITTLETON REGIONAL HEALTHCARE, 600 ST JOHNSBURY RDLITTLETON, NH, 03561
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE USA 1999
Internship and Year	UNIVERSITY OF VERMONT COLLEGE OF MEDICINE - BURLINGTON, VT 2000
Residency and Year	UNIVERSITY OF VERMONT COLLEGE OF MEDICINE - BURLINGTON, VT 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10845
License Date	3/1/2000
Name	<b>MULROY JR, RICHARD D MD</b>
Address	321 FORTUNE AVE, PO BOX 189MILFORD, MA, 01757
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	TUFTS UNIV SCH OF MEDICINE - BOSTON, MA USA 1981
Internship and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1982
Residency and Year	NEW ENGLAND MEDICAL CENTER- BOSTON, MA 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number 13261  
 License Date 9/6/2006  
 Name **MULROY, WILLIAM F MD**  
 Address OCCUPATIONAL ORTHO SURG INC, PO BOX 550226WALTHAM, MA, 02455  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation TUFTS UNIV USA 1986  
 Internship and Year SANTA BARBARA COTTAGE HOSPITAL-SANTA BARBARA CA 1987  
 Residency and Year NEW ENGLAND MEDICAL CENTER 1991  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12667  
 License Date 4/6/2005  
 Name **MUMFORD, JOEL H MD**  
 Address VETERANS AFFAIRS MEDICAL, 215 NORTH MAIN ST 112WHITE RIVER JCT, VT, 05009  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation UNIVERSITY OF VERMONT, BURLINGTON VT US 1970  
 Internship and Year CHELSEA NAVAL HOSPITAL, CHELSEA MA 1975  
 Residency and Year CHELSEA NAVAL HOSPITAL, CHELSEA MA 1978  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 9683  
 License Date 4/3/1996  
 Name **MUMFORD, MARGARET C MD**  
 Address 115 HIGHLAND ST, PO BOX 451PLYMOUTH, NH, 03264  
 Specialty OBG  
 Board Certified  
 School and Year of Graduation WASHINGTON UNIV SCHOOL OF MEDICINE - MO USA 1987  
 Internship and Year UNIV OF LOUISVILLE SCHOOL OF MEDICINE - LOUISVILLE, KY 1989  
 Residency and Year BARNES HOSPITAL - ST LOUIS, MO 1991  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 5358  
 License Date 6/30/1975  
 Name **MUNGER, ROBERT S MD**  
 Address ATLANTIC PHYSICAN SERVICE, 45 HIGH RDLEE, NH, 03861-6202  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation CASE WESTERN RESERVE SCHOOL OF MEDICINE - OH USA 1970  
 Internship and Year CLEVELAND METRO GENERAL HOSPITAL - CLEVELAND, OH 1971  
 Residency and Year MEDICAL CENTER HOSPITAL OF VERMONT - BURLINGTON, VT 1975  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 15803  
 License Date 8/1/2012  
 Name **MUNIAPPAN, ASHOK MD**  
 Address MGH, 55 FRUIT ST BLAKE 1570BOSTON, MA, 02114  
 Specialty TS  
 Board Certified TS  
 School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 2000  
 Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2001  
 Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2007  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9875  
 License Date 11/6/1996  
 Name **MUNIR, MOHAMMAD MD**  
 Address SPECIALIZED HEALTH MGNT, 246 WALNUT STNEWTON, MA, 02160  
 Specialty P  
 Board Certified P  
 School and Year of Graduation SIND MED COLL UNIV OF KARACHI - PAKISTAN PAKISTAN 1981  
 Internship and Year WAYNE ST UNIV SCHOOL OF MEDICINE - MI 1990  
 Residency and Year BOSTON UNIV MED CENTER - MA 1993  
 License Expiration Date **6/30/2000**  
 Remarks

License Number 10098  
 License Date 8/6/1997  
 Name **MUNOZ, JOHN J MD**  
 Address MANCHESTER UROLOGY ASSOCIATES, 4 ELLIOT WAY STE 200MANCHESTER, NH, 03103  
 Specialty U  
 Board Certified U  
 School and Year of Graduation UNIV OF PA SCH OF MED - PHILA, PA USA 1995  
 Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - NH 1999  
 Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL - NH 2000  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16801  
 License Date 10/1/2014  
 Name **MUNRO, ELIZABETH G MD**  
 Address LAHEY HOSP & MED CTR, 41 MALL RD- DEPT OF GYNECOLOGYBURLINGTON, MA, 01805  
 Specialty  
 Board Certified OBG  
 School and Year of Graduation COLUMBIA UNIV COLLEGE OF PHYSICIANS & SURGEONS USA 2002  
 Internship and Year STANFORD UNIVERSITY SCHOOL OF MEDICINE - STANFORD, CA 2003  
 Residency and Year STANFORD UNIVERSITY SCHOOL OF MEDICINE - STANFORD, CA 2006  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	16421
License Date	12/4/2013
Name	<b>MUNROE, CHRISTINE M DO</b>
Address	GREAT WORKS FAMILY PRACTICE, 57 PORTLAND ST, SUITE 2ASO BERWICK, ME, 03908
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND COLL OF OSTEOPATHIC MED USA 2003
Internship and Year	LOYOLA UNIVERSITY MEDICAL CENTER - MAYWOOD, IL 2004
Residency and Year	LOYOLA UNIVERSITY MEDICAL CENTER - MAYWOOD, IL 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/6/15</b>

License Number	14935
License Date	7/7/2010
Name	<b>MUNSON, JEFFREY C MD</b>
Address	DHMC - SUITE 5C, ONE MED CTR DRLEBANON, NH, 03756
Specialty	PCC
Board Certified	PCC
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 2001
Internship and Year	YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2002
Residency and Year	YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12241
License Date	3/3/2004
Name	<b>MUNSON, RUSSELL J MD</b>
Address	BMC HEALTH NET PLAN, ONE MERRILLS WHARFNEW BEDFORD, MA, 02740
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF PITTSBURGH, PITTSBURGH PA US 1979
Internship and Year	MIDDLESEX HOSPITAL, MIDDLETOWN CT 1980
Residency and Year	MIDDLESEX HOSPITAL, MIDDLETOWN CT 1982
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	13462
License Date	4/4/2007
Name	<b>MURAI, SARAH E MD</b>
Address	DERRY MEDICAL CENTER, 6 TSIENNETO RD STE 100DERRY, NH, 03038
Specialty	FP
Board Certified	FP
School and Year of Graduation	COLUMBIA UNIV USA 2001
Internship and Year	CONTRA COSTA REGIONAL MEDICAL CENTER - MARTINEZ, CA 2002
Residency and Year	CONTRA COSTA REGIONAL MEDICAL CENTER - MARTINEZ, CA 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4961
License Date	2/12/1973
Name	<b>MURAKAMI, NOBORU MD</b>
Address	15 AIKEN AVE, FRANKLIN, NH, 03235
Specialty	GS
Board Certified	GS
School and Year of Graduation	SHINSHU UNIV FACULTY OF MEDICINE JAPAN 1967
Internship and Year	BROOKLYN -CUMBERLAND MEDICAL CENTER - BROOKLYN, NY 1970
Residency and Year	MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1971
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>1/10/05 Settlement Agreement</b>

License Number	10055
License Date	7/2/1997
Name	<b>MURALITHARAN, PUSHKALA MD</b>
Address	DARTMOUTH HITCHCOCK CLINIC, 253 PLEASANT STCONCORD, NH, 03301
Specialty	IM
Board Certified	IM
School and Year of Graduation	MED COLL MADURAI UNIV MADURAI T N - INDIA INDIA 1988
Internship and Year	HIGHLAND HOSPITAL-NY 1997
Residency and Year	HIGHLAND HOSPITAL - NY 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8629
License Date	9/4/1991
Name	<b>MURATA, GARY T MD</b>
Address	127 PARTRIDGEBERRY LN, SWANZEY, NH, 03446
Specialty	U
Board Certified	U
School and Year of Graduation	MT SINAI SCH OF MED THE CITY UNIV - NY, NY USA 1974
Internship and Year	NEWTON WELLESLEY HOSPITAL - NEWTON, MA 1975
Residency and Year	NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON,MA 1980
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17121
License Date	6/3/2015
Name	<b>MURCIN, SCOTT J MD</b>
Address	900 WASHINGTON RD, WEST POINT, NY, 10996
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIFORMED SERVICES UNIV OF THE HEALTH SCIENCE USA 2003
Internship and Year	MADIGAN ARMY MEDICAL CENTER - TACOMA, WA 2004
Residency and Year	MADIGAN ARMY MEDICAL CENTER - TACOMA, WA 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11069
License Date	9/6/2000
Name	<b>MURN, ALVIN J MD</b>
Address	THE MEMORIAL HOSP, PO BOX 5001 3073 WHITE MT HWYN CONWAY, NH, 03860
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF PITTSBURGH SCH MED-PITTSBURGH, PA USA 1989
Internship and Year	LATROBE AREA HOSPITAL - LATROBE, PA 1990
Residency and Year	YORK HOSPITAL - YORK, PA 1993
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	11877
License Date	4/2/2003
Name	<b>MURPHY JR, MICHAEL D MD</b>
Address	EXETER HOSPITAL, 5 ALUMNI DREXETER, NH, 03833
Specialty	R
Board Certified	R
School and Year of Graduation	MEDICAL COLLEGE OF OHIO- TOLEDO, OH USA 1995
Internship and Year	EMORY UNIV HOSPITAL - ATLANTA, GA 1999
Residency and Year	EMORY UNIV HOSPITAL - ATLANTA, GA 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6182
License Date	4/3/1980
Name	<b>MURPHY III, MICHAEL J MD</b>
Address	88 MCGREGOR ST STE 207, MANCHESTER, NH, 03102-3733
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV.OF VERMONT SCH. OF MED.BURLINGTON,VT] USA 1975
Internship and Year	HOSP.U-PITT HLTH CTR,PITTS PA 1976
Residency and Year	HOSP U-PITT HLTH CTR,PITTS PA 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>5/11/04 - Settlement Agreement</b>

License Number	5765
License Date	6/21/1977
Name	<b>MURPHY JR, THOMAS E MD</b>
Address	445 CROWELL RD, HOPKINTON, NH, 03229
Specialty	NEP
Board Certified	NEP
School and Year of Graduation	UNIVERSITY OF MARYLAND-BALTIMORE MD USA 1972
Internship and Year	UNIVERSITY OF MARYLAND HOSPITAL-BALTIMORE MD 1973
Residency and Year	UNIVERSITY OF MARYLAND HOSPITAL-BALTIMORE MD 1975
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	3566
License Date	9/15/1962
Name	<b>MURPHY, ALBERT J MD</b>
Address	MEDICAL ASSOCIATES, 190 BROAD STNASHUA, NH, 03063-3121
Specialty	FP
Board Certified	
School and Year of Graduation	UNIV OF VERMONT COLLEGE OF MEDICINE - BURLINGTON USA 1961
Internship and Year	SAINT LUKE'S HOSPITAL - DENVER, CO 1962
Residency and Year	SAINT LUKE'S HOSPITAL - DENVER, CO 1962
License Expiration Date	<b>6/30/2002</b>
Remarks	<b>2/3/93 - SETTLEMENT AGREEMENT DECEASED 7/13/09</b>

License Number	14234
License Date	11/5/2008
Name	<b>MURPHY, FRANCIS P MD</b>
Address	STAFF CARE INC, 5001 STATESMAN DRIRVING, TX, 75063
Specialty	D
Board Certified	D
School and Year of Graduation	STATE UNIV OF NEW YORK USA 1992
Internship and Year	BELLEVUE HOSPITAL CENTER - NY, NY 1993
Residency and Year	NEW YORK & PRESBYTERIAN HOSPITAL-NY, NY 1999
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	7093
License Date	5/2/1985
Name	<b>MURPHY, JAMES M MD</b>
Address	NEW LONDON HOSPITAL, 273 COUNDY ROADNEW LONDON, NH, 03257
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	GEORGETOWN UNIVERSITY-WASHINGTON, DC USA 1979
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR-HANOVER, NH 1980
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR-HANOVER, NH 1984
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11454
License Date	11/7/2001
Name	<b>MURPHY, JOHN M MD</b>
Address	5 PARTRIDGE LN, BOXFORD, MA, 01921
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	TEMPLE UNIV - PHILADELPHIA, PA USA 1989
Internship and Year	TEMPLE UNIV HOSPITAL - PHILADELPHIA, PA 1990
Residency and Year	WILLIAM BEAUMONT ARMY MEDICAL CENTER - EL PASO, TX 1993
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	14890
License Date	6/2/2010
Name	<b>MURPHY, KARA M MD</b>
Address	PEDIATRIX, 1400 E BOULDER ST, STE 4N4145BCOLORADO SPRINGS, CO, 80909
Specialty	NPM
Board Certified	NPM
School and Year of Graduation	COLUMBIA UNIVERSITY USA 2004
Internship and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2005
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15318
License Date	7/6/2011
Name	<b>MURPHY, LISBETH A MD</b>
Address	BEDFORD COMMONS OBG, 201 RIVERWAY PLBEDFORD, NH, 03110
Specialty	OBG
Board Certified	
School and Year of Graduation	UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE USA 2008
Internship and Year	UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2009
Residency and Year	UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16599
License Date	5/7/2014
Name	<b>MURPHY, MICHAEL P MD</b>
Address	PO BOX 61044, OKLAHOMA CITY, OK, 73146
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE USA 2004
Internship and Year	UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE 2005
Residency and Year	BAPTIST MEMORIAL HOSPITAL - MEMPHIS, TN 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8921
License Date	4/7/1993
Name	<b>MURPHY, RICHARD K MD</b>
Address	CONCORD SURGICAL ASSOCIATES, 246 PLEASANT ST STE 205CONCORD, NH, 03301-
Specialty	GS
Board Certified	GS
School and Year of Graduation	MT SINAI SCHOOL OF MEDICINE USA 1981
Internship and Year	PRESBYTERIAN HOSPITAL 1982
Residency and Year	PRESBYTERIAN HOSPITAL 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13917
License Date	4/2/2008
Name	<b>MURRAY JR, JOHN J MD</b>
Address	DHMC-DEPT OF SURGERY, ONE MED CTR DRLEBANON, NH, 03756
Specialty	CRS
Board Certified	CRS
School and Year of Graduation	BOSTON UNIV USA 1977
Internship and Year	BOSTON UNIV MEDICAL CENTER-BOSTON, MA 1978
Residency and Year	BOSTON UNIV MEDICAL CENTER-BOSTON, MA 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9779
License Date	7/3/1996
Name	<b>MURRAY, CAROLYN J MD</b>
Address	DHMC OCC MED, I MEDICAL CTR DRLEBANON, NH, 03756
Specialty	PTX
Board Certified	PTX
School and Year of Graduation	UNIV OF VIRGINIA SCHOOL OF MEDICINE CHARLOTTESVILL USA 1986
Internship and Year	UNIV OF CALIFORNIA SAN DIEGO MEDICAL CENTER - CA 1987
Residency and Year	UNIV COLORADO HEALTH SCIENCE CENTER - CO 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10214
License Date	1/7/1998
Name	<b>MURRAY, EVAN D MD</b>
Address	McLEAN HOSPITAL NEUROLOGY, 115 MILL STBELMONT, MA, 02478
Specialty	N
Board Certified	N
School and Year of Graduation	TUFTS UNIV SCH OF MED - BOSTON, MA USA 1994
Internship and Year	NATIONAL CAPITAL MILITARY MEDICAL - WASHINGTON, DC 1998
Residency and Year	NATIONAL CAPITAL MILITARY MEDICAL - WASHINGTON, DC 1994
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	4429
License Date	5/27/1969
Name	<b>MURRAY, J CHARLES MD</b>
Address	144 TUCKER DR, CONTOOCOOKER, NH, 03229
Specialty	PUD
Board Certified	PUD
School and Year of Graduation	SETON HALL COLLEGE OF MEDICINE - NJ USA 1961
Internship and Year	JERSEY SHORE MEDICAL CENTER - NEPTUNE, NJ 1962
Residency and Year	UNIV OF UTAH AFFILIATED HOSPITAL - SALT LAKE CITY, UT 1968
License Expiration Date	<b>10/3/2010</b>
Remarks	Deceased 10/3/10



License Number 12312  
 License Date 5/5/2004  
 Name **MURRAY, JAMES A DO**  
 Address DHMC PULMONARY CARE, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified  
 School and Year of Graduation MIDWESTERN UNIVERSITY, GLENDALE AZ US 2000  
 Internship and Year BASSETT HEALTHCARE, COOPERSTOWN NY 2001  
 Residency and Year BASSETT HEALTHCARE, COOPERSTOWN NY 2003  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 10686  
 License Date 9/1/1999  
 Name **MURRAY, JAMES G MD**  
 Address ENT PHYS & SURGEONS, PA, 130 TARRYTOWN RDMANCHESTER, NH, 03103  
 Specialty OTO  
 Board Certified OTO  
 School and Year of Graduation UNIV OF WISCONSIN MED SCH -MADISON, WI USA 1992  
 Internship and Year ERIE COUNTY MEDICAL CENTER - BUFFALO, NY 1993  
 Residency and Year UNIV OF CONNECTICUT SCHOOL OF MEDICINE - HARTFORD, CT 1994  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13351  
 License Date 12/6/2006  
 Name **MURRAY, KYLE R MD**  
 Address FAMILY CARE OF FARMINGTON, 316 NH ROUTE 11FARMINGTON, NH, 03835  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF CONNECTICUT SCHOOL OF MEDICINE USA 1985  
 Internship and Year MEMORIAL HOSPITAL OF RHODE ISLAND-PAWTUCKET, RI 1986  
 Residency and Year MEMORIAL HOSPITAL OF RHODE ISLAND- PAWTUCKET, RI 1988  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 17022  
 License Date 4/1/2015  
 Name **MURRAY, MATTHEW T MD**  
 Address CHESHIRE MEDICAL CTR/DARTMOUTH HITCHCOCK - KEENE, 580 - 590 COURT STKEENE, NH, 03431  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation SO ILLINOIS UNIVERSITY SCHOOL OF MEDICINE USA 2000  
 Internship and Year MARICOPA MEDICAL CENTER - PHOENIX, AZ 2001  
 Residency and Year MARICOPA MEDICAL CENTER - PHOENIX, AZ 2003  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	9739
License Date	6/5/1996
Name	<b>MURRAY, MICHAEL F MD</b>
Address	60 EAST ST 2100, METHUEN, MA, 01844
Specialty	ID
Board Certified	IM
School and Year of Graduation	PA STATE UNIV COLLEGE OF MEDICINE USA 1988
Internship and Year	CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 1991
Residency and Year	HOSPITAL UNIV OF PENNSYLVANIA - PHILADELPHIA, PA 1996
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	12804
License Date	7/6/2005
Name	<b>MURRAY, PATRICIA E DO</b>
Address	T MURRAY WELLNESS CTR INC, PO BOX 244/24 PLEASANT STCONWAY, NH, 03818
Specialty	OMM
Board Certified	OMM
School and Year of Graduation	UNIVERSITY OF N.E. COLLEGE, BIDDEFORD ME USA 1999
Internship and Year	UNIVERSITY OF CONNECTICUT HEALTH CENTER, FARMINGTON CT 2000
Residency and Year	UNIVERSITY OF CONNECTICUT HEALTH CENTER, FARMINGTON CT 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9285
License Date	9/7/1994
Name	<b>MURRAY, ROBERT A MD</b>
Address	RIVERBEND COMMUNITY MENTAL HL, 1 N STATE ST PO BOX 2032CONCORD, NH, 03301-
Specialty	P
Board Certified	P
School and Year of Graduation	HAHNEMANN SCHOOL OF MEDICINE USA 1978
Internship and Year	INSTITUTE OF PA HOSPITAL - PHILADELPHIA PA 1979
Residency and Year	INSTITUTE OF PA HOSPITAL - PHILADELPHIA PA 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14773
License Date	3/3/2010
Name	<b>MURRAY, SEAN P MD</b>
Address	IMAGING ON CALL, 695 DUTCHESS TPKE #105POUGHKEEPSIE, NY, 12603
Specialty	R
Board Certified	R
School and Year of Graduation	GEORGE WASHINGTON UNIV USA 1990
Internship and Year	WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1991
Residency and Year	WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1996
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	10563
License Date	5/5/1999
Name	<b>MURRAY, SUSAN A MD</b>
Address	WOODBURY FAMILY PRACTICE, 101 SHATTUCK WAY STE 6NEWINGTON, NH, 03801
Specialty	FP
Board Certified	FP
School and Year of Graduation	ALBANY MEDICAL COLL - ALBANY, NY USA 1996
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1997
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16553
License Date	4/2/2014
Name	<b>MURRELL, STEVEN S MD</b>
Address	KEOKUK HOSPITAL, 1600 MORGAN STKEOKUK, IA, 52632
Specialty	FP
Board Certified	FP
School and Year of Graduation	MEDICAL UNIVERSITY OF THE AMERICAS NEVIS 2007
Internship and Year	TULSA MEDICAL EDUCATION FOUNDATION - TULSA, OK 2008
Residency and Year	TULSA MEDICAL EDUCATION FOUNDATION - TULSA, OK 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14259
License Date	12/3/2008
Name	<b>MURTHI, DINAKAR S MD</b>
Address	THE ORTHOPEDIC CENTER, 17 RIVERSIDE DR STE 101NASHUA, NH, 03060
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	YALE UNIV USA 2001
Internship and Year	ALBANY MEDICAL COLLEGE - ALBANY, NY 2002
Residency and Year	ALBANY MEDICAL COLLEGE - ALBANY, NY 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9588
License Date	11/1/1995
Name	<b>MUSCHE, FRANK W MD</b>
Address	38 HAMLET AVE, WOONSOCKET, RI, 02895-
Specialty	DR
Board Certified	R
School and Year of Graduation	TUFTS UNIV SCHOOL OF MEDICINE, BOSTON, MA USA 1970
Internship and Year	RHODE ISLAND HOSPITAL PROVIDENCE, RI 1971
Residency and Year	RHODE ISLAND HOSPITAL PROVIDENCE, RI 1974
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number 17272  
 License Date 9/2/2015  
 Name **MUSCO, PAUL S MD**  
 Address 725 RESERVOIR AVE STE 201, CRANSTON, RI, 02910  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE- DC USA 1982  
 Internship and Year GEORGETOWN UNIVERSITY HOSPITAL/WASHINGTON HOSPITAL- WASHINGTON, DC 1983  
 Residency and Year GEORGETOWN UNIVERSITY MEDICAL CENTER - WASHINGTON, DC 1986  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 2874  
 License Date 9/12/1951  
 Name **MUSET, FRANK A MD**  
 Address UNIT 102, 200 ALLIANCE WAYMANCHESTER, NH, 03102  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation LONG ISLAND COLLEGE OF MEDICINE USA 1943  
 Internship and Year ST VINCENT'S HOSPITAL - NEW YORK, NEW YORK 1944  
 Residency and Year ST VINCENT'S HOSPITAL - NEW YORK, NEW YORK 1944  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 13877  
 License Date 3/5/2008  
 Name **MUSHTAQ, SAFANA MD**  
 Address SHJ FAMILY MED CTR, 444 NASHUA STMILFORD, NH, 03055  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation ISLAMIA UNIV PAKISTAN 2000  
 Internship and Year UNION HOSPITAL FAMILY MEDICINE PROGRAM - TERRE HAUTE, IN 2006  
 Residency and Year UNION HOSPITAL FAMILY MEDICINE PROGRAM - TERRE HAUTE, IN 2007  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10725  
 License Date 10/6/1999  
 Name **MUSLIM, MUHAMMAD A MD**  
 Address COOPER RIVER PLAZA SO, STE 1407PENNSAUKEN, NJ, 08109  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation KING EDWARD MEDICAL COLL.-LAHORE PAKISTAN 1992  
 Internship and Year COOPER HOSPITAL - CAMDEN, NJ 1994  
 Residency and Year COOPER HOSPITAL - CAMDEN, NJ 1996  
 License Expiration Date **6/30/2000**  
 Remarks

License Number	16350
License Date	10/2/2013
Name	<b>MUSOLINO, PATRICIA L MD</b>
Address	MASS. GENERAL HOSPITAL - TELENEUROLOGY, 15 PACKMAN ST., WACC729JBOSTON, MA, 02114
Specialty	N
Board Certified	N
School and Year of Graduation	UNIVERSITY OF DE BUENOS AIRES ARGENTINA 2003
Internship and Year	MIAMI CHILDREN'S HOSPITAL - MIAMI, FL 2007
Residency and Year	MIAMI CHILDREN'S HOSPITAL - MIAMI, FL 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13753
License Date	11/7/2007
Name	<b>MUSSER JR, CARL W MD</b>
Address	DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	WAKE FOREST UNIV USA 2003
Internship and Year	MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 2004
Residency and Year	MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 2006
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	12805
License Date	7/6/2005
Name	<b>MUTHUNAYAGAM, NEWTON P MD</b>
Address	1400 WALLACE BLVD, AMARILLO, TX, 79106
Specialty	IM
Board Certified	
School and Year of Graduation	MED COLLEGE THIRUVANANTHAPURAM, TRIVANDRUM INDIA 2001
Internship and Year	TEXAS TECH UNIVERSITY, AMARILLO TX 2003
Residency and Year	TEXAS TECH UNIVERSITY, AMARILLO TX 2005
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	11182
License Date	2/7/2001
Name	<b>MUTIB, OMAIR K MD</b>
Address	VA MEDICAL CENTER, 718 SMYTH RD 11CMANCHESTER, NH, 03104
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF BAGHDAD - IRAQ IRAQ 1983
Internship and Year	ST BARNABAS HOSPITAL - BRONX, NY 1997
Residency and Year	ST BARNABAS HOSPITAL - BRONX, NY 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10564
License Date	5/5/1999
Name	<b>MUTO, PAULA M MD</b>
Address	100 AMESBURY ST, LAWRENCE, MA, 01840
Specialty	GS
Board Certified	GS
School and Year of Graduation	NEW YORK MEDICAL COLL - VALHALLA, NY USA 1989
Internship and Year	NEW ENGLAND MED CTR - BOSTON, MA 1990
Residency and Year	NEW ENGLAND MED CTR - BOSTON, MA 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>LAPSED FOR NON RENEWAL 6/30/01-----REINSTATED 9/6/06</b>

License Number	11927
License Date	5/7/2003
Name	<b>MYERS JR, ROBERT K MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	R
Board Certified	
School and Year of Graduation	UNIV OF KENTUCKY COLLEGE - LEXINGTON, KY USA 1998
Internship and Year	UNIV OF KENTUCKY CHANDLER MEDICAL CENTER - LEXINGTON, KY 1999
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2004
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	13752
License Date	11/7/2007
Name	<b>MYERS, AMY A MD</b>
Address	APPLE HEALTH SERVICE / FRANKLIN MARSHAL COLL, 415 HARRISBURG AVELANCASTER, PA, 17604
Specialty	FP
Board Certified	FP
School and Year of Graduation	PENNSYLVANIA STATE UNIV USA 1991
Internship and Year	LANCASTER GENERAL HOSPITAL - LANCASTER, PA 1992
Residency and Year	LANCASTER GENERAL HOSPITAL - LANCASTER, PA 1994
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	8203
License Date	8/9/1989
Name	<b>MYERS, BRUCE R MD</b>
Address	SEACOAST AREA PHYSIATRY, 875 GREENLAND RDPORTSMOUTH, NH, 03801
Specialty	PM
Board Certified	PM
School and Year of Graduation	MED COLL OF WISCONSIN-MILWAUKEE,WI USA 1985
Internship and Year	UNIV OF WI HOSP-MADISON,WI 1986
Residency and Year	UNIV OF WI,MADISON,WI 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 5047  
 License Date 7/17/1973  
 Name **MYERS, H JACK MD**  
 Address WHI - WOUND HEALING INSTITUTE, 789 CENTRAL AVEDOVER, NH, 03820  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation COLUMBIA UNIVERSITY-NEW YORK NY USA 1966  
 Internship and Year THE ROOSEVELT HOSP-NEW YORK NY 1967  
 Residency and Year MARY IMOGENE BASSETT HOSP-COOPERSTOWN NY 1973  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 14032  
 License Date 6/4/2008  
 Name **MYERS, JEFF L MD**  
 Address MASS GENERAL HOSPITAL, 55 FRUIT ST COX 662BOSTON, MA, 02114  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation UNIV OF OKLAHOMA USA 1991  
 Internship and Year GEORGETOWN UNIV MEDICAL CENTER - WASHINGTON, DC 1993  
 Residency and Year GEORGETOWN UNIV MEDICAL CENTER - WASHINGTON, DC 1999  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 9495  
 License Date 7/5/1995  
 Name **MYERS, MARK D MD**  
 Address PEDIATRIC HLTH ASSOC @BEDFORD, 360 ROUTE 101 STE #8BEDFORD, NH, 03110  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE USA 1992  
 Internship and Year CHILDREN'S HOSPITAL - PHILADELPHIA PA 1995  
 Residency and Year CHILLDREN'S HOSPITAL - PHILADELPHIA PA 1995  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10127  
 License Date 9/10/1997  
 Name **MYERS, MELISSA A MD**  
 Address NORTHERN HUMAN SERVICES, 25 W MAIN STCONWAY, NH, 03818  
 Specialty P  
 Board Certified P  
 School and Year of Graduation JEFFERSON MED COLL THOS JEFFFERSON UNIV PA USA 1995  
 Internship and Year MC LEAN HOSPITAL - BELMONT, MA 1999  
 Residency and Year MC LEAN HOSPITAL - BELMONT,MA 1999  
 License Expiration Date **6/30/2017**  
 Remarks **LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/6/15**

License Number	7883
License Date	6/8/1988
Name	<b>MYERS, ROBERT B MD</b>
Address	122 ABBOTT ST, N ANDOVER, MA, 01845
Specialty	EM
Board Certified	
School and Year of Graduation	MED COLL OF VIRGINIA COMMONWEALTH UNIV SCH USA 1978
Internship and Year	WORCESTER CITY HOSPITAL - WORCESTER, MA 1979
Residency and Year	WORCESTER CITY HOSPITAL - WORCESTER, MA 1981
License Expiration Date	<b>6/30/2010</b>
Remarks	2/18/99 - Settlement Agreement License Suspended 3/1/99 - 3/31/99 Deceased 8/15/2012

License Number	15843
License Date	9/5/2012
Name	<b>MYERS, ROBERT P MD</b>
Address	45 HALLS MILL RD, NEWFIELDS, NH, 03856
Specialty	U
Board Certified	U
School and Year of Graduation	COLUMBIA UNIVERSITY USA 1967
Internship and Year	VANDERBILT UNIVERSITY MEDICAL CENTER - NASHVILLE, TN 1968
Residency and Year	MAYO CLINIC - ROCHESTER, MN 1972
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16422
License Date	12/4/2013
Name	<b>MYERS, TERESA A MD</b>
Address	75 STATE ST 26TH FLOOR, BOSTON, MA, 02109
Specialty	FP
Board Certified	FP
School and Year of Graduation	ST MATTHEW'S UNIVERSITY CAYMAN ISLANDS 2004
Internship and Year	SO ILLINOIS UNIVERSITY - QUINCY, IL 2005
Residency and Year	SO ILLINOIS UNIVERSITY - QUINCY, IL 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7884
License Date	6/8/1988
Name	<b>MYERS, WARREN P L MD</b>
Address	436 JOSHUA RD, WHITE RIVER JCT, VT, 05001-9028
Specialty	IM
Board Certified	IM
School and Year of Graduation	COLUMBIA UNIV COLL OF PHYSICIANS - NY, NY USA 1945
Internship and Year	PHILADELPHIA GENERAL HOSPITAL - PHILA, PA 1946
Residency and Year	MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 1949
License Expiration Date	<b>6/30/2004</b>
Remarks	DECEASED 4/1/09



License Number	11819
License Date	1/8/2003
Name	<b>MYNENI, SUMANA MD</b>
Address	SOUTHERN NH MED CTR, 8 PROSPECT STNASHUA, NH, 03060
Specialty	PD
Board Certified	PD
School and Year of Graduation	SIDDHARTHA MED COLL GUNADALA - VIJAYAWADA INDIA 1997
Internship and Year	NEW YORK METHODIST HOSPITAL - BROOKLYN, NY 2000
Residency and Year	NEW YORK METHODIST HOSPITAL - BROOKLYN, NY 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13918
License Date	4/2/2008
Name	<b>MYO, MYAT MD</b>
Address	LAKES REGION GEN HOSP, 80 HIGHLAND STLA CONIA, NH, 03246
Specialty	IM
Board Certified	IM
School and Year of Graduation	INSTITUTE OF MEDICINE I USA 1995
Internship and Year	NORTH GENERAL HOSPITAL-NEW YORK, NY 2006
Residency and Year	NORTH GENERAL HOSPITAL-NEW YORK, NY 2007
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	11423
License Date	10/3/2001
Name	<b>MYRTUE, ANDREW J MD</b>
Address	52 MDG UNIT 3865, APO, AE, 09126
Specialty	ORS
Board Certified	
School and Year of Graduation	UNIFORMED SERVICES UNIV OF HLTH SCI-BETHESDA, MD USA 1997
Internship and Year	DAVID GRANT MEDICAL CENTER - TRAVIS AFB, CA 1998
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	17229
License Date	8/5/2015
Name	<b>NABER, URS H MD</b>
Address	1377 CONNECTICUT RIVER RD, WHITE RIVER JCT, VT, 05001-7107
Specialty	PD
Board Certified	
School and Year of Graduation	UNIV OF HAMBURG IN GERMANY GERMANY 2011
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2016
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13220
License Date	8/2/2006
Name	<b>NABIOULLINA, TATIANA I MD</b>
Address	FOUNDATION NEUROLOGY, 17 PROSPECT STNASHUA, NH, 03060
Specialty	N
Board Certified	CN
School and Year of Graduation	NOVOSIBIRSK STATE MEDICAL ACADEMY RUSSIA 1996
Internship and Year	JERSEY SHORE MEDICAL CTR-NEPTUNE, NJ 2002
Residency and Year	FLETCHER ALLEN HEALTH CARE-BURLINGTON, VT 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11217
License Date	4/4/2001
Name	<b>NABI-TREMBLAY, SUZANNE F MD</b>
Address	DARTMOUTH-HITCHCOCK KEENE, 590 COURT STKEENE, NH, 03431
Specialty	FP
Board Certified	FP
School and Year of Graduation	BOSTON UNIV SCH - BOSTON, MA USA 1997
Internship and Year	TOLEDO HOSPITAL - TOLEDO, OH 1998
Residency and Year	TOLEDO HOSPITAL - TOLEDO, OH 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15110
License Date	1/5/2011
Name	<b>NABIZADEH, SAYYED M MD</b>
Address	TUFTS MEDICAL CENTER, 800 WASHINGTON STBOSTON, MA, 02111
Specialty	CHN
Board Certified	
School and Year of Graduation	MASHHAD UNIVERSITY OF MEDICAL SCIENCES IRAN 1992
Internship and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 2009
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 2011
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	11855
License Date	3/5/2003
Name	<b>NACE, DAVID K MD</b>
Address	716 HAMILTON RD, BRYN MAWR, PA, 19010
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF PITTSBURGH SCH OF MED-PITTSBURGH, PA USA 1985
Internship and Year	YORK HOSPITAL - YORK, PA 1986
Residency and Year	MILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 1987
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	9740
License Date	6/5/1996
Name	<b>NACKMAN, LOUIS J MD</b>
Address	ELLIOTT PEDIATRICS AT WINDHAM, 5 INDUSTRIAL DR UNIT BWINDHAM, NH, 03087
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF FLORIDA COLLEGE OF MED USA 1992
Internship and Year	PENN STATE UNIV COLLEGE OF MEDICINE - HERSHEY, PA 1996
Residency and Year	PENN STATE UNIV COLLEGE OF MEDICINE - HERSHEY, PA 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>SETTLEMENT AGREEMENT 2/22/02</b>

License Number	11513
License Date	2/6/2002
Name	<b>NADEAU, DANIEL A MD</b>
Address	520 SUPERIOR #150, NEWPORT BEACH, CA, 92663
Specialty	IM
Board Certified	IM
School and Year of Graduation	TUFTS UNIV SCH OF MED - BOSTON, MA USA 1988
Internship and Year	UNIV OF VERMONT - BURLINGTON, VT 1989
Residency and Year	UNIV OF VERMONT - BURLINGTON, VT 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3467
License Date	8/29/1961
Name	<b>NADEAU, THOMAS R MD</b>
Address	, 128 MAIN ST BOX 726MEREDITH, NH, 03253
Specialty	FP
Board Certified	
School and Year of Graduation	ALBANY MEDICAL COLLEGE - NY USA 1958
Internship and Year	ALBANY MEDICAL COLLEGE - ALBANY, NY 1959
Residency and Year	ALBANY MEDICAL COLLEGE - ALBANY,NY 1959
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	10726
License Date	10/6/1999
Name	<b>NADEL, ALLAN S MD</b>
Address	BRIGHAM & WOMEN HOSPITAL, 75 FRANCIS STBOSTON, MA, 02115
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF CHICAGO - CHICAGO, IL USA 1979
Internship and Year	WASHINGTON UNIVERSITY - ST LOUIS MO 1983
Residency and Year	WASHINGTON UNIVERSITY - ST LOUIS MO 1983
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	14809
License Date	4/7/2010
Name	<b>NADKARNI, SANGEETA S MD</b>
Address	PENTUCKET MEDICAL ASSOC, 500 MERRIMACK ST LAWRENCE, MA, 01843
Specialty	NEP
Board Certified	NEP
School and Year of Graduation	MAHARASHTRA UNIVERSITY INDIA 2000
Internship and Year	METROPOLITAN HOSPITAL CENTER - NEW YORK, NY 2004
Residency and Year	UNIVERSITY OF MASSA CHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13834
License Date	2/6/2008
Name	<b>NAGARAJ, VASUKI MD</b>
Address	22 PROSPECT ST, NASHUA, NH, 03060
Specialty	FP
Board Certified	FP
School and Year of Graduation	MYSORE UNIVERSITY INDIA 2002
Internship and Year	CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 2006
Residency and Year	CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12507
License Date	10/6/2004
Name	<b>NAGARKAR, JYOTI D MD</b>
Address	LUTHERAN MEDICAL CTR, 150 55TH ST BROOKLYN, NY, 11220
Specialty	IM
Board Certified	
School and Year of Graduation	NAGPUR UNIVERSITY, INDIA INDIA 1994
Internship and Year	LUTHERAN MEDICAL CTR, BROOKLYN NY 2003
Residency and Year	LUTHERAN MEDICAL CTR, BROOKLYN NY 2004
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	16554
License Date	4/2/2014
Name	<b>NAGEL, DAVID J MD</b>
Address	DHMC-INTERNAL MED DEPT, 1 MED CTR DR LEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	UNIVERSITY OF ROCHESTER SCHOOL OF ROCHESTER USA 2011
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 8227  
 License Date 9/6/1989  
 Name **NAGEL, DAVID J MD**  
 Address 264 PLEASANT ST, CONCORD, NH, 03301-2551  
 Specialty PM  
 Board Certified PM  
 School and Year of Graduation UNIV OF ROCHESTER SCH OF MED-ROCHESTE,NY USA 1985  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1986  
 Residency and Year VA MEDICAL CENTER - BUFFALO, NY 1989  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16555  
 License Date 4/2/2014  
 Name **NAGPAL, KAMAL MD**  
 Address 519 WASHINGTON ST APT 14A, BROOKLINE, MA, 02446  
 Specialty GS  
 Board Certified  
 School and Year of Graduation UNIVERSITY COLLEGE OF MEDICAL SCIENCES & GURU TEG INDIA 2000  
 Internship and Year BRONX-LEBANON HOSPITAL CENTER - BRONX, NY 2010  
 Residency and Year BRONX-LEBANON HOSPITAL CENTER - BRONX, NY 2012  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13835  
 License Date 2/6/2008  
 Name **NAGRI, SRIKRISHNA MD**  
 Address DHMC - NASHUA DEPT OF GASTRO, 2300 SOUTHWOOD DRNASHUA, NH, 03063  
 Specialty GE  
 Board Certified GE  
 School and Year of Graduation KARNATAK MEDICAL COLLEGE INDIA 1998  
 Internship and Year WYCKOFF HEIGHTS MEDICAL CENTER - BROOKLYN, NY 2002  
 Residency and Year WYCKOFF HEIGHTS MEDICAL CENTER - BROOKLYN, NY 2004  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14691  
 License Date 12/2/2009  
 Name **NAGY, ALMOS I MD**  
 Address BEDFORD VAMC, 200 SPRINGS ROADBEDFORD, MA, 01730  
 Specialty P  
 Board Certified  
 School and Year of Graduation SEMMELWEIS UNIVERSITY HUNGARY 1994  
 Internship and Year TUFTS-NEW ENGLAND MEDICAL CENTER - BOSTON, MA 2005  
 Residency and Year TUFTS-NEW ENGLAND MEDICAL CENTER - BOSTON, MA 2007  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	7131
License Date	6/6/1985
Name	<b>NAGY, HELENE M MD</b>
Address	DHMC-RADIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	R
Board Certified	R
School and Year of Graduation	SUNY DOWNSTATE-BROOKLYN, NY USA 1975
Internship and Year	FRANCIS SCOTT KEY MEDICAL CTR-BALTIMORE, MD 1976
Residency and Year	KINGS COUNTY HOSPITAL CTR-BROOKLYN, NY 1979
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10565
License Date	5/5/1999
Name	<b>NAGY, LINDA M MD</b>
Address	3441 HEBARD HILL RD, RANDOLPH, VT, 05060
Specialty	P
Board Certified	P
School and Year of Graduation	CASE WESTERN RESERVE UNIV - CLEVELAND, OH USA 1983
Internship and Year	YALE-NEW HAVEN MEDICAL CENTER - NORTH HAVEN, CT 1984
Residency and Year	YALE-NEW HAVEN MEDICAL CENTER - NORTH HAVEN, CT 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11219
License Date	4/4/2001
Name	<b>NAHABET, CHAWKI E MD</b>
Address	108 LEGION DRIVE, SUITE DLAS VEGAS, NM, 87701
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	AIN SHAMS UNIV- CAIRO EGYPT EGYPT 1976
Internship and Year	SISTERS OF CHARITY HOSPITAL - BUFFALO, NY 1978
Residency and Year	SISTERS OF CHARITY HOSPITAL - BUFFALO, NY 1979
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14033
License Date	6/4/2008
Name	<b>NAIM, MAHA MD</b>
Address	150 57TH ST #30D, NEW YORK, NY, 10022
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF BAGHDAD IRAQ 1999
Internship and Year	NEW YORK DOWNTOWN HOSPITAL - NEW YORK, NY 2005
Residency and Year	NEW YORK DOWNTOWN HOSPITAL - NEW YORK, NY 2007
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number 10142  
 License Date 10/1/1997  
 Name **NAIMARK, RICHARD M MD**  
 Address 16 FIFTH ST, DOVER, NH, 03820  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIV OF MA MED SCH - WORCESTER, MA USA 1989  
 Internship and Year UNIV OF MASS MEDICAL CENTER- MA 1993  
 Residency and Year UNIV OF MASS MEDICAL CENTER - MA 1993  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12806  
 License Date 7/6/2005  
 Name **NAIR, AMITA N MD**  
 Address MEDICINE PEDIATRICS, 280 MAIN ST STE 111 NASHUA, NH, 03060  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation ODESSA MEDICAL UNIVERSITY, ODESSA UKRAINE 1996  
 Internship and Year METROPOLITAN HOSPITAL CENTER, NEW YORK NY 2002  
 Residency and Year METROPOLITAN HOSPITAL CENTER, NEW YORK NY 2005  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 3246  
 License Date 5/1/1958  
 Name **NAITOVE, ARTHUR MD**  
 Address 20 RIP RD, HANOVER, NH, 03755-1614  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1948  
 Internship and Year JEWISH HOSPITAL BROOKLYN - NY 1949  
 Residency and Year JEWISH HOSPITAL - BROOKLYN, NY 1949  
 License Expiration Date **6/30/2000**  
 Remarks

License Number 13805  
 License Date 1/11/2008  
 Name **NAJARIAN, KENNETH E MD**  
 Address FAHC, PATRICK 125 BURLINGTON, VT, 05401  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIV OF VERMONT USA 1980  
 Internship and Year PRESBYTERIAN-ST LUKES MEDICAL CENTER - DENVER, CO 1981  
 Residency and Year UNIV OF VERMONT COLLEGE OF MEDICINE - BURLINGTON, VT 1984  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14260  
 License Date 12/3/2008  
 Name **NALABOFF, KENNETH M MD**  
 Address IMAGING ON CALL, 695 DUTCHESS TPKE #105POUGHKEEPSIE, NY, 12603  
 Specialty R  
 Board Certified R  
 School and Year of Graduation SACKLER SCHOOL OF MEDICINE ISRAEL 1996  
 Internship and Year NSLIJHS SCHNEIDER CHILDRENS HOSPITAL-NEW HYDE PARK, NY 1997  
 Residency and Year NORTH SHORE UNIV HOSPITAL-MANHASSET,NY 2001  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 11114  
 License Date 11/1/2000  
 Name **NALAMALAPU, USHA MD**  
 Address 1 HALLS HILL, FALMOUTH, ME, 04105  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation MEDICAL COLL SRI VENKATESVARA UNIV-TIRUPATI INDIA 1983  
 Internship and Year BRIDGEPORT HOSPITAL - BRIDGEPORT, CT 1993  
 Residency and Year PENNSYLVANIA HOSPITAL - PHILADELPHIA, PA 1994  
 License Expiration Date **6/30/2001**  
 Remarks

License Number 11385  
 License Date 9/5/2001  
 Name **NALESNIK JR, WALTER MD**  
 Address 225 BOSTON ST, STE 204LYNN, MA, 01904  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation ST GEORGE'S UNIV SCH OF MED- BAY SHORE, NY USA 1982  
 Internship and Year WAYNE STATE UNIV/DETROIT MEDICAL CENTER - DETROIT, MI 1983  
 Residency and Year WAYNE STATE UNIV/DETROIT MEDICAL CENTER - DETROIT, MI 1985  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 16377  
 License Date 11/6/2013  
 Name **NAM, DANIEL MD**  
 Address 154 MORTIMER AVE, RUTHERFORD, NJ, 07070  
 Specialty IM  
 Board Certified  
 School and Year of Graduation NEW YORK UNIVERSITY SCHOOL OF MEDICINE USA 1998  
 Internship and Year UNIVERSITY OF CHICAGO MEDICAL CENTER - CHICAGO, IL 1999  
 Residency and Year NORTH SHORE-LONG ISLAND JEWISH (NYU SOM) MANHASSET, NY 2005  
 License Expiration Date **6/30/2017**  
 Remarks **LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/9/15.**



License Number 13682  
 License Date 9/5/2007  
 Name **NAMPIAPARAMPIL, DEVI E MD**  
 Address DARTMOUTH HITCHCOCK, 1 MEDICAL CENTER DRIVELEBANON, NH, 03766  
 Specialty PM  
 Board Certified PM  
 School and Year of Graduation NORTHWESTERN UNIV MEDICAL SCHOOL USA 2002  
 Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2003  
 Residency and Year SPAULDING REHABILITATION HOSPITAL - BOSTON, MA 2006  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 12534  
 License Date 11/3/2004  
 Name **NANAVATI, AJAY P MD**  
 Address 8 PROSPECT ST, NASHUA, NH, 03061  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF W INDIES, CHAMPS FLEURS TRINIDAD WEST INDIES 2000  
 Internship and Year BROOKLYN HOSPITAL CTR, BROOKLYN NY 2002  
 Residency and Year BROOKLYN HOSPITAL CTR, BROOKLYN NY 2004  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 11333  
 License Date 7/11/2001  
 Name **NANGIA, AJAY K MD**  
 Address KANSAS UNIV PHYSICIANS INC, 3901 RAINBOW BLVDKANSAS CITY, KS, 66160  
 Specialty UP  
 Board Certified U  
 School and Year of Graduation UNITED MED & DENT SCHOOLS OF GUY'S & ST THOMAS HOS UK 1990  
 Internship and Year YALE-NEW HAVEN MEDICAL CENTER 1993  
 Residency and Year UNIVERSITY HEALTH CENTER OF PITTSBURGH 1995  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 10397  
 License Date 9/2/1998  
 Name **NAPIER, JAMES M MD**  
 Address 2458 CHRISTIAN ST, PO BOX 1089NORWICH, VT, 05055  
 Specialty P  
 Board Certified P  
 School and Year of Graduation OHIO STATE UNIV COLL OF MED - COLUMBUS,OH USA 1995  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR- LEBANON, NH 1996  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1997  
 License Expiration Date **6/30/2003**  
 Remarks

License Number	8977
License Date	6/2/1993
Name	<b>NAPIORKOWSKI, PATRICIA A MD</b>
Address	205 BILLINGS FARM RD, BLDG. L STE BWHITE RIVER JCT, VT, 05001
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF CONNECTICUT USA 1987
Internship and Year	ST FRANCIS HOSPITAL MEDICAL CENTER, CONNECTICUT 1988
Residency and Year	PRESBYTERIAN HOSPITAL, NEW YORK NY 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7954
License Date	8/10/1988
Name	<b>NAPOLI, JOSEPH A MD</b>
Address	A I DUPONT HOSPITAL FOR CHILDR, PO BOX 269-1600 ROCKLAND DEWILMINGTON, DE, 19899
Specialty	PS
Board Certified	PS
School and Year of Graduation	COLUMBIA UNIV COLL OF PHYSICIANS,NY USA 1987
Internship and Year	MARY IMOGENE BASSETT HOSP- 1988
Residency and Year	MARY IMOGENE BASSETT HOSPITAL 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12431
License Date	8/4/2004
Name	<b>NAPRTA, ANICA MD</b>
Address	HOME HEALTH & HOSPICE CARE, 7 EXECUTIVE PARK DRIVEMERRIMACK, NH, 03054
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF ZAGREB, ZABREB CROATIA CROATIA 1990
Internship and Year	WICHITA FALLS FAMILY PRACTICE PROGRAM, WICHITA FALLS TX 2000
Residency and Year	WICHITA FALLS FAMILY PRACTICE PROGRAM, WICHITA FALLS TX 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12432
License Date	8/4/2004
Name	<b>NAPRTA, BORIS MD</b>
Address	GENESIS PHYS SVS, 25 RIDGEWOOD RDBEDFORD, NH, 03110
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF ZAGREB, ZAGREB CROATIA CROATIA 1991
Internship and Year	UNIVERSITY OF CONNECTICUT, FARMINGTON CT 1996
Residency and Year	UNIVERSITY OF CONNECTICUT, FARMINGTON CT 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17122
License Date	6/3/2015
Name	<b>NAQSHBANDI, SYED MUDASSAR MD</b>
Address	WENTWORTH DOUGLASS PHYSICIAN CORP, 789 CENTRAL AVEDOVER, NH, 03820-2526
Specialty	IM
Board Certified	FPG
School and Year of Graduation	SIR SALIMULLAH MEDICAL COLLEGE BANGLADESH 2004
Internship and Year	WINTHROP UNIVERSITY HOSPITAL - MINEOLA, NY 2009
Residency and Year	WINTHROP UNIVERSITY HOSPITAL - MINEOLA, NY 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12753
License Date	6/1/2005
Name	<b>NARVAEZ, GIL M MD</b>
Address	VIRTUAL RADIOLOGY CORP, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF CENTRAL DEL, BAYAMON PUERTO RICO PUERTO RICO 1996
Internship and Year	UNIVERSITY OF PUERTO RICO, SAN JUAN PUERTO RICO 1997
Residency and Year	UNIVERSITY OF PUERTO RICO, SAN JUAN PR 2000
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	15259
License Date	6/1/2011
Name	<b>NASEEM, TARIQ M MD</b>
Address	17 BELMONT SQ APT 3, SOMERVILLE, MA, 02143
Specialty	GS
Board Certified	
School and Year of Graduation	AGA KHAN MEDICAL COLLEGE, AGA KHAN UNIV USA 2004
Internship and Year	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON, CT 2009
Residency and Year	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON, CT 2010
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	5405
License Date	8/14/1975
Name	<b>NASH, LAUNCELOT C MD</b>
Address	HUGGINS HOSPITAL, 240 S MAIN STWOLFEBORO, NH, 03894
Specialty	EM
Board Certified	
School and Year of Graduation	GUY'S HOSPITAL MEDICAL SCHOOL LONDON UNIV ENGLAND 1964
Internship and Year	ST ALBANS CITY HOSPITAL - ST ALBANYS, HERTS 1965
Residency and Year	NORTH DEVON INFIRMARY,BARNSTAPLE, DEVON 1966
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	11424
License Date	10/3/2001
Name	<b>NASIF, RONALD J MD</b>
Address	5 WATER ST, MILFORD, MA, 01757
Specialty	ORS
Board Certified	
School and Year of Graduation	TUFTS UNIV SCH OF MED - BOSTON, MA USA 1979
Internship and Year	WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 1980
Residency and Year	CARNEY HOSPITAL - DORCHESTER, MA 1981
License Expiration Date	<b>7/12/2010</b>
Remarks	7/12/10 - Voluntary Surrender of License.

License Number	12628
License Date	3/2/2005
Name	<b>NASPINSKY, SCOTT R MD</b>
Address	LANCASTER RADIOLOGY ASSOC, PO BOX 3555LANCASTER, PA, 177552
Specialty	R
Board Certified	
School and Year of Graduation	TEMPLE UNIVERSITY, PHILADELPHIA PA US 2001
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2002
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2006
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	14665
License Date	11/4/2009
Name	<b>NASRIN, MUBINA MD</b>
Address	ELLIOT PRIMARY CARE LONDONDERR, 40 BUTTRICK RDLONDONDERRY, NH, 03053
Specialty	FP
Board Certified	FP
School and Year of Graduation	MAHADEVAPPA RAMPURE MEDICAL COLLEGE INDIA 1994
Internship and Year	MAINE DARTMOUTH FAMILY PRACTICE RESIDENCY - AUGUSTA, ME 2007
Residency and Year	MAINE DARTMOUTH FAMILY PRACTICE RESIDENCY - AUGUSTA, ME 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10874
License Date	4/5/2000
Name	<b>NASSAR, NICOLAS E MD</b>
Address	28 ROCHESTER HILL RD, ROCHESTER, NH, 03867
Specialty	IM
Board Certified	
School and Year of Graduation	FACULTY OF MEDICINE,AMERICAN UNIVERSITY OF BEIRUT USA 1995
Internship and Year	MARYLAND GENERAL HOSPITAL-BALTIMORE,MD 1996
Residency and Year	MARYLAND GENERAL HOSPITAL-BALTIMORE,MD 1999
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	14034
License Date	6/4/2008
Name	<b>NATALE, MICHAEL A MD</b>
Address	MAITLAND HOSP 550-560 HIGH ST, MAITLAND NSW AUSTRALIA, , 2320
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV OF NEW JERSEY USA 1993
Internship and Year	UMDNJ NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 1994
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1997
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	16457
License Date	1/8/2014
Name	<b>NATARAJ, DILIP MD</b>
Address	329 HARVARD ST APT 14, CAMBRIDGE, MA, 02139
Specialty	CCM
Board Certified	CCM
School and Year of Graduation	LOUISIANA STATE UNIVERSITY SCHOOL OF MEDICINE USA 2001
Internship and Year	UPMC MEDICAL MEDICAL EDUCATION - PITTSBURGH, PA 2002
Residency and Year	UPMC MEDICAL MEDICAL EDUCATION - PITTSBURGH, PA 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9570
License Date	10/4/1995
Name	<b>NATARAJAN, ARUNA R MD</b>
Address	GEORGETOWN UNIV MED CTR, 3800 RESERVIOR RD WASHINGTON, DC, 20007
Specialty	PD
Board Certified	PD
School and Year of Graduation	ARMED FORCES MED COLL UNIV OF PUNE INDIA 1984
Internship and Year	MARY HITCHCOCK MEDICAL CENTER - HANOVER, NH 1995
Residency and Year	MARY HITCHCOCK MEDICAL CENTER - HANOVER, NH 1995
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	14300
License Date	1/7/2009
Name	<b>NATARAJAN, SUBBULUXMI MD</b>
Address	62 REGIS RD, BRAINTREE, MA, 02184
Specialty	IM
Board Certified	
School and Year of Graduation	UNIV OF MISSOURI USA 1998
Internship and Year	ST JOHNS MERCY MEDICAL CENTER - ST LOUIS, MO 1999
Residency and Year	ST JOHNS MERCY MEDICAL CENTER - ST LOUIS, MO 2001
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	9780
License Date	7/3/1996
Name	<b>NATH, ARURU R MD</b>
Address	DARTMOUTH-HITCHCOCK-CONCORD, 253 PLEASANT STCONCORD, NH, 03301
Specialty	FP
Board Certified	FP
School and Year of Graduation	MEDICAL COLLEGE SRI VENKATESVARA UNIV TIRUPATI A P INDIA 1979
Internship and Year	MADRAS MEDICAL COLLEGE HOSPITAL - CANADA 1980
Residency and Year	VOCATIONAL TRAINING IN GENERAL NEATH HALES U. K. 1989
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14891
License Date	6/2/2010
Name	<b>NATH, SUJAI D MD</b>
Address	SENTIENT, 11011 MCCORMICK RD STE 200HUNT VALLEY, MD, 21031
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF MINNESOTA USA 1991
Internship and Year	YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1992
Residency and Year	YALE UNIVERSITY SCHOOL OF MEDICINE - NEW HAVEN, CT 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6741
License Date	7/7/1983
Name	<b>NATHAN, JEFFREY S MD</b>
Address	10 DEACON DR, NASHUA, NH, 03063
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	FAC DE MED DE LA UNIV-GUADALAJARA MEXICO 1977
Internship and Year	LUTHERAN MED CTR-BROOKLYN,NY 1980
Residency and Year	LUTHERAN MED CTR- BROOKLYN,NY 1983
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	14892
License Date	6/2/2010
Name	<b>NATHAN, MICHELLE MD</b>
Address	CATHOLIC MEDICAL CENTER, 100 MCGREGOR STMANCHESTER, NH, 03103
Specialty	EM
Board Certified	EM
School and Year of Graduation	TEMPLE UNIVERSITY USA 1995
Internship and Year	METROPOLITON HOSPITAL CENTER, NY, NY 1996
Residency and Year	METROPOLITON HOSPITAL CENTER, NY, NY 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8690
License Date	3/4/1992
Name	<b>NATTELL, DANIEL F MD</b>
Address	OPTIMAL RADIOLOGY, 28 WHITE BRIDGE RD SUITE 316NASHVILLE, TN, 37205
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF ARIZONA USA 1987
Internship and Year	TUCSON MEDICAL CENTER - TUCSON, AZ 1988
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>lapsed 6/30/93 - reinstated 7/3/13</b>

License Number	5383
License Date	8/4/1975
Name	<b>NATTIE, EUGENE E MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	P
Board Certified	
School and Year of Graduation	HARVARD MEDICAL SCHOOL, MA USA 1971
Internship and Year	PETER BRIGHAM HOSPITAL - BOSTON, MA 1972
Residency and Year	PETER BRIGHAM HOSPITAL - BOSTON, MA 1972
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	3195
License Date	3/13/1957
Name	<b>NAULT, BURTON A MD</b>
Address	NH DEPT OF EDUCATION, 21 SOUTH FRUIT STCONCORD, NH, 03301-8508
Specialty	GS
Board Certified	GS
School and Year of Graduation	CORNELL UNIVERSITY MEDICAL USA 1956
Internship and Year	ST ELIZABETH HOSPITAL BRIGHTON - MA 1957
Residency and Year	ST ELIZABETH HOSPITAL - BRIGHTON, MA 1957
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	16017
License Date	2/6/2013
Name	<b>NAVARENGOM, KERON B MD</b>
Address	CATHOLIC MEDICAL CENTER, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty	IM
Board Certified	IM
School and Year of Graduation	KERALA UNIVERSITY INDIA 2004
Internship and Year	CAMC-WEST VIRGINIA UNIVERSITY - CHARLESTON, WV 2010
Residency and Year	CAMC-WEST VIRGINIA UNIVERSITY - CHARLESTON, WV 2012
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	14936
License Date	7/7/2010
Name	<b>NAVARETTE, BRYAN P MD</b>
Address	RADIOLOGISTS OF NORTH IOWA, 1010 4TH ST SW, STE 100MASON CITY, IA, 50401
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF TEXAS USA 2006
Internship and Year	MARSHFIELD CLINIC, MARSHFIELD, WI 2007
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	13262
License Date	9/6/2006
Name	<b>NAWROCKI, MARK N MD</b>
Address	MASS EYE & EAR INFIRMARY - DEPT OF ANESTHESIOLOGY, 243 CHARLES STBOSTON, MA, 02114
Specialty	AN
Board Certified	AN
School and Year of Graduation	DARTMOUTH MED SCHOOL USA 1986
Internship and Year	STRONG MEMORIAL HOSPITAL-ROCHESTER NY 1987
Residency and Year	STRONG MEMORIAL HOSPITAL-ROCHESTER NY 1989
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	10215
License Date	1/7/1998
Name	<b>NAWROCKI, STEVEN P MD</b>
Address	MONADNOCK COMMUNITY HOSPITAL, 452 OLD STREET RDPETERBOROUGH, NH, 03458
Specialty	IM
Board Certified	IM
School and Year of Graduation	COLL MED JAGIELLONSKI UNIV KRAKOW POLAND 1986
Internship and Year	METROWEST MED CTR INC - MA 1987
Residency and Year	METROWEST MED CTR INC - MA 1989
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15354
License Date	8/3/2011
Name	<b>NAYAK, VIJAY K MD</b>
Address	MASSACHUSETTS ENT ASSOC, 3 MEETINGHOUSE RDCHELMSFORD, MA, 01824
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 2000
Internship and Year	BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2001
Residency and Year	MASSACHUSETTS EYE & EAR INFIRMARY - BOSTON, MA 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number 6742  
 License Date 7/7/1983  
 Name **NAYLOR, CLAIRE M MD**  
 Address 129 BONDS CORNER RD, HANCOCK, NH, 03449  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation ST LOUIS UNIV SCH MED-ST LOUIS USA 1978  
 Internship and Year M S HERSHEY MED CTR-HERSHEY,PA 1979  
 Residency and Year M S HERSHERY MED CTR-HERSHERY,PA 1981  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 10656  
 License Date 8/4/1999  
 Name **NAZEER, AMENA MD**  
 Address IU HEALTH WEST HOSPITAL, 1111 NORTH RONALD REAGAN PKWYAVON, IN, 46123  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation RAWALPINDI MED COLL UNIV OF PUNJAB-PAKISTAN PAKISTAN 1993  
 Internship and Year UNIV OF CONNECTICUT HLTH CTR - FARMINGTON, CT 1996  
 Residency and Year UNIV OF CONNECTICUT HLTH CTR - FARMINGTON, CT 1997  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 11928  
 License Date 5/7/2003  
 Name **NAZEER, AYESHA MD**  
 Address CONCORD HOSP CARDIAC ASSOC, 85 SPRING ST STE 2 A1LACONIA, NH, 03246  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation THE RAWALPINDI MED COLL - PUNJAB PAKISTAN PAKISTAN 1996  
 Internship and Year UNIV OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 1998  
 Residency and Year UNIV OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 2000  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 6956  
 License Date 8/2/1984  
 Name **NEAL, GEORGE B MD**  
 Address 18 CONSTITUTION DR UNIT 6, BEDFORD, NH, 03110  
 Specialty N  
 Board Certified N  
 School and Year of Graduation ALBANY MED COLL OF UNION UNIV-ALBANY,NY USA 1976  
 Internship and Year ALBANY MED CTR HOSP-ALBANY,NY 1977  
 Residency and Year NAVAL HOSP-BETHESDA,MD 1980  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 8204  
 License Date 8/9/1989  
 Name **NEAL, REBECCA R MD**  
 Address DHMC - NH HOSPITAL, 36 CLINTON STCONCORD, NH, 03301  
 Specialty P  
 Board Certified P  
 School and Year of Graduation BOSTON UNIV SCH OF MED-BOSTON,MA USA 1985  
 Internship and Year FRAMINGHAM UNION HOSP-FRAMINGHAM,MA 1986  
 Residency and Year MASS GEN HOSPITAL-BOSTON,MA 1989  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14692  
 License Date 12/2/2009  
 Name **NEALE, S GLEN MD**  
 Address NORTH COUNTRY ORTHOPEDICS, 81 MEDICAL VILLAGE DR #1NEWPORT, VT, 05855  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation UNIVERSITY OF VERMONT USA 1985  
 Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1986  
 Residency and Year MAINE MEDICAL CENTER -PORTLAND, ME 1987  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9022  
 License Date 8/4/1993  
 Name **NEALIS, RICHARD H MD**  
 Address FRISBIE MEMORIAL HOSPITAL, 21 WHITEHALL RDROCHESTER, NH, 03867-  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation OHIO STATE UNIVERSITY COLLEGE OF MEDICINE USA 1969  
 Internship and Year UNIVERSITY HEALTH CENTER OF PITTSBURGH - PITTSBURGH PA 1970  
 Residency and Year UNIVERSITY HEALTH CENTER OF PITTSBURGH - PITTSBURGH PA 1975  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 9286  
 License Date 9/7/1994  
 Name **NEBESAR, ROBERT A MD**  
 Address 25 GREEN LN, CANTON, MA, 02021  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIVERSITY OF VA SCHOOL OF MEDICINE USA 1956  
 Internship and Year DUKE UNIVERSITY AFFIL HOSPITAL - DURHAM NC 1957  
 Residency and Year UNIVERSITY CO HEALTH SCIENCE CTR - DENVER CO 1958  
 License Expiration Date **6/30/2004**  
 Remarks **DECEASED 07/19/06**

License Number	12807
License Date	7/6/2005
Name	<b>NEDELKA, SHANNON C MD</b>
Address	SEACOAST RADIOLOGY, 2 WASHINGTON ST., STE 329DOVER, NH, 03820-6420
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF TEXAS, GALVESTON TX USA 1998
Internship and Year	STRONG MEMORIAL HOSPITAL, ROCHESTER NY 1999
Residency and Year	UNIVERSITY OF ROCHESTER MEDICAL CENTER, ROCHESTER NY 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8321
License Date	5/9/1990
Name	<b>NEGRI, DAMON J MD</b>
Address	LITTLETON REGIONAL HOSP - EMERGENCY DEPT, 600 ST JOHNSBURY WAYLITTLETON, NH, 03561
Specialty	EM
Board Certified	EM
School and Year of Graduation	MICHIGAN STATE UNIV COLL OF HUMAN MED USA 1982
Internship and Year	PROVIDENCE MED CTR-OREGON 1983
Residency and Year	PROVIDENCE MED CTR - OREGON 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15720
License Date	6/6/2012
Name	<b>NEHRU, DANY A MD</b>
Address	CHESHIRE MED CTR/ DARTMOUTH HITCHCOCK KEENE, 590 COURT STREETKEENE, NH, 03431
Specialty	IM
Board Certified	IM
School and Year of Graduation	XAVIER UNIVERSITY SCHOOL OF MEDICINE ARUBA 2007
Internship and Year	CONEY ISLAND HOSPITAL - BROOKLYN, NY 2010
Residency and Year	CONEY ISLAND HOSPITAL - BROOKLYN, NY 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17023
License Date	4/1/2015
Name	<b>NEIL JR, JAY L MD</b>
Address	24 MARILYN LANE, WALLA WALLA, WA, 99362
Specialty	AN
Board Certified	AN
School and Year of Graduation	LOMA LINDA UNIVERSITY SCHOOL OF MEDICINE USA 1990
Internship and Year	FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1991
Residency and Year	FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1994
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 6621  
 License Date 10/7/1982  
 Name **NEIL, JAY L MD**  
 Address NORTHERN NH ORTHOPEDICS, 3073 WHITE MT HIGHWAYN CONWAY, NH, 03860-5001  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation LOMA LINDA UNIV SCH MED - LOS ANGELES, CA USA 1971  
 Internship and Year LOMA LINDA UNIV MEDICAL CENTER - LOMA LINDA, CA 1975  
 Residency and Year LOMA LINDA UNIV MEDICAL CENTER - LOMA LINDA, CA 1975  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 8060  
 License Date 3/29/1989  
 Name **NEILLEY, GREGORY S MD**  
 Address MONADNOCK INTERNAL MEDICINE, 454 OLD STREET RDPETERBOROUGH, NH, 03458  
 Specialty GER  
 Board Certified GER  
 School and Year of Graduation UMDNJ NJ MED SCH NEWARK NJ USA 1982  
 Internship and Year UNIV WISCONSIN HOSP CLN MADISON WI 1983  
 Residency and Year UNIV WISCONSIN HOSP CLN MADISON WI 1985  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 4523  
 License Date 12/30/1969  
 Name **NEILSON, JEFFREY B MD**  
 Address 2 HOMESTEAD LANE, DOVER, NH, 03820  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF BRISTOL UNITED KINGDOM 1955  
 Internship and Year BRISTOL ROYAL INFIRMARY - UNITED KINGDOM 1956  
 Residency and Year BRISTOL ROYAL INFIRMARY - UNITED KINGDOM 1956  
 License Expiration Date **6/30/2011**  
 Remarks **Deceased 8/27/2012**

License Number 5029  
 License Date 7/3/1973  
 Name **NEINAS, FREDERICK W MD**  
 Address LAHEY- CLINIC 4C GIM, 41 MALL RDBURLINGTON, MA, 01805-2742  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation WAYNE STATE UNIV SCHOOL OF MEDICINE, MI USA 1964  
 Internship and Year PHILADELPHIA GENERAL HOSPITAL - PHILA, PA 1965  
 Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MI 1973  
 License Expiration Date **6/30/2002**  
 Remarks

License Number	9857
License Date	10/2/1996
Name	<b>NELLHAUS, KURT M MD</b>
Address	LACONIA CLINIC, PO BOX 637LACONIA, NH, 03246-
Specialty	PUD
Board Certified	IM
School and Year of Graduation	ST GEORGE'S UNIV SCH OF MED - ST GEORGE'S GRENADA 1981
Internship and Year	ST JOHN'S ESPISCPL HOSPITAL - NY 1984
Residency and Year	ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1988
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	11637
License Date	6/5/2002
Name	<b>NELSON, DAVID L DO</b>
Address	AMMONOOSVC COMMUNITY HLTH SRVC, 25 MOUNT EUSTIS RDLITTLETON, NH, 03561
Specialty	FP
Board Certified	FP
School and Year of Graduation	PHILADELPHIA COLLEGE - PHILADELPHIA, PA USA 1999
Internship and Year	MEMORIAL HOSPITAL - PENINSULA - ORMOND BEACH, FL 2000
Residency and Year	MEMORIAL HOSPITAL - PENINSULA - ORMOND BEACH, FL 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7232
License Date	11/7/1985
Name	<b>NELSON, MICHAEL H MD</b>
Address	PSYCHIATRIC MED ASSOCIATE, 1 MEETING HOUSE RD #5CHELMSFORD, MA, 01824-
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF LONDON FAC OF MED - LONDON LONDON 1959
Internship and Year	MASS GENERAL HOSPITAL - BOSTON, MA 1971
Residency and Year	MASS GENERAL HOSPITAL - BOSTON, MA 1971
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	17072
License Date	5/6/2015
Name	<b>NELSON, PETER M MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	LOMA LINDA UNIVERSITY SCHOOL OF MEDICINE USA 2012
Internship and Year	DARTMOUGH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
Residency and Year	DARTMOUGH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9194
License Date	6/1/1994
Name	<b>NELSON, RICHARD S MD</b>
Address	CONCORD FAMILY MEDICINE, 18 FOUNDRY ST STE 201CONCORD, NH, 03301-
Specialty	FP
Board Certified	FP
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 1980
Internship and Year	DUKE UNIVERSITY MEDICAL CENTER - DURHAM NC 1981
Residency and Year	DUKE UNIVERSITY MEDICAL CENTER - DURHAM NC 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10472
License Date	12/2/1998
Name	<b>NELSON, SONJA N MD</b>
Address	HARBOUR WOMENS HEALTH, 155 GRIFFIN RDPORTSMOUTH, NH, 03801
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	TUFTS UNIV SCH OF MED - BOSTON, MA USA 1991
Internship and Year	NEW YORK HOSPITAL - NEW YORK, NY 1992
Residency and Year	NEW YORK HOSPITAL - NEW YORK, NY 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13119
License Date	6/7/2006
Name	<b>NELSON, SUZANNE M MD</b>
Address	HOULTON PEDIATRICS, 22 HARTFORD STHOULTON, ME, 04730
Specialty	PD
Board Certified	PD
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL, LEBANON NH US 1987
Internship and Year	NEW YORK AND PRESBYTERIAN HOSP, NEW YORK NY 1988
Residency and Year	NEW YORK AND PRESBYTERIAN HOSP, NEW YORK NY 1991
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	10541
License Date	4/7/1999
Name	<b>NELSON, TINA S MD</b>
Address	CHESHIRE MEDICAL CENTER, DARTMOUTH-HITCHCOCK KEENEKEENE, NH, 03431
Specialty	R
Board Certified	R
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1994
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1996
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10258
License Date	4/1/1998
Name	<b>NELSON, VIRGINIA A MD</b>
Address	502 BRONSON RD, SYRACUSE, NY, 13219
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF MICHIGAN MEDICAL SCHOOL USA 1991
Internship and Year	ST JOSEPH HOSPITAL HEALTH CENTER SYRACUSE,NY 1992
Residency and Year	ST JOSEPH HOSPITAL HEALTH CENTER -SYRACUSE,NY 1995
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	11878
License Date	4/2/2003
Name	<b>NELSON, WILLIAM W MD</b>
Address	CHILDRENS HOSP REG MED CTR, 4800 SAND POINT WAY NESEATTLE, WA, 98115
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV OF COLORADO - DENVER, CO USA 1986
Internship and Year	MCP HAHNEMAN SCH OF MED - PHILADELPHIA, PA 1987
Residency and Year	MCP HAHNEMAN SCH OF MED - PHILADELPHIA, PA 1988
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	7094
License Date	5/2/1985
Name	<b>NEMIAH, JOHN C MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, HB 7750 1 MEDICAL CTR DRLEBANON, NH, 03756
Specialty	P
Board Certified	P
School and Year of Graduation	HARVARD MEDICAL SCHOOL-BOSTON, MA USA 1943
Internship and Year	BOSTON CITY HOSPITAL-BOSTON, MA 1948
Residency and Year	MASS GENERAL HOSPITAL-BOSTON, MA 1949
License Expiration Date	<b>6/30/2003</b>
Remarks	<b>DECEASED 5/11/09</b>

License Number	2926
License Date	9/10/1952
Name	<b>NENOPOULOS, CONSTANTINE D MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>1/21/1988</b>
Remarks	<b>DECEASED 10/17/99</b>

License Number 11286  
 License Date 6/6/2001  
 Name **NEPOMNAYSHY, DMITRY MD**  
 Address LAHEY CLINIC, 41 MALL RDBURLINGTON, MA, 01805  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation OHIO STATE UNIV COLL - COLUMBUS, OH USA 1996  
 Internship and Year LAHEY CLINIC MEDICAL CENTER - BURLINGTON, MA 1997  
 Residency and Year LAHEY CLINIC MEDICAL CENTER - BURLINGTON, MA 2000  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16600  
 License Date 5/7/2014  
 Name **NERAGI-MIANDOAB, SIYAMEK MD**  
 Address CMC - CARDIOTHORACIC SURG ASSOC, 100 MCGREGOR ST, STE B600MANCHESTER, NH, 03102  
 Specialty CTS  
 Board Certified CTS  
 School and Year of Graduation ALBERT LUDWIGS UNIV OF FREIBURG GERMANY 1996  
 Internship and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2003  
 Residency and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2005  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10657  
 License Date 8/4/1999  
 Name **NERVI, ANGELA M MD**  
 Address UNIV OF MICHIGAN MED CTR, 1500 E MED CTR DRANN ARBOR, MI, 48109  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF MA MED SCH - WORCHESTER, MA USA 1993  
 Internship and Year NEW ENGLAND MEDICAL CTR - BOSTON, MA 1994  
 Residency and Year NEW ENGLAND MEDICAL CTR - BOSTON, MA 1995  
 License Expiration Date **6/30/2001**  
 Remarks

License Number 15512  
 License Date 1/4/2012  
 Name **NESRALLAH, MONA MD**  
 Address 21 WHITEHALL RD, SUITE 303ROCHESTER, NH, 02867  
 Specialty OBG  
 Board Certified  
 School and Year of Graduation AMERICAN UNIVERSITY OF THE CARIBBEAN NETHERLANDS ANTILLES 2008  
 Internship and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 2009  
 Residency and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 2012  
 License Expiration Date **6/30/2016**  
 Remarks



License Number	7479
License Date	12/4/1986
Name	<b>NESS, KENNETH E MD</b>
Address	NEW LONDON MEDICAL CENTER, 280 COUNTY RDNEW LONDON, NH, 03257
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF MIAMI SCHOOL OF MEDICINE USA 1984
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1985
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1987
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	16018
License Date	2/6/2013
Name	<b>NESVACIL, LEON J MD</b>
Address	SPEARS PRIMARY CARE, 4931 129TH ST NHUGO, MN, 55038
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF WISCONSIN MEDICAL SCHOOL USA 1961
Internship and Year	UNITED HOSPITAL - ST PAUL, MN 1962
Residency and Year	
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	L1399
License Date	6/4/2001
Name	<b>NESVACIL, LEON N MD</b>
Address	DARTMOUTH HITCHCOCK MED CTR, 253 PLEASANT STCONCORD, NH, 03301
Specialty	FP
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>9/12/2001</b>
Remarks	

License Number	8994
License Date	7/7/1993
Name	<b>NETHALA, VENKATRAM MD</b>
Address	THE AROSTOOK MED CTR, 146 ACADAMEY STPRESQUE ISLE, ME, 06769
Specialty	CD
Board Certified	CD
School and Year of Graduation	ANDHRA MEDICAL COLLEGE INDIA 1982
Internship and Year	NASSAU COUNTY MEDICAL CENTER - EAST MEADOW NY 1987
Residency and Year	WINTHROP UNIVERSITY HOSPITAL - MINEOLA NY 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12313
License Date	5/5/2004
Name	<b>NETT, SHOLEEN T MD</b>
Address	DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PD
Board Certified	PD
School and Year of Graduation	DARTMOUTH MED SCHOOL, LEBANON NH US 2001
Internship and Year	CHILDREN'S HOSP AT DARTMOUTH, LEBANON NH 2002
Residency and Year	CHILDREN'S HOSP AT DARTMOUTH, LEBANON NH 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16423
License Date	12/4/2013
Name	<b>NEUPANEY, ANJANA MD</b>
Address	22 PROSPECT STREET, NASHUA, NH, 03060
Specialty	PD
Board Certified	PD
School and Year of Graduation	MANIPAL COLLEGE OF MEDICAL SCIENCES NEPAL 2005
Internship and Year	WESTERN MICHIGAN UNIVERSITY - KALAMAZOO, MI 2011
Residency and Year	WESTERN MICHIGAN UNIVERSITY - KALAMAZOO, MI 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8171
License Date	7/12/1989
Name	<b>NEVIN, PHILIP C MD</b>
Address	, , ,
Specialty	OBG
Board Certified	
School and Year of Graduation	JOHN HOPKINS UNIVERSTIY USA 1985
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1991</b>
Remarks	

License Number	12314
License Date	5/5/2004
Name	<b>NEWBERG, ARTHUR H MD</b>
Address	NEW ENGLAND BAPTIST-RADIOLOGY, 125 PARKER HILL AVEBOSTON, MA, 02120
Specialty	R
Board Certified	R
School and Year of Graduation	NEW YORK MEDICAL COLLEGE, VALHALLA NY US 1970
Internship and Year	MAYO SCHOOL OF MEDICINE, ROCHESTER MN 1971
Residency and Year	UNIVERSITY OF VERMONT, BURLINGTON VT 1976
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	16397
License Date	11/6/2013
Name	<b>NEWBERN, JAMES M DO</b>
Address	MERIDIAN HEALTH PLAN, 777 WOODWARD AVE STE 600DETROIT, MI, 48226
Specialty	FP
Board Certified	FP
School and Year of Graduation	WEST VIRGINIA SCHOOL OF OSTEOPATHIC MED USA 1984
Internship and Year	GENESYS REGIONAL MEDICAL CENTER - GRAND BLANC, MI 1985
Residency and Year	HENRY FORD HOSPITAL - DETROIT, MI 1988
License Expiration Date	<b>6/30/2015</b>
Remarks	<b>ADMINISTRATIVE LICENSE</b>

License Number	6217
License Date	6/9/1980
Name	<b>NEWCOMER, JEFFREY P MD</b>
Address	DARTMOUTH-HITCHCOCK KEENE, 590 COURT STKEENE, NH, 03431-1798
Specialty	PUD
Board Certified	PUD
School and Year of Graduation	BOSTON UNIV.-BOSTON MA USA 1975
Internship and Year	ST ELIZABETH HOSP-BOSTON MA 1976
Residency and Year	ST ELIZABETH HOSP.-BOSTON,MA 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16424
License Date	12/4/2013
Name	<b>NEWCOTT, ERIC K MD</b>
Address	NHS GREATER GLASGOW & CLYDE - OPHTHALMOLOGY DEPT, 1055 GREAT WESTERN RDGLASGOW
Specialty	OBG
Board Certified	
School and Year of Graduation	EASTERN VIRGINIA MEDICAL SCHOOL-NORFOLK, VA USA 2006
Internship and Year	TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER - ODESSA TX 2008
Residency and Year	MEDICAL COLLEGE OF GEORGIA HOSPITAL AND CLINICS - AUGUSTA GA 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7936
License Date	7/25/1988
Name	<b>NEWELL, KATHLEEN MD</b>
Address	165 MECHANIC ST, LEBANON, NH, 03766-
Specialty	OBG
Board Certified	
School and Year of Graduation	UNIV OF MINNESOTA MED SCH-MINNEAPOLIS,MN USA 1984
Internship and Year	UNION MEM HOSP-BALTIMORE,MD 1985
Residency and Year	UNION MEM HOSP-BALTIMORE,MD 1988
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	15629
License Date	4/4/2012
Name	<b>NEWELL, PETER J MD</b>
Address	DAVIS BROOK MEDICAL LLC, 136 OLD DUBLIN RDHANCOCK, NH, 03449
Specialty	EM
Board Certified	EM
School and Year of Graduation	GEORGE WASHINGTON UNIV SCHOOL OF MED & HEALTH USA 1964
Internship and Year	INTERMOUNTAIN MEDICAL CENTER - MURRAY, UT 1965
Residency and Year	
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	16728
License Date	8/6/2014
Name	<b>NEWHALL, KARINA A MD</b>
Address	DHMC - DEPT OF SURGERY, ONE MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty	GS
Board Certified	
School and Year of Graduation	TEMPLE UNIV SCHOOL OF MEDICINE, PHILADELPHIA, PA US 2012
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5009
License Date	6/11/1973
Name	<b>NEWMAN, GEORGE H MD</b>
Address	ELLIOT HOSP, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UPSTATE MEDICAL SCHOOL-SYRACUSE NY USA 1966
Internship and Year	PRESBYTERIAN HOSP-NEW YORK CITY NY 1966
Residency and Year	FRANCIS DELIELD HOSP-NEW YORK CITY NY 1967
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12351
License Date	6/2/2004
Name	<b>NEWMAN, JOEL S MD</b>
Address	NEW ENGLAND BAPTIST-RADIOLOGY, 125 PARKER HILL AVEBOSTON, MA, 02120
Specialty	R
Board Certified	R
School and Year of Graduation	NORTHWESTERN UNIVERSITY, CHICAGO IL US 1987
Internship and Year	FAULKNER HOSPITAL, BOSTON MA 1988
Residency and Year	TUFTS UNIVERSITY, BOSTON MA 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15987
License Date	1/9/2013
Name	<b>NEWMAN, MICHAEL T MD</b>
Address	13011 FIRESTONE CT, SILVER SPRING, MD, 20904
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIVERSITY OF KENTUCKY COLLEGE OF MED USA 1998
Internship and Year	NORTHWESTERN FEINBERG SCHOOL OF MEDICINE - CHICAGO, IL 1999
Residency and Year	WALTER REED NATIONAL MILITARY MEDICAL CENTER - BETHESDA, MD 2007
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	12471
License Date	9/1/2004
Name	<b>NEWTON, CHRISTOPHER J MD</b>
Address	NH EYE ASSOCIATES, 1415 ELM STMANCHESTER, NH, 03101
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIVERSITY OF VERMONT, BURLINGTON VT US 1999
Internship and Year	MAINE MEDICAL CTR, PORTLAND ME 2000
Residency and Year	STATE UNIVERSITY OF NY, SYRACUSE NY 2003
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	7436
License Date	9/4/1986
Name	<b>NEWTON, CLYDE A MD</b>
Address	9 BELMONT AVE #101, BRATTLEBORO, VT, 05301-3457
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIVERSITY OF MICHIGAN-ANN ARBOR, MI USA 1962
Internship and Year	CLEVELAND MET GENERAL/HIGHLAND VIEW HOSPITAL - CLEVELAND, OH 1963
Residency and Year	UNIVERSITY OF MICHIGAN HOSPITALS - ANN ARBOR, MI 1970
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	9998
License Date	5/7/1997
Name	<b>NEWTON, MICHAEL R MD</b>
Address	CONCORD HOSPITAL CARDIAC ASSOC, 246 PLEASANT STCONCORD, NH, 03301
Specialty	CD
Board Certified	CD
School and Year of Graduation	DARTMOUTH MED SCH-HANOVER,NH USA 1990
Internship and Year	MAINE MED CTR-ME UNIV OF MA MED CTR 1997
Residency and Year	MAINE MED CTR-ME,-UNIV OF MA MED CTR 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13074
License Date	5/3/2006
Name	<b>NEWTON, RATNAKUMAR S MD</b>
Address	FAMILY FIRST PRIMARY CARE, 23 STILES RD SUITE 214SALEM, NH, 03079
Specialty	FP
Board Certified	FP
School and Year of Graduation	MOREHOUSE SCHOOL OF MEDICINE USA 1995
Internship and Year	PORTSMOUTH FAMILY MEDICINE, PORTSMOUTH VA 1997
Residency and Year	PORTSMOUTH FAMILY MEDICINE, PORTSMOUTH VA 1998
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	14810
License Date	4/7/2010
Name	<b>NG, DENNIS MD</b>
Address	43 STRATHAM HEIGHTS RD, STRATHAM, NH, 03885
Specialty	VS
Board Certified	VS
School and Year of Graduation	STATE UNIVERSITY OF NEW YORK USA 2001
Internship and Year	STATEN ISLAND UNIVERSITY HOSPITAL - STATEN ISLAND, NY 2002
Residency and Year	STATEN ISLAND UNIVERSITY HOSPITAL - STATEN ISLAND, NY 2006
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	14848
License Date	5/5/2010
Name	<b>NG, KIMMIE MD</b>
Address	DANA FARBER CANCER INSTITUTE, 44 BINNEY ST DA1220BOSTON, MA, 02115
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF PENNSYLVANIA USA 2001
Internship and Year	UNIVERSITY OF CALIFORNIA HOSPITAL - SAN FRANCISCO, CA 2002
Residency and Year	UNIVERSITY OF CALIFORNIA HOSPITAL - SAN FRANCISCO, CA 2004
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	10398
License Date	9/2/1998
Name	<b>NGO, SANTA C MD</b>
Address	21 RIVERSIDE DR, DOVER, NH, 03820
Specialty	PD
Board Certified	PD
School and Year of Graduation	FAR EASTERN UNIV DR N REYES MED FNDN PHILIPPINES 1965
Internship and Year	UNITED HOSPITAL MEDICAL CENTER - NJ 1970
Residency and Year	NATIONAL JEWISH HOSPITAL ASTHMA CTR - CO 1972
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number T0464  
License Date 4/7/2010  
Name **NGUYEN, DINH T MD**  
Address 12 ROGERS ROAD, WARD HILL, MA, 01835  
Specialty GS

Board Certified

School and Year of Graduation

Internship and Year

Residency and Year

License Expiration Date **10/7/2010**

Remarks **10/12/10 - Order of Conditional Denial on Full License.**

License Number 15485  
License Date 12/7/2011  
Name **NGUYEN, KHANH L MD**  
Address SOC, 1768 BUSINESS CTR DR STE 100RESTON, VA, 20190  
Specialty N  
Board Certified N  
School and Year of Graduation UNIVERSITY OF OKLAHOMA HEALTH SCIENCE CTR USA 2002  
Internship and Year UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE - TULSA, OK 2003  
Residency and Year UNIVERSITY OF TX SOUTHWESTERN MEDICAL CENTER - DALLAS, TX 2006  
License Expiration Date **6/30/2017**  
Remarks

License Number 12203  
License Date 1/7/2004  
Name **NGUYEN, MY G MD**  
Address 7843 EASTSIDE RD, CHINCOTEAGUE, VA, 23336-2006  
Specialty FP  
Board Certified FP  
School and Year of Graduation THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA US 1999  
Internship and Year HUNTERDON MEDICAL CTR, FLEMINGTON NJ 2000  
Residency and Year HUNTERDON MEDICAL CTR, FLEMINGTON NJ 2002  
License Expiration Date **6/30/2008**  
Remarks

License Number 13553  
License Date 6/6/2007  
Name **NGUYEN, MYHANH J MD**  
Address WENTWORTH-DOUGLAS HOSPITAL, 789 CENTRAL AVEDOVER, NH, 03820  
Specialty IM  
Board Certified IM  
School and Year of Graduation UNIV OF KANSAS USA 2004  
Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2005  
Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2007  
License Expiration Date **6/30/2017**  
Remarks

License Number	14089
License Date	7/9/2008
Name	<b>NGUYEN, PATRICK P DO</b>
Address	FAMILY PRACTICE OF MERRIMACK, 696 DANIEL WEBSTER HWYMERRIMACK, NH, 03054
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF NORTH TEXAS USA 1995
Internship and Year	BAY AREA MEDICAL CENTER - CORPUS CHRISTI, TX 1996
Residency and Year	BAY AREA MEDICAL CENTER - CORPUS CHRISTI, TX 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10829
License Date	2/2/2000
Name	<b>NGUYEN, PHAT C DO</b>
Address	100 HITCHCOCK WAY, MANCHESTER, NH, 03104
Specialty	IM
Board Certified	IM
School and Year of Graduation	KIRKSVILLE COLL OF OSTEO MED- KIRKSVILLE,MO USA 1995
Internship and Year	UPMC HORIZON HOSPITAL SYSTEM - FARRELL PA 1996
Residency and Year	MERCY HOSPITAL - PITTSBURGH, PA 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17180
License Date	7/1/2015
Name	<b>NGUYEN, THUY MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	GEORGETOWN UNIVERSITY USA 2012
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12508
License Date	10/6/2004
Name	<b>NGUYEN, TUNG T MD</b>
Address	NEW ENGLAND NECK & SPINE INSTITUTE, 19 TYLER ST, STE 104NASHUA, NH, 03060
Specialty	NS
Board Certified	NS
School and Year of Graduation	MT SINAI SCHOOL OF MED,NEW YORK NY US 1990
Internship and Year	OREGON HEALTH SCIENCES UNIVERSITY, PORTLAND OR 1991
Residency and Year	OREGON UNIVERSITY, PORTLAND OR 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	16556
License Date	4/2/2014
Name	<b>NGUYEN, TUNG T MD</b>
Address	ANESTHESIA RES MGT, 1919 OXMOOR RD STE 111BIRMINGHAM, AL, 35209
Specialty	AN
Board Certified	AN
School and Year of Graduation	LOUISIANA STATE UNIV SCHOOL OF MEDICINE USA 1999
Internship and Year	BAYLOR COLLEGE OF MEDICINE - HOUSTON, TX 2000
Residency and Year	BAYLOR COLLEGE OF MEDICINE - HOUSTON, TX 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12754
License Date	6/1/2005
Name	<b>NGUYEN, VICTORIA A DO</b>
Address	VIRTUAL RADIOLOGIC CONSULTANTS, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	KANSAS CITY UNIVERSITY, KANSAS CITY MO US 1997
Internship and Year	CLEVELAND CLINIC FOUNDATION, CLEVELAND OH 1998
Residency and Year	CLEVELAND CLINIC FOUNDATION, CLEVELAND OH 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11455
License Date	11/7/2001
Name	<b>NGUYEN-KNOFF, NGOC-LAN T MD</b>
Address	PAIN SOLUTIONS, 280 MAIN ST STE 420NASHUA, NH, 03064
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF KANSAS SCH OF MED- KANSAS CITY, KS USA 1995
Internship and Year	VIA CHRISTI REGIONAL MEDICAL CENTER - WICHITA, KS 1996
Residency and Year	VIA CHRISTI REGIONAL MEDICAL CENTER - WICHITA, KS 1998
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	14849
License Date	5/5/2010
Name	<b>NIAKOSARI, ALI R MD</b>
Address	L & M RADIOLOGY, 1 GENERAL ST LAWRENCE, MA, 01842
Specialty	R
Board Certified	R
School and Year of Graduation	TEHRAN UNIVERSITY IRAN 1996
Internship and Year	YALE UNIVERSITY SCHOOL OF MEDICINE - NEW HAVEN, CT 1998
Residency and Year	ALBERT EINSTEIN MEDICAL CENTER - PHILADELPHIA, PA 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6648
License Date	1/6/1983
Name	<b>NICCOLINI, DREW G MD</b>
Address	PENTUCKET MEDICAL ASSOCIATES, 500 MERRIMACK ST LAWRENCE, MA, 01843
Specialty	GE
Board Certified	GE
School and Year of Graduation	TUFTS UNIV SCH OF MED USA 1971
Internship and Year	ST ELIZABETHS HOSP-BOSTON,MA 1974
Residency and Year	LEMUEL SHATTUCK HOSP-BOSTON,MA 1976
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9427
License Date	5/3/1995
Name	<b>NICEFORO, JOHN R MD</b>
Address	SALEM RADIOLOGY, 31 STILES RD SALEM, NH, 03079
Specialty	DR
Board Certified	DR
School and Year of Graduation	TUFTS UNIV SCHOOL OF MEDICINE BOSTON, MA USA 1989
Internship and Year	CARNEY HOSPITAL BOSTON, MA 1990
Residency and Year	LAHEY CLINIC BURLINGTON, MA 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12271
License Date	4/7/2004
Name	<b>NICELL, DONALD T MD</b>
Address	VIRTUAL RADIOLOGIC, 7516 RIGBY CT BRADENTON, FL, 34202
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF CAPETOWN, SOUTH AFRICA SOUTH AFRICA 1982
Internship and Year	UNIVERSITY OF TENNESSEE, MEMPHIS TN 1995
Residency and Year	UNIVERSITY OF TENNESSEE, MEMPHIS TN 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12286
License Date	4/7/2004
Name	<b>NICHOLAS, MARNI L MD</b>
Address	BEACON INTERNAL MEDICINE, 155 BORTHWICK AVE STE 202 WESTPORTSMOUTH, NH, 03801
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF ROCHESTER, ROCHESTER NY US 2000
Internship and Year	NEW YORK MED COLLEGE, NEW YORK NY 2001
Residency and Year	NEW YORK MED COLLEGE, NEW YORK NY 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15355
License Date	8/3/2011
Name	<b>NICHOLAS, PAUL E MD</b>
Address	2026 26TH AVE, OAKLAND, CA, 94601
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF MICHIGAN MEDICAL SCHOOL USA 2000
Internship and Year	MEDICAL COLLEGE OF WISCONSIN - MILWAUKEE, WI 2004
Residency and Year	MEDICAL COLLEGE OF WISCONSIN - MILWAUKEE, WI 2007
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	14471
License Date	6/3/2009
Name	<b>NICHOLS, GUY E MD</b>
Address	MOLECULAR PATHOLOGY LAB NETWOR, 2100 WEST LABURNUM AVE STE 108RICHMOND, VA, 232
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSITY OF VIRGINIA USA 1988
Internship and Year	UNIVERSTIY OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 1990
Residency and Year	UNIVERSITY OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 1993
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	10399
License Date	9/2/1998
Name	<b>NICHOLS, GWENDOLYN B MD</b>
Address	LAWRENCE MEMORIAL HOSP, 170 GOVERNORS AVEMEDFORD, MA, 02155
Specialty	R
Board Certified	R
School and Year of Graduation	CORNELL UNIV MED COLL - NEW YORK, NY USA 1959
Internship and Year	BOSTON MEDICAL CENTER - BOSTON, MA 1960
Residency and Year	YALE-NEW HAVEN HOSPITAL - NEW HAVEN, CT 1963
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	9457
License Date	6/7/1995
Name	<b>NICHOLS, KEITH R MD</b>
Address	ANESTHESIA ASSOC, 1 PILLSBURY ST STE 202CONCORD, NH, 03301
Specialty	AN
Board Certified	AN
School and Year of Graduation	WAYNE STATE UNIVERSITY USA 1985
Internship and Year	USAF SYSTEMS COM REGIONAL HOSPITAL, EGLIN AFB FL 1986
Residency and Year	MAINE MEDICAL CENTER, PORTLAND ME 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8978
License Date	6/2/1993
Name	<b>NICHOLSON, LESTER P MD</b>
Address	NORTHERN HUMAN SERVICES, 70 BAY STWOLFEBORO, NH, 03894
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF MA MEDICAL SCHOOL USA 1983
Internship and Year	UNIVERSITY OF MA MEDICAL CENTER - WORCESTER MA 1984
Residency and Year	UNIVERSITY OF MA MEDICAL CENTER - WORCESTER MA 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9781
License Date	7/3/1996
Name	<b>NICKERSON, JAMES M MD</b>
Address	DARTMOUTH HITCHCOCK, 590 COURT STKEENE, NH, 03431-
Specialty	HEM
Board Certified	HEM
School and Year of Graduation	LOUISIANA STATE UNIV SCHOOL OF MEDICINE SHREVEPORT USA 1983
Internship and Year	BAYSTATE MEDICAL CENTER - MA 1984
Residency and Year	UNIV OF MASS MEDICAL CENTER - MA 1989
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5584
License Date	8/12/1976
Name	<b>NICKLES, PETER A MD</b>
Address	GROSSE POINTE ALLERGY CLINIC, 21300 KELLY RDEASTPOINTE, MI, 48021-
Specialty	A
Board Certified	A
School and Year of Graduation	CHICAGO MED SCHOOL USA 1970
Internship and Year	BRONX MUNICIPAL HOSPITAL 1971
Residency and Year	BRONX MUNICIPAL HOSOTAL 1972
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	16839
License Date	11/6/2014
Name	<b>NICOLEAU, CHRISTINE MD</b>
Address	ROCKINGHAM RADIOLOGY, 23 STILES RD STE 104SALEM, NH, 03079
Specialty	DR
Board Certified	DR
School and Year of Graduation	ALBERT EINSTEIN COLLEGE OF MEDICINE USA 1983
Internship and Year	ST LUKE'S ROOSEVELT HOSPITAL CENTER - NY, NY 1984
Residency and Year	KINGS COUNTY HOSPITAL CENTER - BROOKLYN, NY 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11638
License Date	6/5/2002
Name	<b>NIECE, VALERIE J MD</b>
Address	DMC- PLYMOUTH PEDIATRICS, 71 HIGHLAND STPLYMOUTH, NH, 03264
Specialty	PD
Board Certified	PD
School and Year of Graduation	BOSTON UNIV SCH - BOSTON, MA USA 1999
Internship and Year	FLETCHER ALLEN HEALTH CARE- BURLINGTON, VT 2000
Residency and Year	FLETCHER ALLEN HEALTH CARE- BURLINGTON, VT 2002
License Expiration Date	<b>6/30/2006</b>
Remarks	<b>DECEASED 12/27/05</b>

License Number	7623
License Date	6/3/1987
Name	<b>NIEGISCCH, CAROL A MD</b>
Address	PENACOOK FAMILY PHYSICIANS, 4 CRESCENT STPENACOOK, NH, 03303-1455
Specialty	FP
Board Certified	FP
School and Year of Graduation	CREIGHTON UNIV SCH MED - OMAHA, NE USA 1984
Internship and Year	LANCASTER GENERAL HOSPITAL - LANCASTER, PA 1984
Residency and Year	LANCASTER GENERAL HOSPITAL - LANCASTER, PA 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7624
License Date	6/3/1987
Name	<b>NIEGISCCH, ROBERT W MD</b>
Address	FAMILY PHYSICIANS OF PEMBROKE, 121 PEMBROKE STPEMBROKE, NH, 03275-1533
Specialty	FP
Board Certified	FP
School and Year of Graduation	PENN STATE UNIV COLL OF MED - HERSHEY, PA USA 1984
Internship and Year	LANCASTER GENERAL HOSPITAL - LANCASTER, PA 1985
Residency and Year	LANCASTER GENERAL HOSPITAL - LANCASTER, PA 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14206
License Date	10/1/2008
Name	<b>NIELSON, KYLE P MD</b>
Address	RELY RADIOLOGY, 1620 NORTHWEST BLVD STE 202COUER D ALENE, ID, 83814
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIV OF UTAH USA 1982
Internship and Year	LOS ANGELES COUNTY-HARBOR-UCLA MEDICAL CENTER - TORRANCE, CA 1983
Residency and Year	LOS ANGELES COUNTY-HARBOR-UCLA MEDICAL CENTER - TORRANCE, CA 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 8303  
 License Date 4/18/1990  
 Name **NIELSON, LARS E MD**  
 Address WEEKS MEDICAL CTR, 170 MIDDLE ST LANCASTER, NH, 03584  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation TUFTS UNIV SCH OF MED-BOSTON,MA USA 1982  
 Internship and Year MED CTR HOSP-BURLINGTON,VT 1983  
 Residency and Year MED CTR HOPS-BURLINGTON,VT 1986  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 8804  
 License Date 9/2/1992  
 Name **NIEMAN, AMY B MD**  
 Address 215 PAIGE HILL RD, GOFFSTOWN, NH, 03045  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation MEDICAL COLLEGE OF OHIO USA 1983  
 Internship and Year UNIVERSITY OF MIAMI JACKSON MEMORIAL MED CTR MIAMI - FL 1985  
 Residency and Year UNIVERSITY OF MIAMI JACKSON MEMORIAL MED CTR MIAMI - FL 1986  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10592  
 License Date 6/2/1999  
 Name **NIEMELA, LARA K MD**  
 Address 454 OLD STREET RD SUITE106, PETERBOROUGH, NH, 03458  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation EASTERN VIRGINIA MEDICAL SCHOOL - NORFOLK VA USA 1996  
 Internship and Year CONNECTICUT CHILDRENS MEDICAL CENTER - HARTFORD, CT 1997  
 Residency and Year CONNECTICUT CHILDRENS MEDICAL CENTER - HARTFORD, CT 1998  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 6407  
 License Date 6/9/1981  
 Name **NIERENBERG, DAVID W MD**  
 Address DHMC-SECTION OF CLINICAL PHARMACOLOGY, HINMAN BOX 7506 1 MED CTR DRLEBANON, NH, 0  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation HARVARD MED SCH, BOSTON,MA USA 1976  
 Internship and Year BETH ISREAL HOSP, BOSTON,MA 1977  
 Residency and Year BETH ISREAL HOSP, BOSTON,MA 1978  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	9549
License Date	9/6/1995
Name	<b>NIERMAN, ROBERT S MD</b>
Address	DOCTORS WEIGHTLOSS PROGRAM, 4 MILITIA DRLEXINGTON, MA, 02173-
Specialty	GS
Board Certified	GS
School and Year of Graduation	GEORGE WASHINGTON UNIV SCHOOL OF MED&HEALTH SCI USA 1972
Internship and Year	RHODE ISLAND HOSPITAL PROVIDENCE RI 1973
Residency and Year	BOSTON UNIV MED CENTER UNIV HOSPITAL BOSTON MA 1978
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	8534
License Date	5/8/1991
Name	<b>NIESYN, ERWIN D MD</b>
Address	3774 S E 6TH AVE, CAPE CORAL, FL, 33904
Specialty	IM
Board Certified	
School and Year of Graduation	GEORGETOWN UNIV SCHOOL OF MED WASHINGTON USA 1953
Internship and Year	PHILADELPHIA GENERAL HOSP 1954
Residency and Year	YALE NEW HAVEN HOSPITAL 1957
License Expiration Date	<b>6/30/2009</b>
Remarks	<b>DECEASED 1/16/2010</b>

License Number	15454
License Date	11/2/2011
Name	<b>NIGRINY JR, JOHN F MD</b>
Address	DARTMOUTH HITCHCOCK MEDICAL CENTER, 1 MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty	PS
Board Certified	PS
School and Year of Graduation	HAHNEMANN UNIVERSITY SCHOOL OF MEDICINE USA 2000
Internship and Year	STANFORD UNIVERSITY MEDICAL CENTER - STANFORD, CA 2002
Residency and Year	STANFORD HOSPITAL & CLINICS - PALO ALTO, CA 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7921
License Date	7/6/1988
Name	<b>NILES II, NATHANIEL W MD</b>
Address	DHMC - CARDIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF MASS MED SCH-WORCHESTER,MA USA 1979
Internship and Year	BETH ISREAL HOSP-BOSOTN,MA 1980
Residency and Year	BETH ISREAL HOSP-BOSTON,MA 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 11670  
 License Date 7/3/2002  
 Name **NILSSON, CLAES M MD**  
 Address PORTSMOUTH REG HOSP CANCER CAR, 333 BORTHWICK AVEPORTSMOUTH, NH, 03802  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation YALE UNIV SCH OF MED - NEW HAVEN, CT USA 1973  
 Internship and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1974  
 Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1977  
 License Expiration Date **6/30/2004**  
 Remarks

License Number 11031  
 License Date 8/2/2000  
 Name **NIMEC, DONNA L MD**  
 Address 125 NASHUA ST, BOSTON, MA, 02114  
 Specialty PM  
 Board Certified PM  
 School and Year of Graduation STATE UNIV OF NEW YORK, NY USA 1990  
 Internship and Year UNIV OF COLORADO HLTH SCI CTR- DENVER, CO 1991  
 Residency and Year UNIV OF COLORADO HLTH SCI CTR - DENVER, CO 1992  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 12914  
 License Date 10/5/2005  
 Name **NIPPER, KAREN S MD**  
 Address EXCELLENT VISION EYE & LASER C, 155 GRIFFIN RD HARBOR HLTH BLDPORTSMOUTH, NH, 03801  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA PA US 2000  
 Internship and Year THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA 2001  
 Residency and Year WILLS EYE HOSPITAL, PHILADELPHIA PA 2004  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 11971  
 License Date 6/4/2003  
 Name **NIR, DAN MD**  
 Address XRAY PROFESSIONALS, 2 1/2 BEACON STCONCORD, NH, 03301  
 Specialty R  
 Board Certified R  
 School and Year of Graduation HAHNEMANN UNIVERSITY - PHILADELPHIA PA USA 1994  
 Internship and Year MCP-HAHNEMANN UNIVERSITY HOSPITAL - PHILADELPHIA PA 1998  
 Residency and Year BOSTON MEDICAL CENTER - BOSTON MA 2000  
 License Expiration Date **6/30/2005**  
 Remarks



License Number	15136
License Date	2/2/2011
Name	<b>NISBET, ANDREW S MD</b>
Address	NORTHEASTERN VT REG HOSP, 1315 HOSPITAL DRST JOHNSBURY, VT, 05819
Specialty	U
Board Certified	
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS USA 2004
Internship and Year	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON, CT 2005
Residency and Year	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON, CT 2006
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	9782
License Date	7/3/1996
Name	<b>NISKANEN, GRANT W MD</b>
Address	SKYLAKES MEDICAL CENTER, 2865 DAGGETT AVEKLAMATH FALLS, OR, 97601
Specialty	FP
Board Certified	FP
School and Year of Graduation	GEORGE WASHINGTON UNIC OF SCHOOL OF MED HLTH SCI USA 1992
Internship and Year	INIV OF WASHINGTON SCHOOL OF MEDICINE - SEATTLE, WA 1993
Residency and Year	MERLE WEST MEDICAL CENTER - KLAMATH FALLS, OR 1996
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	16237
License Date	7/3/2013
Name	<b>NITICHAIKULVATANA, PRACHAYA MD</b>
Address	DARTMOUTH HITCHCOCK MED CTR, NOTRE DAME PAVILLION AT CMCMANCHESTER, NH, 30102
Specialty	IM
Board Certified	IM
School and Year of Graduation	SRINAKHARINWIROT UNIVERSITY THAILAND 2000
Internship and Year	MARY IMOGENE BASSETT HOSPITAL - COOPERSTOWN, NY 2005
Residency and Year	MARY IMOGENE BASSETT HOSPITAL - COOPERSTOWN, NY 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12668
License Date	4/6/2005
Name	<b>NITZBERG, MARK C MD</b>
Address	411 MERRIMACK ST STE 202, METHUEN, MA, 01844
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS, BOSTON MA US 1989
Internship and Year	UNIVERSITY OF MASSACHUSETTS, BOSTON MA 1990
Residency and Year	UNIVERSITY OF MASSACHUSETTS, BOSTON MA 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10630
License Date	7/7/1999
Name	<b>NIXON, ASA J MD</b>
Address	WENTWORTH-DOUGLASS HOSP, 789 CENTRAL AVEDOVER, NH, 03820
Specialty	RO
Board Certified	R
School and Year of Graduation	NEW YORK UNIV SCH OF MED - NEW YORK, NY USA 1988
Internship and Year	BETH ISRAEL DEACONESS MED CTR - BOSTON, MA 1990
Residency and Year	JOINT CENTER FOR RADIATION THERAPY - BOSTON, MA 1994
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16802
License Date	10/1/2014
Name	<b>NJIWAJI, CHANTEL MD</b>
Address	1300 E WARREN AVE, DETROIT, MI, 48207
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE USA 2005
Internship and Year	ST VINCENTS HOSPITAL & MEDICAL CTR OF NY - NEW YORK, NY 2008
Residency and Year	ST VINCENTS HOSPITAL & MEDICAL CTR OF NY - NEW YORK, NY 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8172
License Date	7/12/1989
Name	<b>NOBLE, JAMES T MD</b>
Address	CONCORD HOSPITAL, 246 PLEASANT ST STE 104CONCORD, NH, 03301
Specialty	ID
Board Certified	ID
School and Year of Graduation	SUNY-HLTH SCI CTR AT BROOKLYN COLL OF MED USA 1976
Internship and Year	NEW ENGLAND MED CTR HOSP-BOSTON,MA 1982
Residency and Year	NEW ENGLAND MED CTR HOSP - BOSTON, MA 1982
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14472
License Date	6/3/2009
Name	<b>NOCE, TODD A DO</b>
Address	DARTMOUTH HITCHCOCK MANCHESTER, 100 HITCHCOCK WAY/DEPT RADIOLOMANCHESTER, NH,
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND USA 2003
Internship and Year	UNIVERSITY OF CONNECTICUT HEALTH CENTER-FARMINGTON, CT 2004
Residency and Year	UNIVERSITY OF CONNECTICUT HEALTH CENTER-FARMINGTON, CT 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11356
License Date	8/1/2001
Name	<b>NOERDLINGER, MAYO A MD</b>
Address	ATLANTIC ORTHOPAEDICS, 150 US HIGHWAY 1 BYPASSPORTSMOUTH, NH, 03801
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	CITY UNIV OF NEW YORK-MOUNT SINAI SCH-NY,NY USA 1994
Internship and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1995
Residency and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15455
License Date	11/2/2011
Name	<b>NOETH, ERINN K MD</b>
Address	IMAGING ON CALL, 695 DUTCHESS TPKE STE 105POUGHKEEPSIE, NY, 12603
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF IOWA COLLEGE OF MEDICINE USA 2005
Internship and Year	ST JOHNS MERCY MEDICAL CENTER - ST LOUIS, MO 2006
Residency and Year	GEORGE WASHINGTON UNIVERSITY HOSPITAL - WASHINGTON, DC 2010
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	14693
License Date	12/2/2009
Name	<b>NOGUEIRA, RAUL G MD</b>
Address	MASS GEN HOSP, 15 PARKMAN ST WAC 729JBOSTON, MA, 02114
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSIDADE FEDERAL DO CEARA BRAZIL 1996
Internship and Year	UNIVERSITY OF MIAMI SOM/JACKSON MEMORIAL HOSPITAL - MIAMI, FL 1999
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2002
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	12398
License Date	7/7/2004
Name	<b>NOLAN, BRIAN W MD</b>
Address	DHMC-VASCULAR SURGERY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	VS
Board Certified	VS
School and Year of Graduation	UNIVERSITY OF CT, FARMINGTON CT US 1994
Internship and Year	MAINE MEDICAL CTR, PORTLAND ME 1995
Residency and Year	UNIVERSITY OF MA, WORCESTER MA 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5108
License Date	11/20/1973
Name	<b>NOLL, WALTER W MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	YALE UNIVERSITY-NEW HAVEN CT USA 1965
Internship and Year	YALE-NEW HAVEN HOSP-NEW HAVEN CT 1968
Residency and Year	YALE-NEW HAVEN HOSP-NEW HAVEN CT 1970
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	8061
License Date	3/29/1989
Name	<b>NOONAN, RICHARD P MD</b>
Address	MEMORIAL HOSP-EMERGENCY DEPT, WHITE MTN HWYNORTH CONWAY, NH, 03860
Specialty	FP
Board Certified	FP
School and Year of Graduation	ALBANY MED COLL OF UNION UNIV ALBANY NY USA 1986
Internship and Year	HARRISBURG HOSP HARRISBURG PA 1987
Residency and Year	HARRISBURG HOSP HARRISBURG PA 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8563
License Date	6/5/1991
Name	<b>NOORDSIJ, KATHY L MD</b>
Address	5 PAGE RD, NEW LONDON, NH, 03257
Specialty	IM
Board Certified	IM
School and Year of Graduation	ST LOUIS UNIV SCH OF MED - ST LOUIS, MO USA 1988
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1989
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1991
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	9496
License Date	7/5/1995
Name	<b>NOORDSIJ, PETER G MD</b>
Address	CONCORD ORTHOPAEDICSPA, 264 PLEASANT STCONCORD, NH, 03301-
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	ST LOUIS UNIVERSITY SCHOOL OF MEDICINE USA 1988
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1990
Residency and Year	UNIVERSITY OF WISCONSIN HOSPITAL & CLINIC - MADISON WI 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 7625  
 License Date 6/3/1987  
 Name **NOORDSY, DOUGLAS L MD**  
 Address DHMC-PSYCHIATRY DEPT, ONE MEDICAL CENTER DR LEBANON, NH, 03756  
 Specialty P  
 Board Certified P  
 School and Year of Graduation WASHINGTON UNIV SCHOOL OF MEDICINE USA 1985  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1986  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1989  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11514  
 License Date 2/6/2002  
 Name **NORBASH, ALEXANDER M MD**  
 Address RADIOLOGY, 88 EAST NEWTON ST BOSTON, MA, 02118  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIV OF MISSOURI-KANSAS - KANSAS CITY, MO USA 1986  
 Internship and Year ST FRANCIS MEDICAL CENTER - PITTSBURGH, PA 1987  
 Residency and Year ST FRANCIS MEDICAL CENTER - PITTSBURGH, PA 1990  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 12315  
 License Date 5/5/2004  
 Name **NORCONK, JAMES J MD**  
 Address ARIS TELERADIOLOGY, 5655 HUDSON DR STE 210 HUDSON, OH, 44236  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIVERSITY OF MIAMI, MIAMI FL US 1981  
 Internship and Year NAVAL HOSPITAL CTR, SAN DIEGO CA 1982  
 Residency and Year NAVAL MEDICAL CTR, SAN DIEGO CA 1986  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11456  
 License Date 11/7/2001  
 Name **NORDGREN, JULIA R MD**  
 Address CHOLESTEROL TREATMENT CTR, 246 PLEASANT ST MEMORIAL BLD CONCORD, NH, 03301  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1999  
 Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2000  
 Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2001  
 License Expiration Date **6/30/2013**  
 Remarks

License Number	4710
License Date	6/12/1972
Name	<b>NORDGREN, RICHARD E MD</b>
Address	DHMC-PEDIATRICS-NEUROLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	N
Board Certified	N
School and Year of Graduation	NORTHWESTERN UNIV, CHICAGO, IL USA 1967
Internship and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1968
Residency and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1972
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10962
License Date	6/7/2000
Name	<b>NORDGREN, ROBERT A MD</b>
Address	DARTMOUTH HITCHCOCK MANCHESTER, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty	PD
Board Certified	PD
School and Year of Graduation	COLUMBIA UNIV COLL - NEW YORK, NY USA 1996
Internship and Year	CHILDREN'S HOSPITAL - PHILADELPHIA, PA 1997
Residency and Year	CHILDREN'S HOSPITAL - PHILADELPHIA, PA 1999
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	15547
License Date	2/1/2012
Name	<b>NORDSTROM, BENJAMIN R MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	P
Board Certified	P
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2001
Internship and Year	NEW YORK STATE PSYCHIATRIC INSTITUTE - NY, NY 2002
Residency and Year	NEW YORK STATE PSYCHIATRIC INSTITUTE - NY, NY 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11786
License Date	11/6/2002
Name	<b>NORDSTROM, CARLA R MD</b>
Address	PULMONARY ASSOCIATE OF RICHMOND, 1000 BOULDERS PKWY #200RICHMOND, VA, 23225
Specialty	IM
Board Certified	IM
School and Year of Graduation	MEDICAL COLL OF PENNSYLVANIA - PHILADELPHIA, PA USA 1993
Internship and Year	MEDICAL COLLEGE OF PENNSYLVANIA HOSPITAL - PHILADELPHIA, PA 1994
Residency and Year	MEDICAL COLLEGE OF PENNSYLVANIA HOSPITAL - PHILADELPHIA, PA 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 10490  
 License Date 1/6/1999  
 Name **NORFLEET, DAVID A DO**  
 Address 151 A REDSTONE AVE, CRESTVIEW, FL, 02539  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation UNIV OF HLTH SCI COLL OF OSTEO MED-KANSAS CITY USA 1976  
 Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1977  
 Residency and Year DEACONESS HOSPITAL - ST LOUIS, MO 1979  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 12957  
 License Date 12/7/2005  
 Name **NORIAN, ISABEL K MD**  
 Address CTR FOR LIFE MGMT, 10 TSIENNETO RDDERRY, NH, 03038  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIVERSITY OF SINT EUSTATIUS, GLEN COVE NY US 2001  
 Internship and Year UNIVERSITY OF CONNECTICUT, FARMINGTON CT 2002  
 Residency and Year UNIVERSITY OF CONNECTICUT, FARMINGTON CT 2005  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 7480  
 License Date 12/4/1986  
 Name **NORMAN, MATTHEW E MD**  
 Address PO BOX 25106, COLUMBIA, SC, 29224  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation UNIV OF MINNESOTA MEDICAL SCHOOL USA 1982  
 Internship and Year HENNEPIN CO MEDICAL CENTER - MINNEAPOLIS MN 1983  
 Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER MN 1986  
 License Expiration Date **6/30/2016**  
 Remarks

License Number D0015  
 License Date 5/8/2012  
 Name **NORMAN, ROBERT A DO**  
 Address 8002 GUNN HIGHWAY, TAMPA, FL, 33616  
 Specialty D  
 Board Certified D  
 School and Year of Graduation MIDWESTERN UNIVERSITY CHICAGO COLL OF OSTEOPATHIC USA 1981  
 Internship and Year BRENTWOOD HOSPITAL- BEACHWOOD, OH 1982  
 Residency and Year RICHARD BROWN INC- MEDFORD MA 1989  
 License Expiration Date **5/8/2012**  
 Remarks **5/8/12 - Final Decision and Order**

License Number 13754  
 License Date 11/7/2007  
 Name **NORMANDIN, SARAH L MD**  
 Address CLACKAMAS PEDIATRICS, 9290 SE SUNNYBROOK BLVD #200CLACKAMAS, OR, 97015  
 Specialty PD  
 Board Certified  
 School and Year of Graduation OREGON HEALTH AND SCIENCE UNIV SCHOOL OF MED USA 2005  
 Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006  
 Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 12316  
 License Date 5/5/2004  
 Name **NORRIS, MARTHA A MD**  
 Address FRANKLIN & SEIDELMANN, 23625 COMMERCE PK STE 204BEACHWOOD, OH, 44122-4845  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIVERSITY OF SOUTH DAKOTA, VERMILLION SD US 1984  
 Internship and Year UNIVERSITY OF SD, SIOUX FALLS SD 1985  
 Residency and Year UNIVERSITY OF NEBRASKA, OMAHA NE 1989  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 16601  
 License Date 5/7/2014  
 Name **NORTHCOTE, KENT S MD**  
 Address 135 IROQUOIS DR, BOULDER, CO, 80303  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation ST GEORGES UNIVERSITY GRENADA 1998  
 Internship and Year UNIVERSITY OF NEVADA - RENO, NV 1999  
 Residency and Year LOS ANGELES COUNTY - USC MEDICAL CENTER - LOS ANGELES, CA 2002  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 8359  
 License Date 6/6/1990  
 Name **NORTHCUTT, ALBERT C MD**  
 Address LONDONDERRY FAMILY PRACTICE, 6 BUTTRICK RDLONDONDERRY, NH, 03053  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF COLORADO SCH OF MED-DENVER,CO USA 1987  
 Internship and Year UNIV MA HOSP MED CTR - WORCHESTER, MA 1989  
 Residency and Year UNIV MA HOSP MED CTR-WORCHESTER,MA 1989  
 License Expiration Date **6/30/2016**  
 Remarks



License Number	17073
License Date	5/6/2015
Name	<b>NORTHINGTON III, WILLIAM E MD</b>
Address	10 WATER ST STE 210, LEBANON, NH, 03766
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF NC @ CHAPEL HILL SCHOOL OF MEDICINE USA 2002
Internship and Year	UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE-PITTSBURGH, PA 2003
Residency and Year	UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE-PITTSBURGH, PA 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16285
License Date	8/7/2013
Name	<b>NORTON, ANDREW J MD</b>
Address	SUMMIT RADIOLOGY, PO BOX 80070FT WAYNE, IN, 46898-0070
Specialty	DR
Board Certified	DR
School and Year of Graduation	INDIANA UNIVERSITY SCHOOL OF MEDICINE USA 2007
Internship and Year	INDIANA UNIVERSITY SOM-METHODIST HOSPITAL PROGRAM - INDIANAPOLIS, IN 2008
Residency and Year	UNIVERSITY OF MICHIGAN HEALTH SYSTEMS - ANN ARBOR, MI 2012
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10913
License Date	5/3/2000
Name	<b>NORTON, JEFFREY A MD</b>
Address	70 BUTLER ST, SALEM, NH, 03079
Specialty	AN
Board Certified	
School and Year of Graduation	HAHNEMANN MED COLL OF PHILADELPHIA, PA USA 1993
Internship and Year	CROZER-CHESTER MEDICAL CENTER - UPLAND, PA 1994
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17123
License Date	6/3/2015
Name	<b>NORTON, TIMOTHY J MD</b>
Address	28 HIDDEN CT, N ANDOVER, MA, 01845
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE USA 2000
Internship and Year	MALCOLM GROW MEDICAL CENTER - ANDREWS AFB, MD 2001
Residency and Year	HARTFORD HOSPITAL - HARTFORD, CT 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6957
License Date	8/2/1984
Name	<b>NOSSIFF, JOSEPH E MD</b>
Address	2299 WOODBURY AVE, NEWINGTON, NH, 03801
Specialty	FP
Board Certified	FP
School and Year of Graduation	ST GEORGE UNIV SCH MED USA 1981
Internship and Year	ST CLARES HOSP-SCHENECTADY,NY 1982
Residency and Year	ST CLARES HOSP/FP-SCHENECTADY,NY 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	2/7/05 - Settlement Agreement 2/15/06 - Extension to Complete CME for Settlement Agreement

License Number	17074
License Date	5/6/2015
Name	<b>NOTARIANNI, ANDREW P MD</b>
Address	DHMC-ANESTHESIOLOGY DEPT, 1 MED CTR DRLEBANON, NH, 03756
Specialty	AN
Board Certified	
School and Year of Graduation	GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 2012
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16811
License Date	10/1/2014
Name	<b>NOUVELLON, CHANTAL F DO</b>
Address	275 FLORENCE AVE, ARLINGTON, MA, 02476
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF NE COLLEGE OF OSTEOPATHIC MEDICINE USA 1991
Internship and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER - WORCESTER, MA 1994
Residency and Year	BOSTON UNIVERSITY, BOSTON, MA 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14740
License Date	2/3/2010
Name	<b>NOVAK, MATTHEW R MD</b>
Address	135 CLARENDON ST APT 10R, BOSTON, MA, 02116
Specialty	AN
Board Certified	AN
School and Year of Graduation	TUFTS UNIVERSITY USA 2007
Internship and Year	PRESBYTERIAN MEDICAL CENTER - PHILADELPHIA, PA 2007
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	8718
License Date	5/6/1992
Name	<b>NOVELLO, JOHN J MD</b>
Address	WENTWORTH DOUGLASS PHYS CORP, 789 CENTRAL AVE LEVEL 2DOVER, NH, 03820
Specialty	NEP
Board Certified	NEP
School and Year of Graduation	NEW YORK MEDICAL COLLEGE USA 1976
Internship and Year	ST VINCENT HOSPITAL AND MEDICAL CENTER 1977
Residency and Year	ST VINCENT HOSPITAL AND MEDICAL CENTER 1979
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13120
License Date	6/7/2006
Name	<b>NOVELLO, RENEE MD</b>
Address	DHMC/OB/GYN, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF NEW JERSEY, NEWARK NJ US 1998
Internship and Year	MONMOUTH MEDICAL CTR, LONG BRANCH NJ 2000
Residency and Year	MONMOUTH MEDICAL CTR, LONG BRANCH NJ 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16655
License Date	6/4/2014
Name	<b>NOVETSKY, GARY J MD</b>
Address	9333 HARDING AVE, EVANSTON, IL, 60203
Specialty	DR
Board Certified	DR
School and Year of Graduation	RUSH MEDICAL COLLEGE OF RUSH UNIVERSITY USA 1974
Internship and Year	RUSH-PRESBYTERIAN-ST LUKES MEDICAL CENTER - CHICAGO, IL 1975
Residency and Year	RUSH UNIVERSITY MEDICAL CENTER - CHICAGO, IL 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>ADMINISTRATIVE LICENSE</b>

License Number	13221
License Date	8/2/2006
Name	<b>NOVEY, BRAD P MD</b>
Address	CHAPEL HILL OPHTHALMOLOGY, 110 CONNER DR STE 2CHAPEL HILL, NC, 27514
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	TEMPLE UNIV USA 2002
Internship and Year	READING HOSPITAL & MEDICAL CTR-READING, PA 2003
Residency and Year	WASHINGTON HOSPITAL CTR-WASHINGTON, DC 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 9023  
 License Date 8/4/1993  
 Name **NOVEY, WALTER L MD**  
 Address SAN JUAN MED CTR, 801 WEST MAPLE ST FARMINGTON, NM, 07401  
 Specialty EM  
 Board Certified IM  
 School and Year of Graduation MT SINAI SCHOOL OF MEDICINE OF THE CITY OF NY USA 1990  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1991  
 Residency and Year YALE NEW HAVEN HOSPITAL - NEW HAVEN CT 1993  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 11542  
 License Date 3/6/2002  
 Name **NOVICK, DAVID M MD**  
 Address LAWRENCE GENERAL HOSPITAL, ONE GENERAL ST LAWRENCE, MA, 01842  
 Specialty R  
 Board Certified R  
 School and Year of Graduation STATE UNIV OF NY - SYRACUSE, NY USA 1982  
 Internship and Year WASHINGTON HOSPITAL - WASHINGTON, DC 1983  
 Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1987  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10687  
 License Date 9/1/1999  
 Name **NOVICK, MARSHA B MD**  
 Address SEACOAST WEIGHT & WELLNESS, 9 BUZZELL AVE EXETER, NH, 03833  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation RUSH MEDICAL COLLEGE RUSH UNIV - CHICAGO, IL USA 1995  
 Internship and Year UPMC ST MARGARET - PITTSBURGH, PA 1996  
 Residency and Year UPMC ST MARGARET - PITTSBURGH, PA 1997  
 License Expiration Date **6/30/2007**  
 Remarks

License Number 6150  
 License Date 12/19/1979  
 Name **NOVIS, DAVID A MD**  
 Address NOVIS CONSULTING LLC, 18 TOON LANE LEE, NH, 03861  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation UNIV OF VERMONT COLLEGE MEDICINE BURLINGTON, VT USA 1974  
 Internship and Year SAN FRANCISCO GENERAL HOSPITAL - SAN FRANCISCO, CA 1975  
 Residency and Year MOFFITT UNIV OF CALIFORNIA HOSPITAL - SAN FRANCISCO, CA 1978  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	9876
License Date	11/6/1996
Name	<b>NOWAK, CATHERINE B MD</b>
Address	NATIONAL BIRTH DEFECTS CTR, 40 SECOND AVE STE 520WALTHAM, MA, 02151
Specialty	CG
Board Certified	PD
School and Year of Graduation	MCGILL UNIV FACULTY OF MEDICINE -MONTREAL QUEBEC CANADA 1989
Internship and Year	UNIV OF MASS MEDICAL CENTER - MA 1992
Residency and Year	UNIV OF MASS MEDICAL CENTER - MA 1992
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	9167
License Date	5/4/1994
Name	<b>NOWAK, GEORGE M MD</b>
Address	539 ISLINGTON ST, STE 4PORTSMOUTH, NH, 03801-
Specialty	P
Board Certified	P
School and Year of Graduation	WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE USA 1982
Internship and Year	WAYNE STATE UNIVERSITY HOSPITAL - DETROIT MI 1983
Residency and Year	WAYNE STATE UNIVERSITY HOSPITAL - DETROIT MI 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11787
License Date	11/6/2002
Name	<b>NOWAK, JOANNE T MD</b>
Address	MERRIMACK VALLEY HOSPICE, 360 MERRIMACK ST BLDG 9LAWRENCE, MA, 01843
Specialty	IM
Board Certified	IM
School and Year of Graduation	BOSTON UNIV SCH OF MED - BOSTON, MA USA 1982
Internship and Year	BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1983
Residency and Year	BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10688
License Date	9/1/1999
Name	<b>NOWAK, ROGER B MD</b>
Address	3 ALUMNI DR STE 301, PERRY MEDICAL BLDGEXETER, NH, 03833
Specialty	ORS
Board Certified	
School and Year of Graduation	GEORGE WASHINGTON UNIV SCH OF MED - DC USA 1993
Internship and Year	MONTEFIORE MEDICAL CENTER - BRONX, NY 1994
Residency and Year	MONTEFIORE MEDICAL CENTER - BRONX, NY 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10309
License Date	6/3/1998
Name	<b>NOWELL, PETER D MD</b>
Address	SLEEP DISORDER CENTER, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	P
Board Certified	P
School and Year of Graduation	ALBANY MEDICAL COLLEGE - ALBANY, NY USA 1989
Internship and Year	ALBANY MEDICAL CENTER - ALBANY, NY 1993
Residency and Year	WAYNE STATE UNIV / VA MEDICAL CENTER - DETROIT MI 1995
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	16677
License Date	7/2/2014
Name	<b>NOWICKI, ALEXANDER R MD</b>
Address	26 N SPRING ST, CONCORD, NH, 03301
Specialty	FP
Board Certified	
School and Year of Graduation	JAGIELLONIAN UNIV MEDICAL COLLEGE POLAND 2011
Internship and Year	CONCORD HOSPITAL - CONCORD, NH 2012
Residency and Year	CONCORD HOSPITAL - CONCORD, NH 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14560
License Date	8/5/2009
Name	<b>NOWRIN, SAZIA MD</b>
Address	S J FAMILY MEDICAL CENTER, 208 ROBINSON RDHUDSON, NH, 03051
Specialty	FP
Board Certified	FP
School and Year of Graduation	BANGLADESH MEDICAL COLLEGE BANGLADESH 1998
Internship and Year	CONCORD HOSPITAL - CONCORD, NH 2007
Residency and Year	CONCORD HOSPITAL - CONCORD, NH 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12808
License Date	7/6/2005
Name	<b>NUCATOLA, JR, THOMAS R MD</b>
Address	316 E BROAD ST, WESTFIELD, NJ, 07090
Specialty	IM
Board Certified	IM
School and Year of Graduation	SUNY AT BROOKLYN, BROOKLYN NY USA 1985
Internship and Year	STATEN ISLAND UNIVERSITY HOSPITAL, STATEN ISLAND NY 1986
Residency and Year	STATEN ISLAND UNIVERSITY HOSPITAL, STATEN ISLAND NY 1988
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number 16486  
 License Date 2/5/2014  
 Name **NUGENT, DIANE M DO**  
 Address 83 BUTTERNUT TRAIL, WELLS, ME, 04090  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MEDICIN USA 1992  
 Internship and Year MOUNT CLEMENS GENERAL HOSPITAL - MOUNT CLEMENS, MI 1993  
 Residency and Year MOUNT CLEMENS GENERAL HOSPITAL - MOUNT CLEMENS, MI 1995  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 6716  
 License Date 6/2/1983  
 Name **NUGENT, WILLIAM C MD**  
 Address DHMC-CT SURGERY, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty TS  
 Board Certified TS  
 School and Year of Graduation ALBANY MED COLL OF UNION UNIV-ALBANY,NY USA 1975  
 Internship and Year UNIV HOSP-BOSTON,MA 1976  
 Residency and Year MASS GEN HOSP-BOSTON,MA 1981  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13174  
 License Date 7/5/2006  
 Name **NUMA, WILLIAM A MD**  
 Address 38 NEWBURY ST., 6TH FLOOR, BOSTON, MA, 02116  
 Specialty OTO  
 Board Certified OTO  
 School and Year of Graduation PONTIFICIA UNIV JAVERIANA COLOMBIA 1998  
 Internship and Year MT SINAI MED CTR OF GREATER MIAMI-MIAMI BEACH, FL 2001  
 Residency and Year NEW ENGLAND MEDICAL CTR-BOSTON, MA 2002  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 6676  
 License Date 4/7/1983  
 Name **NUNLIST, MARK M MD**  
 Address WHITE RIVER FAMILY PRACTICE, 331 OLCOTT DR STE U-3WHITE RIVER JCT, VT, 05001-9263  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation BROWN UNIV OF BIOLOGICAL MED-PROV.,RI USA 1980  
 Internship and Year LANCASTER GENERAL HOSP-LANCASTER,PA 1983  
 Residency and Year LANCASTER GENERAL HOSPITAL - LANCASTER, PA 1983  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	7362
License Date	6/12/1986
Name	<b>NUTTING, JOHN T MD</b>
Address	DHMC-ORTHOPEDIC SURGERY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	EASTERN VA MED SCHOOL USA 1980
Internship and Year	DARTMOUTH HITCHCOCK MED CTR 1981
Residency and Year	DARTMOUTH HITCHCOCK MED CTR-1985 BRIGHAMS WOMEN HOSP - 1986 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13789
License Date	12/26/2007
Name	<b>NWACHUKWU, IKENNA A MD</b>
Address	1539 RUTLAND WAY, HANOVER, MD, 21076
Specialty	IM
Board Certified	
School and Year of Graduation	UNIV OF NIGERIA NIGERIA 2000
Internship and Year	MARYLAND GENERAL HOSPITAL-BALTIMORE, MD 2005
Residency and Year	MARYLAND GENERAL HOSPITAL-BALTIMORE, MD 2007
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	16602
License Date	5/7/2014
Name	<b>NYE, BARBARA L MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	N
Board Certified	
School and Year of Graduation	UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE USA 2010
Internship and Year	UNIVERSITY OF SOUTH FLORIDA COLLEGE OF MEDICINE - TAMPA, FL 2011
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12139
License Date	11/5/2003
Name	<b>OAKLAND, MARGARET MD</b>
Address	CAREWELL, 2 ADAMS PLACE SUITE 305QUINCY, MA, 02169
Specialty	IM
Board Certified	IM
School and Year of Graduation	BOSTON UNIVERSITY, BOSTON MA US 1971
Internship and Year	BOSTON MEDICAL CTR, ROXBURY MA 1972
Residency and Year	BOSTON UNIVERSITY MED CTR, BOSTON MA 1973
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number 5879  
 License Date 4/6/1978  
 Name **OAS JR, RICHARD E MD**  
 Address 30 CANTON ST, MANCHESTER, NH, 03103-3524  
 Specialty OTO  
 Board Certified OTO  
 School and Year of Graduation UNIV OF ROCHESTER SCHOOL OF MEDICINE ROCHESTER, NY USA 1970  
 Internship and Year MARY I BASSETT HOSPITAL - COOPERTOWN, NY 1971  
 Residency and Year STRONG MEMORIAL HOSPITAL UNIV ROCHESTER, ROCHESTER, NY 1978  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 9168  
 License Date 5/4/1994  
 Name **OBER, DANIEL L DO**  
 Address CIGNA HEALTHCARE, 300 BELLEVUE PKY WILMINGTON, DE, 19801  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation NEW ENGLAND COLLEGE OF OSTEOPATHIC MEDICINE USA 1991  
 Internship and Year WARREN HOSPITAL - PHILLIPSBURG NJ 1994  
 Residency and Year WARREN HOSPITAL - PHILLIPSBURG NJ 1994  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 8697  
 License Date 4/1/1992  
 Name **OBER, KATHLEEN J MD**  
 Address 3 ALUMNI DR STE 401, EXETER, NH, 03833-  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIV OF SOUTH DAKOTA SCHOOL OF MED SIOUX FALLS SD USA 1988  
 Internship and Year UNIV OF MASS MEDICAL CENTER - WORCESTER, MA 1989  
 Residency and Year UNIV OF NEBRASKA COLLEGE OF MEDICINE - OMAHA, NE 1992  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 10056  
 License Date 7/2/1997  
 Name **OBER, SUNANTA L MD**  
 Address PEDIATRICS AT CHESTNUT GREENS, 575 TURNPIKE ST STE 28N ANDOVER, MA, 01845  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation MAHIDOL UNIV SIRIRAJ HOSP - FANGKOK, THAILAND THAILAND 1974  
 Internship and Year BERKSHIRE MEDICAL CENTER - MA 1978  
 Residency and Year ALBANY MEDICAL CENTER HOSPITAL - NY 1980  
 License Expiration Date **6/30/2015**  
 Remarks **LAPSED 6/30/10 - REINSTATED 10/6/10**

License Number 10143  
 License Date 10/1/1997  
 Name **O'BRIEN JR, RICHARD J MD**  
 Address 14 MILL ST, PO BOX 719BELMONT, NH, 03220  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation ORAL ROBERTS UNIV SCH OF MED - TULSA, OK USA 1990  
 Internship and Year WILLIAMSPORT HOSPITALMEDICAL CTR-PA 1993  
 Residency and Year WILLIAMSPORT HOSPITAL MEDICAL CENTER - PA 1993  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13378  
 License Date 1/3/2007  
 Name **O'BRIEN, ALISON T MD**  
 Address HILLTOP COMMUNITY HEALTHCARE, 317 CLIMAX STPITTSBURGH, PA, 15210  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF PENNSYLVANIA USA 2000  
 Internship and Year FORBES REGIONAL HOSPITAL - MONROEVILLE, PA 2002  
 Residency and Year FORBES REGIONAL HOSPITAL - MONROEVILLE, PA 2004  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 6585  
 License Date 7/15/1982  
 Name **O'BRIEN, CATHERINE L MD**  
 Address , PO BOX 479SIASCONSET, MA, 02564  
 Specialty AI  
 Board Certified AI  
 School and Year of Graduation UNIVERSITY COLLEGE-DUBLIN IRELAND IRELAND 1965  
 Internship and Year DEPAUL HOSPITAL-NORFOLK VA 1966  
 Residency and Year KING'S DAUGHTERS CHILDREN'S HOSPITAL-NORFOLK VA 1969  
 License Expiration Date **6/30/2008**  
 Remarks **LAPSED 6/30/83 - REINSTATED 4/5/06**

License Number 9458  
 License Date 6/7/1995  
 Name **O'BRIEN, COLIN H MD**  
 Address SOUTHERN NH MEDICAL CTR, 8 PROSPECT STNASHUA, NH, 03061  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation GEORGETOWN MEDICAL SCHOOL USA 1988  
 Internship and Year NORTHWESTERN MEMORIAL HOSPITAL, CHICAGO, IL 1992  
 Residency and Year NORTHWESTERN MEMORIAL HOSPITAL, CHICAGO IL 1992  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	13121
License Date	6/7/2006
Name	<b>O'BRIEN, ELIZABETH A MD</b>
Address	WENTWORTH-DOUGLAS HOSPITAL, 789 CENTRAL AVEDOVER, NH, 03820
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF VERMONT, BURLINGTON VT US 2002
Internship and Year	YALE-NEW HAVEN MED CTR, NEW HAVEN CT 2003
Residency and Year	YALE-NEW HAVEN MED CTR, NEW HAVEN CT 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15804
License Date	8/1/2012
Name	<b>O'BRIEN, JEAN L MD</b>
Address	BEVERLY RADIOLOGY ASSOC, 85 HERRICK STBEVERLY, MA, 01915
Specialty	DR
Board Certified	DR
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1988
Internship and Year	STEWART CARNEY HOSPITAL - BOSTON, MA 1989
Residency and Year	ALBERT EINSTEIN COLLEGE OF MEDICINE - BRONX, NY 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16678
License Date	7/2/2014
Name	<b>O'BRIEN, JULIE A MD</b>
Address	PARKLAND MEDICAL CENTER, ONE PARKLAND DRDERRY, NH, 03038
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY MASSACHUSETTS MEDICAL SCHOOL USA 2005
Internship and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 2006
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 2013
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17075
License Date	5/6/2015
Name	<b>O'BRIEN, MICHAEL E DO</b>
Address	NEW LONDON HOSPITAL, 273 COUNTY RDNEW LONDON, NH, 03257
Specialty	IM
Board Certified	
School and Year of Graduation	EDWARD VIA VIRGINIA COLLEGE OF OSTEOPATHIC MEDICIN USA 2012
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2013
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 11183  
 License Date 2/7/2001  
 Name **O'BRIEN, WILLIAM M MD**  
 Address F R H WOMENS HLTH CARE, 15 AIKEN AVEFRANKLIN, NH, 03235  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation NEW YORK MEDICAL COLL - VALHALLA, NY USA 1968  
 Internship and Year METROPOOITAN HOSPITAL CENTER - NEW YORK, NY 1969  
 Residency and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1972  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 10032  
 License Date 6/4/1997  
 Name **OBROCEA, MIHAIL MD**  
 Address BISHOPSGATE RESOURCES, LLC, 652 MARTINGALE CTDANVILLE, CA, 94506  
 Specialty IM  
 Board Certified  
 School and Year of Graduation INST DE MED SI FARM-BUCHAREST ROMANIA 1985  
 Internship and Year NORWALK HOSPITAL - CT 1996  
 Residency and Year NORWALK HOSPITAL-CT 1996  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16840  
 License Date 11/6/2014  
 Name **O'CARROLL, CUMARA B MD**  
 Address MAYO CLINIC, 5777 E MAYO BLVDPHOENIX, AZ, 85054  
 Specialty N  
 Board Certified N  
 School and Year of Graduation PONCE SCHOOL OF MEDICINE USA 2009  
 Internship and Year MAYO GRADUATE SCHOOL OF MEDICINE - SCOTTSDALE, AZ 2010  
 Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - SCOTTSDALE, AZ 2013  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11136  
 License Date 12/6/2000  
 Name **OCCHINO, CHRISTOPHER M MD**  
 Address 10744 N MAIN ST, N COLLIOS, NY, 14111  
 Specialty FP  
 Board Certified  
 School and Year of Graduation STATE UNIV OF NY - BUFFALO, NY USA 1997  
 Internship and Year SUTTER MERCED MEDICAL CENTER - MERCED, CA 1998  
 Residency and Year SUTTE MERCED MEDICAL CENTER - MERCED, CA 2000  
 License Expiration Date **6/30/2002**  
 Remarks

License Number 13263  
 License Date 9/6/2006  
 Name **OCHOA-MAYA, MARGARITA R MD**  
 Address ADVANCED HEALTH AND WELLBEING, 5 MERRIT PKWYNASHUA, NH, 03062  
 Specialty END  
 Board Certified IM  
 School and Year of Graduation INSTITUTE DE CIENCIAS DE LA SALUD COLOMBIA 1994  
 Internship and Year BOSTON UNIV MEDICAL CTR-BOSTON MA 1995  
 Residency and Year BOSTON UNIV MEDICAL CTR-BOSTON MA 1997  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10875  
 License Date 4/5/2000  
 Name **O'CONNELL JR, JOHN M MD**  
 Address BROCKTON CMOC, 940 BELMONT STBROCKTON, MA, 02301  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF NEW YORK HEALTH CENTER-SYRACUSE,NY USA 1993  
 Internship and Year FLETCHER ALLEN HEALTH CARE-BURLINGTON,VT 1994  
 Residency and Year FLETCHER ALLEN HEALTH CARE-BURLINGTON,VT 1996  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 7690  
 License Date 8/5/1987  
 Name **O'CONNELL, MICHAEL J MD**  
 Address PAIN CARE CENTERS, 255 RT 108SOMERSWORTH, NH, 03878  
 Specialty APM  
 Board Certified APM  
 School and Year of Graduation DARTMOUTH-HITCHCOCK MED CTR- HANOVER USA 1981  
 Internship and Year WALTER REED MED EDUC CTR-WASHINGTON,DC 1982  
 Residency and Year LETTERMAN ARMY MED CTR-SAN FRANCISCO,CA 1986  
 License Expiration Date **2/4/2011**  
 Remarks **2/4/11 - Preliminary Agreement for Practice Restrictions. 1/5/12 - Settlement Agreement**

License Number 12003  
 License Date 7/2/2003  
 Name **O'CONNELL, WILLIAM D DO**  
 Address LANDSTUHL REGIONAL MED CENTER, CMR 402 BOX 175APO AE GERMANY, , 09180  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation UNIV OF NEW ENGLAND COLL OSTEO MED- BIDDEFORD,ME USA 2001  
 Internship and Year MADIGAN ARMY MEDICAL CENTER - TACOMA, WA 2002  
 Residency and Year WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 2006  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 7750  
 License Date 12/2/1987  
 Name **O'CONNOR III, JOHN J MD**  
 Address 264 PLEASANT ST, CONCORD, NH, 03301-2551  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation HARVARD MEDICAL SCHOOL BOSTON MA USA 1982  
 Internship and Year MASS GEN HOSPITAL BOSTON MA 1985  
 Residency and Year MASS GEN HOSPITAL BOSTON MA 1987  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12272  
 License Date 4/7/2004  
 Name **O'CONNOR JR, DANIEL J MD**  
 Address 19 PEACE PIPE RD, FALMOUTH, MA, 02540  
 Specialty R  
 Board Certified R  
 School and Year of Graduation HARVARD MEDICAL SCHOOL, BOSTON MA US 1957  
 Internship and Year HARTFORD HOSPITAL, HARTFORD CT 1958  
 Residency and Year GROVER, CHRISTIE & MERRITT RADIOLOGY CLINIC, POTOMAC MD 1964  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 12548  
 License Date 12/1/2004  
 Name **O'CONNOR, ANNE M MD**  
 Address NORTHEASTERN VT REGIONAL HOSPITAL, PO BOX 905 - 1315 HOSPITAL DRST JOHNSBURY, VT, 058  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIVERSITY OF NEW MEXICO, ALBUQUERQUE NM US 1997  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 1998  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2001  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16321  
 License Date 9/4/2013  
 Name **O'CONNOR, CARA A MD**  
 Address CONCORD HOSPITAL - DEPT OF PEDIATRICS, 250 PLEASANT STCONCORD, NH, 03301  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation ROYAL COLLEGE OF SURGEONS IRELAND 2010  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10758  
 License Date 11/3/1999  
 Name **O'CONNOR, JOSEPH R MD**  
 Address MARTIN'S POINT HEALTH CARE, 331 VERANDA ST PORTLAND, ME, 04104-5040  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation TUFTS UNIVERSITY USA 1975  
 Internship and Year MAINE MEDICAL CENTER - PORTLAND ME 1978  
 Residency and Year MAINE MEDICAL CENTER - PORTLAND ME 1980  
 License Expiration Date **6/30/2007**  
 Remarks

License Number 5507  
 License Date 4/23/1976  
 Name **O'DAY, JOHN M MD**  
 Address HEAD & NECK SPEC OF NH, 361 HIGH ST SOMERSWORTH, NH, 03878-1407  
 Specialty OTO  
 Board Certified OTO  
 School and Year of Graduation UNIV. OF MARYLAND SCHOOL OF MED. BALTIMORE USA 1972  
 Internship and Year UNIV. OF MARYLAND HOSP. BALTIMORE 1973  
 Residency and Year UNIV OF MARYLAND HOSP - BALTIMORE, MD 1973  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 8267  
 License Date 1/10/1990  
 Name **O'DEA, BARBARA S MD**  
 Address O' DEA OCCUPATIONAL CARE, 522 AMHERST ST STE 22 NASHUA, NH, 03063  
 Specialty OM  
 Board Certified OM  
 School and Year of Graduation ST LOUIS UNIV SCH OF MED-ST LOUIS, MO USA 1979  
 Internship and Year ST JOHNS MERCY MED CTR-ST LOUIS, MO 1980  
 Residency and Year ST JOHNS MERCY MED CTR-ST LOUIS, MO 1982  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 17124  
 License Date 6/3/2015  
 Name **O'DEA, CAROL LYNN H MD**  
 Address DHMC, ONE MEDICAL CTR DR LEBANON, NH, 03756  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation PENNSYLVANIA STATE UNIVERSITY, HERSHEY PA USA 2008  
 Internship and Year YALE NEW HAVEN CHILDRENS HOSPITAL, NEW HAVEN CT 2012  
 Residency and Year CHILDRENS HOSPITAL OF PHILADELPHIA, PHILADELPHIA PA 2015  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	15513
License Date	1/4/2012
Name	<b>ODELL, SHAUN V MD</b>
Address	DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty	PD
Board Certified	
School and Year of Graduation	UNIV OF CHICAGO PRITZKER SCHOOL OF MEDICINE USA 2009
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	13293
License Date	10/4/2006
Name	<b>ODONDI, JANET A MD</b>
Address	126 MAMMOTH RD #1, HOOKSETT, NH, 03106
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF NAIROBI, KENYA KENYA 1993
Internship and Year	NORTH GENERAL HOSPITAL, NEW YORK NY 1997
Residency and Year	MT SINAI MED CTR, NEW YORK NY 2000
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	11929
License Date	5/7/2003
Name	<b>O'DONNELL, CAITLIN C MD</b>
Address	AMMONOOSUC/MT MOOSELAUKEE HLTH, 333 NH RT 25 MAIN STWARREN, NH, 03279
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF MASSACHUSETTS MED SCH - WORCESTER, MA USA 2000
Internship and Year	LAWRENCE FAMILY PRACTICE RESIDENCY - LAWRENCE, MA 2001
Residency and Year	LAWRENCE FAMILY PRACTICE RESIDENCY - LAWRENCE, MA 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16952
License Date	2/4/2015
Name	<b>O'DONNELL, DANIEL E MD</b>
Address	18 CAMELOT DR, SHREWSBURY, MA, 01545
Specialty	FP
Board Certified	FP
School and Year of Graduation	GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 1981
Internship and Year	DUKE UNIVERSITY HOSPITAL - DURHAM, NC 1982
Residency and Year	DUKE UNIVERSITY HOSPITAL - DURHAM, NC 1984
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number	6164
License Date	2/15/1980
Name	<b>O'DONNELL, JOSEPH F MD</b>
Address	DARTMOUTH MED SCHOOL, STUDENT AFFAIRS OFFICE HANOVER, NH, 03755-3833
Specialty	ON
Board Certified	ON
School and Year of Graduation	HARVARD MED. SCH BOSTON, MA USA 1997
Internship and Year	DARTMOUTH MED. SCH AFFIL HOSP. HANOVER, NH 1974
Residency and Year	DARTMOUTH MED. SCH AFFIL HOSP. HANOVER, NH 1976
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15589
License Date	3/7/2012
Name	<b>O'DONNELL, PATRICK J DO</b>
Address	UNIV OF MA - UMASS MEMORIAL MED CTR, ONE INNOVATION DR - THREE BIOTECH WORCESTER,
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	PHILADELPHIA COLLEGE OF OSTEOPATHIC MED USA 2005
Internship and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2006
Residency and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14561
License Date	8/5/2009
Name	<b>O'DONNELL, SEAN M MD</b>
Address	21 GAUL DR, WALPOLE, ME, 04573
Specialty	IM
Board Certified	IM
School and Year of Graduation	HAHNEMANN UNIVERSITY USA 1995
Internship and Year	LAHEY CLINIC - BURLINGTON, MA 1996
Residency and Year	LAHEY CLINIC - BURLINGTON, MA 1998
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	12942
License Date	11/2/2005
Name	<b>O'FLAHERTY, JENNIFER E MD</b>
Address	DHMC- ANESTHESIOLOGY, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF CINCINNATI, CINCINNATI OH US 1989
Internship and Year	CHILDRENS HOSPITAL MED CTR, CINCINNATI OH 1990
Residency and Year	CHILDRENS HOSPITAL MED CTR, CINCINNATI OH 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 10876  
 License Date 4/5/2000  
 Name **OFMAN, PETER U MD**  
 Address 34 RUSHMORE ST, BRIGHTON, MA, 02135  
 Specialty IM  
 Board Certified  
 School and Year of Graduation VIRGINIA UNIVERSITY SCHOOL OF MEDICINE-RICHMOND,VA USA 1997  
 Internship and Year RHODE ISLAND HOSPITAL-PROVIDENCE,RI 1998  
 Residency and Year RHODE ISLAND HOSPITAL-PROVIDENCE,RI 2000  
 License Expiration Date **6/30/2008**  
 Remarks **lapsed 6/30/01, reinstated 5/3/06**

License Number 13635  
 License Date 8/1/2007  
 Name **O'GARA, TADHG J MD**  
 Address ORTHOPEDIC ASSOC OF YORK HOSP, 16 HOSPITAL DR STE AYORK, ME, 03909  
 Specialty ORS  
 Board Certified  
 School and Year of Graduation STATE UNIV OF NEW YORK USA 2001  
 Internship and Year SUNY HEALTH SCIENCE CENTER@BROOKLYN-BROOKLYN, NY 2002  
 Residency and Year SUNY HEALTH SCIENCE CENTER@BROOKLYN-BROOKLYN, NY 2006  
 License Expiration Date **6/30/2011**  
 Remarks

License Number RT990  
 License Date 6/26/2001  
 Name **OGDEN, MEGHAN E MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty OBG  
 Board Certified  
 School and Year of Graduation SUNY UPSTATE MEDICAL UNIV - NY USA 2001  
 Internship and Year  
 Residency and Year  
 License Expiration Date **6/25/2005**  
 Remarks

License Number 9741  
 License Date 6/5/1996  
 Name **O'GRADY, DENISE M MD**  
 Address 1393 WEIMER RD, TAOS, NM, 87571  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation JOHNS HOPKINS UNIV SCHOOL OF MED - BALTIMORE, MD USA 1993  
 Internship and Year JOHNS HOPKINS UNIV SCHOOL MEDICINE - MARYLAND 1996  
 Residency and Year JOHNS HOPKINS UNIV SCHOOL MEDICINE- MARYLAND 1996  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	10914
License Date	5/3/2000
Name	<b>OGRINC, GREGORY S MD</b>
Address	VA HOSPITAL, WHITE RIVER JCT, VT, 05009
Specialty	IM
Board Certified	IM
School and Year of Graduation	CASE WESTERN RESERVE UNIV - CLEVELAND, OH USA 1997
Internship and Year	METRO HEALTH MEDICAL CENTER - CLEVELAND, OH 1998
Residency and Year	METRO HEALTH MEDICAL CENTER - CLEVELAND, OH 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11287
License Date	6/6/2001
Name	<b>OH, KELLY K MD</b>
Address	DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	FP
Board Certified	FP
School and Year of Graduation	CASE WESTERN RESERVE UNIV - CLEVELAND, OH USA 1993
Internship and Year	UNIV HOSP - CLEVELAND, OH 1994
Residency and Year	UNIV HOSPITAL - CLEVELAND, OH 1996
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	15159
License Date	3/2/2011
Name	<b>OH, KEVIN S MD</b>
Address	MASSACHUSETTS GENERAL HOSPITAL, 100 BLOSSOM ST COX 308BOSTON, MA, 02114
Specialty	RO
Board Certified	RO
School and Year of Graduation	UNIVERSITY OF MICHIGAN MEDICAL SCHOOL USA 2004
Internship and Year	UNIVERSITY OF MICHIGAN HOSPITALS - ANN ARBOR, MI 2005
Residency and Year	UNIVERSITY OF MICHIGAN HOSPITALS - ANN ARBOR, MI 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10963
License Date	6/7/2000
Name	<b>O'HANLON, DONAL T MD</b>
Address	ABIII MC LEAN HOSP, 115 MILL STBELMONT, MA, 02178
Specialty	P
Board Certified	
School and Year of Graduation	MEDICAL SCH ROYAL COLL OF SURGEONS DUBLIN IRELAND 1990
Internship and Year	ST ELIZABETH'S MEDICAL CENTER - BOSTON, MA 1998
Residency and Year	ST ELIZABETH'S MEDICAL CENTER - BOSTON, MA 1999
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number 13379  
 License Date 1/3/2007  
 Name **O'HARA, TRACY A MD**  
 Address MERCY HOSPITAL, 144 STATE STREETPORTLAND, ME, 04101  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF GALWAY IRELAND 2002  
 Internship and Year CARITAS ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 2004  
 Residency and Year CARITAS ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 2006  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14562  
 License Date 8/5/2009  
 Name **OHMAN, KIMBERLY A MD**  
 Address GRANITE STATE EMERGENCY MDS, 100 MCGREGOR STMANCHESTER, NH, 03102  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIVERSITY OF TEXAS USA 2006  
 Internship and Year OREGON HEALTH & SCIENCES UNIV CDW EM - PORTLAND, OR 2007  
 Residency and Year OREGON HEALTH & SCIENCES UNIV CDW EM - PORTLAND, OR 2009  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 6030  
 License Date 4/5/1979  
 Name **OIDTMANN, ERNST M MD**  
 Address FAMILY HEALTH CENTER, 252 MECHANIC STLEBANON, NH, 03766-2618  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation MEDICAL FACULTY OF THE STATE INIV IN LEIDEN NETHERLANDS 1976  
 Internship and Year OAKWOOD HOSPITAL - DEARBORN, MI 1977  
 Residency and Year OAKWOOD HOSPITAL - DEARBORN, MI 1979  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14971  
 License Date 8/4/2010  
 Name **OJUTALAYO, AYOBAMI O MD**  
 Address RUHKE MEDICAL CENTER, 25 MARTON ST., SUITE 103LAWRENCE, MA, 01841  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation ROSS UNIVERSITY DOMINICA 2007  
 Internship and Year CONCORD HOSPITAL - CONCORD, NH 2009  
 Residency and Year CONCORD HOSPITAL - CONCORD, NH 2010  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 7861  
 License Date 5/4/1988  
 Name **O'KEEFE, DENNIS D MD**  
 Address 24 PASSACONAWAY AVE, HAVERHILL, MA, 01830-2236  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation CORNELL UNIV MED COLL - NY, NY USA 1962  
 Internship and Year MASS GENERAL HOSPITAL - BOSTON, MA 1963  
 Residency and Year MASS GENERAL HOSPITAL - BOSTON, MA 1974  
 License Expiration Date **6/30/1999**  
 Remarks **DECEASED 11/16/210**

License Number 15086  
 License Date 12/1/2010  
 Name **OKOH, SAMUEL K MD**  
 Address , 6202 AVALON DR SHELTON, CT, 06484  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF GHANA GHANA 2003  
 Internship and Year FAIRVIEW HOSPITAL - CLEVELAND, OH 2006  
 Residency and Year FAIRVIEW HOSPITAL - CLEVELAND, OH 2008  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 16603  
 License Date 5/7/2014  
 Name **OKORONKWO, CHINYERE MD**  
 Address PARNES PEDIATRICS & ADOLESCENT MEDICINE, 57 HARTFORD TPKE VERNON, CT, 06066  
 Specialty PD  
 Board Certified  
 School and Year of Graduation ST GEORGE'S UNIVERSITY GRENADA 2009  
 Internship and Year ALBANY MEDICAL CENTER - ALBANY, NY 2012  
 Residency and Year ALBANY MEDICAL CENTER - ALBANY, NY 2014  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15805  
 License Date 8/1/2012  
 Name **OKUNO, SCOTT H MD**  
 Address MAYO CLINIC, 200 1ST ST SW ROCHESTER, MN, 55905  
 Specialty ON  
 Board Certified ON  
 School and Year of Graduation UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE USA 1989  
 Internship and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1990  
 Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1992  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	10369
License Date	8/5/1998
Name	<b>OLAFSSON, ANDRI G MD</b>
Address	37000 N GANTZEL RD, SAN TAN VALLEY, AZ, 85140
Specialty	GS
Board Certified	GS
School and Year of Graduation	HASKOLI ISLAND MED SCHOOL -REYKJAVIK,ICELAND ICELAND 1989
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1994
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16557
License Date	4/2/2014
Name	<b>OLAKANPO, OLUSOJI D MD</b>
Address	COMMUNITY HEALTH CTR., FRANKLIN COUNTY, 489 BERNARDSTON RD, STE 108GREENFIELD, MA,
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF LONDON UNITED KINGDOM 1996
Internship and Year	RICHMOND UNIVERSITY MEDICAL CENTER - STATEN ISLAND, NY 2012
Residency and Year	RICHMOND UNIVERSITY MEDICAL CENTER - STATEN ISLAND, NY 2013
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14430
License Date	5/6/2009
Name	<b>OLALOWO, OLOYEDE O MD</b>
Address	240 WILLOUGHBY ST #16J, BROOKLYN, NY, 11201
Specialty	IM
Board Certified	
School and Year of Graduation	ROSTOV UNIVERSITY RUSSIA 1994
Internship and Year	BROOKLYN HOSPITAL CENTER - BROOKLYN,NY 2007
Residency and Year	BROOKLYN HOSPITAL CENTER - BROOKLYN, NY 2009
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	6327
License Date	12/1/1980
Name	<b>OLDAK, PETER D MD</b>
Address	65 JEWELL ST, S HAMPTON, NH, 03827-3509
Specialty	EM
Board Certified	EM
School and Year of Graduation	GEORGE UNIV SCH OF MED-WASHINGTON DC USA 1969
Internship and Year	HIGHLAND GEN HOSP-OAKLAND,CA 1970
Residency and Year	COMMUNITY HOSP SOMONA-SANTA ROSA,CA 1972
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number 9142  
 License Date 4/6/1994  
 Name **OLDERSHAW, JOHN H MD**  
 Address VA PITTSBURGH - DEPT OF RADIOLOGY, UNIVERSITY DRIVE CPITTSBURGH, PA, 15240  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation UNIVERSITY OF HEALTH SCIENCES CHICAGO MEDICAL SCH USA 1981  
 Internship and Year NAVAL HOSPITAL - OAKLAND CA 1982  
 Residency and Year NEW ENGLAND DEACONESS HOSPITAL - BOSTON MA 1990  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12399  
 License Date 7/7/2004  
 Name **O'LEARY, ROLAND T MD**  
 Address 429 WEST LOCUST ST, JOHNSON CITY, TN, 37604  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation LOUISIANA UNIVERSITY, NEW ORLEANS LA US 1988  
 Internship and Year LOUISIANA STATE UNIVERSITY, NEW ORLEANS LA 1989  
 Residency and Year NATIVIDAD MEDICAL CTR, SALINAS CA 1991  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 12886  
 License Date 9/7/2005  
 Name **OLES, JENNIFER A MD**  
 Address RIVER ROAD PEDIATRICS, 601 RIVERWAY PL BLDG #6BEDFORD, NH, 03110  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIVERSITY OF VERMONT, BURLINGTON VT US 2001  
 Internship and Year STATE UNIVERSITY OF NY, SYRACUSE NY 2002  
 Residency and Year STATE UNIVERSITY OF NY, SYRACUSE NY 2004  
 License Expiration Date **6/30/2007**  
 Remarks

License Number 14137  
 License Date 8/6/2008  
 Name **OLESON, CHRISTINA V MD**  
 Address THOMAS JEFF UNIV HOSP-REHAB MED, 132 S 10TH STPHILADELPHIA, PA, 19107  
 Specialty PM  
 Board Certified PM  
 School and Year of Graduation UNIV OF MASSACHUSETTS USA 1999  
 Internship and Year NORTH SHORE MEDICAL CENTER/SALEM HOSPITAL - SALEM, MA 2000  
 Residency and Year THOMAS JEFFERSON UNIV HOSPITAL - PHILADELPHIA, PA 2003  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	17024
License Date	4/1/2015
Name	<b>OLIFF, MATTHEW C MD</b>
Address	75 FRANCIS ST, BOSTON, MA, 02115
Specialty	DR
Board Certified	
School and Year of Graduation	COLUMBIA UNIV COLLEGE OF PHYSICIANS & SURGEONS USA 2009
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BROCKTON, MA 2010
Residency and Year	BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2014
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12669
License Date	4/6/2005
Name	<b>OLIVE, STEVEN T MD</b>
Address	FAMILY CARE OF FARMINGTON, 316 NH RT 11FARMINGTON, NH, 03835
Specialty	FP
Board Certified	FP
School and Year of Graduation	BOSTON UNIVERSITY, BOSTON MA US 1995
Internship and Year	NAVEL HOSPITAL, JACKSONVILLE FL 1996
Residency and Year	NAVEL HOSPITAL, JACKSONVILLE FL 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14138
License Date	8/6/2008
Name	<b>OLIVEIRA, LINDSAY L MD</b>
Address	204 WEST MAIN ST, FREMONT, MI, 49412
Specialty	IM
Board Certified	IM
School and Year of Graduation	ST GEORGE'S UNIV GRENEDA 2004
Internship and Year	SPECTRUM HEALTH - GRAND RAPIDS, MI 2005
Residency and Year	SPECTRUM HEALTH - GRAND RAPIDS, MI 2007
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	10658
License Date	8/4/1999
Name	<b>OLIVEIRA, THERESA M MD</b>
Address	HITCHCOCK CLINIC CONCORD, 253 PLEASANT STCONCORD, NH, 03301
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF MA MED SCH - WORCHESTER, MA USA 1996
Internship and Year	TOD CHILDREN'S HOSP - YOUNGSTOWN, OH 1997
Residency and Year	TOD CHILDREN'S HOSP - YOUNGSTOWN, OH 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number 4724  
 License Date 7/7/1972  
 Name **OLIVER, RONALD C MD**  
 Address X-RAY PROFESSIONAL ASSOC, 2 1/2 BEACON STCONCORD, NH, 03301-  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation COLLEGE OF MEDICINE UNIV OF VERMONT USA 1968  
 Internship and Year ROCHESTER GENERAL HOSPITAL - ROCHESTER, NY 1969  
 Residency and Year MEDICAL CENTER HOSPITAL OF VERMONT - BURLINGTON, VT 1972  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 17125  
 License Date 6/3/2015  
 Name **OLIVERI, BRIDGET M MD**  
 Address 1 MEDICAL CENTER DR, LEBANON, NH, 03756  
 Specialty PD  
 Board Certified  
 School and Year of Graduation NEW YORK MEDICAL COLLEGE, VALHALLA NY USA 2012  
 Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER, LEBANON NH 2014  
 Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER, LEBANON NH 2015  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9999  
 License Date 5/7/1997  
 Name **OLIVIER, MICHAEL L MD**  
 Address 1623 VT RT 100, WESTFIELD, VT, 05874  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIV OF CA DAVIS SCH OF MED-DAVIS,CA USA 1994  
 Internship and Year LOMA LINDA UNIV MED CTR-CA 1995  
 Residency and Year CHILDRENS HOSP ORANGE CO-CA 1997  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 14431  
 License Date 5/6/2009  
 Name **OLIVIERO, JASON A MD**  
 Address DARTMOUTH HITCHCOCK/ORTH SURG, 100 HITCHCOCK WAYMANCHESTER, NH, 03104  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation UNIVERSITY OF VIRGINIA USA 2003  
 Internship and Year UNIVERSITY OF VIRGINIA HEALTH SCIENCES CENTER - CHARLOTTESVILLE, VA 2004  
 Residency and Year UNIVERSITY OF VIRGINIA HEALTH SCIENCES CENTER - CHARLOTTESVILLE, VA 2008  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	8512
License Date	4/3/1991
Name	<b>OLKEN, DAVID C DO</b>
Address	FRISBIE MEMORIAL HOSPITAL, 11 WHITEHALL ROADROCHESTER, NH, 03867
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF NEW ENGLAND - BIDDEFORD, ME USA 1987
Internship and Year	BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1991
Residency and Year	BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15137
License Date	2/2/2011
Name	<b>OLKEN, MELISSA H MD</b>
Address	BORGESS MEDICAL CTR/INPATIENT, 1521 GULL RD STE 174 AKALAMAZOO, MI, 49048
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF ILLINOIS USA 1988
Internship and Year	UNIVERSITY OF MICHIGAN MEDICAL CENTER - ANN ARBOR, MI 1989
Residency and Year	UNIVERSITY OF MICHIGAN MEDICAL CENTER - ANN ARBOR, MI 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8468
License Date	12/5/1990
Name	<b>OLLAR, WILLIAM A DO</b>
Address	ATLANTIC ANESTHESIA PA, 789 CENTRAL AVEDOVER, NH, 03820-2589
Specialty	AN
Board Certified	AN
School and Year of Graduation	UMDNJ NEW JERSEY SCH OF OSTEO MED - NJ USA 1982
Internship and Year	FLINT OSTEOPATHIC HOSPITAL - FLINT, MI 1983
Residency and Year	MONMOUTH MEDICAL CENTER - LONG BRANCH, NJ 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11457
License Date	11/7/2001
Name	<b>OLLENDIECK, MICHAEL C MD</b>
Address	LCS, 50 STANIFORD ST 7TH FLBOSTON, MA, 02114
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF IOWA - IOWA CITY, IA USA 1998
Internship and Year	INDIANA UNIV SCH OF MED - INDIANAPOLIS, IN 1999
Residency and Year	INDIANA UNIV SCH OF MED - INDIANAPOLIS, IN 2001
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	6227
License Date	6/18/1980
Name	<b>OLMSTEAD, EDWIN J MD</b>
Address	29 RIVERWAY PL BLDG 7, BEDFORD, NH, 03110-6743
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIV OF PENNSYLVANIA SCH OF MED - PHILA,PA USA 1973
Internship and Year	ST VINCENT HOSPITAL - WORCESTER, MA 1974
Residency and Year	NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON, MA 1979
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7132
License Date	6/6/1985
Name	<b>OLMSTEAD, JOHN P DO</b>
Address	95 LEDGESIDE LANE, PLYMOUTH, NH, 03264
Specialty	OM
Board Certified	OM
School and Year of Graduation	KANSAS CITY COLL OF OSTEOPATHIC - MISSOURI USA 1976
Internship and Year	OSTEOPATHIC HOSPITAL OF MAINE - PORTLAND, ME 1977
Residency and Year	NORTH KANSAS CITY HOSPITAL - KANSIS CITY, MISSOURI 1983
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	12400
License Date	7/7/2004
Name	<b>OLMSTED, ADAM K MD</b>
Address	PROSCAN IMAGING, 5400 KENNEDY AVE CINCINNATI, OH, 45213-2664
Specialty	R
Board Certified	R
School and Year of Graduation	MEDICAL COLLEGE OF GEORGIA - AUGUSTA, GA USA 1977
Internship and Year	MEMORIAL HEALTH UNIVERSITY MEDICAL CENTER - SAVANNAH, GA 1998
Residency and Year	MEMORIAL HEALTH UNIVERSITY MEDICAL CENTER - SAVANNAH, GA 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6031
License Date	4/5/1979
Name	<b>OLNEY, WILLIAM B MD</b>
Address	112 PHILA ST, #1 SARTOGA SPRINGS, NY, 12866
Specialty	CD
Board Certified	CD
School and Year of Graduation	JEFFERSON MEDICAL COLLEGE OF THOMAS JEFFERSON UNIV USA 1974
Internship and Year	LA COLLEGE USC MEDICAL CENTER - LOS ANGELES, CA 1975
Residency and Year	MT AUBURN HOSPITAL - CAMBRIDGE, MA 1979
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	9337
License Date	12/7/1994
Name	<b>OLNICK, CAROL L MD</b>
Address	FOUNDATION MED PARTNERS-IMMEDIATE CARE OF SO NH, 29 NORTHWEST BLVDNASHUA, NH, 03
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE USA 1988
Internship and Year	MADIGAN ARMY MEDICAL CENTER - TACOMA WA 1989
Residency and Year	MADIGAN ARMY MEDICAL CENTER - TACOMA WA 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13919
License Date	4/2/2008
Name	<b>OLOKODANA, FEMI MD</b>
Address	484 FERGUSON AVE, PO BOX 1178HAILEYBURY ONTARIO, , P0J1K0
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF SINT EUSTATIUS USA 2004
Internship and Year	MOUNTAINSIDE FAMILY PRACTICE ASSOC-UMDNJ - VERONA, NJ 2006
Residency and Year	MOUNTAINSIDE FAMILY PRACTICE ASSOC-UMDNJ - VERONA, NJ 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13222
License Date	8/2/2006
Name	<b>OLSEN, ARNE M MD</b>
Address	7962 S W 85TH TER, GAINESVILLE, FL, 32608
Specialty	GS
Board Certified	
School and Year of Graduation	MEDICAL COLLEGE OF WISCONSIN USA 2004
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CTR-LEBANON, NH 2005
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CTR- LEBANON, NH 2006
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	16047
License Date	3/6/2013
Name	<b>OLSEN, BRIDGET L MD</b>
Address	PARTNERS IN PEDIATRICS, 116 SPIT BROOK RDNASHUA, NH, 03062
Specialty	PD
Board Certified	PD
School and Year of Graduation	COLUMBIA UNIV COLLEGE OF PHYSICIANS & SURGEONS USA 2000
Internship and Year	CHILDREN'S HOSPITAL OF PHILADELPHIA, PHILADELPHIA, PA 2001
Residency and Year	CHILDREN'S HOSPITAL OF PHILADELPHIA, PHILADELPHIA, PA 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10057
License Date	7/2/1997
Name	<b>OLSHAN, JERROLD S MD</b>
Address	MAINE PEDIATRIC SPECIALTY GROU, 887 CONGRESS ST STE 320PORTLAND, ME, 04102
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF CHICAGO PRITZKER SCH OF MED - IL USA 1984
Internship and Year	YALE NEW HAVEN CHILDREN CENTER - CT 1985
Residency and Year	CHILDREN'S HOSPITAL - PA 1991
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	6595
License Date	7/15/1982
Name	<b>OLSON, ARDIS L MD</b>
Address	DHMC - PEDIATRICS, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF MINN MED SCH-MINN,MN USA 1972
Internship and Year	STRONG MEM HOSP U ROCHESTER-NY 1973
Residency and Year	STRONG MEM HOSP U ROCHESTER,NY 1975
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12535
License Date	11/3/2004
Name	<b>OLSON, ELIZABETH H MD</b>
Address	DHMC- PEDIATRICS, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty	PD
Board Certified	PD
School and Year of Graduation	TULANE UNIVERSITY, NEW ORLEANS LA US 1997
Internship and Year	OCHSNER CLINIC GRADUATE MED EDUCATION, NEW ORLEANS LA 1998
Residency and Year	TULANE UNIVERSITY, NEW ORLEANS LA 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11671
License Date	7/3/2002
Name	<b>OLSON, JAMES A MD</b>
Address	GENERAL SURGICAL SPECIALISTS, 184 TARRYTOWN RDMANCHESTER, NH, 03103
Specialty	GS
Board Certified	GS
School and Year of Graduation	GEORGE WASHINGTON UNIV - WASHINGTON,DC USA 1995
Internship and Year	UNIV OF COLORADO HLTH SCI CTR - DENVER, CO 1996
Residency and Year	UNIV OF COLORADO HLTH SCI CTR - DENVER, CO 2000
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	11515
License Date	2/6/2002
Name	<b>OLSON, JEFFREY J MD</b>
Address	ST PAUL HEART CLINIC, 255 NORTH SMITH AVE STE 100SAINT PAUL, MN, 55102
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF IOWA COLLEGE - IOWA CITY, IA USA 1999
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2000
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2002
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	9497
License Date	7/5/1995
Name	<b>OLSON, JUDITH E MD</b>
Address	DARTMOUTH HITCHCOCK -KEENE, 580-590 COURT STKEENE, NH, 03431-
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF MA MEDICAL SCHOOL USA 1989
Internship and Year	UNIVERSITY OF MA MEDICAL CENTER - WORCESTER MA 1991
Residency and Year	EMMA P BRADLEY HOSPITAL - E PROVIDENCE RI 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8740
License Date	6/3/1992
Name	<b>OLSON, KATHRYN L MD</b>
Address	SAINTS MEMORIAL WONAN HEALTH, 2 COURTHOUSE SQCHELMSFORD, MA, 01824-
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF CALIFORNIA USA 1988
Internship and Year	BRIGHAM AND WOMEN'S HOSPITAL BOSTON - MASSACHUSETTS 1989
Residency and Year	BRIGHAM AND WOMEN'S HOSPITAL BOSTON - MASSACHUSETTS 1992
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	11581
License Date	4/3/2002
Name	<b>OLSON, KIMBERLY W MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF IOWA - IOWA CITY, IA USA 1999
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2000
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2002
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	15160
License Date	3/2/2011
Name	<b>OLSON, PATRICK R MD</b>
Address	DHMC- ORTHO SURG DEPT, ONE MED CTR DRLEBANON, NH, 03756
Specialty	ORS
Board Certified	
School and Year of Graduation	UNIVERSITY OF UTAH USA 2005
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	11425
License Date	10/3/2001
Name	<b>OLSON, RICHARD W MD</b>
Address	125 MASCOMA ST, LEBANON, NH, 03766
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV OF MINNESOTA MED SCH - MINNEAPOLIS, MN USA 1988
Internship and Year	UNIV OF CONNECTICUT SCH OF MED - FARMINGTON, CT 1989
Residency and Year	HARTFORD HOSPITAL - FARMINGTON, CT 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	2877
License Date	9/12/1951
Name	<b>OLSON, ROBERT L MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1986</b>
Remarks	<b>Deceased - 12/30/03</b>

License Number	9783
License Date	7/3/1996
Name	<b>OLSON, STEVEN P MD</b>
Address	290 REED RD, COLEBROOK, NH, 03576-
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF MASS MEDICAL SCHOOL - WORCESTER, MA USA 1977
Internship and Year	MARY IMOGENE BASSETT HOSP - NY 1978
Residency and Year	MARY IMOGENE BASSETT HOSP - NY 1978
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	9351
License Date	1/11/1995
Name	<b>OLSSON, PAMELA N MD</b>
Address	EASTERN SHORE HOSPITAL, 5262 WOODS ROADCAMBRIDGE, MD, 21613
Specialty	P
Board Certified	
School and Year of Graduation	UNIV OF TEXAS MEDICAL SCHOOL AT HOUSTON USA 1987
Internship and Year	BAYLOR COLLEGE OF MEDICINE - HOUSTON TX 1992
Residency and Year	BAYLOR COLLEGE OF MEDICINE - HOUSTON TX 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9325
License Date	11/2/1994
Name	<b>OLSSON, PETER A MD</b>
Address	59 WINDSOR CT, KEENE, NH, 03431
Specialty	P
Board Certified	P
School and Year of Graduation	BAYLOR COLLEGE OF MEDICINE USA 1967
Internship and Year	UNIV OF VT AFFILIATED HOSPITALS - BURLINGTON VT 1968
Residency and Year	BAYLOR COLLEGE OF MEDICINE - HOUSTON TX 1971
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9498
License Date	7/5/1995
Name	<b>OLSWANG, JAMES W MD</b>
Address	451 BIRD ST, SHELBYVILLE, TN, 37160
Specialty	EM
Board Certified	EM
School and Year of Graduation	UMDNJ NEW JERSEY MED SCHOOL-NEWARK,NJ USA 1977
Internship and Year	SAN JOAQUIN GEN HOSPITAL-STOCKTON,CA 1978
Residency and Year	SAN JOAQUIN GEN HOSPITAL-STOCKTON,CA 1980
License Expiration Date	<b>6/30/2015</b>
Remarks	<b>9/1/10 - Settlement Agreement</b>

License Number	12273
License Date	4/7/2004
Name	<b>OLSZANSKI, ANTHONY J MD</b>
Address	FOX CHASE CANCER CTR, 333 COTTMAN AVEPHILADELPHIA, PA, 19111
Specialty	ON
Board Certified	ON
School and Year of Graduation	UNIVERSITY OF NEW JERSEY, NEWARK NJ US 1996
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 1997
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 1999
License Expiration Date	<b>6/30/2010</b>
Remarks	



License Number	10289
License Date	5/6/1998
Name	<b>OLSZEWSKI, LAURA E MD</b>
Address	LONDONDERRY PEDIATRICS PA, 254 NORTH BROADWAYSalem, NH, 03879
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF NORTH CAROLINA USA 1995
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER, LEBANON NH 1996
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER, LEBANON NH 1998
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	12004
License Date	7/2/2003
Name	<b>OLUGBEMI, AYODELE T MD</b>
Address	13 CRONIN RD, PRESQUE ISLE, ME, 04769
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF IBADAN - IBADAN NIGERIA NIGERIA 1987
Internship and Year	EALING HOSPITAL - MIDDLESEX, ENGLAND 1993
Residency and Year	QUEEN MARYS HOSPITAL - KENT, ENGLAND 1994
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	13223
License Date	8/2/2006
Name	<b>O'MAHONY, RUTH E MD</b>
Address	MAYO SURGICAL ASSOCIATES, 891 WEST MAIN STREET SUITE 700DOVER-FOXCROFT, ME, 04426
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF TEXAS USA 1994
Internship and Year	UNIV OF FLORIDA COLLEGE OF MEDICINE-JACKSONVILLE, FL 1995
Residency and Year	UNIV OF FLORIDA COLLEGE OF MEDICINE-JACKSONVILLE, FL 1997
License Expiration Date	<b>6/30/2010</b>
Remarks	<b>9/9/09 - Settlement Agreement</b>

License Number	5760
License Date	6/15/1977
Name	<b>O'MALLEY, FRANCIS D MD</b>
Address	340 MONTAUK HIGHWAY, WEST ISLIP, NY, 11795
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	NEW YORK MEDICAL COLLEGE-NEW YORK NY USA 1955
Internship and Year	NASSAU COLLEGE-EAST MEADOW NY 1956
Residency and Year	NASSAU COLLEGE-EAST MEADOW NY 1957
License Expiration Date	<b>6/30/2007</b>
Remarks	<b>Deceased 7/1/2013</b>

License Number	8815
License Date	9/2/1992
Name	<b>O'MARA, BARBARA A MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	SUNY AT BUFFALO SCHOOL OF MEDICINE USA 1986
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1987
Residency and Year	DARTMOUTH0-HITCHCOCK MEDICAL CENTER - LEBANON NH 1989
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	8322
License Date	5/9/1990
Name	<b>O'MARA, DOUGLAS B MD</b>
Address	KCCC, 5024 N ROYAL DRTRAVERSE CITY, MI, 49684
Specialty	PD
Board Certified	PD
School and Year of Graduation	MICHIGAN STATE UNIV COLL OF HUMAN MED -MI USA 1987
Internship and Year	UNIV FLORIDA AFFIL HOSP-GAINSVILLE FL 1988
Residency and Year	UNIV FLORIDA AFFIL HOSP-GAINSVILLE,FL 1989
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	12670
License Date	4/6/2005
Name	<b>O'MARA, JOHN E MD</b>
Address	PO BOX 283, MONROE, CT, 06468
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIVERSITY OF CONNECTICUT, FARMINGTON CT US 2001
Internship and Year	MONTEFIORE MEDICAL CENTER, BRONX NY 2002
Residency and Year	MONTEFIORE MEDICAL CENTER, BRONX NY 2004
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	8131
License Date	6/7/1989
Name	<b>O'MEARA, JOHN R MD</b>
Address	CARDIOVASCULAR CONSULTANTS, 96 CAMPUS DR STE 1SCARBOROUGH, ME, 04074-7133
Specialty	CD
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1982
Internship and Year	HARTFORD HOSPITAL - HARTFORD CT 1983
Residency and Year	UNIVERSITY OF CT SCHOOL OF MED - FARMINGTON CT 1986
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	15486
License Date	12/7/2011
Name	<b>O'MEARA, WILLIAM P MD</b>
Address	LAHEY CLINIC, 41 MALL RDBURLINGTON, MA, 01805
Specialty	RO
Board Certified	RO
School and Year of Graduation	TULANE UNIVERSITY SCHOOL OF MEDICINE USA 1997
Internship and Year	NAVAL MEDICAL CENTER - SAN DEIGO, CA 1998
Residency and Year	MEMORIAL SLOAN-KETTERING CANCER CENTER - NY, NY 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10000
License Date	5/7/1997
Name	<b>OMEL, JAMES L MD</b>
Address	3115 BRIAR WOOD, GRAND ISLAND, NE, 68801
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF NE COLL OF MED-OMAHA-,NA USA 1974
Internship and Year	ST JOSEPH MED CTR-KANSAS 1977
Residency and Year	ST JOSEPH MED CTR-KANSAS 1977
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	15886
License Date	10/3/2012
Name	<b>OMMEN, STEVE R MD</b>
Address	MAYO CLINIC, 200 FIRST ST SWROCHESTER, MN, 55905
Specialty	CD
Board Certified	CD
School and Year of Graduation	MAYO MEDICAL SCHOOL USA 1992
Internship and Year	MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 1993
Residency and Year	MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13683
License Date	9/5/2007
Name	<b>ONDUSKO, GILBERT N MD</b>
Address	35 SOUTH SHORT ST, ANDOVER, NH, 03216
Specialty	EM
Board Certified	
School and Year of Graduation	TEXAS TECH UNIV USA 2002
Internship and Year	ALBANY MEDICAL COLLEGE - ALBANY, NY 2003
Residency and Year	ALBANY MEDICAL COLLEGE - ALBANY, NY 2005
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	2678
License Date	7/12/1948
Name	<b>O'NEIL, CHARLES H MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>1/30/1996</b>
Remarks	<b>6/6/89 - SETTLEMENT AGREEMENT</b>

License Number	6169
License Date	3/6/1980
Name	<b>O'NEIL, KENNETH S MD</b>
Address	642 CENTRAL AVE, DOVER, NH, 03820-
Specialty	PS
Board Certified	PS
School and Year of Graduation	ALBANY MED COLL UNION UNIV.ALBANY,NY USA 1974
Internship and Year	BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1978
Residency and Year	WESTERN PA HOSPITAL - PITTSBURGH, PA 1980
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	2777
License Date	9/9/1949
Name	<b>O'NEIL, ROBERT J MD</b>
Address	11240 E VIA MADRE, TUCSON, AZ, 85749
Specialty	U
Board Certified	U
School and Year of Graduation	TUFTS UNIVERSITY USA 1946
Internship and Year	THE MERCY HOSPITAL - SPRINGFIELD, MA 1947
Residency and Year	THE MERCY HOSPITAL - SPRINGFIELD, MA 1947
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	11930
License Date	5/7/2003
Name	<b>O'NEILL, CHRISTOPHER D MD</b>
Address	STRATHAM AMBULATORY SURGICAL, 4WEST RD STE B1STRATHAM, NH, 03885
Specialty	CCA
Board Certified	AN
School and Year of Graduation	CREIGHTON UNIV SCH OF MED - OMAHA,NE USA 1999
Internship and Year	EMORY UNIV SCH OF MED - ATLANTA, GA 2000
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 6654  
 License Date 2/3/1983  
 Name **O'NEILL, CONOR W MD**  
 Address 16 ESTUARY KING' S CHANELL, WATERFORD IRELAND, ,  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation NATIONAL UNIV OF IRELAND IRELAND 1975  
 Internship and Year FLOYD MEDICAL CENTER - ROME, GA 1978  
 Residency and Year FLOYD MED CTR-ROME, GA 1978  
 License Expiration Date **6/30/2000**  
 Remarks

License Number 16679  
 License Date 7/2/2014  
 Name **O'NEILL, CORMAC E MD**  
 Address MANCHESTER UROLOGY ASSOC PA, 10 MEMBERS WAY STE 402DOVER, NH, 03820  
 Specialty U  
 Board Certified  
 School and Year of Graduation ROYAL COLLEGE OF SURGEONS IN IRELAND IRELAND 2006  
 Internship and Year BETH ISRAEL MEDICAL CENTER - NEW YORK, NY 2008  
 Residency and Year MEDICAL COLLEGE OF GEORGIA - AUGUSTA,GA 2014  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 8013  
 License Date 12/7/1988  
 Name **O'NEILL, DANIEL F MD**  
 Address THE ALPINE CLINIC PLLC, 12 YEATON RD STE 4 BOX 12PLYMOUTH, NH, 03264  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation STATE UNIV OF NY AT STONY BROOK HLTH SCI CTR USA 1983  
 Internship and Year MT SINAI HOSP-NY 1984  
 Residency and Year UNIV HOSP-STONY BROOK NY 1988  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 4919  
 License Date 11/9/1972  
 Name **O'NEILL, DESMOND C MD**  
 Address 1 SAWYER AVE, ROCHESTER, NH, 03867-3544  
 Specialty FP  
 Board Certified  
 School and Year of Graduation ROYAL COLLEGE OF SURGEONS IRELAND 1957  
 Internship and Year MEATH HOSPITAL - DUBLIN, IRELAND 1958  
 Residency and Year MEATH HOSPITAL - DUBLIN, IRELAND 1958  
 License Expiration Date **6/30/2004**  
 Remarks

License Number	8205
License Date	8/9/1989
Name	<b>O'NEILL, ELIZABETH M MD</b>
Address	AMERICAN RED CROSS, 180 RUSTCRAFT RDDEDHAM, MA, 02026-
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSITY COLLEGE CORK IRELAND 1975
Internship and Year	ST FINBARRS HOSPITAL, CORK IRELAND 1976
Residency and Year	ST ELIZABETH HOSPITAL, CAMBRIDGE MA 1977
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	12433
License Date	8/4/2004
Name	<b>ONEL, EROL MD</b>
Address	ANDOVER UROLOGY ASSOCIATES, 140 HAVERHILL ST DR'S PARK IANDOVER, MA, 01810
Specialty	U
Board Certified	
School and Year of Graduation	ALBERT EINSTEIN COLLEGE, BRONX NY US 1992
Internship and Year	UNIVERSITY OF CONNECTICUT, FARMINGTON CT 1994
Residency and Year	UNIVERSITY OF CONNECTICUT, FARMINGTON CT 1998
License Expiration Date	<b>12/13/2005</b>
Remarks	<b>12/13/05 - Preliminary Agreement for Practice Restrictions. 7/16/08- Settlement Agreement</b>

License Number	15630
License Date	4/4/2012
Name	<b>ONER, BANU MD</b>
Address	770 JAMES ST APT 1010, SYRACUSE, NY, 13203
Specialty	DR
Board Certified	DR
School and Year of Graduation	HACETTEPE UNIVERSITY TURKEY 1993
Internship and Year	BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2008
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER - WORCESTER, MA 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5488
License Date	3/4/1976
Name	<b>ONG, DE KIAM MD</b>
Address	7 PRESERVE DR, NASHUA, NH, 03060
Specialty	AN
Board Certified	AN
School and Year of Graduation	COLLEGE OF MED. UNIV OF THE EAST QUEZON CITY USA 1967
Internship and Year	ELLIS HOSPITAL SCHENECTADY 1968
Residency and Year	UNIV. HOSPITAL BOSTON 1972
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	14741
License Date	2/3/2010
Name	<b>ONG, MARICHI O MD</b>
Address	DARTMOUTH HITCHCOCK FAMILY MEDICINE, 25 SOUTH RIVER RDBEDFORD, NH, 03110
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF SANTO TOMAS PHILIPPINES 1995
Internship and Year	TEXAS TECH UNIVERSITY - ODESSA, TX 2007
Residency and Year	TEXAS TECH UNIVERSITY - ODESSA, TX 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9082
License Date	11/3/1993
Name	<b>ONORATO, JANICE MD</b>
Address	DHMC, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	
Board Certified	
School and Year of Graduation	UNIVERSITY OF NEW YORK - BUFFALO, NY USA
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1995</b>
Remarks	

License Number	15721
License Date	6/6/2012
Name	<b>ONUORA, AFAMEFUNA A MD</b>
Address	DHMC-CARDIOLOGY DEPT, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF BENIN NIGERIA 1999
Internship and Year	SUNY HEALTH SCIENCE CENTER - BROOKLYN, NY 2004
Residency and Year	SUNY HEALTH SCIENCE CENTER - BROOKLYN, NY 2007
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	16487
License Date	2/5/2014
Name	<b>OOSTERVEEN, SCOTT R MD</b>
Address	DH-CLINIC, 60 COMMERCIAL STCONCORD, NH, 03301
Specialty	GE
Board Certified	GE
School and Year of Graduation	STATE UNIV OF NEW YORK USA 1999
Internship and Year	TUFTS MEDICAL CENTER - BOSTON, MA 2000
Residency and Year	TUFTS MEDICAL CENTER - BOSTON, MA 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 7526  
 License Date 3/4/1987  
 Name **OOT, ROBERT F MD**  
 Address ASSOCIATED RADIOLOGISTS PA, 8 E PEARL ST NASHUA, NH, 03060-3461  
 Specialty R  
 Board Certified R  
 School and Year of Graduation SUNY - DOWNSTATE - BROOKLYN USA 1978  
 Internship and Year ST VINCENT HOSPITAL 1979  
 Residency and Year MA GENERAL HOSPITAL 1984  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10759  
 License Date 11/3/1999  
 Name **OPARAUGO, ANSLEM A MD**  
 Address WOODHULL MEDICAL CTR, 760 BROADWAY NEW YORK, NY, 11206-5317  
 Specialty PD  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF IBADAN NIGERIA 1983  
 Internship and Year WOODHULL MEDICAL CENTER - BROOKLYN NY 1999  
 Residency and Year WOODHULL MEDICAL CENTER - BROOKLYN NY 1999  
 License Expiration Date **6/30/2000**  
 Remarks

License Number 11714  
 License Date 8/7/2002  
 Name **OPIE, TIMOTHY M MD**  
 Address VA MEDICAL CTR, 500 W FORT ST BOISE, ID, 83702  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF WASHINGTON SCH OF MED-SEATTLE, WA USA 1998  
 Internship and Year UNIV OF WASHINGTON-SEATTLE, WA 1999  
 Residency and Year UNIV OF WASHINGTON-SEATTLE, WA 2001  
 License Expiration Date **6/30/2003**  
 Remarks

License Number 15844  
 License Date 9/5/2012  
 Name **OPPENHEIM, DANIEL S MD**  
 Address MAINE MEDICAL PARTNERS, 175 US ROUTE 1 SCARBOROUGH, ME, 04074  
 Specialty END  
 Board Certified END  
 School and Year of Graduation UNIVERSITY OF MIAMI SCHOOL OF MEDICINE USA 1983  
 Internship and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 1984  
 Residency and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 1986  
 License Expiration Date **6/30/2016**  
 Remarks



License Number 7047  
 License Date 2/7/1985  
 Name **OPPENHEIMER, EDGAR Y MD**  
 Address EASTER SEALS NEW HAMPSHIRE, 15 ERMER RD U#102SALEM, NH, 03079  
 Specialty CHN  
 Board Certified CHN  
 School and Year of Graduation FAC OF MED UNIV OF CAPE TOWN USA 1967  
 Internship and Year UNIV HOSPITALS-CLEVELAND,OH 1973  
 Residency and Year BOSTON CITY HOSPITAL-BOSTON,MA 1974  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 7885  
 License Date 6/8/1988  
 Name **OPPENHEIMER, ROBERT G MD**  
 Address FLETCHER ALLAN HLTH CARE, 111 COLCHESTER AVEBURLINGTON, VT, 05401  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIV OF MASSACHUSETTS USA 1974  
 Internship and Year WILFORD HALL MED CTR - TEXAS 1975  
 Residency and Year WILFORD HALL MED CTR - TEXAS 1978  
 License Expiration Date **6/30/2012**  
 Remarks **LAPSED FOR NON-RENEWAL 6/30/89**  
**REINSTATED ON 3/5/08**

License Number 13224  
 License Date 8/2/2006  
 Name **OPPENHEIMER, STEPHEN M MD**  
 Address SENTIENT MEDICAL SYSTEMS, 11011 MCCORMICK RDHUNT VALLEY, MD, 21031  
 Specialty N  
 Board Certified  
 School and Year of Graduation UNIV OF LONDON UNITED KINGDOM 1980  
 Internship and Year UNIV OF LONDON-LONDON, UK 1985  
 Residency and Year MEMORIAL UNIV OF NEWFOUNDLAND-ST JOHNS, NEWFOUNDLAND CANADA 1986  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 8193  
 License Date 7/12/1989  
 Name **OPRITZA, GREGORY D MD**  
 Address CMC - HOSPITALIST, 100 MCGREGOR STMANCHESTER, NH, 03102  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation MED COLL OF OHIO AT TOLEDO,OH USA 1986  
 Internship and Year GEORGETOWN UNIV-WASHINGTON,DC 1987  
 Residency and Year GEORGETOWN UNIV-WASHINGTON,DC 1989  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13122  
 License Date 6/7/2006  
 Name **OPSAHL, ALAN R MD**  
 Address DARTMOUTH HITCHCOCK, 580 COURT STKEENE, NH, 03431  
 Specialty CD  
 Board Certified CD  
 School and Year of Graduation UNIVERSITY OF CHICAGO, CHICAGO IL US 1997  
 Internship and Year INDIANA UNIVERSITY, INDIANAPOLIS IN 1998  
 Residency and Year INDIANA UNIVERSITY, INDIANAPOLIS IN 2000  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13878  
 License Date 3/5/2008  
 Name **ORAKZAI, SARWAR H MD**  
 Address DHMC-CARDIOLOGY DEPT, ONE MED CTR DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation AGA KHAN UNIV PAKISTAN 2002  
 Internship and Year UNIV OF PITTSBURGH MEDICAL CENTER - PITTSBURGH, PA 2005  
 Residency and Year UNIV PITTSBURGH MEDICAL CENTER - PITTSBURGH, PA 2007  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 6905  
 License Date 6/7/1984  
 Name **ORAM, ROBERT C MD**  
 Address THE CARDIOVASCULAR GROUP, 19 OLD ROLLINSFORD RDDOVER, NH, 03820  
 Specialty VS  
 Board Certified GS  
 School and Year of Graduation UNIV OF WESTERN ONTARIO FACULTY OF MED CANADA 1976  
 Internship and Year MAINE MED CTR-PORTLAND,ME 1978  
 Residency and Year MAINE MED CTR-PORTLAND,ME 1982  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10964  
 License Date 6/7/2000  
 Name **ORECCHIO, EDWARD J MD**  
 Address 11 DUNNING ST STE 4, CLAREMONT, NH, 03743  
 Specialty N  
 Board Certified N  
 School and Year of Graduation GEORGETOWN UNIV SCH - WASHINGTON, DC USA 1970  
 Internship and Year CHILDREN'S HOSPITAL - BUFFALO, NY 1971  
 Residency and Year CHILDREN'S HOSPITAL - BUFFALO, NY 1973  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	10965
License Date	6/7/2000
Name	<b>O'REGAN, NEIL J MD</b>
Address	HARVARD VANGUARD MED ASSOC, 228 BILLERICA RD CHELMSFORD, MA, 01824
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	GEORGETOWN UNIV SCH - WASHINGTON, DC USA 1996
Internship and Year	NYU DOWNTOWN HOSPITAL - NEW YORK, NY 1997
Residency and Year	NYU DOWNTOWN HOSPITAL - NEW YORK, NY 1999
License Expiration Date	<b>6/30/2014</b>
Remarks	<b>LAPSED FOR NON RENEWAL 6/30/06 REINSTATED 8/5/09</b>

License Number	6596
License Date	7/15/1982
Name	<b>O'REILLY, JAMES M MD</b>
Address	NASHUA PEDIATRICS INC, 444 NASHUA ST MILFORD, NH, 03055
Specialty	PD
Board Certified	PD
School and Year of Graduation	MICHIGAN STATE UNIV COLL - LANSING, MI USA 1974
Internship and Year	CHILDRENS HOSP - SAN FRANCISCO, CA 1975
Residency and Year	ST CHRISTOPHERS HOSP - PHIL, PA 1981
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15548
License Date	2/1/2012
Name	<b>OREM, ALEXANDER R MD</b>
Address	DHMC, 1 MED CTR DR LEBANON, NH, 03756
Specialty	ORS
Board Certified	
School and Year of Graduation	UNIVERSITY OF ILLINOIS USA 2009
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12242
License Date	3/3/2004
Name	<b>ORFAHLI, M NIZAR MD</b>
Address	1031 DEER CLIFF CT., FT WAYNE, IN, 46804
Specialty	PUD
Board Certified	PUD
School and Year of Graduation	UNIVERSITY OF DAMASCUS, DAMASCUS SYRIA SYRIA 1979
Internship and Year	FAIRVIEW HOSPITAL, CLEVELAND OH 1990
Residency and Year	UNIVERSITY OF ILLINOIS, CHICAGO IL 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 10689  
 License Date 9/1/1999  
 Name **ORINGER, JEFFREY A MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation ALBANY MEDICAL COLL - ALBANY, NY USA 1996  
 Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1997  
 Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1998  
 License Expiration Date **6/30/2007**  
 Remarks

License Number 8636  
 License Date 10/2/1991  
 Name **ORKIN, FREDRICK K MD**  
 Address 3 PIONEER PL, GRANTHAM, NH, 03753  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation HARVARD MED SCH - BOSTON, MA USA 1968  
 Internship and Year JEWISH HOSPITAL - ST LOUIS, MO 1969  
 Residency and Year HOSPITAL UNIV OF PENNSYLVANIA - PHILA, PA 1972  
 License Expiration Date **6/30/2017**  
 Remarks **lapsed 6/30/99 - reinstated 2/5/14**

License Number 8845  
 License Date 11/4/1992  
 Name **ORLAN, RICHARD M MD**  
 Address VA CBOC BRATTLEBORO, 71 GSP DRBRATTLEBORO, VT, 05301  
 Specialty IMG  
 Board Certified IMG  
 School and Year of Graduation ROSS UNIV SCHOOL OF MEDICINE USA 1985  
 Internship and Year MT SINAI SCHOOL OF MEDICINE - NEW YORK, NY 1986  
 Residency and Year MT SINAI SCHOOL OF MEDICINE - NEW YORK, NY 1988  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13352  
 License Date 12/6/2006  
 Name **ORLOSKY, MICHAEL J MD**  
 Address ANTHEM BC/BS, 370 BASSETT RD CT 0302-0040NORTH HAVEN, CT, 06473  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIV OF SO FLORIDA COLLEGE OF MEDICINE USA 1978  
 Internship and Year MASSACHUSETTS GENERAL HOSPITAL-BOSTON, MA 1979  
 Residency and Year MASSACHUSETTS GENERAL HOSPITAL-BOSTON, MA 1982  
 License Expiration Date **6/30/2008**  
 Remarks

License Number	14301
License Date	1/7/2009
Name	<b>ORLOV, MICHAEL V MD</b>
Address	STEWART ST ELIZABETH'S MED CTR, 736 CAMBRIDGE ST BOSTON, MA, 02135
Specialty	IM
Board Certified	IM
School and Year of Graduation	MOSCOW STATE UNIV RUSSIA 1986
Internship and Year	BETH ISRAEL MEDICAL CENTER - NY, NY 1994
Residency and Year	BETH ISRAEL MEDICAL CENTER - NY, NY 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12434
License Date	8/4/2004
Name	<b>ORMONT, MICHAEL L MD</b>
Address	DH KEENE - SURGERY, 590 COURT ST KEENE, NH, 03431
Specialty	GS
Board Certified	GS
School and Year of Graduation	TEMPLE UNIVERSITY, PHILADELPHIA PA US 1994
Internship and Year	THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA 1995
Residency and Year	THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10128
License Date	9/10/1997
Name	<b>ORNSTEIN, DEBORAH L MD</b>
Address	DHMC, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty	HEM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1991
Internship and Year	DAVID GRANT USAF MEDICAL CENTER - CA 1994
Residency and Year	MARY-HITCHCOCK MEMORIAL HOSPITAL - NH 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>LAPSED 6/30/02-----REINSTATED 10/5/05</b>

License Number	8681
License Date	1/8/1992
Name	<b>ORNVOLD, KIM MD</b>
Address	DHMC - DEPT OF PATHOLOGY, ONE MEDICAL CTR DR LEBANON, NH, 03756
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSITY OF COPENHAGEN SWEDEN 1975
Internship and Year	ELLIS HOSPITAL SCHENECTADY - NEW YORK 1977
Residency and Year	ST CLARE'S HOSPITAL SCHENECTADY - NEW YORK 1977
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9125
License Date	3/2/1994
Name	<b>O'ROURKE, DANIEL J MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DR CARDIOLOGYLEBANON, NH, 03756
Specialty	CD
Board Certified	CDS
School and Year of Graduation	SUNY HLTH SCIENCE CENTER AT SYRACUSE COLL OF MED USA 1990
Internship and Year	UNIVERSITY HEALTH CENTER OF PITTSBURGH - PITTSBURGH PA 1993
Residency and Year	UNIVERSITY HEALTH CENTER OF PITTSBURGH - PITTSBURGH PA 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8094
License Date	5/10/1989
Name	<b>ORR, ROBERT W MD</b>
Address	NH CARDIOLOGY CONSULTANTS PC, 1 ELLIOT WAY STE 100MANCHESTER, NH, 03103-3545
Specialty	CD
Board Certified	CD
School and Year of Graduation	ST GEORGE'S UNIV SCH OF MED ST GEORGE'S GRENADA 1984
Internship and Year	CABRINI MED CTR NEW YORK NY 1985
Residency and Year	STATE UNIV KINGS CO HOSP CTR BROOKLYN NY 1988
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	9818
License Date	8/7/1996
Name	<b>ORRACA-TETTEH, KINGSLEY A MD</b>
Address	30680 BAINBRIDGE RD, SOLON, OH, 44139-
Specialty	DR
Board Certified	OBG
School and Year of Graduation	UNIV OF GHANA MEDICAL SCHOOL ACCRA GHANA GHANA 1976
Internship and Year	HARLEM HOSPITAL CENTER RM KP2-149 - NY, NY 1982
Residency and Year	HARLEM HOSPITAL CENTER RM KP2-149 - NY, NY 1982
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	11834
License Date	2/5/2003
Name	<b>ORTAASLAN, SEVAN G MD</b>
Address	175 STILLVIEW RD STE 100, POINTE-CLARIEQUEBEC CANADA, , H9R 4S3
Specialty	ORS
Board Certified	
School and Year of Graduation	MCGILL UNIF - MONTREAL QUEBEC, CANADA CANADA 1992
Internship and Year	MCGILL UNIV - MONTREAL QUEBEC, CANADA 1993
Residency and Year	MCGILL UNIV - MONTREAL QUEBEC, CANADA 1997
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	15260
License Date	6/1/2011
Name	<b>ORTIZ, ALEXANDER MD</b>
Address	789 CENTRAL AVE, DOVER, NH, 03820
Specialty	EM
Board Certified	
School and Year of Graduation	SUNY @ STONY BROOK USA 2007
Internship and Year	SUNY @ STONY BROOK - STONY BROOK, NY 2009
Residency and Year	SUNY @ STONY BROOK - STONY BROOK, NY 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14937
License Date	7/7/2010
Name	<b>ORTIZ, TAYLOR M MD</b>
Address	WENTWORTH-DOUGLAS HOSP, 789 CENTRAL AVEDOVER, NH, 03820
Specialty	HO
Board Certified	IM
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 2004
Internship and Year	NORTHWESTERN UNIV FEINBERG SCHOOL OF MEDICINE - CHICAGO, IL 2005
Residency and Year	NORTHWESTERN UNIV FEINBERG SCHOOL OF MEDICINE - CHICAGO, IL 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14090
License Date	7/9/2008
Name	<b>ORZANO, A JOHN MD</b>
Address	NH DARTMOUTH FAM MED RESIDENCY, 250 PLEASANT STCONCORD, NH, 03301
Specialty	FP
Board Certified	FP
School and Year of Graduation	GEORGETOWN UNIV USA 1973
Internship and Year	HUNTERDON MEDICAL CENTER - FLEMINGTON, NJ 1974
Residency and Year	HUNTERDON MEDICAL CENTER - FLEMINGTON, NJ 1976
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13075
License Date	5/3/2006
Name	<b>ORZANO, IRENE M MD</b>
Address	CONCORD ORTHOPAEDICS PA, 264 PLEASANT STCONCORD, NH, 03301
Specialty	IM
Board Certified	IM
School and Year of Graduation	GEORGETOWN UNIV USA 2000
Internship and Year	RHODE ISLAND HOSPITAL-PROVIDENCE RI 2001
Residency and Year	RHODE ISLAND HOSPITAL-PROVIDENCE RI 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14035
License Date	6/4/2008
Name	<b>ORZECZOWSKI, NICOLE M DO</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	RHU
Board Certified	IM
School and Year of Graduation	PHILADELPHIA COLLEGE USA 2002
Internship and Year	COMMUNITY GENERAL OSTEOPATHIC HOSPITAL - HARRISBURG, PA 2003
Residency and Year	MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16522
License Date	3/5/2014
Name	<b>OSA, ETIN-OSA O MD</b>
Address	DEPT OF RADIATION ONCOLOGY LL1, 160 EAST 34TH STNEW YORK, NY, 10016
Specialty	RO
Board Certified	
School and Year of Graduation	NEW YORK UNIVERSITY SCHOOL OF MEDICINE USA 2009
Internship and Year	NEW YORK UNIVERSITY SCHOOL OF MEDICINE- NEW YORK, NY 2010
Residency and Year	NEW YORK UNIVERSITY MEDICAL CENTER - NEW YORK, NY 2013
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13508
License Date	5/9/2007
Name	<b>OSADSKY, RASTISLAV MD</b>
Address	DEPARTMENT OF RADIOLOGY, TRIPLER ARMY MEDICAL CENTERHOLOLULU, HI, 96859
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF KARLOVY CZECH REPUBLIC 2000
Internship and Year	IOWA LUTHERAN HOSPITAL - DES MOINES, IA 2005
Residency and Year	IOWA LUTHERAN HOSPITAL-DES MOINES, IA 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11604
License Date	5/1/2002
Name	<b>OSBORN, BARBARA H MD</b>
Address	SHADY GROVE FERTILITY CENTER, 15001 SHADY GROVE RDROCKVILLE, MD, 20850
Specialty	OBG
Board Certified	
School and Year of Graduation	DUKE UNIV SCH OF MED - DURHAM, NC USA 1993
Internship and Year	DUKE UNIV MEDICAL CENTER - DURHAM, NC 1997
Residency and Year	DUKE UNIV MEDICAL CENTER - DURHAM, NC 2000
License Expiration Date	<b>6/30/2003</b>
Remarks	



License Number	15356
License Date	8/3/2011
Name	<b>OSBORN, TIMOTHY M MD</b>
Address	259 ROUTE 108, SOMERSWORTH, NH, 03878
Specialty	OS
Board Certified	
School and Year of Graduation	OREGON HEALTH & SCIENCE UNIVERSITY SCHOOL OF MEDIC USA 2008
Internship and Year	OREGON HEALTH SCIENCES UNIVERSITY - PORTLAND, OR 2009
Residency and Year	OREGON HEALTH SCIENCES UNIVERSITY DENTAL SCHOOL - PORTLAND, OR 2010
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	6906
License Date	6/7/1984
Name	<b>OSBORNE, RICHARD G MD</b>
Address	195 LOWER BEECH HILL RD, CAMPTON, NH, 03223
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIV OF CONNECTICUT SCH MED-FRAMINGTON,CT USA 1975
Internship and Year	ST FRANCES HOSP MED CTR-HARTFORD,CT 1976
Residency and Year	ST FRANCES HOSP MED CTR-HARTFORD,CT 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10099
License Date	8/6/1997
Name	<b>O'SHAUGHNESSY, NICHOLAS J MD</b>
Address	134 JOHNSON RD, WINCHESTER, MA, 01890-2465
Specialty	EM
Board Certified	EM
School and Year of Graduation	JEFFERSON MED COLL-THOS JEFFERSON UNIV USA 1972
Internship and Year	BRYN MAWR HOSPITAL - PA 1973
Residency and Year	BRYN MAWR HOSPITAL-PA 1973
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	9742
License Date	6/5/1996
Name	<b>O'SHEA, DANA W MD</b>
Address	FOUNDATION MEDICAL PARTNERS, 8 PROSPECT STNASHUA, NH, 03061
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF ROCHESTER SCHOOL OF MEDICINE - NY USA 1989
Internship and Year	MOFFITT HOSP UNIV OF CALIFORNIA - SAN FRANCISCO, CA 1990
Residency and Year	MOFFITT HOSP UNIV OF CALIFORNIA - SAN FRANCISCO, CA 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9685
License Date	4/3/1996
Name	<b>O'SHEA, JAMES D MD</b>
Address	COMMONWEALTH HEMATOLOGY-ONCOLOGY, 299 LINCOLN ST ATE 100WORCESTER, MA, 01605
Specialty	ON
Board Certified	IM
School and Year of Graduation	UNIV OF ROCHESTER - NY USA 1989
Internship and Year	MOFFITT HOSPITAL UNIV OF CALIFORNIA - SAN FRANCISCO,CA 1990
Residency and Year	YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 1995
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	13463
License Date	4/4/2007
Name	<b>OSHMAN, LAUREN D MD</b>
Address	CONCORD FAMILY MEDICINE, 18 FOUNDRY ST STE 201CONCORD, NH, 03301
Specialty	FP
Board Certified	FP
School and Year of Graduation	BAYLOR COLLEGE USA 2003
Internship and Year	BETH ISRAEL RESIDENCY PROGRAM IN URBAN FAMILY PRACTICE-NEW YORK, NY 2005
Residency and Year	BETH ISRAEL RESIDENCY PROGRAM IN URBAN FAMILY PRACTICE-NEW YORK, NY 2006
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	14634
License Date	10/7/2009
Name	<b>OSMAN, ZIAD S MD</b>
Address	503 PETERS WAY, WYOMISSING, PA, 19610
Specialty	FP
Board Certified	
School and Year of Graduation	I M SECHENOV MOSCOW MEDICAL ACADEMY RUSSIA 1998
Internship and Year	READING HOSPITAL & MEDICAL CENTER - WEST READING, PA 2008
Residency and Year	READING HOSPITAL & MEDICAL CENTER - WEST READING, PA 2009
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	11386
License Date	9/5/2001
Name	<b>OSTER, JOEL M MD</b>
Address	MASSACHUSETTS GENERAL HOSPITAL, 55 FRUIT ST VBK830BOSTON, MA, 02114
Specialty	N
Board Certified	
School and Year of Graduation	BOSTON UNIV SCH OF MED- BOSTON, MA USA 1997
Internship and Year	ST ELIZABETH'S MEDICAL CENTER - BOSTON, MA 1998
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 2001
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	12401
License Date	7/7/2004
Name	<b>OSTER, JONATHAN B MD</b>
Address	NORTH AMERICAN PARTNERS, 68 S SERVICE RD STE 350MELVILLE, NY, 11747
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF ILLINOIS - CHICAGO, IL USA 1994
Internship and Year	NEW YORK AND PRESBYTERIAN HOSPITAL - NEW YORK, NY 1995
Residency and Year	NEW YORK AND PRESBYTERIAN HOSPITAL - NEW YORK, NY 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	Lapsed for non renewal 6/30/08 - Reinstated 4/6/11.Lapsed 6/30/12-reinstated 4/3/13

License Number	12707
License Date	5/4/2005
Name	<b>OSTRANDER, ROBYN L MD</b>
Address	BRATTLEBORO RETREAT, 1 ANNA MARSH LANE BRATTLEBORO, VT, 05302
Specialty	P
Board Certified	P
School and Year of Graduation	HARVARD MEDICAL, BOSTON MA US 2000
Internship and Year	DARTMOUTH HITCHCOCK, LEBANON NH 2001
Residency and Year	DARTMOUTH HITCHCOCK, LEBANON NH 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12113
License Date	10/1/2003
Name	<b>OSTROSKI, MARIKA H MD</b>
Address	DHMC-KEENE, 590 COURT ST KEENE, NH, 03431
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF OREGON, PORTLAND OR US 2000
Internship and Year	NH DARTMOUTH FAM PRACTICE RESIDENCY, CONCORD NH 2001
Residency and Year	NH DARTMOUTH FAM PRACTICE RESIDENCY, CONCORD NH 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16770
License Date	9/3/2014
Name	<b>O'SULLIVAN, BRIAN P MD</b>
Address	71 OLD TOWN RD EXT, EPSOM, NH, 03234
Specialty	PD
Board Certified	PD
School and Year of Graduation	THE GEISEL SCHOOL OF MED @ DARTMOUTH USA 1980
Internship and Year	ST CHRISTOPHERS HOSPITAL FOR CHILDREN-PHILADELPHIA, PA 1981
Residency and Year	ST CHRISTOPHERS HOSPITAL FOR CHILDREN-PHILADELPHIA, PA 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5845
License Date	12/5/1977
Name	<b>O'SULLIVAN, MARIA V MD</b>
Address	CHILD HEALTH SERVICES, 1245 ELM STMANCHESTER, NH, 03101-1858
Specialty	PD
Board Certified	PD
School and Year of Graduation	NATIONAL UNIVERSITY OF IRELAND IRLAND 1972
Internship and Year	ST VINCENT HOSPITAL WORCESTER 1974
Residency and Year	BAYLOR UNIV AFFIL. HOSPITALS HOUSTON 1976
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15590
License Date	3/7/2012
Name	<b>OSYPIUK, MACIEJ MD</b>
Address	GRANITE STATE ANESTHESIOLOGISTS PA, 168 KINSLEY ST STE 4NASHUA, NH, 03060
Specialty	AN
Board Certified	AN
School and Year of Graduation	AKADEMIA MEDYCZNA LODZ POLAND 1981
Internship and Year	CARITAS ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 1999
Residency and Year	CARITAS ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12549
License Date	12/1/2004
Name	<b>OTERI-AHMADPOUR, CONCETTA R DO</b>
Address	31 OLD NASHUA RD UNIT 14, AMHERST, NH, 03031
Specialty	FP
Board Certified	FP
School and Year of Graduation	PHILADELPHIA COLLEGE, PHILADELPHIA PA US 2001
Internship and Year	ALTOONA HOSPITAL, ALTOONA PA 2002
Residency and Year	ALTOONA HOSPITAL, ALTOONA PA 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10282
License Date	5/6/1998
Name	<b>OTOVIC, NANCY E MD</b>
Address	75 LINDALL ST, DANVERS, MA, 01923
Specialty	FP
Board Certified	
School and Year of Graduation	ST GEORGE'S UNIVERSITY USA 1995
Internship and Year	BEVERLY HOSPITAL, MASSACHUSETTS 1998
Residency and Year	BEVERLY HOSPITAL-MASS 1998
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number 12402  
 License Date 7/7/2004  
 Name **OTT, KEVIN W DO**  
 Address BATH VA MEDICAL CENTER, 76 VETERNS AVE BATH, NY, 14810  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation PHILADELPHIA COLLEGE - PHILADELPHIA, PA USA 2001  
 Internship and Year WARREN HOSPITAL - PHILLIPSBURG, NJ 2002  
 Residency and Year WARREN HOSPITAL - PHILLIPSBURG, NJ 2004  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 12073  
 License Date 9/3/2003  
 Name **OUHILAL, SOPHIA MD**  
 Address MONTREAL FERTILITY CENTER STE 220, 5252 DE MAISONNEUVE BLVD WESTMONTREAL QC, , H4A  
 Specialty REN  
 Board Certified OBG  
 School and Year of Graduation MCGILL UNIVERSITY, MONTREAL QUEBEC CANADA US 1995  
 Internship and Year UNIVERSITE DE MONTREAL, MONTREAL, QUEBEC CANADA 1996  
 Residency and Year UNIVERSITE DE MONTREAL, MONTREAL, QUEBEC CANADA 2000  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 6513  
 License Date 3/4/1982  
 Name **OUSLER JR, GEORGE W MD**  
 Address MRI CENTER, WEST GATE PLAZA, 400 LOWELL AVE HAVERHILL, MA, 01830  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation JEFFERSON MEDICAL COLLEGE OF THOMAS JEFFERSON PA USA 1965  
 Internship and Year THOMAS JEFFERSON UNIV HOSPITAL - PHILA, PA 1966  
 Residency and Year PHILADELPHIA GENERAL HOSPITAL - PHILA, PA 1970  
 License Expiration Date **5/7/2007**  
 Remarks **DECEASED 5/7/07**

License Number 12472  
 License Date 9/1/2004  
 Name **OUYANG, DAVID T MD**  
 Address GUTHRIE AMBULATORY HEALTH CLIN, 11050 MT BELVEDERE BLVD FORT DRUM, NY, 13602  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF ROCHESTER, ROCHESTER NY US 1993  
 Internship and Year NAVAL HOSPITAL OAKLAND, BETHESDA MD 1994  
 Residency and Year NATIONAL NAVAL MED CTR, BETHESDA MD 2000  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 16870  
 License Date 12/3/2014  
 Name **OUYANG, XIAOXI MD**  
 Address 1693 ST GERMAIN, MONTREAL QUEBEC CANADA, , H1W 2T3  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation MCGILL UNIVERSITY UNIV FACULTY OF MEDICINE CANADA 2007  
 Internship and Year MERCY MEDICAL CENTER, DES MOINES, IA 2008  
 Residency and Year GREENWICH HOSPITAL ASSOCIATION, GREENWICH, CT 2012  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12943  
 License Date 11/2/2005  
 Name **OVEN, SARAH J MD**  
 Address 210 VAN LAKES BLVD, AUBURNDALE, FL, 33823  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation OHIO STATE UNIVERSITY, COLUMBUS OH US 1997  
 Internship and Year THE MEDICAL CENTER INC, COLUMBUS GA 1998  
 Residency and Year THE MEDICAL CENTER INC, COLUMBUS GA 2000  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 10793  
 License Date 12/1/1999  
 Name **OVUWORIE, CYRIL A MD**  
 Address 3914 STARFIELD LANE, LAS VAGAS, NV, 89147  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation COLL OF MED UNIV OF LAGOS-LAGOS, NIGERIA NIGERIA 1991  
 Internship and Year HARLEM HOSPITAL CENTER - NEW YORK, NY 1995  
 Residency and Year HARLEM HOSPITAL CENTER - NEW YORK, NY 1997  
 License Expiration Date **6/30/2001**  
 Remarks

License Number 14139  
 License Date 8/6/2008  
 Name **OWEN, REBECCA C DO**  
 Address COMM HEALTH CTR, 489 BERNARDSTON RD STE 108 GREENFIELD, MA, 01301  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation NEW YORK COLLEGE USA 2004  
 Internship and Year MARY IMOGENE BASSETT HOSPITAL - COOPERSTOWN, NY 2005  
 Residency and Year MARY IMOGENE BASSETT HOSPITAL - COOPERSTOWN, NY 2007  
 License Expiration Date **6/30/2016**  
 Remarks **LAPSED FOR NONRENEWAL 6/30/12**  
**REINSTATED 8/6/14**

License Number	16953
License Date	2/4/2015
Name	<b>OWENS, SHERI A MD</b>
Address	3807 AUSTILL LN, MOBILE, AL, 36608
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF SOUTH ALABAMA COLLEGE OF MEDICINE USA 1986
Internship and Year	UNIVERSITY OF SOUTH FLORIDA - TAMPA, FL 1987
Residency and Year	UNIVERSITY OF SOUTH FLORIDA - TAMPA, FL 1990
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6744
License Date	7/7/1983
Name	<b>OXMAN, THOMAS E MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PYG
Board Certified	PYG
School and Year of Graduation	UNIV OF COLORADO SCH MED- DENVER,CO USA 1975
Internship and Year	MOUNT ZION HOSP MED CTR-SAN FRANCISCO 1976
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR-HANOVER 1980
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	5520
License Date	5/17/1976
Name	<b>OXNARD, SARAH C MD</b>
Address	LAMPREY HEALTH CARE, 207 S MAIN STNEWMARKET, NH, 03857-1835
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV. OF ROCHESTER SCHOOL OF MED. AND DENTISTRY USA 1973
Internship and Year	UNIV HOSPS CLEVELAND 1974
Residency and Year	UNIV OF UTAH AFFIL HOSPS 1975
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5521
License Date	5/17/1976
Name	<b>OXNARD, THOMAS F MD</b>
Address	5 GREENLEAF DR, EXETER, NH, 03833
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF ROCHESTER SCHOOL OF MED.AND DENTISTRY USA 1971
Internship and Year	UNIV. HOSPS CLEVELAND 1972
Residency and Year	UNIV.HOSPS CLEVELAND 1974
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number 8233  
 License Date 10/4/1989  
 Name **O'YOUNG, ANDREW J MD**  
 Address 19 TYLER ST STE 103, NASHUA, NH, 03060  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation NORTHWESTERN UNIV MED SCH - CHICAGO, IL USA 1986  
 Internship and Year MC GAW MC/NW UNIV MEDICAL SCHOOL - CHICAGO, IL 1987  
 Residency and Year VA MEDICAL CENTER - LONG BEACH, CA 1989  
 License Expiration Date **6/30/2001**  
 Remarks

License Number 12671  
 License Date 4/6/2005  
 Name **OZAKTAY, A. CUNEYT MD**  
 Address DRH 2T ANNEX, 4201 ST ANTOINEDETROIT, MI, 48201  
 Specialty AN  
 Board Certified  
 School and Year of Graduation ISTANBUL UNIVERSITY TURKEY 1988  
 Internship and Year DETROIT MEDICAL CENTER, DETROIT MI 2002  
 Residency and Year WAYNE STATE UNIVERSITY, DETROIT MI 2005  
 License Expiration Date **6/30/2007**  
 Remarks

License Number 17181  
 License Date 7/1/2015  
 Name **OZEL, AYCA D MD**  
 Address 3 CHEROKEE CIR, ANDOVER, MA, 01810  
 Specialty PM  
 Board Certified PM  
 School and Year of Graduation UNIVERSITY OF MINNESOTA USA 1986  
 Internship and Year ST VINCENTS HOSPITAL & MEDICAL CENTER OF NY- NY, NY 1987  
 Residency and Year TUFTS UNIVERSITY MEDICAL CENTER - BOSTON, MA 1990  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15111  
 License Date 1/5/2011  
 Name **PAAPE, KERRY L MD**  
 Address 260 MYRTLE GROVE DR, HOUMA, LA, 70360  
 Specialty TS  
 Board Certified TS  
 School and Year of Graduation UNIVERSITY OF TEXAS USA 1985  
 Internship and Year UNIVERSITY OF UTAH MEDICAL CENTER - SALT LAKE CITY, UT 1986  
 Residency and Year UNIVERSITY OF UTAH MEDICAL CENTER - SALT LAKE CITY, UT 1987  
 License Expiration Date **6/30/2013**  
 Remarks



License Number 4219  
 License Date 4/16/1968  
 Name **PABLO, JUAN O MD**  
 Address 713 CHESTNUT ST, MANCHESTER, NH, 03104-3002  
 Specialty OBG  
 Board Certified  
 School and Year of Graduation SANTO DOMINGO - DOMINICAN REPUBLIC DOMINICAN REPUBLIC 1959  
 Internship and Year QUINCY CITY HOSPITAL - QUINCY, MA 1963  
 Residency and Year QUINCY CITY HOSPITAL - QUINCY, MA 1966  
 License Expiration Date **6/30/2004**  
 Remarks

License Number 8132  
 License Date 6/7/1989  
 Name **PABO, MARCIA J MD**  
 Address 103 ROXBURY ST STE 306, KEENE, NH, 03431  
 Specialty P  
 Board Certified P  
 School and Year of Graduation ALBANY NED CTR-ALBANY,NY USA 1978  
 Internship and Year BALL MEM HOSP-MUNCIE,IN 1979  
 Residency and Year STRONG MEM HOSP-ROCHESTER,NY 1989  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10400  
 License Date 9/2/1998  
 Name **PACE, JONATHAN B MD**  
 Address INDIAN VALLEY MED CLINIC, 176 HOT SPRINGS RD GREENVILLE, CA, 95947  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation W VIRGINIA UNIV SCH OF MED -MORGANTOWN,WV USA 1981  
 Internship and Year MARSHALL UNIV SCH OF MED - HUNTINGTON, WV 1982  
 Residency and Year SAN JOAQUIN GENERAL HOSPITAL - STOCKTON, CA 1988  
 License Expiration Date **6/30/2003**  
 Remarks

License Number 16019  
 License Date 2/6/2013  
 Name **PACE, MARK V DO**  
 Address APPLIEDORE MED GRP PARKLAND PHYS SERV. OF SALEM, 31 STILES RD, SUITE 2100 SALEM, NH, 030  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation KANSAS CITY UNIVERSITY OF MED & BIOSCIENCES USA 1980  
 Internship and Year TRI COUNTY HOSPITAL - SPRINGFIELD, MA 1981  
 Residency and Year  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	15967
License Date	12/5/2012
Name	<b>PACE, MEREDITH M MD</b>
Address	MASS GENERAL HOSPITAL - WANG BLDG RM 333, 15 PARKMAN STBOSTON, MA, 02114
Specialty	AN
Board Certified	
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 2003
Internship and Year	NAVAL MEDICAL CENTER - SAN DIEGO, CA 2004
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	12887
License Date	9/7/2005
Name	<b>PACE, NICOLE C MD</b>
Address	DHMC/DERMATOLOGY DEPT, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	D
Board Certified	D
School and Year of Graduation	UNIVERSITY OF TEXAS, HOUSTON TX US 1995
Internship and Year	UNIVERSITY OF TEXAS, HOUSTON TX 1996
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17274
License Date	9/2/2015
Name	<b>PACHECO BLOCH, JUAN M MD</b>
Address	12 KATAHDIN DR, LEXINGTON, MA, 02421-6433
Specialty	CCM
Board Certified	CCM
School and Year of Graduation	UNIVERSIDAD EL BOSQUE - SANTA FE DE BOGOTA COLUMBIA 1993
Internship and Year	MARSHFIELD CLINIC-ST JOSEPH'S HOSPITAL - MARSHFIELD, WI 1996
Residency and Year	MARSHFIELD CLINIC-ST JOSEPH'S HOSPITAL - MARSHFIELD, WI 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10690
License Date	9/1/1999
Name	<b>PACHECO, JAMES S DO</b>
Address	LEE URGENT CARE, 65 CALEF AVELEE, NH, 03861
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF NEW ENGLAND COLL OF OSTEO MED - ME USA 1994
Internship and Year	MELLCREEK COMM HOSP- ERIE, PA 1995
Residency and Year	MILLCREEK COMM HOSP - ERIE, PA 1997
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	13437
License Date	3/7/2007
Name	<b>PACHECO, MERCEDES MD</b>
Address	HOSPICE OF RHODE ISLAND, 1085 N MAIN ST PROVIDENCE, RI, 02904
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF MIAMI USA 2001
Internship and Year	RHODE ISLAND HOSPITAL-PROVIDENCE, RI 2002
Residency and Year	RHODE ISLAND HOSPITAL-PROVIDENCE, RI 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15806
License Date	8/1/2012
Name	<b>PACHNER, ANDREW R MD</b>
Address	DHMC, ONE MED CTR DR LEBANON, NH, 03756
Specialty	N
Board Certified	N
School and Year of Graduation	YALE UNIVERSITY SCHOOL OF MEDICINE USA 1975
Internship and Year	JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1976
Residency and Year	JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1977
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4674
License Date	4/3/1972
Name	<b>PACIK, PETER T MD</b>
Address	PO BOX 1091, CRYSTAL BEACH, FL, 34681
Specialty	PS
Board Certified	PS
School and Year of Graduation	SUNY DOWNSTATE MEDICAL CENTER - NY USA 1965
Internship and Year	BETH ISREAL HOSPITAL - NY, NY 1966
Residency and Year	SUNY MEDICAL CENTER - SYRACUSE, NY 1972
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>7/11/11 - Final Decision and Order</b>

License Number	11715
License Date	8/7/2002
Name	<b>PACIULLI, CYNTHIA D N MD</b>
Address	ATLANTIC SURGICAL ASSOC, 330 BORTHWICK AVE STE 308 PORTSMOUTH, NH, 03801
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF TEXAS SW MEDICAL CTR AT DALLAS- DALLAS, TX USA 1994
Internship and Year	UNIV OF MARYLAND MEDICAL SYSTEM-BALTIMORE, MD 1995
Residency and Year	UNIV OF MARYLAND MEDICAL SYSTEM-BALTIMORE, MD 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 15087  
 License Date 12/1/2010  
 Name **PACKARD, ANDREJA MD**  
 Address FOUNDATION NEUROLOGY, 17 PROSPECT STNASHUA, NH, 03060  
 Specialty N  
 Board Certified N  
 School and Year of Graduation UNIVERSITY OF ZAGREB CROATIA 1991  
 Internship and Year SIGNATURE HEALTHCARE BROCKTON HOSPITAL - BROCKTON, MA 2000  
 Residency and Year BOSTON UNIVERSITY SCHOOL OF MEDICINE - BOSTON, MA 2003  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9223  
 License Date 7/6/1994  
 Name **PACKARD, ANDREW B MD**  
 Address SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200SOUTH PORTLAND, ME, 04106  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1965  
 Internship and Year MAINE MEDICAL CENTER - PORTLAND ME 1966  
 Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITALS - BOSTON MA 1972  
 License Expiration Date **6/30/2016**  
 Remarks **lapsed 6/30/10 - reinstated 10/2/13**

License Number 4922  
 License Date 11/9/1972  
 Name **PACKARD, ARTEMAS J MD**  
 Address 75 MAIN ST, PO BOX 265PLAISTOW, NH, 03865-0265  
 Specialty FP  
 Board Certified  
 School and Year of Graduation UNIV OF VERMONT USA 1960  
 Internship and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1961  
 Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1964  
 License Expiration Date **10/29/2008**  
 Remarks **DECEASED 10/29/2008**

License Number 15389  
 License Date 9/7/2011  
 Name **PACKARD, CRAIG S MD**  
 Address CONCENTRA MEDICAL CTR, 1279 SOUTH WILLOW ST STE EMANCHESTER, NH, 03103  
 Specialty OM  
 Board Certified OM  
 School and Year of Graduation UNIFORMED SERVICES UNIV OF THE HEALTH SCIENCES USA 1989  
 Internship and Year MALCOLM GROW MEDICAL CENTER - ANDREWS AFB, MD 1990  
 Residency and Year MALCOLM GROW MEDICAL CENTER - ANDREWS AFB, MD 1992  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	14972
License Date	8/4/2010
Name	<b>PACKARD, JENNIFER P MD</b>
Address	DARTMOUTH HITCHCOCK, 188 ROUTE 101BEDFORD, NH, 03110-5454
Specialty	IM
Board Certified	IM
School and Year of Graduation	THOMAS JEFFERSON UNIVERSITY USA 2006
Internship and Year	CHRISTIAN CARE HEALTH SYSTEM - NEWARK, DE 2008
Residency and Year	CHRISTIAN CARE HEALTH SYSTEM - NEWARK, DE 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4565
License Date	6/15/1970
Name	<b>PACKARD, THOMAS J MD</b>
Address	5019 MODOCK TRAIL, LAS CRUCES, NM, 88011
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF VERMONT USA 1965
Internship and Year	CHILDREN'S ORTHOPEDIC HOSPITAL & MEDICAL CENTER - SEATTLE, WA 1966
Residency and Year	BOSTON FLOATING HOSPITAL - BOSTON, MA 1968
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	17182
License Date	7/1/2015
Name	<b>PADILLA CHACON, FERNANDO R MD</b>
Address	301 E MAIN ST, BAY SHORE, NY, 11706
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSIDAD FRANCISCO MARROQUIN GUATEMALA 2006
Internship and Year	UNIVERSITY OF TX MEDICAL CENTER - SAN ANTONIO, TX 2009
Residency and Year	NSLIJ SOUTHSIDE HOSPITAL- BAYSHORE, NY 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10100
License Date	8/6/1997
Name	<b>PADIN, MARIA D MD</b>
Address	DARTMOUTH-HITCHCOCK CONCORD, 253 PLEASANT STCONCORD, NH, 03301
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	DARTMOUTH MEDICINE - HANOVER, NH USA 1992
Internship and Year	MAINE MEDICAL CENTER - ME 1997
Residency and Year	MAINE MEDICAL CENTER - ME 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7008
License Date	11/7/1984
Name	<b>PADMANABHAN, SRIRANGAM R MD</b>
Address	NORTHEAST REHAB HOSP, 70 BUTLER STSALEM, NH, 03079-3974
Specialty	PM
Board Certified	PM
School and Year of Graduation	ARMED FORCES MED COLL-POONA UNIV INDIA 1969
Internship and Year	INSTITUTE PHYSICIANS MED REHAB - PEORIA,IL 1983
Residency and Year	INST PHYSICIANS MED REHAB-PEORIA,IL 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11972
License Date	6/4/2003
Name	<b>PADMANABHAN, VIJAYALAKSHMI MD</b>
Address	DHMC-PATHOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	KASTURBA MEDICAL COLL, MANIPAL U - MANGALORE INDIA 1988
Internship and Year	FLETCHER ALLEN HEALTHCARE/UNIVERSITY OF VERMONT COM - BURLINGTON VT 2002
Residency and Year	FLETCHER ALLEN HEALTHCARE/UNIVERSITY OF VERMONT COM - BURLINGTON VT 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16523
License Date	3/5/2014
Name	<b>PADMARAJU, APARNA RAJU MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	JAWAHARIAL NEHRU MEDICAL COLLEGE - BELGAUM INDIA 2007
Internship and Year	SPOKANE MEDICAL CENTERS - SPOKANE, WA 2011
Residency and Year	SPOKANE MEDICAL CENTERS - SPOKANE, WA 2013
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16128
License Date	5/1/2013
Name	<b>PADMARAJU, CHANDRASEKHAR R MD</b>
Address	DHMC, 1 MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	GANDHI MEDICAL COLLEGE INDIA 2001
Internship and Year	MOUNT VERNON HOSPITAL - MT VERNON, NY 2005
Residency and Year	MOUNT VERNON HOSPITAL - MT VERNON, NY 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 10058  
 License Date 7/2/1997  
 Name **PAGE, JENNIFER A MD**  
 Address NASHUA PEDIATRICS, 155 KINSLEY STNASHUA, NH, 03060  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1994  
 Internship and Year BAYSTATE MEDICAL CENTER - MA 1997  
 Residency and Year BAYSTATE MEDICAL CENTER - MA 1997  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14742  
 License Date 2/3/2010  
 Name **PAGES, BELTRAN J MD**  
 Address MHM SERVICES INC, 1593 SPRING HILL RD STE 610VIENNA, VA, 22182  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIVERSIDAD DE ZARAGOZA SPAIN 1977  
 Internship and Year UNIVERSITY OF MIAMI-JACKSON MEMORIAL MEDICAL CENTER - MIAMI, FL 1979  
 Residency and Year UNIVERSITY OF MIAMI-JACKSON MEMORIAL MEDICAL CENTER - MIAMI, FL 1981  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 8655  
 License Date 11/6/1991  
 Name **PAHLAVAN, KAMBIZ MD**  
 Address 11101 W LINCOLN AVE, WEST ALLIS, WI, 53227  
 Specialty CHP  
 Board Certified CHP  
 School and Year of Graduation NATIONAL UNIVERSITY OF IRAN IRAN 1971  
 Internship and Year NORWICH HOSPITAL - NORWICH, CT 1976  
 Residency and Year NORWICH HOSPITAL - NORWICH - CONNECTICUT MEDFIELD STATE HOSPITAL - MEDFIELD - M  
 License Expiration Date **6/30/2007**  
 Remarks

License Number 8741  
 License Date 6/3/1992  
 Name **PAICOPOLIS, MARY-CLAIRE S MD**  
 Address LACONIA CARDIOLOGY, 369 HOUNSELL AVE STE 5GILFORD, NH, 03249  
 Specialty CD  
 Board Certified CD  
 School and Year of Graduation WRIGHT STATE UNIVERSITY USA 1986  
 Internship and Year MAINE MEDICAL CENTER PORTLAND - MAINE 1987  
 Residency and Year MAINE MEDICAL CENTER PORTLAND - MAINE 1989  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	15230
License Date	5/4/2011
Name	<b>PAIER MULLAN, NICOLE A MD</b>
Address	UPPER CONNECTICUT VALLEY HOSPITAL, 181 CORLISS LANECOLEBROOK, NH, 03576
Specialty	IM
Board Certified	
School and Year of Graduation	UNIV OF MED & DENTISTRY NJ ROBERT WOOD JOHNSON MED USA 2006
Internship and Year	PALMETTO HEALTH ALLIANCE - COLUMBIA, SC 2008
Residency and Year	JFK MEDICAL CENTER - ATLANTIS, FL 2011
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	16185
License Date	6/5/2013
Name	<b>PAIGE, SCOTT W DO</b>
Address	EXETER HOSPITAL, 5 ALUMNI DRIVEEXETER, NH, 03833
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC USA 1997
Internship and Year	PENINSULA HOSPITAL CENTER - FAR ROCKAWAY, NY 1998
Residency and Year	NEWARK BETH ISRAEL MEDICAL CENTER - NEWARK, NJ 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15319
License Date	7/6/2011
Name	<b>PAILOOR, SHARADE MD</b>
Address	SPECTRUM MED GROUP - SOUTHERN MAINE MED CTR, 1 MEDICAL CENTER DRBIDDEFORD, ME, 04
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	MYSORE MEDICAL COLLEGE INDIA 1972
Internship and Year	UNITED HOSPITAL - ST PAUL, MN 1973
Residency and Year	UNITED HOSPITAL - ST PAUL, MN 1978
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7817
License Date	4/6/1988
Name	<b>PAINE, JUDITH H MD</b>
Address	IMMEDIATE CARE OF SOUTHERN NH-HUDSON, 300 DERRY RDHUDSON, NH, 03051
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF VERMONT COLL MED -BURLINGTON, VT USA 1985
Internship and Year	ST VINCENT HOSPITAL - WORCESTER, MA 1986
Residency and Year	ST VINCENT HOSPITAL - WORCESTER, MA 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	14774
License Date	3/3/2010
Name	<b>PAINE, RAINER W MD</b>
Address	NATIONAL INSTITUTES OF HEALTH, 10 CENTER DR MSC 1428BETHESDA, MD, 20892
Specialty	N
Board Certified	
School and Year of Graduation	BOSTON UNIVERSITY USA 2002
Internship and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2007
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14302
License Date	1/7/2009
Name	<b>PAING, SOE MD</b>
Address	LAKES REGIONAL GENERAL HOSP, 80 HIGHLAND STLA CONIA, NH, 03246
Specialty	IM
Board Certified	IM
School and Year of Graduation	INSTITUTE OF MEDICINE I RANGOON 1996
Internship and Year	WYCKOFF HEIGHTS MEDICAL CENTER - BROOKLYN, NY 2007
Residency and Year	WYCKOFF HEIGHTS MEDICAL CENTER - BROOKLYN, NY 2008
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	13920
License Date	4/2/2008
Name	<b>PAIS JR, VERNON M MD</b>
Address	DHMC - UROLOGY DEPT, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	U
Board Certified	U
School and Year of Graduation	UNIV OF MASSACHUSETTS USA 1996
Internship and Year	UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1997
Residency and Year	UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16980
License Date	3/4/2015
Name	<b>PAISLEY, KEVIN J MD</b>
Address	VIRTUAL RADIOLOGY, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE USA 1996
Internship and Year	UNIVERSITY OF PITTSBURGH MEDICAL CENTER - PITTSBURGH, PA 1997
Residency and Year	UNIVERSITY OF PITTSBURGH MEDICAL CENTER - PITTSBURGH, PA 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 17273  
 License Date 9/2/2015  
 Name **PAIVA, PRISCILLA MD**  
 Address 58 GRAFTON ST 6, HARTFORD, CT, 06106  
 Specialty N  
 Board Certified N  
 School and Year of Graduation UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY USA 2010  
 Internship and Year MONTEFIORE MEDICAL CENTER - BRONX, NY 2011  
 Residency and Year ALBERT EINSTEIN COLLEGE OF MEDICINE - BRONX, NY 2014  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14303  
 License Date 1/7/2009  
 Name **PAK, DAVE MD**  
 Address 123 WASHINGTON ST, ROCHESTER, NH, 03839  
 Specialty OS  
 Board Certified OS  
 School and Year of Graduation SUNY @ BUFFALO USA 2006  
 Internship and Year SUNY @ BUFFALO GRADUATE MEDICAL - DENTAL EDUCATION CONSORTI - BUFFALO, NY 2004  
 Residency and Year SUNY @ BUFFALO GRADUATE MEDICAL - DENTAL EDUCATION CONSORTI - BUFFALO, NY 2008  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 8678  
 License Date 1/8/1992  
 Name **PALAC, DIANE M MD**  
 Address 1006 GOOSE POND RD, CANAAN, NH, 03741  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation RUSH UNIVERSITY UNITED STATES 1976  
 Internship and Year RUSH-PRESBY - ST LUKE'S MEDICAL CENTER CHICAGO - ILLINOIS 1977  
 Residency and Year RUSH-PRESBY - ST LUKE'S MEDICAL CENTER CHICAGO - ILLINOIS 1979  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 8604  
 License Date 7/17/1991  
 Name **PALAC, ROBERT T MD**  
 Address VA HOSPITAL WHITE RIVER JCT- DEPT OF CARDIOLOGY, 163 VETERANS DR WHITE RIVER JCT, VT, 05  
 Specialty CD  
 Board Certified CD  
 School and Year of Graduation UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE USA 1976  
 Internship and Year RUSH-PRESBYTERIAN-ST LUKES CENTER 1977  
 Residency and Year RUSH PRESBYTERIAN ST LUKES CENTER 1979  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 7415  
 License Date 8/14/1986  
 Name **PALACIO, CARLOS A MD**  
 Address 330 BORTHWICK AVE, STE 300PORTSMOUTH, NH, 03801-4174  
 Specialty NS  
 Board Certified NS  
 School and Year of Graduation NORTHWESTERN UNIV CHICAGO IL USA 1976  
 Internship and Year NORTHWESTERN MEM HOSP CHICAGO IL 1977  
 Residency and Year NORTHWESTERN MEM HOSP CHICAGO IL 1983  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12915  
 License Date 10/5/2005  
 Name **PALAMARA, JENNIFER A MD**  
 Address PINE REST CHRISTIAN MENTAL HLT, 1050 SILVER DRTRAVERSE CITY, MI, 49686  
 Specialty P  
 Board Certified P  
 School and Year of Graduation MICHIGAN STATE UNIVERSITY, EAST LANSING MI US 2002  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2003  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2005  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 5731  
 License Date 5/16/1977  
 Name **PALANK, EDWARD A MD**  
 Address SW FLA HEART GROUP, 3501 HEALTH CENTER BLVDBONITA SPRINGS, FL, 34135  
 Specialty CD  
 Board Certified CD  
 School and Year of Graduation TUFTS UNIVERSITY-BOSTON MA USA 1971  
 Internship and Year NEW ENGLAND MEDICAL CENTER HOSPITAL-BOSTON MA 1972  
 Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITAL-BOSTON MA 1975  
 License Expiration Date **6/30/2007**  
 Remarks

License Number 11426  
 License Date 10/3/2001  
 Name **PALELLA, MICHELE MD**  
 Address ANTHEM BLUE CROSS BLUE SHIELD, 1155 ELM STMANCHESTER, NH, 03101  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation NEW YORK MEDICAL COLLEGE - VALHALLA, NY USA 1992  
 Internship and Year NEW YORK MEDICAL COLLEGE - VALHALLA, NY 1992  
 Residency and Year NEW YORK MEDICAL COLLEGE - VALHALLA, NY 1994  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	16803
License Date	10/1/2014
Name	<b>PALENCAR, ANDREA MD</b>
Address	600 TIMBERFALLS LN #F-6, BLAKELY, PA, 18447
Specialty	FP
Board Certified	FP
School and Year of Graduation	DREXEL UNIVERSITY COLLEGE OF MEDICINE USA 1993
Internship and Year	WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION - KINGSTON, PA 1994
Residency and Year	SACRED HEART HOSPITAL - ALLENTOWN, PA 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13980
License Date	5/7/2008
Name	<b>PALEY, ANN-MARIE MD</b>
Address	715 PUTNAM PIKE, APPT 2225GREENVILLE, RI, 02828
Specialty	P
Board Certified	P
School and Year of Graduation	NEW YORK MEDICAL COLLEGE USA 1970
Internship and Year	METROPOLITAN HOSPITAL CENTER - NEW YORK, NY 1971
Residency and Year	METROPOLITAN HOSPITAL CENTER - NEW YORK, NY 1973
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16604
License Date	5/7/2014
Name	<b>PALIFKA, LEAH A MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	DR
Board Certified	DR
School and Year of Graduation	EMORY UNIVERSITY SCHOOL OF MEDICINE USA 2008
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BROCKTON, MA 2009
Residency and Year	UNIVERSITY OF UTAHSCHOOL OF MEDICINE - SALT LAKE CITY, UT 2013
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7133
License Date	6/6/1985
Name	<b>PALIN JR, WILLIAM E MD</b>
Address	, , ,
Specialty	PS
Board Certified	
School and Year of Graduation	UNIVERSITY OF PITTSBURGH - PA USA 1978
Internship and Year	
Residency and Year	
License Expiration Date	<b>10/16/1987</b>
Remarks	

License Number	11387
License Date	9/5/2001
Name	<b>PALIOTTA, MARCO A MD</b>
Address	COASTAL CARDIOTHORACIC ASSOC, 333 BORTHWICK AVE STE 402PORTSMOUTH, NH, 03801
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF ROME LA SAPIENZA - ROME, ITALY ITALY 1991
Internship and Year	NASSAU COUNTY MEDICAL CENTER- EAST MEADOW, NY 1994
Residency and Year	NEW YORK MEDICAL COLLEGE AT WESTCHESTER MEDICAL CENTER - VALHALLA, NY 1996
License Expiration Date	<b>6/30/2005</b>
Remarks	Deceased 8/24/14

License Number	11835
License Date	2/5/2003
Name	<b>PALLADINO, DIANE P MD</b>
Address	3 ALUMNI DR STE 201, EXETER, NH, 03833
Specialty	GS
Board Certified	GS
School and Year of Graduation	MCP HAHNEMANN SCH OF MED - PHILADELPHIA, PA USA 1973
Internship and Year	MCP HAHNEMANN UNIV - PHILADELPHIA, PA 1974
Residency and Year	MCP HAHNEMANN UNIV - PHILADELPHIA, PA 1977
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11788
License Date	11/6/2002
Name	<b>PALLATRONI III, HENRY F MD</b>
Address	COASTAL NH NEUROSURGEONS, 330 BORTHWICK AVE STE300PORTSMOUTH, NH, 03801
Specialty	NS
Board Certified	N
School and Year of Graduation	TUFTS UNIV SCH OF MED - BOSTON, MA USA 1997
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1998
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12005
License Date	7/2/2003
Name	<b>PALLESCHI, GREGORY T MD</b>
Address	NORTH AMERICAN PARTNERS, 66 POWERHOUSE RD 3RD FLROSLYN HEIGHTS, NY, 11577
Specialty	AN
Board Certified	AN
School and Year of Graduation	STATE UNIV OF NEW YORK - SYRACUSE, NY USA 1989
Internship and Year	SUNY AT STONY BROOK UNIV HOSPITAL - STONY BROOK, NY 1990
Residency and Year	SUNY AT STONY BROOK UNIV HOSPITAL - STONY BROOK, NY 1991
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	12435
License Date	8/4/2004
Name	<b>PALLISTER, MARECA D MD</b>
Address	FOUR CORNERS OB/GYN, 1 MERCADO ST STE 105DURANGO, CO, 81301
Specialty	OBG
Board Certified	
School and Year of Graduation	UNIVERSITY OF UTAH, SALT LAKE CITY UT US 2000
Internship and Year	DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2003
Residency and Year	DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2003
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	16841
License Date	11/6/2014
Name	<b>PALMA, DAVID MD</b>
Address	24 MAGERUS ST, HUNTINGTON STATION, NY, 11746
Specialty	PM
Board Certified	PM
School and Year of Graduation	SABA UNIVERSITY SCHOOL OF MEDICINE NETHERLANDS ANTILLES 2008
Internship and Year	UMDNJ-NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 2009
Residency and Year	UMDNJ-NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14811
License Date	4/7/2010
Name	<b>PALMER, KAREN L DO</b>
Address	WOODBURY FAMILY PRACTICE, 101 SHATTUCK STE 6NEWINGTON, NH, 03801
Specialty	FP
Board Certified	FP
School and Year of Graduation	OHIO UNIVERSITY USA 1997
Internship and Year	MADIGAN ARMY MEDICAL CENTER - TACOMA, WA 1998
Residency and Year	MADIGAN ARMY MEDICAL CENTER - TACOMA, WA 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14261
License Date	12/3/2008
Name	<b>PALMER, KATHRYN M MD</b>
Address	KAISER PERMANENTE/DEPT RADIOLO, 201 N WASHINGTON STFALLS CHURCH, VA, 22046
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF PENNSYLVANIA USA 1989
Internship and Year	UNIV OF CALIFORNIA SAN DIEGO MEDICAL CENTER - SAN DIEGO, CA 1990
Residency and Year	UNIV OF CALIFORNIA SAN DIEGO MEDICAL CENTER - SAN DIEGO, CA 1992
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	8399
License Date	7/11/1990
Name	<b>PALMER, WILLIAM S MD</b>
Address	MT ASCUTNEY PHYSICIANS PRACTIC, 289 COUNTY RD WINDSOR, VT, 05089
Specialty	IM
Board Certified	IM
School and Year of Graduation	COLUMBIA UNIV COLL OF MED-NY USA 1987
Internship and Year	MT SINAI HOSP-NY 1988
Residency and Year	MT SINAI HOSP-NY 1989
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13554
License Date	6/6/2007
Name	<b>PALMERI, MARTIN MD</b>
Address	DHMC, ONE MED CTR DR LEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	EAST CAROLINA UNIV USA 2004
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	14036
License Date	6/4/2008
Name	<b>PALMIERI, JOHN J MD</b>
Address	, 57 GREEN ST #1 CHARLESTOWN, MA, 02129
Specialty	P
Board Certified	P
School and Year of Graduation	THE WARREN ALPERT MEDICAL SCHOOL OF BROWN UNIV USA 2003
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2004
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2007
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	6113
License Date	9/6/1979
Name	<b>PALOMBO, ROBERT V MD</b>
Address	, 10 CASTLE HEIGHTS RD ANDOVER, MA, 03865
Specialty	P
Board Certified	P
School and Year of Graduation	PRITZKER SCH OF MED. CHICAGO USA 1967
Internship and Year	UNIV HOSP. MADISON, WI 1968
Residency and Year	MICHAEL REESE HOSP. MED. CTR CHICAGO, IL 1971
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number 16804  
 License Date 10/1/2014  
 Name **PALUCH, MARIUSZ MD**  
 Address 46 MEADOWVIEW RD, W CHESTERFIELD, NH, 03466  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation JAGIELLONIAN UNIVERSITY MEDICAL COLLEGE POLAND 1994  
 Internship and Year MOUNT SINAI SCHOOL OF MEDICINE - NY, NY 2005  
 Residency and Year LENOX HILL HOSPITAL - NY, NY 2009  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13051  
 License Date 4/5/2006  
 Name **PALUMBO, ANDREA MD**  
 Address ELLIOT PEDIATRICS AT BEDFORD, 360 ROUTE 101 UNIT 8BEDFORD, NH, 03110  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIV OF MASSACHUSETTS-WORCESTER MA USA 2003  
 Internship and Year CONNECTICUT CHILDRENS MED CTR-HARTFORD CT 2005  
 Residency and Year CONNECTICUT CHILDRENS MED CTR-HARTFORD CT 2006  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13380  
 License Date 1/3/2007  
 Name **PALUMBO, PAUL MD**  
 Address DHMC, ONE MEDICAL CENTERLEBANON, NH, 03756  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIV OF VERMONT USA 1977  
 Internship and Year VIRGINIA COMMONWEALTH UNIV - RICHMOND, VA 1979  
 Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 1980  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15524  
 License Date 2/1/2012  
 Name **PAN, PIRAWAN MD**  
 Address SIGNATURE HEALTHCARE - BROCKTON HOSPITAL, 680 CENTRE STREETBROCKTON, MA, 02302-339  
 Specialty AN  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF CALIFORNIA USA 2007  
 Internship and Year ALAMEDA COUNTY MEDICAL CENTER-HIGHLAND HOSPITAL - OAKLAND, CA 2008  
 Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2011  
 License Expiration Date **6/30/2016**  
 Remarks



License Number	12944
License Date	11/2/2005
Name	<b>PAN, TEDDY D MD</b>
Address	320 NEEDHAM ST, STE 200NEWTON, MA, 02464
Specialty	D
Board Certified	D
School and Year of Graduation	BROWN UNIVERSITY, PROVIDENCE RI US 1996
Internship and Year	BETH ISRAEL DEACONESS MED CTR, BOSTON MA 1997
Residency and Year	RHODE ISLAND HOSPITAL, PROVIDENCE RI 2000
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	10590
License Date	6/2/1999
Name	<b>PANARO, STEPHEN V MD</b>
Address	85 SPRING ST, LACONIA, NH, 03246
Specialty	GS
Board Certified	
School and Year of Graduation	NORTHWESTERN UNIV MED SCH-CHICAGO, IL USA 1994
Internship and Year	UNIV HOSPITAL OF CLEVELAND - CLEVELAND, OH 1995
Residency and Year	UNIV HOSPITAL OF CLEVELAND- CLEVELAND, OH 1996
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	14037
License Date	6/4/2008
Name	<b>PANCHOLY, NAVIN C MD</b>
Address	1631 NIXON LN, THREE RIVERS, MI, 49093
Specialty	GS
Board Certified	GS
School and Year of Graduation	B J MEDICAL COLLEGE, GUJARAT UNIV INDIA 1966
Internship and Year	PROVIDENT HOSPITAL/LIBERTY MEDICAL CENTER - BALTIMORE, MD 1968
Residency and Year	SOUTH SIDE HOSPITAL - PITTSBURGH, PA 1969
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	14812
License Date	4/7/2010
Name	<b>PANDEY, RAJESH MD</b>
Address	LACONIA CLINIC, 724 N MAIN STLACONIA, NH, 03246
Specialty	PD
Board Certified	
School and Year of Graduation	COLLEGES OF MEDICAL SCIENCE NEPAL 2004
Internship and Year	WOODHULL MEDICAL & MENTAL HEALTH CENTER - BROOKLYN, NY 2008
Residency and Year	WOODHULL MEDICAL & MENTAL HEALTH CENTER - BROOKLYN, NY 2009
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number 13123  
 License Date 6/7/2006  
 Name **PANDYA, SONAL N MD**  
 Address LAHEY CLINIC, 41 MALL RDBURLINGTON, MA, 01805  
 Specialty PS  
 Board Certified PS  
 School and Year of Graduation TOPIWALA NATIONAL MED COLLEGE, U OF MUMBAI INDIA 1993  
 Internship and Year MASS GENERAL HOSP, BOSTON MA 1994  
 Residency and Year LAHEY CLINIC MED CTR, BURLINGTON MA 1999  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 6055  
 License Date 6/6/1979  
 Name **PANEK, HENRY F MD**  
 Address VA MEDICAL CENTER, 1111 E END BLVDWILKES BARRE, PA, 18711-0026  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation YALE UNIV SCHOOL MEDICINE - NEW HAVEN, CT USA 1968  
 Internship and Year NAVAL REGIONAL MEDICAL CENTER - PHILA, PA 1969  
 Residency and Year NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1975  
 License Expiration Date **6/30/2007**  
 Remarks **Deceased- 3/17/10**

License Number 13464  
 License Date 4/4/2007  
 Name **PANESAR, GUNJAN MD**  
 Address VA MEDICAL CENTER, 718 SMYTH RDMANCHESTER, NH, 03104  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF RAJASTHAN INDIA 1992  
 Internship and Year LINCOLN MEDICAL & MENTAL HEALTH CENTER - BRONX, NY 1997  
 Residency and Year LINCOLN MEDICAL & MENTAL HEALTH CENTER - BRONX, NY 1999  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13509  
 License Date 5/9/2007  
 Name **PANESAR, MAHENDRA S MD**  
 Address PEDIATRICS HEALTH ASSOC, 275 MAMMOTH RD STE 1MANCHESTER, NH, 03109  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIV OF RAJASTHAN INDIA 1989  
 Internship and Year ST LUKES-ROOSEVELT HOSPITAL CTR - NEW YORK, NY 1991  
 Residency and Year ST LUKES-ROOSEVELT HOSPITAL CTR-NEW YORK, NY 1993  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	9287
License Date	9/7/1994
Name	<b>PANG, ALEXANDER W MD</b>
Address	2500 MASSACHUSETTS AVE, CAMBRIDGE, MA, 02140-
Specialty	U
Board Certified	U
School and Year of Graduation	ROBERT W JOHNSON MEDICAL SCHOOL - PATCATAWAY, NJ USA 1986
Internship and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1987
Residency and Year	MASS GENERAL HOSPITAL - BOSTON, MA 1992
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	12219
License Date	2/4/2004
Name	<b>PANG, MAYNARD K MD</b>
Address	60 THAYER POND ROAD, CONCORD, NH, 03301
Specialty	IM
Board Certified	IM
School and Year of Graduation	TUFTS UNIVERSITY, BOSTON MA US 1996
Internship and Year	UNIVERSITY OF PITTSBURGH, PITTSBURGH PA 1997
Residency and Year	UNIVERSITY OF PITTSBURGH, PITTSBURGH PA 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11032
License Date	8/2/2000
Name	<b>PANG, SAMUEL C MD</b>
Address	REPRODUCTIVE SCIENCE CTR, ONE FORBES RD LEXINGTON, MA, 02421
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF BRITISH COL FAC - VANCOUVER, BC CANADA 1983
Internship and Year	THE TORONTO HOSPITAL - TORONTO, ON CANADA 1984
Residency and Year	UNIV OF TORONTO- TORONTO, CANADA 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10830
License Date	2/2/2000
Name	<b>PANGAN, MICHAEL A MD</b>
Address	CORE FAMILY AND INTERNAL MEDICINE - EXETER, 21 HAMPTON RD BLDG 3 EXETER, NH, 03833
Specialty	FP
Board Certified	FP
School and Year of Graduation	FINCH UNIV OF HLTH SCI MED-N CHICAGO, IL USA 1996
Internship and Year	FAIRVIEW HOSPITAL - CLEVELAND, OH 1997
Residency and Year	FAIRVIEW HOSPITAL - CLEVELAND, OH 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10831
License Date	2/2/2000
Name	<b>PANGAN, PATRICIA J MD</b>
Address	879 LAFAYETTE RD, HAMPTON, NH, 03842
Specialty	IM
Board Certified	IM
School and Year of Graduation	FINCH UNIV HLTH SCI MED SCH - N CHICAGO, IL USA 1997
Internship and Year	UNIV HOSPITALS OF CLEVELAND - CLEVELAND, OH 1998
Residency and Year	UNIV HOSPITALS OF CLEVELAND - CLEVELAND, OH 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10491
License Date	1/6/1999
Name	<b>PANOPOULOS, JOHN M DO</b>
Address	PORTSMOUTH REGIONAL HOSPITAL, 333 BORTHWICK AVEPORTSMOUTH, NH, 03802-7004
Specialty	AN
Board Certified	AN
School and Year of Graduation	NY COLL OF OSTEOPATHIC MED - OLD WESTBURY,NY USA 1988
Internship and Year	BROOKDALE HOSPITAL MEDICAL CENTER - BROOKLYN, NY 1989
Residency and Year	ALBERT EINSTEIN COLLEGE OF MEDICINE - BRONX, NY 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14390
License Date	4/1/2009
Name	<b>PANTA, RAJU K MD</b>
Address	DIABETES-ENDOCRINOLOGY CTR OF WESTERN NY, 705 MAPLE RDWILLIAMSVILLE, NY, 14221
Specialty	IM
Board Certified	IM
School and Year of Graduation	COLLEGE OF MEDICAL SCIENCES- NEPAL NEPAL 2004
Internship and Year	WYCKOFF HEIGHTS MEDICAL CENTER - BROOKLYN, NY 2007
Residency and Year	WYCKOFF HEIGHTS MEDICAL CENTER - BROOKLYN, NY 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10631
License Date	7/7/1999
Name	<b>PANTHAKI, ZUBIN J MD</b>
Address	CLINICAL RESEARCH BUILDING, 1120 NW 14TH ST 4TH FLRMIAMI, FL, 33136
Specialty	PS
Board Certified	PS
School and Year of Graduation	MCGILL UNIV FAC OF MED - MONTREAL QUEBEC CANADA 1995
Internship and Year	MCGILL UNIV - MONTREAL QUEBEC, CANADA 1997
Residency and Year	MCGILL UNIV - MONTREAL QUEBEC, CANADA 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10877
License Date	4/5/2000
Name	<b>PANZA, WILLIAM S MD</b>
Address	NEW BERN ANESTHESIA, 2719B NEUSE BLVDNEW BERN, NC, 28560
Specialty	AN
Board Certified	AN
School and Year of Graduation	DUKE UNIVERSITY SCHOOL OF MED-DURHAM,NC USA 1988
Internship and Year	DUKE UNIVERSITY MEDICAL CENTER-DURHAM,NC 1989
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL-BOSOTN,MA 1992
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	13836
License Date	2/6/2008
Name	<b>PAOLILLI, JOANNA MD</b>
Address	OBGYN ASSOCIATES OF SOUTH NH, 30 D W HWY STE 11MERRIMACK, NH, 03054
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 1999
Internship and Year	STONY BROOK UNIV MEDICAL CENTER - STONY BROOK, NY 2000
Residency and Year	STONY BROOK UNIV MEDICAL CENTER - STONY BROOK, NY 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10059
License Date	7/2/1997
Name	<b>PAPPANO, DANTE A MD</b>
Address	HOLY FAMILY HOSPITAL, 70 EAST STMETHUEN MA, MA, 01844-4597
Specialty	PD
Board Certified	PD
School and Year of Graduation	WASHINGTON UNIV SCH OF MED - ST LOUIS, MO USA 1992
Internship and Year	YALE NEW HAVEN HOSPITAL - CT 1993
Residency and Year	YALE NEW HAVEN HOSPITAL - CT 1995
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	3741
License Date	10/19/1964
Name	<b>PAPPAS, STEPHEN G MD</b>
Address	51 MAPLE ST, SOMERSWORTH, NH, 03878-
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF VERMONT COLLEGE OF MEDICINE-BURLINGTON, VT USA 1960
Internship and Year	E.J. MEYER MEMORIAL HOSPITAL - BUFFALO, NY 1961
Residency and Year	E J MEYERER MEMORIAL HOSPITAL -BUFFALO, NY 1961
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9843
License Date	9/4/1996
Name	<b>PAPPAS, ZINON M MD</b>
Address	NEW ENGLAND NEUROLOGIC ASSOC, 769 S MAIN ST DART. COMM. 220MANCHESTER, NH, 03102-
Specialty	PM
Board Certified	PM
School and Year of Graduation	UNIV OF MARYLAND SCHOOL OF MEDICINE - BALITIMORE USA 1991
Internship and Year	NORTH SHORE UNIV SCHOOL MEDICINE - NY 1992
Residency and Year	JOHNS HOPKINS UNIV SCHOOL MEDICINE - MD 1995
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	9113
License Date	2/2/1994
Name	<b>PAPPAVASELIO, THOMAS P MD</b>
Address	TALLMAN EYE ASSOC, 360 MERRIMACK ST BLDG 9LAWRENCE, MA, 01843-1740
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	ST LOUIS UNIVERSITY SCHOOL OF MEDICINE USA 1981
Internship and Year	MALDEN HOSPITAL - MALDEN MA 1982
Residency and Year	GREATER BALTIMORE MEDICAL CENTER - BALTIMORE MD 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13264
License Date	9/6/2006
Name	<b>PAQUETTE, IAN M MD</b>
Address	DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty	GS
Board Certified	GS
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2004
Internship and Year	DARTMOUTH HITCHCOCK MED CTR-LEBANON NH 2005
Residency and Year	DARTMOUTH HITCHCOCK MED CTR-LEBANON NH 2006
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	10001
License Date	5/7/1997
Name	<b>PAR TRICK, MICHAEL E MD</b>
Address	DARTMOUTH HITCHCOCK MEDICLA CT, ONE MEDICAL CTR DRLEBANON, NH, 03766
Specialty	R
Board Certified	
School and Year of Graduation	UNIV OF BRITISH COLUMBIA-VANCOUVER CANADA 1990
Internship and Year	DALHOUSE UNIV 1991
Residency and Year	UNIV OF SASKATCHEWAN 1997
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number 6523  
 License Date 4/1/1982  
 Name **PARADIS, ANDRE J MD**  
 Address 89 ABBOT ST, ANDOVER, MA, 01810-4005  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation TUFTS UNIV SCH MED-BOSTON,MA USA 1958  
 Internship and Year CARNEY HOSP-BOSTON,MA 1959  
 Residency and Year BOSTON CITY HOSP-BOSTON,MA 1962  
 License Expiration Date **6/30/2000**  
 Remarks

License Number 15631  
 License Date 4/4/2012  
 Name **PARADIS, NORMAN A MD**  
 Address DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation NORTHWESTERN UNIVERSITY MEDICAL SCHOOL USA 1984  
 Internship and Year LOS ANGELES COUNTY - USC MEDICAL CENTER - LOS ANGELES, CA 1985  
 Residency and Year LOS ANGELES COUNTY - USC MEDICAL CENTER - LOS ANGELES, CA 1987  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 5038  
 License Date 7/12/1973  
 Name **PARADIS, ROGER W MD**  
 Address 7 NETHERWOOD RD, WINDHAM, NH, 03087  
 Specialty N  
 Board Certified N  
 School and Year of Graduation LAVAL UNIV - CANADA CANADA 1963  
 Internship and Year ST SACRAMENT HOSPITAL - CANADA 1963  
 Residency and Year LAHEY CLINIC FOUNDATION - BOSTON, MA 1968  
 License Expiration Date **6/30/2005**  
 Remarks **DECEASED 4-12-06**

License Number 6435  
 License Date 7/20/1981  
 Name **PARAS, STANLEY S MD**  
 Address CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation OHIO STATE UNIV COLL MED,COLUMBUS,OH USA 1978  
 Internship and Year WAYNE STATE UNIV AFFIL HOSP - DETRIOT,MI 1980  
 Residency and Year WAYNE STATE UNIV AFFIL HOSP - DETROIT, MI 1980  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	10473
License Date	12/2/1998
Name	<b>PARASURAMAN, SUDHA MD</b>
Address	66 COLONY RD, LEXINGTON, MA, 02420
Specialty	PD
Board Certified	
School and Year of Graduation	KILPAUK MED COLL UNIV OF MADRAS INDIA 1991
Internship and Year	CHILDREN'S HOSPITAL OF MICHIGAN - DETROIT, MI 1993
Residency and Year	CHILDREN'S HOSPITAL OF MICHIGAN - DETROIT, MI 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12985
License Date	1/4/2006
Name	<b>PARDEN, STEPHEN R MD</b>
Address	119 HIGH PINES RIDGE, FAIRHOPE, AL, 36532
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF SOUTH ALABAMA COLLEGE OF MEDICINE USA 1986
Internship and Year	BAPTIST MEDICAL CTR PRINCETON, BIRMINGHAM AL 1987
Residency and Year	BAPTIST MEDICAL CTR PRINCETON, BIRMINGHAM AL 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14850
License Date	5/5/2010
Name	<b>PARDI, LIVIO F MD</b>
Address	2712 SE CR 21 B, MELROSE, FL, 32666
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF MIAMI USA 1972
Internship and Year	WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1973
Residency and Year	LETTERMAN ARMY MEDICAL CENTER - TACOMA, WA 1976
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	16129
License Date	5/1/2013
Name	<b>PARE, KATIE B DO</b>
Address	DARTMOUTH-HITCHCOCK PEDIATRICS, 2300 SOUTHWOOD DRNASHUA, NH, 03063-1818
Specialty	PD
Board Certified	
School and Year of Graduation	NEW YORK COLLEGE OF OSTEOPATHIC MEDICINE USA 2010
Internship and Year	MARIA FARERI CHILDRENS HOSPITAL - VALHALLA, NY 2012
Residency and Year	MARIA FARERI CHILDRENS HOSPITAL - VALHALLA, NY 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number	15887
License Date	10/3/2012
Name	<b>PARE, MICHEL C MD</b>
Address	105 N RAINSONG RD, DALTON, GA, 30720
Specialty	NS
Board Certified	NS
School and Year of Graduation	UNIVERSITY OF MONTREAL FACULTY OF MEDICINE CANADA 1987
Internship and Year	HOSPITAL ST LUC DU CHUM - MONTREAL, CANADA 1988
Residency and Year	HOSPITAL ST LUC DU CHUM - MONTREAL, CANADA 1993
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	11762
License Date	10/2/2002
Name	<b>PAREDES, KEITH B MD</b>
Address	POLK COUNTY HEALTH DEPT, 2020 E GEORGIA STBARTOW, FL, 33830
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF FLORIDA, GAINSVILLE FL USA 1977
Internship and Year	CARILION HEALTH SYSTEM, ROANOKE VA 1978
Residency and Year	CHS-CARILION ROANOKE COMMUNITY HOSPITAL, OANOKE VA 1981
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	12140
License Date	11/5/2003
Name	<b>PARIKH, DHAVAL R MD</b>
Address	CARDIOVASCULAR CONSULT KS INC, 9350 E 35TH ST N#101WICHITA, KS, 67226
Specialty	IM
Board Certified	IM
School and Year of Graduation	ST GEORGE'S UNIVERSITY, SAINT GEORGES, GRANADA GRANADA 2001
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2002
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15632
License Date	4/4/2012
Name	<b>PARIKH, GAURAV C MD</b>
Address	LAHEY CLINIC INC, 85 HERRICK STBEVERLY, MA, 01915
Specialty	IM
Board Certified	
School and Year of Graduation	SETH GS MEDICAL COLLEGE INDIA 2005
Internship and Year	MEDICAL COLLEGE OF WISCONSIN - MILWAUKEE, WI 2009
Residency and Year	MCWAH - WILWAUKEE, WI 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 12888  
 License Date 9/7/2005  
 Name **PARIS, GIANMARCO R MD**  
 Address KATZEN EYE CARE, 901 N CONGRESS AVE STE 104BOYTON BEACH, FL, 33426  
 Specialty OPH  
 Board Certified  
 School and Year of Graduation UNIVERSITY CENTRAL DE VENEZUELA, VENEZUELA VENEZUELA 1991  
 Internship and Year UNIVERSITY OF TEXAS, SAN ANTONIO TX 2002  
 Residency and Year UNIVERSITY OF TEXAS, SAN ANTONIO TX 2005  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 11004  
 License Date 7/5/2000  
 Name **PARIS, STEVEN A MD**  
 Address DARTMOUTH HITCHCOCK, 100 HITCHCOCK WAYMANCHESTER, NH, 03104  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation DUKE UNIV SCH OF MED - DURHAM, NC USA 1974  
 Internship and Year CHILDREN'S HOSPITAL OF PHILADELPHIA - PHILA, PA 1975  
 Residency and Year CHILDREN'S HOSPITAL OF PHILADELPHIA - PHILA, PA 1977  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10187  
 License Date 12/3/1997  
 Name **PARISER, NANCY J MD**  
 Address DEPT OB/GYN, 100 HITCHCOCK WAYMANCHESTER, NH, 03104  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation HAHNEMANN UNIV SCH OF MED-PHIL,PA USA 1984  
 Internship and Year STRONG MEM HOSP-ROCHESTER,NY 1985  
 Residency and Year STRONG MEM HOSP-ROCHESTER,NY 1988  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15069  
 License Date 11/3/2010  
 Name **PARISIEN, KRISTINA I MD**  
 Address ELLIOT HOSP, ONE ELLIOT WAYMANCHESTER, NH, 03103  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 2000  
 Internship and Year BRIGHAM & WOMENS HARVARD MEDICAL SCHOOL - BROOKLINE, MA 2001  
 Residency and Year TUFTS UNIVERSITY FAMILY MEDICINE RESIDENCY - MALDEN, MA 2004  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	14973
License Date	8/4/2010
Name	<b>PARISIEN, ROBERT C MD</b>
Address	ELLIOT ORTHOPAEDIC SURGICAL SP, 185 QUEEN CITY AVEMANCHESTER, NH, 03101-7100
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1999
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON MA 2000
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9706
License Date	5/1/1996
Name	<b>PARISIEN, VICTOR M MD</b>
Address	23 GRANITE RIDGE RD, CUMBERLAND FORESIDE, ME, 04110
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIVERSITY OF OTTAWA CANADA 1962
Internship and Year	GRACE HOSPITAL DETROIT 1963
Residency and Year	SHRINERS HOSPITAL MONT,ROYAL VICTORIA MONT 1969
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	15633
License Date	4/4/2012
Name	<b>PARK, ANDREW Y MD</b>
Address	16 MITRIS BLVD, LINCOLN, RI, 10016
Specialty	IM
Board Certified	IM
School and Year of Graduation	ST GEORGES UNIVERSITY GRENADA 2006
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	12607
License Date	2/2/2005
Name	<b>PARK, DAVID J MD</b>
Address	WHITE RIVER FAMILY PRACTICE, 331 OLCOTT DRWHITE RIVER JCT, VT, 05001
Specialty	FP
Board Certified	FPS
School and Year of Graduation	THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA US 2001
Internship and Year	FORT LINCOLN FAMILY MED, COLMAR MANOR MD 2002
Residency and Year	FORT LINCOLN FAMILY MED, COLMAR MANOR MD 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13438
License Date	3/7/2007
Name	<b>PARK, JOCELYN A MD</b>
Address	DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty	AN
Board Certified	
School and Year of Graduation	UNIV OF NEW MEXICO USA 2004
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER- LEBANON, NH 2006
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	4315
License Date	10/22/1968
Name	<b>PARK, JONG O MD</b>
Address	46 GAIR ST, PIERMONT, NY, 10968
Specialty	R
Board Certified	R
School and Year of Graduation	WOO SOK UNIV - SEOUL, KOREA KOREA 1959
Internship and Year	STATEN ISLAND HOSPITAL - STATEN ISLAND, NY 1967
Residency and Year	BRONX VA HOSPITAL - BRONX, NY 1970
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	15933
License Date	11/7/2012
Name	<b>PARK, MICHELLE M MD</b>
Address	537 WESTON DR, CAMPBELL, CA, 95008
Specialty	IM
Board Certified	IM
School and Year of Graduation	CREIGHTON UNIVERSITY SCHOOL OF MEDICINE USA 1999
Internship and Year	BANNER GOOD SAMARITAN MEDICAL CENTER - PHOENIX, AZ 2000
Residency and Year	BANNER GOOD SAMARITAN MEDICAL CENTER - PHOENIX, AZ 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15845
License Date	9/5/2012
Name	<b>PARK, NAM H MD</b>
Address	9901 LIBERTY VIEW RD, LAS VEGAS, NV, 89148
Specialty	AN
Board Certified	AN
School and Year of Graduation	SEOUL NATIONAL UNIVERSITY KOREA 1980
Internship and Year	LOYOLA UNIVERSITY MEDICAL CENTER - MAYWOOD, IL 2000
Residency and Year	LOYOLA UNIVERSITY MEDICAL CENTER - MAYWOOD, IL 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 6761  
 License Date 8/4/1983  
 Name **PARK, YOUNG S MD**  
 Address EXETER HOSPITAL, 5 ALUMNI DREXETER, NH, 03833  
 Specialty AN  
 Board Certified  
 School and Year of Graduation KOREA UNIV MED COLL-SEUL KOREA 1973  
 Internship and Year ST LUKES-ROOSEVELTS HOSP CTR-NY 1980  
 Residency and Year ST LUKES-ROOSEVELTS HOSP CTR - NY 1980  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 8445  
 License Date 10/10/1990  
 Name **PARK-BENNETT, SOJA MD**  
 Address PEDIATRIC ENDOCRINE ASSOC, YAWKEY 6-L 55 FRUIT STBOSTON, MA, 02114  
 Specialty END  
 Board Certified PD  
 School and Year of Graduation VANDERBILT UNIV SCH OF MED - NASHVILLE,TN USA 1968  
 Internship and Year VANDERBILT UNIV MEDICAL CENTER - NASHVILLE, TN 1969  
 Residency and Year PRESBYTERIAN HOSPITAL - NY, NY 1972  
 License Expiration Date **6/30/2012**  
 Remarks **LAPSED FOR NON-RENEWAL 6/30/04...**  
**REINSTATED ON 4/2/08**

License Number 15807  
 License Date 8/1/2012  
 Name **PARKER, DARYL R MD**  
 Address TDP RADIOLOGY PC, 132 YORK RDMANSFIELD, MA, 02048  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1988  
 Internship and Year NORTH SHORE-LONG ISLAND JEWISH(NYU SOM) - MANHASSET, NY 1989  
 Residency and Year BOSTON MEDICAL CENTER - BOSTON, MA 1993  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 6289  
 License Date 9/5/1980  
 Name **PARKER, H WORTH MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty PUD  
 Board Certified PUD  
 School and Year of Graduation UNIV OF NORTH CAROLINA SCH OF MED USA 1975  
 Internship and Year DARTMOUTH MED SCH -HANOVER,NH 1976  
 Residency and Year DARTMOUTH MED SCH-HANOVER,NH 1977  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	15261
License Date	6/1/2011
Name	<b>PARKER, MARCUS W MD</b>
Address	VIRTUAL RADIOLOGY, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	DR
Board Certified	DR
School and Year of Graduation	JOHNS HOPKINS UNIVERSITY USA 2004
Internship and Year	GREATER BALTIMORE MEDICAL CENTER - BALTIMORE, MD 2005
Residency and Year	JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 2009
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	5968
License Date	8/16/1978
Name	<b>PARKER, MARK T MD</b>
Address	, 1 EAST STSOMERSWORTH, NH, 03878
Specialty	FP
Board Certified	FP
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1975
Internship and Year	UNIV UTAH HOSPITALS - SALT LAKE CITY, UT 1976
Residency and Year	UNIV OF UTAH HOSPITAL - SALT LAKE CITY, UT 1978
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	13510
License Date	5/9/2007
Name	<b>PARKER, ROBERT K DO</b>
Address	NASHUA ANESTHESIA PARTNERS, 8 PROSPECT STNASHUA, NH, 03060
Specialty	AN
Board Certified	AN
School and Year of Graduation	KIRKSVILLE COLLEGE USA 1982
Internship and Year	MAINE MEDICAL CENTER-PORTLAND, ME 1983
Residency and Year	BAYSTATE MEDICAL CENTER-SPRINGFIELD, MA 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16649
License Date	6/4/2014
Name	<b>PARKER, SIDDHARTHA Y MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	GE
Board Certified	
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 2008
Internship and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2009
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2011
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 13381  
 License Date 1/3/2007  
 Name **PARKER, STEVEN F MD**  
 Address MERRIMACK VALLEY ANESTHESIA, 25 HIGHLAND AVENUE  
 NEWBURYPORT, MA, 01950  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation UNIV OF NORTH CAROLINA USA 1990  
 Internship and Year UNIV OF N CAROLINA SCHOOL OF MEDICINE - CHAPEL HILL, NC 1991  
 Residency and Year UNIV OF N CAROLINA SCHOOL OF MEDICINE - CHAPEL HILL, NC 1994  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15722  
 License Date 6/6/2012  
 Name **PARKEY, JOE E MD**  
 Address VIRTUAL RADIOLOGY, 11995 SINGLETREE LANE STE 500  
 EDEN PRAIRIE, MN, 55344  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation UNIVERSITY OF TX MEDICAL SCHOOL USA 1998  
 Internship and Year UNIVERSITY OF TEXAS MEDICAL BRANCH - GALVESTON, TX 1999  
 Residency and Year TULANE UNIVERSITY SCHOOL OF MEDICINE - NEW ORLEANS, LA 2003  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 5455  
 License Date 12/1/1975  
 Name **PARKHURST, EDWARD C MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DR  
 LEBANON, NH, 03756  
 Specialty U  
 Board Certified U  
 School and Year of Graduation UNIV OF ROCHESTER SCHOOL OF MED AND DENTISTRY ROCHESTER, NY USA 1951  
 Internship and Year RHODE ISLAND HOSPITAL - RI 1952  
 Residency and Year MASS GEN HOSPITAL- BOSTON, MA 1958  
 License Expiration Date **6/30/2002**  
 Remarks **Deceased 1/25/2004**

License Number 17025  
 License Date 4/1/2015  
 Name **PARKINSON, JAY D MD**  
 Address SHERPA, 584 BROADWAY STE 510  
 NEW YORK, NY, 10012  
 Specialty PD  
 Board Certified  
 School and Year of Graduation PENNSYLVANIA STATE UNIV COLLEGE OF MED USA 2002  
 Internship and Year ST VINCENTS HOSPITAL & MEDICAL CENTER OF NY - NY, NY 2003  
 Residency and Year ST VINCENTS HOSPITAL & MEDICAL CENTER OF NY - NY, NY 2005  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	5014
License Date	6/11/1973
Name	<b>PARKS, PATRICK K MD</b>
Address	9 WENTWORTH ST, ROCHESTER, NH, 03867-2710
Specialty	DR
Board Certified	DR
School and Year of Graduation	CREIGHTON UNIVERSITY-OMAHA NE USA 1965
Internship and Year	WADSWORTH VAH HOSP-LOS ANGELES CA 1966
Residency and Year	SANTA CLARA VALLEY MED CTR-SAN JOSE CA 1972
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	11800
License Date	12/4/2002
Name	<b>PARR, ROBERT J MD</b>
Address	3200 HIGHLAND AVE, DOWNERS GROVE, IL, 60515
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF MICHIGAN MED SCH - ANN ARBOR, MI USA 1964
Internship and Year	HARPER HOSPITAL - DETROIT, MI 1965
Residency and Year	CHILDRENS HOSPITAL OF MICHIGAN- DETROIT, MI 1967
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	13684
License Date	9/5/2007
Name	<b>PARRA, MICHELLE C MD</b>
Address	DHMC - DEPT OF ANESTHESIOLOGY, ONE MED CTR DRLEBANON, NH, 03756
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV OF IOWA USA 2003
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2004
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5470
License Date	1/21/1976
Name	<b>PARROTT, THOMAS B MD</b>
Address	ROCKBRIDGE FAMILY MEDICINE, 1192 A ROCK BRIDGE STSTONE MOUNTAIN, GA, 30087
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV. OF MIAMI SCHOOL OF MED. USA 1969
Internship and Year	ALBANY MED CTR HOSPITAL 1970
Residency and Year	ALBANY MED CTR HOSPITAL 1970
License Expiration Date	<b>6/30/2010</b>
Remarks	



License Number	9877
License Date	11/6/1996
Name	<b>PARROTTE, DIANNE M MD</b>
Address	77 LOVE LANE, WESTON, MA, 02493
Specialty	IM
Board Certified	IM
School and Year of Graduation	BOSTON UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1979
Internship and Year	BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1980
Residency and Year	BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1982
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	11672
License Date	7/3/2002
Name	<b>PARSON, EARL R MD</b>
Address	TOGUS VAMC, 1 VA CENTERAUGUSTA, ME, 04330
Specialty	N
Board Certified	
School and Year of Graduation	MEHARRY MED COLL - NASHVILLE, TN USA 1985
Internship and Year	WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1986
Residency and Year	LETTERMAN ARMY MEDICAL CENTER - TACOMA, WA 1989
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8323
License Date	5/9/1990
Name	<b>PARSONNET, JEFFREY MD</b>
Address	DHMC INFECTIOUS DISEASE, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	ID
Board Certified	ID
School and Year of Graduation	NEW YORK UNIV SCH OF MED,NY USA 1979
Internship and Year	YALE NEW HAVEN HOSP-NEW HAVEN,CT 1980
Residency and Year	YALE NEW HAVEN HOSP-NEW HAVEN,CT 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12114
License Date	10/1/2003
Name	<b>PARSONS IV, IRA M MD</b>
Address	SEACOAST ORTHOPEDICS & SPORTS, 7 MARSH BROOK DR SOMERSWORTH, NH, 03878-1517
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	COLUMBIA UNIVERSITY, NEW YORK NY US 1996
Internship and Year	UNIVERSITY HEALTH CTR OF PITTSBURGH, PITTSBURGH PA 1997
Residency and Year	UNIVERSITY HEALTH CTR OF PITTSBURGH, PITTSBURGH PA 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11973
License Date	6/4/2003
Name	<b>PARTRIDGE, TIMOTHY D DO</b>
Address	CORE ANES MED STAFF OFFICE, 5 ALUMNI DREXETER, NH, 03833
Specialty	AN
Board Certified	AN
School and Year of Graduation	PHILADELPHIA COLL OF OSTEOPATHIC - PHILADELPHIA PA USA 1995
Internship and Year	NATIONAL NAVAL MEDICAL CENTER - BETHESDA MD 1996
Residency and Year	NATIONAL NAVAL MEDICAL CENTER - BETHESDA MD 2000
License Expiration Date	<b>6/25/2013</b>
Remarks	<b>DECEASED 6/25/2013</b>

License Number	12860
License Date	8/3/2005
Name	<b>PARVATANENI, SUDHA MD</b>
Address	451 ANDOVER ST, NORTH ANDOVER, MA, 01845
Specialty	IM
Board Certified	IM
School and Year of Graduation	ANDHRA UNIVERSITY,ANDHRA PRADESH INDIA INDIA 1996
Internship and Year	ST VINCENT CHARITY HOSP, CLEVELAND OH 2000
Residency and Year	CARITAS ST ELIZABETHS MED CTR, BOSTON MA 2002
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	12141
License Date	11/5/2003
Name	<b>PASCAL, PETER E MD</b>
Address	PETER E PASCAL, MD LLC, 115 WEST SILVER STWESTFIELD, MA, 01085
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	STATE UNIVERSITY OF NY, BROOKLYN NY US 1980
Internship and Year	SUNY, BROOKLYN NY 1981
Residency and Year	SUNY, BROOKLYN NY 1984
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	14171
License Date	9/3/2008
Name	<b>PASCU, DIANA MD</b>
Address	CMC, 100 MCGREGOR WAYMANCHESTER, NH, 03102
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV DE MEDICINA SI FARMACIE VICTOR BABES ROMANIA 2000
Internship and Year	INTERFAITH MEDICAL CENTER - BROOKLYN,NY 2006
Residency and Year	INTERFAITH MEDICAL CENTER - BROOKLYN,NY 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13225
License Date	8/2/2006
Name	<b>PASHA, MUHAMMAD S MD</b>
Address	SENIOR HLTH PRIMARY CARE, 40 BUTTRICK RD LONDONDERRY, NH, 03058
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF THE PUNJAB PAKISTAN 1982
Internship and Year	ALBANY MEDICAL CENTER HOSPITAL, ALBANY, NY 2003
Residency and Year	CREIGHTON UNIV-OMAHA, NE 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6286
License Date	9/4/1980
Name	<b>PASSAS, CONSTANCE M MD</b>
Address	4951 BONITA BAY BLVD, BONITA SPRINGS, FL, 34134
Specialty	RHU
Board Certified	RHU
School and Year of Graduation	UNIV OF VERMONT COLL MED - BURLINGTON, VT USA 1974
Internship and Year	GENESEE HOSPITAL - ROCHESTER, NY 1975
Residency and Year	U CONNECTICUT SCHOOL MEDICINE - FARMINGTON, CT 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14038
License Date	6/4/2008
Name	<b>PASSER, ALICE A MD</b>
Address	CORE CARDIOLOGY, 3 ALUMNI DR STE 101 EXETER, NH, 03833
Specialty	IM
Board Certified	IM
School and Year of Graduation	WRIGHT STATE UNIV USA 1991
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 1992
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13294
License Date	10/4/2006
Name	<b>PASTEL, DAVID A MD</b>
Address	DHMC - DEPT OF RADIOLOGY, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty	DR
Board Certified	DR
School and Year of Graduation	VIRGINIA COMMONWEALTH UNIVERSITY, RICHMOND VA US 2003
Internship and Year	ST LUKES-ROOSEVELT HOSP, NEW YORK NY 2004
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13002
License Date	2/1/2006
Name	<b>PASTEL, LISA C MD</b>
Address	DHMC- INTERNAL MEDICINE, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	VIRGINIA COMMONWEALTH UNIVERSITY, RICHMOND VA US 2003
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2004
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6847
License Date	2/2/1984
Name	<b>PATEK, DAVID J MD</b>
Address	MONADNOCK COMMUNITY HOSP, 452 OLD STREET RDPETERBOROUGH, NH, 03458
Specialty	RHU
Board Certified	RHU
School and Year of Graduation	COLUMBIA UNIV COLL OF PHYSICIANS-NY USA 1962
Internship and Year	UNIV OF VIRGINIA HOSP-CHARLOTTSVIL,NC 1963
Residency and Year	UNIV OF VIRGINIA HOSP-CHARLOTTSVIL,NC 1966
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	16680
License Date	7/2/2014
Name	<b>PATEL, ANIT T MD</b>
Address	MASS ENT ASSOC, 3 MEETINGHOUSE RD #24CHELMSFORD, MA, 01824
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1999
Internship and Year	MONTEFIORE MEDICAL CENTER - BRONX, NY 2000
Residency and Year	MONTEFIORE MEDICAL CENTER - BRONX, NY 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12672
License Date	4/6/2005
Name	<b>PATEL, ASHOKKUMAR R MD</b>
Address	ASHOK PC, 3116 N ELIZABETH STPUEBLO, CO, 81008
Specialty	AI
Board Certified	AI
School and Year of Graduation	GUJARAT UNIVERSITY INDIA 1979
Internship and Year	MEDICAL COLLEGE OF VERGINIA, RICHMOND VA 1983
Residency and Year	WATERBURY HOSPITAL, WATERBURY CT 1985
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number 5978  
 License Date 9/7/1978  
 Name **PATEL, CHANDRAKAN M MD**  
 Address NEW ENGLAND ASSOC, 220 SUTTON STN ANDOVER, MA, 01845  
 Specialty PM  
 Board Certified PM  
 School and Year of Graduation BJ MEDICAL COLLEGE GUJARAT UNIV AHMEDABAD GUJARAT 1957  
 Internship and Year VETERANS ADMINISTRATION HOSPITAL - BOSTON, MA 1977  
 Residency and Year VETERANS ADMINISTRATION HOSPITAL - BOSTON, MA 1978  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 10310  
 License Date 6/3/1998  
 Name **PATEL, DEEPAK C MD**  
 Address 700 LOWERSTATE RD, BLDG-12 APT B-4NORTH WALES, PA, 19454  
 Specialty IM  
 Board Certified  
 School and Year of Graduation KASTURBA MED COLL MANGALORE UNIV INDIA 1992  
 Internship and Year ABINGTON MEMORIAL HOSPITAL - ABINGTON, PA 1996  
 Residency and Year ABINGTON MEMORIAL HOSPITAL - ABINGTON, PA 1998  
 License Expiration Date **6/30/1999**  
 Remarks

License Number 13806  
 License Date 1/11/2008  
 Name **PATEL, DEODUTT V MD**  
 Address 16266 CROWN ARBOR WAY, FT MYERS, FL, 33908  
 Specialty R  
 Board Certified R  
 School and Year of Graduation ROYAL COLLEGE OF SURGEONS IRELAND 1977  
 Internship and Year U S PUBLIC HEALTH SERVICES HOSPITAL - STATEN ISLAND, NY 1981  
 Residency and Year SUNY HEALTH SCIENCE CENTER @ SYRACUSE - SYRACUSE, NY 1984  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 11334  
 License Date 7/11/2001  
 Name **PATEL, DIPAKKUMAR MD**  
 Address SOUTHERN NH MED CTR-NICU, 8 PROSPECT STNASHUA, NH, 03061  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIVERSITY OF BARODA- GUJARAT, INDIA INDIA 1991  
 Internship and Year BROOKDALE UNIVERSITY HOSPITAL & MED CTR BROOKLYN NY 1996  
 Residency and Year BROOKDALE UNIVERSITY HOSPITAL & MED CTR BROOKLYN NY 1999  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	12889
License Date	9/7/2005
Name	<b>PATEL, HIRAL H MD</b>
Address	PARKLAND MEDICAL CENTER, 1 PARKLAND DRDERRY, NH, 03038
Specialty	IM
Board Certified	IM
School and Year of Graduation	GUJARAT UNIVERSITY, GUJARAT INDIA INDIA 1998
Internship and Year	GOOD SAMARITAN HOSPITAL, BALTIMORE MD 2002
Residency and Year	METRO WEST MEDICAL CTR, FRAMINGHAM MA 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10101
License Date	8/6/1997
Name	<b>PATEL, JAYMAL R MD</b>
Address	3600 SPRUCE ST BLDG 11 GATES, DEPT OF PSYCHIATRY UNIV OF PAPHILADELPHIA, PA, 19115
Specialty	P
Board Certified	
School and Year of Graduation	GOV'T MED COLL BARODA UNIV GUJARAT, INDIA INDIA 1989
Internship and Year	VETERANS AFFAIRS MEDICAL CENTER - GA 1996
Residency and Year	VETERANS AFFAIRS MEDICAL CENTER - GA 1996
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	13295
License Date	10/4/2006
Name	<b>PATEL, JENNIFER D DO</b>
Address	95 GRASSLANDS DR, VALHALLA, NY, 10595
Specialty	IM
Board Certified	IM
School and Year of Graduation	NY COLLEGE OF OSTEOPATHIC MED, OLD WESTBURY NY US 2001
Internship and Year	NORTH SHORE UNIVERSITY, MANHASSET NY 2002
Residency and Year	NORTH SHORE UNIVERSITY, MANHASSET NY 2004
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	14391
License Date	4/1/2009
Name	<b>PATEL, KALPESH K MD</b>
Address	DARTMOUTH HITCHCOCK CLINIC, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty	IM
Board Certified	IM
School and Year of Graduation	GUJARAT UNIVERSITY INDIA 2004
Internship and Year	ST BARNABAS HOSPITAL - BRONX, NY 2007
Residency and Year	ST BARNABAS HOSPITAL - BRONX, NY 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 7381  
 License Date 6/12/1986  
 Name **PATEL, KANU O MD**  
 Address 92 MONTVALE AVE, STE 2200STONEHAM, MA, 02180  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation MS UNIVERSITY-BARODA INDIA INDIA 1981  
 Internship and Year WEISS MEMORIAL HOSPITAL 1983  
 Residency and Year WEISS MEMORIAL HOSPITAL-CHICAGO IL 1986  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14392  
 License Date 4/1/2009  
 Name **PATEL, MINESH N MD**  
 Address WENTWORTH DOUGLASS PHYS CORP, 789 CENTRAL AVE LEVEL 2DOVER, NH, 03820  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation K. J. SOMAIYA MEDICAL COLLEGE INDIA 2005  
 Internship and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD,MA 2007  
 Residency and Year YORK HOSPITAL - YORK, PA 2008  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 16488  
 License Date 2/5/2014  
 Name **PATEL, NATHAN T MD**  
 Address ILLIANA VA HEALTH SYSTEM, 1900 E MAIN STDANVILLE, IL, 61832  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation ROSS UNIVERSITY DOMINICA 2010  
 Internship and Year MID MICHIGAN MEDICAL CENTER - MIDLAND, MI 2011  
 Residency and Year ROCHESTER GENERAL HOSPITAL-UNIVERSITY OF ROCHESTER - ROCHESTER, NY 2013  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 17076  
 License Date 5/6/2015  
 Name **PATEL, NEHA MD**  
 Address DHMC, 1 MEDICAL CTR DRLEBANON, NH, 03766  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation NETAJI SUBHASH CHANDRA BOSE MEDICAL COLLEGE INDIA 2005  
 Internship and Year UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE - URBANA, IL 2009  
 Residency and Year NORTH SHORE MEDICAL CENTER-SALEM HOSPITAL - SALEM, MA 2011  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	14593
License Date	9/2/2009
Name	<b>PATEL, NIKESH M MD</b>
Address	452 OLD STREET RD, PETERBOROUGH, NH, 03458
Specialty	IM
Board Certified	IM
School and Year of Graduation	MAHARAJA SAYAJIRAO UNIVERSITY - BARODA GUJARAT INDIA 2003
Internship and Year	ST FRANCIS MEDICAL CENTER - TRENTON, NJ 2007
Residency and Year	ST FRANCIS MEDICAL CENTER - TRENTON, NJ 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14262
License Date	12/3/2008
Name	<b>PATEL, PARAG J DO</b>
Address	MIRACA LIFE SCIENCES, 4207 E COTTON CTR BLVD PHOENIX, AZ, 85040
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	KIRKSVILLE COLLEGE USA 2002
Internship and Year	TEXAS A&M SCOTT AND WHITE MEMORIAL HOSPITAL-TEMPLE, TX 2003
Residency and Year	TEXAS A&M SCOTT AND WHITE MEMORIAL HOSPITAL-TEMPLE, TX 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12971
License Date	12/7/2005
Name	<b>PATEL, PRAVIN M MD</b>
Address	1704 N LAFAYETTE RD, CRAWFORDSVILLE, IN, 47933
Specialty	U
Board Certified	U
School and Year of Graduation	GUJARAT UNIVERSITY, INDIA INDIA 1967
Internship and Year	OUR LADY OF MERCY MED CTR, BRONX NY 1971
Residency and Year	MT VERNON HOSPITAL, MT VERNON NY 1972
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	13511
License Date	5/9/2007
Name	<b>PATEL, RAHUL K MD</b>
Address	ORION TROY OPHTHELMOLOGY, 1701 SOUTH BLVD STE 180 ROCHESTER HILL, MI, 48307
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	NORTHEASTERN OHIO UNIV USA 1999
Internship and Year	RIVERSIDE METHODIST HOSPITAL-COLUMBUS, OH 2000
Residency and Year	RIVERSIDE METHODIST HOSPITAL-COLUMBUS, OH 2002
License Expiration Date	<b>6/30/2015</b>
Remarks	



License Number	14775
License Date	3/3/2010
Name	<b>PATEL, ROSHANI R MD</b>
Address	DH DEPT OF SURGERY, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF CINCINNATI USA 2001
Internship and Year	MORRISTOWN MEMORIAL HOSPITAL - MORRISTOWN, NJ 2002
Residency and Year	MORRISTOWN MEMORIAL HOSPITAL - MORRISTOWN, NJ 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14523
License Date	7/1/2009
Name	<b>PATEL, SACHIN B MD</b>
Address	69 CHERRYWOOD DR, NASHUA, NH, 03062
Specialty	IM
Board Certified	IM
School and Year of Graduation	GUJARAT UNIVERSITY INDIA 2001
Internship and Year	KINGSBROOK JEWISH MEDICAL CENTER - BROOKLYN, NY 2004
Residency and Year	METRO WEST MEDICAL CENTER - FRAMINGHAM, MA 2006
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	14172
License Date	9/3/2008
Name	<b>PATEL, SANDIP G MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	MEDICAL COLLEGE BARODA INDIA 2001
Internship and Year	UNIV OF ALABAMA - MONTGOMERY, AL 2004
Residency and Year	UNIV OF ALABAMA - MONTGOMERY, AL 2006
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	9143
License Date	4/6/1994
Name	<b>PATEL, SANJAY MD</b>
Address	WAKE FOREST FAMILY PHYSICIANS, 11635 NORTHPARK DR BLG 1 STE 200WAKE FOREST, NC, 2758
Specialty	FP
Board Certified	FP
School and Year of Graduation	TEMPLE UNIVERSITY SCHOOL OF MEDICINE USA 1982
Internship and Year	MONTGOMERY HOSPITAL - MORRISTOWN PA 1983
Residency and Year	MONTGOMERY HOSPITAL - MORRISTOWN PA 1985
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	8720
License Date	5/6/1992
Name	<b>PATEL, SANJIV M MD</b>
Address	GRANITE STATE ANESTHESIOLOGY, 168 KINSLEY ST STE #4NASHUA, NH, 03060
Specialty	AN
Board Certified	AN
School and Year of Graduation	NAGPUR UNIVERSITY INDIA 1980
Internship and Year	BOOTH MEMOIRAL MEDICAL CENTER 1989
Residency and Year	WESTCHESTER COUNTY HOSPITAL 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14718
License Date	1/6/2010
Name	<b>PATEL, SAVAN B MD</b>
Address	PARKLAND MEDICAL CENTER, 1 PARKLAND DRDERRY, NH, 03038
Specialty	IM
Board Certified	IM
School and Year of Graduation	ROSS UNIVERSITY USA 2003
Internship and Year	NEW YORK HOSPITAL MEDICAL CENTER OF QUEENS - FLUSHING, NY 2004
Residency and Year	NEW YORK HOSPITAL MEDICAL CENTER OF QUEENS - FLUSHING, NY 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8846
License Date	11/4/1992
Name	<b>PATEL, SMITA K MD</b>
Address	61 MAIN ST, STONEHAM, MA, 02180
Specialty	P
Board Certified	P
School and Year of Graduation	GOVT MEDICAL COLLEGE INDIA 1979
Internship and Year	WEST ROS PARK MENTAL HEALTH CTR- BOSTON, MA 1987
Residency and Year	WEST ROS PARK MENTAL HEALTH CTR- BOSTON, MA 1987
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	15808
License Date	8/1/2012
Name	<b>PATEL, SUNIT H MD</b>
Address	NORTH COUNTRY PEDIATRICS, 580 ST JOHNSBURY RD STE 26LITTLETON, NH, 02891
Specialty	PD
Board Certified	PD
School and Year of Graduation	NY MEDICAL COLLEGE USA 1997
Internship and Year	MARIA FARERI CHILDRENS HOSPITAL - VALHALLA, NY 1998
Residency and Year	MARIA FARERI CHILDRENS HOSPITAL - VALHALLA, NY 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17096
License Date	6/3/2015
Name	<b>PATEL-BOOLANI, DIPIKA J MD</b>
Address	1721 CHISWICK CT, SILVER SPRING, MD, 20904
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF MISSOURI SCHOOL OF MEDICINE USA 2004
Internship and Year	UNIVERSITY OF KANSAS MEDICAL CENTER - KANSAS CITY, KS 2005
Residency and Year	UNIVERSITY OF KANSAS MEDICAL CENTER - KANSAS CITY, KS 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8014
License Date	12/7/1988
Name	<b>PATHAK, DHIRENDRA MD</b>
Address	LOWELL GENERAL HOSPITAL, 295 VARNUM AVE LOWELL, MA, 01860
Specialty	AN
Board Certified	AN
School and Year of Graduation	BANGALORE MEDICAL COLLEGE INDIA 1972
Internship and Year	ST MARTHA'S HOSPITAL - BANGALORE IN 1973
Residency and Year	UNIV OF LEICESTER - LEICESTER ENGLAND 1979
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	16558
License Date	4/2/2014
Name	<b>PATHAK, RAHUL S MD</b>
Address	101 NICHOLLS RD, STONY BROOK, NY, 11794
Specialty	N
Board Certified	
School and Year of Graduation	ROSS UNIVERSITY DOMINICA 2009
Internship and Year	STATEN ISLAND UNIVERSITY HOSPITAL - STATEN ISLAND, NY 2011
Residency and Year	SUNY @ STONY BROOK HEALTH SCIENCES CENTER - STONY BROOK, NY 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7955
License Date	8/10/1988
Name	<b>PATIL, JAYAKUMAR MD</b>
Address	80 PALOMINO LN STE 203, BEDFORD, NH, 03110
Specialty	P
Board Certified	
School and Year of Graduation	J J M MED COLL MYSHORE UNIV-DAVANGERE INDIA 1980
Internship and Year	UNIV HOSP-JACKSON,MS 1988
Residency and Year	UNIV HOSPITAL - JACKSON, MS 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	2/4/11 - Settlement Agreement - 30 Day Suspension from 4/15/11 - 5/14/11 7/9/09 - Settlement Agreement

License Number	15320
License Date	7/6/2011
Name	<b>PATINKIN, SHEILA C MD</b>
Address	PO BOX 834, SPRINGFIELD, VT, 05156
Specialty	PD
Board Certified	PD
School and Year of Graduation	NORTHWESTERN UNIVERSITY USA 1996
Internship and Year	ADVOCATE LUTHERAN GENERAL CHILDRENS HOSPITAL - PARK RIDGE, IL 1997
Residency and Year	ADVOCATE LUTHERAN GENERAL CHILDRENS HOSPITAL - PARK RIDGE, IL 1999
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	15040
License Date	10/6/2010
Name	<b>PATINO, WILLMAR D MD</b>
Address	DERMPATH DIAGNOSTICS SOUTH FLORIDA, 895 SW 30TH AVENUE STE 101POMPANO BEACH, FL, 3
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSIDAD DE ANTIOQUIA COLUMBIA 2000
Internship and Year	UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL - DALLAS, TX 2006
Residency and Year	UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL - DALLAS, TX 2009
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	10506
License Date	2/3/1999
Name	<b>PATNO, KARYN M MD</b>
Address	97 SHERMAN DR, ST JOHNSBURY, VT, 05819
Specialty	PD
Board Certified	PD
School and Year of Graduation	MEDICAL COLLEGE OF OHIO - TOLEDO, OH USA 1983
Internship and Year	UNIV OF VERMONT COLLEGE OF MEDICINE - BURLINGTON, VT 1984
Residency and Year	UNIV OF VERMONT COLLEGE OF MEDICINE - BURLINGTON, VT 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7001
License Date	11/1/1984
Name	<b>PATRISSO, DANIEL J MD</b>
Address	5 TRINITY RD, MEREDITH, NH, 03253
Specialty	U
Board Certified	U
School and Year of Graduation	UMDJN NEW JERSEY MED SCH-NEWARK NJ USA 1979
Internship and Year	UMDJN NEW JERSEY MED SCH-NEWARK,NJ 1980
Residency and Year	MONTEFIORE HOSP MED CTR- BRONX,NY 1981
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	3215	
License Date	9/11/1957	
Name	<b>PATTEN, JOHN C MD</b>	
Address	376 N MAIN ST, WOLFEBORO, NH, 03894	
Specialty	GS	
Board Certified	GS	
School and Year of Graduation	UNIVERSITY OF VERMONT USA 1947	
Internship and Year	MARY FLETCHER HOSPITAL	BURLINGTON - VERMONT 1957
Residency and Year	LENOX HILL HOSPITAL	NEW YORK - NEW YORK 1957
License Expiration Date	<b>6/30/2001</b>	
Remarks	Deceased 6/20/2010	

License Number	14263
License Date	12/3/2008
Name	<b>PATTEN, RICHARD D MD</b>
Address	LAHEY HOSPITAL & MEDICAL CTR/DEPT CARDIOVAS. MED, 41 MALL RDBURLINGTON, MA, 01805
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIV OF MARYLAND USA 1988
Internship and Year	UNIV OF MARYLAND HOSPITAL - BALTIMORE, MD 1989
Residency and Year	UNIV OF MARYLAND HOSPITAL - BALTIMORE, MD 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12755
License Date	6/1/2005
Name	<b>PATTERSON, CAROL J MD</b>
Address	HOSP PUNTA PACIFICA OFC 306 BLVD, PACIFICA Y VIA DARIEN PANAMA CITYREPUBLIC OF PANAM
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF ILLINOIS, CHICAGO IL US 1999
Internship and Year	UNIVERSITY OF CHICAGO, CHICAGO IL 2000
Residency and Year	UNIVERSITY OF CHICAGO, CHICAGO IL 2002
License Expiration Date	<b>6/30/2015</b>
Remarks	lapsed 6/30/09 - reinstated 9/7/11

License Number	5404
License Date	8/12/1975
Name	<b>PATTERSON, JOHN L MD</b>
Address	DARTMOUTH HITCHCOCK-KEENE, 590 COURT STKEENE, NH, 03431
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF ROCHESTER SCHOOL OF MEDICINE USA 1970
Internship and Year	CHARITY HOSPITAL - NEW ORLEANS, LA 1971
Residency and Year	CHARITY HOSPITAL - NEW ORLEANS, LA 1974
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	5973
License Date	9/6/1978
Name	<b>PATTERSON, PETER H MD</b>
Address	ANNA GOVE STUDENT HLTH CTR, PO BOX 26170GREENSBORO, NC, 27402-6170
Specialty	
Board Certified	PD
School and Year of Graduation	-TUFTS UNIV SCHOOL OF MEDICINE BOSTON, MA USA 1957
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1958
Residency and Year	CHILDREN'S HOSPITAL - BOSTON, MA 1963
License Expiration Date	<b>6/30/2008</b>
Remarks	<b>LAPSED FOR NON-RENEWAL 6/30/99.. REINSTATED 5/9/07</b>

License Number	13636
License Date	8/1/2007
Name	<b>PATTERSON, WILLIAM B MD</b>
Address	CONCENTRA MEDICAL CENTERS, 156 HARVEY RDLONDONDERRY, NH, 03053
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF VERMONT USA 1976
Internship and Year	BOSTON CITY MEDICAL CENTER/BOSTON CITY HOSPITAL - BOSTON, MA 1978
Residency and Year	BOSTON CITY MEDICAL CENTER/BOSTON CITY HOSPITAL - BOSTON, MA 1979
License Expiration Date	<b>3/31/2008</b>
Remarks	<b>Deceased 3/31/08</b>

License Number	16286
License Date	8/7/2013
Name	<b>PATTON, JILL A MD</b>
Address	344 TORQUAY BLVD, ALBANY, NY, 12203
Specialty	P
Board Certified	
School and Year of Graduation	SUNY @ STONY BROOK USA 2009
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9255
License Date	8/3/1994
Name	<b>PATTON, JOHN D MD</b>
Address	BECKETT SCHOOL INC, PO BOX 101HAVERHILL, NH, 03765-
Specialty	GP
Board Certified	
School and Year of Graduation	MEDICAL COLLEGE OF WISCONSIN USA 1961
Internship and Year	KINGS COUNTY HOSPITAL CENTER - BROOKLYN NY 1962
Residency and Year	OUR LADY OF MERCY MEDICAL CENTER - BRONX NY 1966
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10041
License Date	6/4/1997
Name	<b>PATTON, ROBERT W DO</b>
Address	18 MEADE ST, WELLSBORO, PA, 16901
Specialty	GP
Board Certified	P
School and Year of Graduation	PHILADELPHIA COLLEGE OF OSTEOPATHIC MED-PA USA 1955
Internship and Year	PHILADELPHIA COLLEGE OF OSTEOPATHIC MED-PA 1956
Residency and Year	PHILADELPHIA MENTAL HEALTH CLINIC-PA 1969
License Expiration Date	<b>6/30/1999</b>
Remarks	<b>DECEASED 1/23/05</b>

License Number	14039
License Date	6/4/2008
Name	<b>PATUNOFF, CASEY F MD</b>
Address	DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty	P
Board Certified	
School and Year of Graduation	STATE UNIV OF NEW YORK UPSTATE USA 2005
Internship and Year	SUNY HEALTH SCIENCE CENTER @ SYRACUSE-SYRACUSE, NY 2006
Residency and Year	SUNY HEALTH SCIENCE CENTER @ SYRACUSE-SYRACUSE, NY 2007
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	10129
License Date	9/10/1997
Name	<b>PATWA, NAJMUDDIN S MD</b>
Address	5700 ARLINGTON AVE APT 4-J, RIVERDALE, NY, 10471
Specialty	PUD
Board Certified	IM
School and Year of Graduation	HAHNEMANN UNIV SCH OF MED-PHILADELPHIA, PA USA 1989
Internship and Year	A EINSTEIN COLL M-YESHIVA UNIV - NY 1992
Residency and Year	A EINSTEIN COLL M-YESHIVA UNIV - NY 1994
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	16871
License Date	12/3/2014
Name	<b>PAUL, JOAN MD</b>
Address	HEATER ROAD CLINIC, 18 OLD ETNA RD 3RD FLLEBANON, NH, 03756
Specialty	D
Board Certified	
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 2009
Internship and Year	HOSPITAL OF ST RAPHAEL- NEW HAVEN, CT 2010
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12673
License Date	4/6/2005
Name	<b>PAUL, MARC MD</b>
Address	VITUAL RADIOLOGIC PROFESSIONAL, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF MARYLAND, BALTIMORE MD US 1983
Internship and Year	SINAI HOSPITAL, BALTIMORE MD 1984
Residency and Year	SINAI HOSPITAL, BALTIMORE MD 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16083
License Date	4/3/2013
Name	<b>PAUL, MICHAEL D MD</b>
Address	DARTMOUTH HITCHCOCK CLINIC - GENERAL SURGERY, 253 PLEASANT STREETCONCORD, NH, 0330
Specialty	GS
Board Certified	GS
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 2006
Internship and Year	WATERBURY HOSPITAL - WATERBURY, CT 2007
Residency and Year	WATERBURY HOSPITAL - WATERBURY, CT 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6087
License Date	7/9/1979
Name	<b>PAUL, STEVEN D MD</b>
Address	330 BORTHWICK AVE, STE 301PORTSMOUTH, NH, 03801-4101
Specialty	IM
Board Certified	
School and Year of Graduation	STATE UNIV OF NY DOWNSTATE COLL MED - BROOKLYN, NY USA 1973
Internship and Year	YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 1974
Residency and Year	UNIV OF UTAH HOSPITAL - SALT LAKE CITY, UT 1979
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7795
License Date	3/9/1988
Name	<b>PAULINO JR, GERARDO B MD</b>
Address	MARY LANE HOSP, 85 SOUTH STWARE, MA, 01082
Specialty	DR
Board Certified	R
School and Year of Graduation	COLL OF MED UNIV OF THE PHILIPPINES-MANILA PHILIPPINES 1968
Internship and Year	BOSTON CITY HOSPITAL - BOSTON, MA 1973
Residency and Year	BOSTON CITY HOSP-BOSTON,MA 1973
License Expiration Date	<b>6/30/2004</b>
Remarks	



License Number	7465
License Date	11/12/1986
Name	<b>PAULSHOCK, CRAIG L MD</b>
Address	611 FRONT ST, CELEBRATION, FL, 34747
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF ROCHESTER - ROCHESTER, NY USA 1982
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CTR - HANOVER, NH 1983
Residency and Year	ST ELIZABETHS HOSPITAL - BOSTON, MA 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>11/14/00 - SETTLEMENT AGREEMENT</b>

License Number	6851
License Date	3/1/1984
Name	<b>PAVESI, MARK E MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	UNIVERSITY OF PAVIA ITALY 1977
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1992</b>
Remarks	

License Number	13921
License Date	4/2/2008
Name	<b>PAWLUK, WILLIAM MD</b>
Address	NATION WIDE BETTER HEALTH, 300 CLUBHOUSE RD STE 100HUNT VALLEY, MD, 21031
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF ALBERTA CANADA 1970
Internship and Year	UNIV OF OTTOWA-OTTAWA, ONTARIO CANADA 1971
Residency and Year	MCMASTER UNIV-HAMILTON, ONTARIO CANADA 1974
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	11716
License Date	8/7/2002
Name	<b>PAYDARFAR, JOSEPH A MD</b>
Address	DHMC-DIV OF OTOLARYNGOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	DUKE UNIV SCHOOL OF MEDICINE- DURHAM, NC USA 1996
Internship and Year	WASHINGTON UNIV SCHOOL OF MEDICINE-ST LOUIS,MO 1997
Residency and Year	BARNES-JEWISH HOSPITAL-ST LOUIS,MO 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4361
License Date	3/5/1969
Name	<b>PAYSON, BARBARA J MD</b>
Address	DARTMOUTH COLLEGE HEALTH SER, 7 ROPE FERRY RDHANOVER, NH, 03755
Specialty	IM
Board Certified	
School and Year of Graduation	JOHNS HOPKINS UNIV - BALTIMORE, MD USA 1958
Internship and Year	YALE-NEW HAVEN HOSPITAL - NEW HAVEN, CT 1959
Residency and Year	YALE-NEW HAVEN HOSPITAL - NEW HAVEN, CT 1959
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	3630
License Date	6/23/1963
Name	<b>PAYSON, HENRY E MD</b>
Address	67 LOWER CREAM ST, THETFORD CTR, VT, 05075
Specialty	P
Board Certified	P
School and Year of Graduation	COLUMBIA UNIV COLLEGE OF PHYSICIANS - NEW YORK, NY USA 1952
Internship and Year	JOHN HOPKINS HOSPITAL - BALTIMORE, MD 1954
Residency and Year	JOHN HOPKINS HOSPITAL - BALTIMORE, MD 1958
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	13052
License Date	4/5/2006
Name	<b>PAYTON, JESSICA S MD</b>
Address	D-HC KEENE PEDIATRICS DEPT, 590 COURT STKEENE, NH, 03431
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF CONNECTICUT-FARMINGTON CT USA 2003
Internship and Year	CONNECTICUT CHILDRENS MED CTR-HARTFORD CT 2005
Residency and Year	CONNECTICUT CHILDRENS MED CTR-HARTFORD CT 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15934
License Date	11/7/2012
Name	<b>PEARCE, MELISSA W MD</b>
Address	SUMMERVILLE MEDICAL CTR, 295 MIDLAND PKWYSUMMERVILLE, SC, 29485
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE USA 2004
Internship and Year	MEDICAL UNIVERSITY OF SOUTH CAROLINA - CHARLESTON, SC 2005
Residency and Year	MEDICAL UNIVERSITY OF SOUTH CAROLINA - CHARLESTON, SC 2008
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	11571
License Date	4/3/2002
Name	<b>PEARLMAN, JUSTIN D MD</b>
Address	KERN MEDICAL CTR, 1700 MT VERNON AVE BAKERSFIELD, CA, 93306
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIV OF CONNECTICUT SCH OF MED - FARMINGTON, CT USA 1980
Internship and Year	UNIV OF CALIFORNIA DAVIS MEDICAL CENTER - SACRAMENTO, CA 1981
Residency and Year	UNIV OF CALIFORNIA DAVIS MEDICAL CENTER - SACRAMENTO, CA 1983
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	15809
License Date	8/1/2012
Name	<b>PEARLMUTTER, MARK D MD</b>
Address	ST ELIZABETH'S MEDICAL CENTER, 736 CAMBRIDGE ST, STE 3160 BRIGHTON, MA, 02135
Specialty	EM
Board Certified	EM
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1984
Internship and Year	ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 1985
Residency and Year	ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 1987
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13296
License Date	10/4/2006
Name	<b>PEARLSTEIN, LESLIE MD</b>
Address	9994 SAGO POINT DR, LARGO, FL, 33777
Specialty	GS
Board Certified	GS
School and Year of Graduation	JOHNS HOPKINS UNIVERSITY, BALTIMORE MD US 1971
Internship and Year	JOHNS HOPKINS HOSPITAL, BALTIMORE MD 1973
Residency and Year	UNIVERSITY OF LOUISVILLE, LOUISVILLE KY 1976
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	14666
License Date	11/4/2009
Name	<b>PEARSON, ADAM M MD</b>
Address	DHMC / THE SPINE CENTER, 1 MEDICAL CENTER DR LEBANON, NH, 03756
Specialty	ORS
Board Certified	
School and Year of Graduation	YALE UNIVERSITY USA 2004
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16322
License Date	9/4/2013
Name	<b>PEARSON, ANDREA L MD</b>
Address	DARTMOUTH-HITCHCOCK, KEENE - DERMATOLOGY, 51 RAILROAD STKEENE, NH, 03431
Specialty	D
Board Certified	D
School and Year of Graduation	THE GEISEL SCHOOL OF MED @ DARTMOUTH USA 2008
Internship and Year	ST VINCENT HOSPITAL - WORCESTER, MA 2009
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2012
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14393
License Date	4/1/2009
Name	<b>PEARSON, KATHLEEN E DO</b>
Address	LITTLETON REGIONAL HOSPITAL, 600 ST JOHNSBURY RDLITTLETON, NH, 03561
Specialty	FP
Board Certified	FP
School and Year of Graduation	KANSAS CITY UNIVERSITY USA 1986
Internship and Year	INTERFAITH MEDICAL CENTER - BROOKLYN,NY 1987
Residency and Year	MIDWESTERN UNIV/CHICAGO COLLEGE OF OSTEOPATHIC MEDICINE-OLYMPIA FIELDS,IL 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9106
License Date	1/5/1994
Name	<b>PEARSON, MARY G DO</b>
Address	, 80 ROUTE 125KINGSTON, NH, 03848-3535
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND COLLEGE USA 1989
Internship and Year	SHENANGO VALLEY MEDICAL CENTER - FARRELL PA 1990
Residency and Year	MILCRREEK COMMUNITY HOSPITAL - ERIE PA 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5881
License Date	4/6/1978
Name	<b>PEASE JR, FRANCIS B MD</b>
Address	537 POND APPLE RD, CLARKSVILLE, TN, 37043-
Specialty	GS
Board Certified	GS
School and Year of Graduation	HARVARD MEDICAL SCHOOL BOSTON, MA USA 1971
Internship and Year	MASS GENERAL HOSPITAL - BOSTON, MA 1972
Residency and Year	MASS GENERAL HOSPITAL - BOSTON, MA 1976
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	15321
License Date	7/6/2011
Name	<b>PEASE, DAHLIA B DO</b>
Address	18 ORCHARD VIEW DR, LONDONDERRY, NH, 03053
Specialty	PD
Board Certified	PD
School and Year of Graduation	KANSAS CITY UNIVERSITY USA 2002
Internship and Year	UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE AT PEORIA - PEORIA, IL 2003
Residency and Year	UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE AT PEORIA - PEORIA, IL 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15262
License Date	6/1/2011
Name	<b>PEASE, WILLIAM V DO</b>
Address	PORTSMOUTH PULMONARY PHYSICIANS, 330 BORTHWICK AVE STE 108PORTSMOUTH, NH, 03801
Specialty	IM
Board Certified	IM
School and Year of Graduation	KANSAN CITY UNIVERSITY USA 2002
Internship and Year	ST FRANCIS MEDICAL CENTER - PEORIA, IL 2003
Residency and Year	ST FRANCIS MEDICAL CENTER - PEORIA, IL 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4854
License Date	11/3/1971
Name	<b>PECORA, J LOUIS MD</b>
Address	1207 E MAIN ST, ENDICOTT, NY, 13760-5219
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	STATE UNIV OF NY - BROOKLYM, NY USA 1967
Internship and Year	KINGS COUNTY HOSPITAL CENTER - BROOKLYN, NY 1968
Residency and Year	ALBANY MEDICAL CENTER - ALBANY, NY 1971
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	11184
License Date	2/7/2001
Name	<b>PEDERSEN, JOSEPH T MD</b>
Address	CANCER SPECIALIST, 396 ALLISON CREEK TRIALBREVARD, NC, 28712
Specialty	RO
Board Certified	RD
School and Year of Graduation	STATE UNIV OF NY UPSTATE MED UNIV- SYRACUSE, NY USA 1994
Internship and Year	NEW YORK METHODIST HOSPITAL OF BROOKLYN, NY 1998
Residency and Year	UNIV OF PENNSYLVANIA - PHILADELPHIA, PA 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 12352  
 License Date 6/2/2004  
 Name **PEDERSEN, THOMAS S MD**  
 Address ANESTHESIA ASSOCIATES, 1 PILLSBURY ST STE 202CONCORD, NH, 03301  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation ARHUS UNIVERSITY, ARHUS DENMARK DENMARK 1997  
 Internship and Year BAYSTATE MED CTR, SPRINGFIELD MA 2001  
 Residency and Year BAYSTATE MED CTR, SPRINGFIELD MA 2003  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 17126  
 License Date 6/3/2015  
 Name **PEDRO, MICHAEL J MD**  
 Address NASHUA ANESTHESIA PARTNERS, 8 PROSPECT STNASHUA, NH, 03060  
 Specialty AN  
 Board Certified  
 School and Year of Graduation SUNY HEALTH SCIENCE CENTER AT BROOKLYN USA 2015  
 Internship and Year SUNY, BROOKLYN NY 2012  
 Residency and Year SUNY, BROOKLYN NY 2015  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13981  
 License Date 5/7/2008  
 Name **PEELLE, KENNETH R MD**  
 Address 185 GREAT POND RD, N ANDOVER, MA, 01845  
 Specialty R  
 Board Certified R  
 School and Year of Graduation CORNELL UNIV USA 1969  
 Internship and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1970  
 Residency and Year NEW YORK & PRESBYTERIAN HOSPITAL - NEW YORK, NY 1971  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15088  
 License Date 12/1/2010  
 Name **PEELMAN, JESSICA H MD**  
 Address CORE PHYSICIANS, 3 ALUMNI DR STE 301EXETER, NH, 03833  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation EMORY UNIVERSITY USA 2005  
 Internship and Year NORTHWESTERN U FEINBERG SCHOOL OF MEDICINE - CHICAGO, IL 2006  
 Residency and Year NORTHWESTERN U FEINBERG SCHOOL OF MEDICINE - CHICAGO, IL 2010  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	7364
License Date	6/12/1986
Name	<b>PEHR, KEVIN L MD</b>
Address	4060 ST CATHERINE ST W 780, WESTMOUNT QCCANADA, , H3Z 2Z3
Specialty	D
Board Certified	
School and Year of Graduation	NEW YORK MEDICAL COLLEGE - VALHALLA, NY USA 1981
Internship and Year	NAVAL MEDICAL CENTER - PORTSMOUTH, VA 1982
Residency and Year	MCGILL UNIV FACULTY MEDICINE HOSPITAL - 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12274
License Date	4/7/2004
Name	<b>PEKALA, JOSEPH S MD</b>
Address	DHMC-RADIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	DR
Board Certified	R
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL, LEBANON NH US 1999
Internship and Year	TUCSON HOSPITAL MED EDUCATION, TUCSON AZ 2000
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10832
License Date	2/2/2000
Name	<b>PELKOWSKI, DAVID J MD</b>
Address	WEEKS MEDICAL CTR, 173 MIDDLE STLANCASTER, NH, 03584-9702
Specialty	IM
Board Certified	IM
School and Year of Graduation	HAHNEMANN MED COLL OF PHILADELPHIA, PA USA 1983
Internship and Year	GUTHRIE HLTH SYSTEM/ROBERT PACKER HOSPITAL - SAYRE, PA 1986
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15988
License Date	1/9/2013
Name	<b>PELLEGRINI JR, VINCENT D MD</b>
Address	DHMC - DEPT OF ORTHOPAEDICS, 1 MED CTR DRLEBANON, NH, 03756
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1979
Internship and Year	HARTFORD HOSPITAL - UNIVERSITY OF CONNECTICUT SOM - HARTFORD, CT 1980
Residency and Year	HARTFORD HOSPITAL - UNIVERSITY OF CONNECTICUT SOM - HARTFORD, CT 1981
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	15767
License Date	7/11/2012
Name	<b>PELLEY, JOSHUA R MD</b>
Address	DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	UNIVERSITY OF MISSOURI SCHOOL OF MEDICINE USA 2009
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 03756 2010
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 03756 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12674
License Date	4/6/2005
Name	<b>PELLI, ROGER T DO</b>
Address	AROOSTOOK MED CTR, 140 ACADEMY STPRESQUE ISLE, ME, 04769
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME US 1986
Internship and Year	BRIGHTON MEDICAL CENTER, PORTLAND ME 1987
Residency and Year	BRIGHTON MEDICAL CENTER, PORTLAND ME 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6795
License Date	9/8/1983
Name	<b>PELTIER, DEBORAH A MD</b>
Address	VA HOSPITAL, DEPT OF MEDICINEWHITE RIVER JCT, VT, 05009
Specialty	IM
Board Certified	IM
School and Year of Graduation	EMORY UNIV SCH MED-ATLANTA,GA USA 1976
Internship and Year	GRADY MEM HOSP-ATLANTA,GA 1977
Residency and Year	GRADY MEM HOSP-GA 1979
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4263
License Date	6/27/1968
Name	<b>PEMBROOK, RICHARD C MD</b>
Address	876 MIDDLEBRIDGE RD, SOUTH KINGSTOWN, RI, 02879
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF MN MED SCH - MINNEAPOLIS, MN USA 1963
Internship and Year	UNIVERSITY HOSPITAL - NEW MEXICO 1967
Residency and Year	MAINE MEDICAL CENTER - PORTLAND,ME 1972
License Expiration Date	<b>6/30/2014</b>
Remarks	



License Number 12243  
 License Date 3/3/2004  
 Name **PENDARVIS, RANIE W MD**  
 Address 6217 FAIRWAY BAY BLVD SOUTH, GULFPORT, FL, 33707  
 Specialty DR  
 Board Certified R  
 School and Year of Graduation MEDICAL COLLEGE OF GEORGIA, AUGUSTA GA US 1993  
 Internship and Year OHIO STATE UNIVERSITY, COLUMBUS OH 1994  
 Residency and Year OHIO STATE UNIVERSITY, COLUMBUS OH 1998  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 6272  
 License Date 8/15/1980  
 Name **PENDER, PAUL M MD**  
 Address NH EYE ASSOCIATES PA, 1415 ELM STMANCHESTER, NH, 03101-1325  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation UNIV OF MICHIGAN MED SCH - ANN ARBOR, MI USA 1976  
 Internship and Year MERCY CATHOLIC MEDICAL CENTER - PHILA, PA 1977  
 Residency and Year WILLS EYE HOSPITAL RESIDENT INSTITUTE - PHILA, PA 1980  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14938  
 License Date 7/7/2010  
 Name **PENESETTI, SUNIL MD**  
 Address VALLEY REGIONAL HOSPITAL, 243 ELM STREETCLAREMONT, NH, 03743  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation ST GEORGE'S UNIVERSITY GRENADA 2006  
 Internship and Year ST MICHAELS MEDICAL CENTER-NEWARK, NJ 2008  
 Residency and Year ST MICHAELS MEDICAL CENTER-NEWARK, NJ 2010  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13297  
 License Date 10/4/2006  
 Name **PENG, XING MD**  
 Address 150 55TH STREET, BROOKLYN, NY, 11220  
 Specialty R  
 Board Certified R  
 School and Year of Graduation PEKING UNION MEDICAL UNIVERSITY, CHINA CHINA 1988  
 Internship and Year NEW YORK METHODIST HOSP, BROOKLYN NY 1997  
 Residency and Year NEWARK BETH ISRAEL MED CTR, NEWARK NJ 2001  
 License Expiration Date **6/30/2008**  
 Remarks

License Number	14594
License Date	9/2/2009
Name	<b>PENKAR, PARUL MD</b>
Address	23 BOBSLED DRIVE, NEEDHAM, MA, 02494
Specialty	DR
Board Certified	DR
School and Year of Graduation	K.J. SOMIAYA MEDICAL COLLEGE - MUMBIA INDIA INDIA 1997
Internship and Year	HOWARD UNIVERSITY HOSPITAL - WASHINGTON, DC 2003
Residency and Year	HOWARD UNIVERSITY HOSPITAL - WASHINGTON, DC 2004
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	10216
License Date	1/7/1998
Name	<b>PENNOYER, WILLIAM P MD</b>
Address	6 NORTHWESTERN DR STE 305, BLOOMFIELD, CT, 06002
Specialty	CRS
Board Certified	CRS
School and Year of Graduation	COLUMBIA UNIV COLL OF PHYSICIANS - NY, NY USA 1992
Internship and Year	HARTFORD HOSPITAL - CT 1997
Residency and Year	HARTFORD HOSPITAL - CT 1997
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	11572
License Date	4/3/2002
Name	<b>PENNY III, WADE H MD</b>
Address	DARTMOUTH HITCHCOCK-KEENE, 590 COURT STKEENE, NH, 03431
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	DUKE UNIV SCH OF MED - DURHAM, NC USA 1984
Internship and Year	TAMPA GENERAL HOSPITAL - TAMPA, FL 1985
Residency and Year	TAMPA GENERAL HOSPITAL - TAMPA, FL 1989
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9968
License Date	4/2/1997
Name	<b>PEPE, ALBERT J MD</b>
Address	69 COUNTY RD, OAKLAND, ME, 04963
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	NY UNIV SCHOOL OF MEDICINE - NY, NY USA 1966
Internship and Year	BRONX MUNICIPAL HOSPITAL CENTER - NY 1967
Residency and Year	MEDICAL CENTER HOSPITAL OF VERMONT - VT 1973
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	8324
License Date	5/9/1990
Name	<b>PEPE, JOSEPH MD</b>
Address	CATHOLIC MED CTR, 100 McGREGOR STMANCHESTER, NH, 03102
Specialty	IM
Board Certified	IM
School and Year of Graduation	TUFTS UNIV SCH OF MED - BOSTON,MA USA 1987
Internship and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1988
Residency and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10794
License Date	12/1/1999
Name	<b>PEPIN, SUSAN M MD</b>
Address	DHMC/OPHTHALMOLOGY, ONE MEDICAL CTR DRLEBANON, NH, 03755
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIV OF CALIFORNIA -SAN FRANCISCO, CA USA 1995
Internship and Year	STANFORD UNIV MEDICAL CENTER - STANFORD, CA 1996
Residency and Year	UNIV OF CALIFORNIA SAN FRANCISCO SCHOOL OF MEDICINE - SAN FRANCISCO, CA 1999
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	4817
License Date	8/20/1971
Name	<b>PEPPARD, DONALD M MD</b>
Address	7 MANCHESTER ST, NASHUA, NH, 03060-2106
Specialty	P
Board Certified	
School and Year of Graduation	NATIONAL UNIV OF IRELAND IRELAND 1960
Internship and Year	ILLINOIS CENTRAL HOSPITAL - CHICAGO, IL 1964
Residency and Year	ST VINCENT'S HOSPITAL MEDICAL CENTER - NY, NY 1971
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	6336
License Date	2/2/1981
Name	<b>PEPPER, JAMES J MD</b>
Address	228 BILLERICA RD, CHELMSFORD, MA, 01824-3604
Specialty	IM
Board Certified	IM
School and Year of Graduation	JEFFERSON MED. COLL JEFFERSON UNIV. PHILA,PA USA 1964
Internship and Year	MERCY CATHOLIC MED CTR PHILA,PA 1965
Residency and Year	MERCY CATHOLIC MED CTR PHILA,PA 1969
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	12708
License Date	5/4/2005
Name	<b>PEPPERS, JENNIFER L MD</b>
Address	NORTH COUNTRY SURGICAL ASSOCIATES, 41 MEDICAL VILLAGE DRIVENEWPORT, VT, 05855
Specialty	GS
Board Certified	GS
School and Year of Graduation	TULANE UNIVERSITY,NEW ORLEANS LA US 1994
Internship and Year	TULANE UNIVERSITY, NEW ORLEANS LA 1995
Residency and Year	TULANE UNIVERSITY, NEW ORLEANS LA 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6852
License Date	3/1/1984
Name	<b>PERAINO, ROBERT A MD</b>
Address	129 OLD COUNTY RD, PO BOX 898FRANCONIA, NH, 03580
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF CALIFORNIA SCH MED - SAN FRANCISCO USA 1971
Internship and Year	BAYLOR COLLEGE MEDICAL HOSPITAL - HOUSTON, TX 1972
Residency and Year	BAYLOR COLLEGE MEDICAL HOSPITAL - HOUSTON, TX 1976
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13020
License Date	3/1/2006
Name	<b>PERALTA, JANESEA I MD</b>
Address	LAKES REGION PEDIATRICS, 80 HIGHLAND STLACONIA, NH, 03246
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF PHILIPPINES, MANILA PHILIPPINES PHILIPPINES 1997
Internship and Year	ELMHURST HOSPITAL CTR, ELMHURST NY 2005
Residency and Year	ELMHURST HOSPITAL CTR, ELMHURST NY 2006
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	16954
License Date	2/4/2015
Name	<b>PERALTA, RUBEN MD</b>
Address	RUTH SPRICK-ACUTE SURGICAL, 13737 NOEL RD STE 1600DALLAS, TX, 75240
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV NACIONAL PEDRO HENRIQUEZ URENA DOMINICAN REPUBLIC 1985
Internship and Year	NORTH OAKLAND MEDICAL CENTERS - PONTIAC - MI 1995
Residency and Year	NORTH OAKLAND MEDICAL CENTERS - PONTIAC - MI 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14091
License Date	7/9/2008
Name	<b>PERAZA, DANIEL M MD</b>
Address	PERAZA DERMATOLOGY GROUP, 252 BROAD STREETCLAREMONT, NH, 03743
Specialty	D
Board Certified	D
School and Year of Graduation	COLUMBIA UNIV USA 2006
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2007
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5762
License Date	6/15/1977
Name	<b>PERAZA, JOSE E MD</b>
Address	PERAZA DERMATOLOGY GROUP, 252 BROAD STCLAREMONT, NH, 03743-2636
Specialty	D
Board Certified	D
School and Year of Graduation	COLUMBIA UNIVERSITY-NEW YORK NY USA 1975
Internship and Year	HARTFORD HOSPITAL-HARTFORD CT 1976
Residency and Year	HARTFORD HOSPITAL-HARTFORD CT 1977
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16186
License Date	6/5/2013
Name	<b>PERCARPIO, ROBERT B MD</b>
Address	DHMC-RADIOLOGY DEPT, ONE MED CTR DRLEBANON, NH, 03756
Specialty	DR
Board Certified	
School and Year of Graduation	NEW YORK MEDICAL COLLEGE USA 2009
Internship and Year	ROGER WILLIAMS MEDICAL CENTER - PROVIDENCE, RI 2010
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10813
License Date	1/5/2000
Name	<b>PERCELAY, JACK M MD</b>
Address	PO BOX 5122, RIDGEWOOD, NJ, 07451-5122
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF CA SAN FRANCISCO SCH OF MED - CA USA 1988
Internship and Year	UNIV OF CALIFORNIA - SAN FRANCISCO, CA 1989
Residency and Year	UNIV OF CALIFORNIA - SAN FRANCISCO, CA 1991
License Expiration Date	<b>6/30/2004</b>
Remarks	<b>LAPSED FOR NON-RENEWAL 6/30/01 REINSTATED 6/4/03</b>

License Number 10295  
 License Date 5/6/1998  
 Name **PERDIGON, RHONIEL P MD**  
 Address 110 REHILL AVE, SOMERVILLE, NJ, 08876  
 Specialty FP  
 Board Certified  
 School and Year of Graduation COLL OF MED, U OF THE PHILIPPINES PHILIPPINES 1992  
 Internship and Year MERCY HOSPITAL OF TOLEDO, TOLEDO OH 1995  
 Residency and Year SOMERVILLE MEDICAL CENTER, SOMERVILLE NJ 1998  
 License Expiration Date **6/30/1999**  
 Remarks

License Number 11427  
 License Date 10/3/2001  
 Name **PEREGRINO, MANUEL A MD**  
 Address ELLIOT HOSPITAL NICU, 1 ELLIOT WAYMANCHESTER, NH, 03103-3599  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation HARVARD MEDICAL SCH - BOSTON, MA USA 1991  
 Internship and Year BAYLOR COLLEGE OF MEDICINE - HOUSTON, TX 1992  
 Residency and Year BAYLOR COLLEGE OF MEDICINE - HOUSTON, TX 1994  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 6677  
 License Date 4/7/1983  
 Name **PERENCEVICH, NICK P MD**  
 Address NH BOARD OF MEDICINE, 121 SOUTH FRUIT STCONCORD, NH, 03301  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation HARVARD MEDICAL SCHOOL - ANDOVER, MA USA 1972  
 Internship and Year BRIGHAM-WOMENS HOSP - BOSTON, MA 1973  
 Residency and Year BRIGHAM-WOMENS HOSP - BOSTON, MA 1977  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13555  
 License Date 6/6/2007  
 Name **PEREZ, ALFREDO J MD**  
 Address HOOKSETT PRIMARY CARE, 11 KIMBALL DRIVE UNIT 132HOOKSETT, NH, 03106  
 Specialty IMG  
 Board Certified IM  
 School and Year of Graduation INSTITUTO SUPERIOR DE CIENCIAS MEDICAS DE LA HAVAN CUBA 1982  
 Internship and Year WOODHULL MEDICAL & MENTAL HEALTH CTR - BROOKLYN, NY 2001  
 Residency and Year WOODHULL MEDICAL & MENTAL HEALTH CTR - BROOKLYN, NY 2003  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14563  
 License Date 8/5/2009  
 Name **PEREZ, ANDRES MD**  
 Address HEALTHWAYS, 701 COOLSPRINGS BLVD FRANKLIN, TN, 37067  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIVERSIDAD CENTRAL DEL CARIBE PUERTO RICO 1981  
 Internship and Year ST VINCENTS MEDICAL CENTER - BRIDGEPORT, CT 1982  
 Residency and Year DREXEL UNIVERSITY COLLEGE OF MEDICINE - PHILADELPHIA, PA 1984  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 10283  
 License Date 5/6/1998  
 Name **PEREZ, RAYMOND P MD**  
 Address DHMC/INTERNAL MEDICINE, ONE MEDICAL CENTER DRIVE LEBANON, NH, 03756  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation NORTHEASTERN OHIO UNIVERSITY USA 1985  
 Internship and Year COLUMBIA MICHAEL REESE HOSPITAL & MEDICAL CENTER, CHICAGO, IL 1988  
 Residency and Year COLUMBIA MICHAEL REESE HOSPITAL & MEDICAL CENTER, CHICAGO, IL 1988  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 5817  
 License Date 9/1/1977  
 Name **PERKINS, CARL W MD**  
 Address NORTHFIELD MOUNT HERMON SCHOOL, O'CONNOR HLTHCTR 206 MAIN ST NORTHFIELD, MA, 013  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation ST LOUIS UNIV SCHOOL OF MEDICINE ST LOUIS USA 1974  
 Internship and Year WILSON MEMORIAL NEW YORK 1975  
 Residency and Year WILSON MEMORIAL NEW YORK 1977  
 License Expiration Date **6/30/2002**  
 Remarks

License Number 10311  
 License Date 6/3/1998  
 Name **PERKINS-HOWLAND, JANET MD**  
 Address GARRISON WOMENS HLTH CTR, 770 CENTRAL AVENUE DOVER, NH, 03820  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIV OF ILLINOIS COLL OF MED AT CHICAGO, IL USA 1993  
 Internship and Year UNIV OF ILLINOIS HOSPITAL - CHICAGO, IL 1994  
 Residency and Year UNIV OF ILLINOIS HOSPITAL - CHICAGO, IL 1998  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	L2618
License Date	7/30/2007
Name	<b>PERLMUTTER, ALAN M MD</b>
Address	MONADNOCK RADIATION ONCOLOGY, 580 COURT STKEENE, NH, 03431
Specialty	RO
Board Certified	
School and Year of Graduation	ALBERT EINSTEIN UNIVERSITY USA 1985
Internship and Year	WELLESLEY HOSPITAL - TORONTO CANADA 1986
Residency and Year	PRINCE MARGARET HOSPITAL - TORONTO CANADA 1992
License Expiration Date	<b>11/6/2007</b>
Remarks	

License Number	14356
License Date	3/4/2009
Name	<b>PERNYESZI JR, GABOR MD</b>
Address	PLAISTOW HEALTH, 24 PLAISTOW RD UNIT #3PLAISTOW, NH, 03865
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF CONNECTICUT USA 2006
Internship and Year	ABINGTON MEMORIAL HOSPITAL - JENKINTOWN, PA 2007
Residency and Year	ABINGTON MEMORIAL HOSPITAL - JENKINTOWN, PA 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11742
License Date	9/4/2002
Name	<b>PERRAS, JOSEPH L MD</b>
Address	MT ASCUTNEY HOSPITAL AND HEALTH CTR, 289 COUNTY ROADWINDSOR, VT, 05089
Specialty	IM
Board Certified	IM
School and Year of Graduation	GEORGE WASHINGTON UNIVERSITY, WASHINGTON DC USA 1997
Internship and Year	BETH ISRAEL DEACONESS MED CTR, BOSTON MA 1998
Residency and Year	BETH ISRAEL DEACONESS MED CTR, BOSTON MA 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11516
License Date	2/6/2002
Name	<b>PERREAULT, STEPHEN J MD</b>
Address	NAPA HEADQUARTERS, 68 SOUTH SERVICE RD STE 350MELVILL, NY, 11747
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV OF CONNECTICUT - FARMINGTON, CT USA 1992
Internship and Year	UNIV OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 1993
Residency and Year	HARTFORD HOSPITAL - FARMINGTON, CT 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number 16729  
 License Date 8/6/2014  
 Name **PERRIZO, KARLA M MD**  
 Address 3495 HACKS CROSS RD, MEMPHIS, TN, 38125  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation UNIV OF TEXAS MED BRANCH @ GALVESTON, GALVESTON TX US 2005  
 Internship and Year YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2006  
 Residency and Year YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2008  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 3316  
 License Date 9/9/1959  
 Name **PERRON, L ANDRE MD**  
 Address HEALTH CHECK MEDICAL CENTER, 50 S MAIN STMANCHESTER, NH, 03102  
 Specialty IM  
 Board Certified  
 School and Year of Graduation UNIV OF OTTAWA-OTTAWA CANADA CANADA 1958  
 Internship and Year THE CARNEY HOSPITAL - BOSTON, MA 1959  
 Residency and Year THE CARNEY HOSPITAL - BOSTON, MA 1959  
 License Expiration Date **6/30/2001**  
 Remarks **EMERGENCY SUSPENSION 6/9/98 CONSENT DECREE 9/11/98. REINSTATED 10/1/98 9/1/00**  
**LICENSE REVOKED**  
**DECEASED 4/22/2012**

License Number 17275  
 License Date 9/2/2015  
 Name **PERRY JR, THOMAS C MD**  
 Address 317 WYNDHAM DR, GRAY, TN, 37615-5228  
 Specialty NEP  
 Board Certified N  
 School and Year of Graduation AMERICAN UNIVERSITY OF THE CARIBBEAN SAINT MAARTEN 2002  
 Internship and Year CHRIST HOSPITAL - CINCINNATI, OH 2004  
 Residency and Year UNIVERSITY OF CININNATI MEDICAL CENTER - CINCINNATI, OH 2007  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 8564  
 License Date 6/5/1991  
 Name **PERRY, ANN E MD**  
 Address DHMC - PATHOLOGY, 1 MEDICAL CENTER DR PATHOLOGYLEBANON, NH, 03756  
 Specialty DMP  
 Board Certified DMP  
 School and Year of Graduation UNIV OF FLORIDA COLL OF MED-GAINESVILLE, FL USA 1985  
 Internship and Year SHANDS HOSPITAL - GAINESVILLE, FL 1986  
 Residency and Year SHANDS HOSPITAL- GAINESVILLE, FL 1990  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	8937
License Date	5/5/1993
Name	<b>PERRY, DEBRA A MD</b>
Address	LAUGHLIN MEMORIAL HOSPITAL, 1420 TUSCULUM BLVDGREENEVILLE, TN, 37445
Specialty	IM
Board Certified	IM
School and Year of Graduation	SUNY HEALTH SCIENCE CENTER AT SYRACUSE COLL OF MED USA 1990
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1993
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16020
License Date	2/6/2013
Name	<b>PERRY, JORDAN MD</b>
Address	1053 BELMONT AVE, BOARDMAN, OH, 07306
Specialty	FP
Board Certified	FP
School and Year of Graduation	BHARATI VIDYAPEETH'S MEDICAL COLLEGE INDIA 2003
Internship and Year	ST ELIZABETH HEALTH CENTER - YOUNGSTOWN, OH 2008
Residency and Year	ST ELIZABETH HEALTH CENTER - YOUNGSTOWN, OH 2010
License Expiration Date	<b>6/30/2017</b>
Remarks	Lapsed for non-renewal 6/30/15. Renewed 7/27/15.

License Number	16559
License Date	4/2/2014
Name	<b>PERRY, MICHAEL W MD</b>
Address	3031 N ROCKY POINT DR, TAMPA, FL, 33607
Specialty	IM
Board Certified	IM
School and Year of Graduation	ST GEORGES UNIVERSITY GRENADA 1985
Internship and Year	MOUNT SINAI HOSPITAL - HARTFORD, CT 1987
Residency and Year	MOUNT SINAI HOSPITAL - HARTFORD, CT 1989
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5242
License Date	9/12/1974
Name	<b>PERRY, RICHARD L MD</b>
Address	4 EVANS RD, PO BOX 195BETHANY BEACH, DE, 19930
Specialty	R
Board Certified	R
School and Year of Graduation	HARVARD MEDICAL SCHOOL - MA USA 1949
Internship and Year	ROOSEVELT HOSPITAL - NY, NY 1950
Residency and Year	ROOSEVELT HOSPITAL - NY, NY 1951
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	2729
License Date	2/2/1949
Name	<b>PERRY-HOOKER, JOHN H MD</b>
Address	, , ,
Specialty	P
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>1/6/1977</b>
Remarks	12/18/1975 - Order revoking Dr. Perry-Hooker's license (suspension continued during the pendency of his appeal of his conviction and the Judgment and Order of the U.S. District Court for the District of MA). Revocation was effective 1/6/1977.

License Number	14140
License Date	8/6/2008
Name	<b>PERSHING, JOHN J MD</b>
Address	GUNDERSEN LUTHERAN MED CTR, 1900 SOUTH AVELA CROSSE, WI, 54601
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF WISCONSIN USA 1984
Internship and Year	GUNDERSEN LUTHERAN MEDICAL FOUNDATION - LA CROSSE, WI 1985
Residency and Year	GUNDERSEN LUTHERAN MEDICAL FOUNDATION - LA CROSSE , WI 1987
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3617
License Date	5/31/1963
Name	<b>PERSKY, ALAN D MD</b>
Address	, PO BOX 590622NEWTON CTR, MA, 02459
Specialty	P
Board Certified	
School and Year of Graduation	HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1959
Internship and Year	UNIV OF CALIFORNIA - LOS ANGELES, CA 1960
Residency and Year	MASS HEALTH CENTER - BOSTON, MA 1962
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	13922
License Date	4/2/2008
Name	<b>PERUMANDLA, SIRISHA MD</b>
Address	23 MARINA DR, HARVEY LAKE, PA, 18618
Specialty	IM
Board Certified	IM
School and Year of Graduation	OSMANIA MEDICAL COLLEGE INDIA 1998
Internship and Year	CONEY ISLAND HOSPITAL - BROOKLYN, NY 2000
Residency and Year	CONEY ISLAND HOSPITAL - BROOKLYN, NY 2002
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number 13923  
 License Date 4/2/2008  
 Name **PERUSSE, KARINA MD**  
 Address FAHC, 111 COLCHESTER STBURLINGTON, VT, 05401  
 Specialty R  
 Board Certified R  
 School and Year of Graduation LAVAL UNIV CANADA 1997  
 Internship and Year LAVAL UNIV-QUEBEC, QUEBEC CANADA 1998  
 Residency and Year LAVAL UNIV-QUEBEC, QUEBEC CANADA 2002  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13465  
 License Date 4/4/2007  
 Name **PERVAIZ, MUHAMMAD A MD**  
 Address 3655 41ST ST NW, ROCHESTER, MN, 55901  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation HAMDARD COLLEGE PAKISTAN 2001  
 Internship and Year NEW YORK MEDICAL COLLEGE @ WESTCHESTER MEDICAL CTR-VALHALLA, NY 2005  
 Residency and Year NEW YORK MEDICAL COLLEGE @ WESTCHESTER MEDICAL CTR-VALHALLA, NY 2006  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 4900  
 License Date 2/29/1972  
 Name **PESKE, EDGAR D MD**  
 Address , , ,  
 Specialty FP  
 Board Certified  
 School and Year of Graduation  
 Internship and Year  
 Residency and Year  
 License Expiration Date **6/30/1983**  
 Remarks **1/18/83 -Voluntarily Surrenders License.**  
**5/5/83 License reissued with restriction**

License Number 8496  
 License Date 2/6/1991  
 Name **PESSA, JOEL E MD**  
 Address , , ,  
 Specialty  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF MASSACHUSETTS USA 1980  
 Internship and Year  
 Residency and Year  
 License Expiration Date **6/30/1997**  
 Remarks

License Number	8325
License Date	5/9/1990
Name	<b>PETCU, LOUIS G MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	UNIVERSITY OF PENNSYLVANIA MEDICAL CENTER USA 1985
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1992</b>
Remarks	

License Number	9404
License Date	4/5/1995
Name	<b>PETERNEL, WILLIAM M DO</b>
Address	CENTRAL MAINE MEDICAL CENTER, 300 MAIN STREETLEWISTON, ME, 04240
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND USA 1991
Internship and Year	AKRON GENERAL MEDICAL CENTER - AKRON OH 1994
Residency and Year	AKRON GENERAL MEDICAL CENTER - AKRON OH 1994
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15198
License Date	4/6/2011
Name	<b>PETERS, CHRISTOPHER C MD</b>
Address	IOWA CITY THORACIC & VASCULAR, 540 E JEFFERSON STE 304IOWA CITY, IA, 52245
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF KANSAS SCHOOL OF MEDICINE USA 1989
Internship and Year	TRIPLER ARMY MEDICAL CENTER - TRIPLER AMC, HI 96859 1990
Residency and Year	TRIPLER ARMY MEDICAL CENTER - TRIPLER AMC, HI 96859 1994
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	9226
License Date	7/6/1994
Name	<b>PETERS, GREGORY A MD</b>
Address	LAKES REGION RADIOLOGY, 87 SPRING ST UNIT 101LACONIA, NH, 03246-3135
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF MINNESOTA MEDICAL SCHOOL USA 1989
Internship and Year	HENNEPIN COLLEGE MEDICAL CENTER - MINNEAPOLIS MN 1990
Residency and Year	UNIVERSITY OF MINNESOTA MEDICAL CENTER - MINNEAPOLIS MN 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16323
License Date	9/4/2013
Name	<b>PETERS, JULIA MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	AN
Board Certified	
School and Year of Graduation	LOYOLA UNIVERSITY OF CHICAGO USA 2011
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11743
License Date	9/4/2002
Name	<b>PETERS, NEWTON T MD</b>
Address	EYESIGHT, 155 BORTHWICK AVE STE 200 EASTPORTSMOUTH, NH, 03801
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	BAYLOR COLLEGE OF MEDICINE, HOUSTON TX USA 1995
Internship and Year	UNIVERSITY OF HAWAII, HONOLULU HI 1996
Residency and Year	UNIVERSITY OF CALIFORNIA, IRVINE CA 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11033
License Date	8/2/2000
Name	<b>PETERSON, ANDREA A MD</b>
Address	NORWALK HOSPITAL DEPT OF MED, 34 MAPLE STNORWALK, CT, 06856
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF COLORADO SCH - DENVER, CO USA 1997
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR- LEBANON, NH 1998
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1999
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	9844
License Date	9/4/1996
Name	<b>PETERSON, CHRISTOPHER J MD</b>
Address	LONDERRY PEDIATRICS, 25 BUTTRICK RD BLDG ELONDONDERRY, NH, 03053
Specialty	PD
Board Certified	PD
School and Year of Graduation	GEORGETOWN UNIV SCH OF MED WASHINGTON, DC USA 1994
Internship and Year	MARY-HITCHCOCK MEMORIAL HOSPITAL - NH 1997
Residency and Year	MARY-HITCHCOCK MEMORIAL HOSPITAL - NH 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16287
License Date	8/7/2013
Name	<b>PETERSON, JAMES M MD</b>
Address	68 MAIN ST, PEPPERELL, MA, 01463
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS MED SCHOOL USA 1988
Internship and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1989
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16130
License Date	5/1/2013
Name	<b>PETERSON, JOEL N MD</b>
Address	NAVAL MEDICAL CENTER, 34800 BOB WILSON DR SAN DIEGO, CA, 92134
Specialty	P
Board Certified	P
School and Year of Graduation	ALBERT EINSTEIN COLLEGE OF MEDICINE USA 2002
Internship and Year	NAVAL MEDICAL CENTER - SAN DIEGO, CA 2003
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15487
License Date	12/7/2011
Name	<b>PETERSON, JOHN L MD</b>
Address	DHMC, 1 MED CTR DR LEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF WISCONSIN USA 1983
Internship and Year	UNIVERSITY OF NEVADA - RENO, NV 1984
Residency and Year	MEDICAL UNIVERSITY OF SOUTH CAROLINA - CHARLESTON, SC 1986
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	12173
License Date	12/3/2003
Name	<b>PETERSON, KENNETH B MD</b>
Address	CVS-CAREMARK, 9501 E SHEA BLVD SCOTTSDALE, AZ, 85260
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF ARIZONA, TUCSON AZ US 1982
Internship and Year	GOOD SAMARITAN REGIONAL MED CTR, PHOENIX AZ 1983
Residency and Year	GOOD SAMARITAN REGIONAL MED CTR, PHOENIX AZ 1985
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	12509
License Date	10/6/2004
Name	<b>PETERSON, KENT W MD</b>
Address	OCCUPATIONAL HEALTH STRATEGIES, 901 PRESTON AVE STE 400CHARLOTTESVILLE, VA, 22903
Specialty	PTX
Board Certified	PTX
School and Year of Graduation	UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA PA US 1968
Internship and Year	UNIVERSITY OF WISCONSIN, MADISON WI 1969
Residency and Year	UNIVERSITY OF WISCONSIN, MADISON WI 1971
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14813
License Date	4/7/2010
Name	<b>PETIT, KEVIN P MD</b>
Address	ELLIOT HOSPITAL(NICU), ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty	PD
Board Certified	PD
School and Year of Graduation	THE WARREN ALPERT MEDICAL SCHOOL USA 1980
Internship and Year	STRONG MEMORIAL HOSPITAL-GOLISANO CHILDRENS HOSPITAL @ STRONG - ROCHESTER, NY 198
Residency and Year	STRONG MEMORIAL HOSPITAL-GOLISANO CHILDRENS HOSPITAL @ STRONG - ROCHESTER, NY 198
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16048
License Date	3/6/2013
Name	<b>PETRARCA, MARK L DO</b>
Address	CATHOLIC MEDICAL CENTRAL, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND USA 2009
Internship and Year	KENT HOSPITAL - WARWICK, RI 2010
Residency and Year	KENT HOSPITAL - WARWICK, RI 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15263
License Date	6/1/2011
Name	<b>PETRAS, MELISSA L MD</b>
Address	UNIV AT BUFFALO PATHOLOGISTS, INC, 204 FARBER HALL; 3435 MAIN ST.BUFFALO, NY, 14214
Specialty	PTH
Board Certified	
School and Year of Graduation	STATE UNIVERSITY OF NEW YORK USA 2005
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date	<b>6/30/2015</b>
Remarks	



License Number	4870
License Date	12/17/1971
Name	<b>PETRIE, RICHARD A MD</b>
Address	17 OLD ROLLINSFORD RD, STE 4DOVER, NH, 03820-
Specialty	IM
Board Certified	
School and Year of Graduation	MCGILL UNIVERSITY CANADA 1963
Internship and Year	ROYAL VICTORIA HOSPITAL - MONTREAL CANADA 1967
Residency and Year	ROYAL VICTORIA HOSPITAL - MONTREAL CANADA 1970
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15138
License Date	2/2/2011
Name	<b>PETRILLA, DIANE L MD</b>
Address	167 LIBERTY COURT, OAK RIDGE, TN, 37830
Specialty	FP
Board Certified	FP
School and Year of Graduation	GEORGETOWN UNIVERSITY USA 1982
Internship and Year	UNIVERSITY OF ALABAMA HEALTH CENTER - HUNTSVILLE, AL 1984
Residency and Year	UNIVERSITY OF ALABAMA HEALTH CENTER - HUNTSVILLE, AL 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14564
License Date	8/5/2009
Name	<b>PETRIN, THOMAS J MD</b>
Address	COMMUNITY PHYSICANS OF IN, 11911 N MERIDIAN STCARMEL, IN, 46032
Specialty	IM
Board Certified	IM
School and Year of Graduation	INDIANA UNIVERSITY USA 1973
Internship and Year	METHODIST HOSPITAL OF INDIANA - INDIANAPOLIS, IN 1974
Residency and Year	METHODIST HOSPITAL OF INDIANA - INDIANAPOLIS, IN 1976
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	11931
License Date	5/7/2003
Name	<b>PETRO, ANASTASIA MD</b>
Address	NASHUA DERMATOLOGY ASSOC, 280 MAIN ST STE 110NASHUA, NH, 03060
Specialty	D
Board Certified	
School and Year of Graduation	THOMAS JEFFERSON UNIV - PHILADELPHIA, PA USA 1999
Internship and Year	UNIV HEALTH CENTER OF PITTSBURGH - PITTSBURGH, PA 2000
Residency and Year	UNIV OF MICHIGAN MEDICAL CENTER - ANN ARBOR, MI 2002
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	15161
License Date	3/2/2011
Name	<b>PETRON, ALEXANDER W DO</b>
Address	ELLIOT HEALTH SYSTEM, 4 ELLIOT WAY STE 203MANCHESTER, NH, 03103
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND COLLEGE USA 1995
Internship and Year	GORYEB CHILDRENS HOSPITAL ATLANTIC HEALTH - MORRISTOWN, NJ 1996
Residency and Year	GORYEB CHILDRENS HOSPITAL ATLANTIC HEALTH - MORRISTOWN, NJ 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13982
License Date	5/7/2008
Name	<b>PETROVA, ROSITSA D MD</b>
Address	SO NH MED CTR, 8 PROSPECT STNASHUA, NH, 03061
Specialty	IM
Board Certified	IM
School and Year of Graduation	MEDICAL UNIV OF SOFIA BULGARIA 1998
Internship and Year	LINCOLN MEDICAL & MENTAL HEALTH CTR - BRONX, NY 2004
Residency and Year	LINCOLN MEDICAL & MENTAL HEALTH CTR - BRONX, NY 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>lapsed 6/30/12 - reinstated 11/6/13</b>

License Number	6006
License Date	12/11/1978
Name	<b>PETROVICH, LAWRENCE J MD</b>
Address	12 HOSPITAL DR STE 9, YORK, ME, 03909-1030
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIV OF ILLINOIS COLLEGE MEDICINE - CHICAGO, IL USA 1972
Internship and Year	BAYLOR COLLEGE MEDICAL HOSPITAL - HOUSTON, TX 1973
Residency and Year	BAYLOR COLLEGE MEDICAL HOSPITAL - HOUSTON, TX 1977
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10284
License Date	5/6/1998
Name	<b>PETROZZA, JOHN C MD</b>
Address	20 POND MEADOW DR, STE 101READING, MA, 01867
Specialty	OBG
Board Certified	
School and Year of Graduation	UNIVERSITY OF TEXAS USA 1990
Internship and Year	UNIV OF TEXAS MED SCH - HOUSTON, TX 1991
Residency and Year	UNIVERSITY OF TEXAS MEDICAL SCHOOL, HOUSTON TX 1994
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	13924
License Date	4/2/2008
Name	<b>PETRULIS, ALICE S MD</b>
Address	KEPRO, 5700 LOMBARDO CTR DR STE 100SEVEN HILLS, OH, 44131
Specialty	IM
Board Certified	IM
School and Year of Graduation	OHIO STATE UNIV USA 1975
Internship and Year	OHIO STATE UNIV MEDICAL CENTER - COLUMBUS, OH 1976
Residency and Year	OHIO STATE UNIV MEDICAL CENTER - COLUMBUS, OH 1978
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	9819
License Date	8/7/1996
Name	<b>PETTERSON, JEAN M DO</b>
Address	LACONIA CLINIC, 724 MAIN ST PO BOX 637LACONIA, NH, 03247-0637
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF NEW ENGLAND COLL OF OSTEO MED BIDDEFORD USA 1993
Internship and Year	NEWARK BETH ISREAL MEDICAL CENTER - NJ 1996
Residency and Year	NEWARK BETH ISREAL MEDICAL CENTER - NJ 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7731
License Date	10/7/1987
Name	<b>PETTINARI, NANCY J MD</b>
Address	WENTWORTH DOUGLASS PHYSICAN CORP, 10 MEMBERS WAY STE 300DOVER, NH, 03820
Specialty	IM
Board Certified	IM
School and Year of Graduation	DARTMOUTH-HITCHCOCK MED CTR USA 1980
Internship and Year	NEW ENGLAND MED CTR HOSP INC-BOSTON,MA 1981
Residency and Year	NEW ENGLAND MED CTR INC-BOSTON,MA 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11201
License Date	3/7/2001
Name	<b>PETTINATO, JOHN R DO</b>
Address	ELLIOT NEUROLOGY ASSOCIATES, 185 QUEEN CITY AVEMANCHESTER, NH, 03101-7100
Specialty	N
Board Certified	N
School and Year of Graduation	MIDWESTERN UNIV DOWNERS GROVE - IL USA 1993
Internship and Year	WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1994
Residency and Year	WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1997
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	13556
License Date	6/6/2007
Name	<b>PETTINGER, THOMAS W MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF TEXAS USA 1990
Internship and Year	CREIGHTON UNIV - OMAHA, NE 1991
Residency and Year	UNIV OF CALIFORNIA(DAVIS)MEDICAL CTR - SACRAMENTO, CA 1995
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	16131
License Date	5/1/2013
Name	<b>PETTUS, JASON R MD</b>
Address	DARTMOUTH - HITCHCOCK MED CTR - DEPT OF PATHOLOGY, ONE MEDICAL CENTER DRLEBANON,
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSITY OF MISSOURI SCHOOL OF MEDICINE USA 2008
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12074
License Date	9/3/2003
Name	<b>PETTY, WILLIAM J MD</b>
Address	DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL NC US 1998
Internship and Year	DUKE UNIVERSITY MEDICAL CTR, DURHAM NC 1999
Residency and Year	DUKE UNIVERSITY MEDICAL CTR, DURHAM NC 2001
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	8893
License Date	2/3/1993
Name	<b>PEYTON, BETTINA MD</b>
Address	16 BLOOD RD, HOLLIS, NH, 03049
Specialty	IM
Board Certified	IM
School and Year of Graduation	UMDNJ ROBERT W JOHNSON MEDICAL SCHOOL USA 1983
Internship and Year	UMDNJ ROBERT W JOHNSON MEDICAL SCHOOL - PISCATAWAY NJ 1984
Residency and Year	UMDNJ ROBERT W JOHNSON MEDICAL SCHOOL - PISCATAWAY NJ 1985
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	5365
License Date	7/14/1975
Name	<b>PEZZUTI, ROGER T MD</b>
Address	MAINE MEDICAL CTR, DEPT OF RADIOLOGYPORTLAND, ME, 04102
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIV OF PENNSYLVANIA SCHOOL OF MEDICINE PHIL, PA USA 1971
Internship and Year	UNIV HOSPITAL MADISON 1971
Residency and Year	METHODIST HOSPITAL GRADUATE MEDICAL CENTER INDIANAPOLIS 1973
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	13637
License Date	8/1/2007
Name	<b>PFALZ, HELMUT MD</b>
Address	110 HOSPITAL RD SUITE 214, PRINCE FREDERICK, MD, 20678
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF ULM GERMANY 1994
Internship and Year	WRIGHT STATE UNIV SCHOOL OF MEDICINE - DAYTON, OH 1998
Residency and Year	WRIGHT STATE UNIV SCHOOL OF MEDICINE - DAYTON, OH 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16981
License Date	3/4/2015
Name	<b>PFENNING, MELISSA L MD</b>
Address	1922 ITHACA DR, NORMAN, OK, 73071
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF OKLAHOMA HEALTH SCEINCE CENTER USA 2004
Internship and Year	UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE - OKLAHOMA CITY, OK 2005
Residency and Year	UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER - OKLAHOMA CITY, OK 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16605
License Date	5/7/2014
Name	<b>PHAM, THACH MD</b>
Address	CMR 402 BOX 850, APO, AE, 09180-0009
Specialty	GS
Board Certified	GS
School and Year of Graduation	DREXEL UNIVERSITY COLLEGE OF MEDICINE USA 2006
Internship and Year	DWIGHT D EISENHOWER ARMY MEDICAL CENTER - FORT GORDON, GA 2007
Residency and Year	DWIGHT D EISENHOWER ARMY MEDICAL CENTER - FORT GORDON, GA 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12629
License Date	3/2/2005
Name	<b>PHELAN, STEPHEN J MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	UNIVERSITY OF COLORADO, BOULDER CO US 2002
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2003
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2004
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	9429
License Date	5/3/1995
Name	<b>PHELPS, RICK D MD</b>
Address	DHMC- SECTION OF UROLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	U
Board Certified	U
School and Year of Graduation	UNIVERSITY OF VERMONT USA 1990
Internship and Year	MEDICAL CENTER HOSPITAL VERMONT, BURLINGTON VT 1992
Residency and Year	MEDICAL CENTER HOSPITAL VERMONT, BURLINGTON VT 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12709
License Date	5/4/2005
Name	<b>PHILBIN, DANIEL M MD</b>
Address	CATHOLIC MEDICAL CENTER, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty	CD
Board Certified	ICE
School and Year of Graduation	YALE UNIVERSITY, NEW HAVEN CT US 1992
Internship and Year	NEW HAVEN HOSPITAL, NEW HAVEN CT 1993
Residency and Year	NEW HAVEN HOSPITAL, NEW HAVEN CT 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17127
License Date	6/3/2015
Name	<b>PHILBRICK, JOSHUA M MD</b>
Address	ESSEX ORTHOPAEDICS & OPTIMA SPORTS MEDICINE, 16 PELHAM RD SALEM, NH, 03079
Specialty	ORS
Board Certified	
School and Year of Graduation	UNIVERSITY OF TOLEDO USA 2009
Internship and Year	UNIVERSITY OF TOLEDO-HEALTH SCIENCE CAMPUS, TOLEDO OH 2010
Residency and Year	UNIVERSITY OF TOLEDO-HEALTH SCIENCE CAMPUS, TOLEDO OH 2014
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13638
License Date	8/1/2007
Name	<b>PHILIP, SHAILENDRI E MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	LOMA LINDA UNIV USA 1996
Internship and Year	ARROWHEAD REGIONAL MEDICAL CENTER - COLTON, CA 1997
Residency and Year	LOMA LINDA UNIV MEDICAL CENTER - LOMA LINDA, CA 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8133
License Date	6/7/1989
Name	<b>PHILIPS, NANCY M MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DR EMLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MED SCH-HANOVER,NH USA 1979
Internship and Year	MED COLL OF VIRGINIA HOSP-RICHMOND,VA 1980
Residency and Year	MED COLL OF VIRGINIA-RICHMOND,VA 1982
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	L3250
License Date	2/18/2013
Name	<b>PHILLIPS, ALEKSANDRA P MD</b>
Address	LRGHEALTHCARE LACONIA REGIONAL HOSPITAL, 80 HIGHLAND STREETLACONIA, NH, 03246
Specialty	P
Board Certified	
School and Year of Graduation	UNIVERSITY OF BELGRADE SERBIA 1991
Internship and Year	KRASNOW INSTITUTE 1998
Residency and Year	TULANE SCHOOL OF MEDICINE 2003
License Expiration Date	<b>5/28/2013</b>
Remarks	

License Number	10340
License Date	7/1/1998
Name	<b>PHILLIPS, ANDREE C MD</b>
Address	CONCORD ORTHOPEDICS, 264 PLEASANT STCONCORD, NH, 03301
Specialty	RHU
Board Certified	RHU
School and Year of Graduation	TUFTS UNIV SCHOOL OF MED - BOSTON, MA USA 1991
Internship and Year	NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON, MA 1992
Residency and Year	NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON, MA 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	2942
License Date	9/19/1952
Name	<b>PHILLIPS, DONALD F MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1981</b>
Remarks	<b>DECEASED 7/1985</b>

License Number	5954
License Date	7/27/1978
Name	<b>PHILLIPS, DONALD F MD</b>
Address	, , ,
Specialty	IM
Board Certified	
School and Year of Graduation	UNIVERSITY OF BOLOGNA ITALY 1972
Internship and Year	
Residency and Year	
License Expiration Date	<b>4/26/1993</b>
Remarks	<b>DECEASED 4/26/93</b>

License Number	7772
License Date	6/6/1988
Name	<b>PHILLIPS, JOSEPH M MD</b>
Address	UPPER VALLEY MEDICAL GROUP, 106 HANOVER STLEBANON, NH, 03766
Specialty	NS
Board Certified	NS
School and Year of Graduation	NEW YORK UNIV SCH MED - NY, NY USA 1981
Internship and Year	MASS GENERAL HOSPITAL - BOSTON, MA 1982
Residency and Year	MASS GENERAL HOSPITAL - BOSTON, MA 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9459
License Date	6/7/1995
Name	<b>PHILLIPS, MICHAEL S MD</b>
Address	NEW YORK CITY DEPT HLTH, 125 WORTH ST BOX 22A RM 300NEW YORK, NY, 10013
Specialty	IM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1992
Internship and Year	MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1995
Residency and Year	MARY HITCHCOCK MEMORIAL HOSPITAL, HANOVER NH 1995
License Expiration Date	<b>6/30/2003</b>
Remarks	



License Number	17128
License Date	6/3/2015
Name	<b>PHILLIPS, SHARON J MD</b>
Address	1625 COMMONWEALTH AVE, APT 1BRIGHTON, MA, 02135
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS MED SCHL, WORCESTER MA USA 2006
Internship and Year	MONTEFIORE MEDICAL CENTER, BRONX NY 2007
Residency and Year	MONTEFIORE MEDICAL CENTER, BRONX NY 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11288
License Date	6/6/2001
Name	<b>PHILPOTT, ADI M DO</b>
Address	37 LEONARD, PORTLAND, ME, 04103
Specialty	OMM
Board Certified	OMM
School and Year of Graduation	UNIV OF NEW ENGLAND COLL - BIDDEFORD, MD USA 1997
Internship and Year	COMMUNITY HOSPITAL - LANCASTER, NH 1998
Residency and Year	ST JOSEPH MEDICAL CENTER - READING, PA 2000
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	10966
License Date	6/7/2000
Name	<b>PHIPPS, STEPHEN J MD</b>
Address	EYE ASSOCIATES OF NORTHERN NEW ENGLAND, 1290 HOSPITAL DR STE 5ST JOHNSBURY, VT, 0581
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	CREIGHTON UNIV SCH OF MED - OMAHA, NE USA 1996
Internship and Year	GOOD SAMARITAN REG MED CTR - PHOENIX, AZ 1997
Residency and Year	MILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>LAPSED FOR NONRENEWAL 6/30/14 RENEWED 7/3/14</b>

License Number	16132
License Date	5/1/2013
Name	<b>PHITAYAKORN, ROY MD</b>
Address	MGH/WACC STE 460, 15 PARKMAN STBOSTON, MA, 02114
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE USA 2002
Internship and Year	UNIV HOSPITALS CASE MEDICAL CENTER-CASEWESTERN RESERVE UNIV - CLEVELAND, OH 2003
Residency and Year	UNIV HOSPITALS CASE MEDICAL CENTER-CASEWESTERN RESERVE UNIV - CLEVELAND, OH 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11673
License Date	7/3/2002
Name	<b>PHO, KEVIN Y MD</b>
Address	NASHUA MEDICAL GROUP, 173 DANIEL WEBSTER HWY SONASHUA, NH, 03060
Specialty	IM
Board Certified	IM
School and Year of Graduation	BOSTON UNIV SCH OF MED - BOSTON, MA USA 1999
Internship and Year	BOSTON MEDICAL CENTER - BOSTON, MA 2000
Residency and Year	BOSTON MEDICAL CENTER - BOSTON, MA 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9169
License Date	5/4/1994
Name	<b>PIAZZA, LAWRENCE MD</b>
Address	COASTAL EYE CARE PA, 128 BUCKSPORT RDELLSWORTH, ME, 04605
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	FINCH UNIVERSITY OF HEALTH SCIENCE USA 1988
Internship and Year	ST MARY HEALTH CENTER - ST LOUIS MO 1989
Residency and Year	BARNES HOSPITAL - ST LOUIS MO 1989
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9384
License Date	3/1/1995
Name	<b>PICARD, DAVID C MD</b>
Address	CONCORD PULMONARY MEDICINE, 248 PLEASANT ST G100CONCORD, NH, 03301-
Specialty	PUD
Board Certified	PUD
School and Year of Graduation	UNIVERSITY OF VERMONT SCHOOL OF MEDICINE USA 1989
Internship and Year	MAINE MEDICAL CENTER - PORTLAND ME 1995
Residency and Year	MAINE MEDICAL CENTER - PORTLAND ME 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15357
License Date	8/3/2011
Name	<b>PICCIONE JR, FRANCIS J DO</b>
Address	90 PEASLEE RD, BOW, NH, 03304
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	DES MOINES UNIVERSITY OSTEOPATHIC MEDICAL CENTER USA 1975
Internship and Year	INTERBORO GENERAL HOSPITAL - BROOKLYN, NY 1976
Residency and Year	BROOKDALE HOSPITAL MEDICAL CENTER - BROOKLYN, NY 1980
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13837
License Date	2/6/2008
Name	<b>PICCONE, MATTHEW J DO</b>
Address	CONCORD HOSPITAL - DEPT OF FAMILY MEDICINE, 250 PLEASANT STCONCORD, NH, 03301
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF NEW ENGLAND USA 2003
Internship and Year	NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 2004
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7339
License Date	5/8/1986
Name	<b>PIERCE, JEREMY W MD</b>
Address	VALLEY REGIONAL HOSP, 243 ELM STCLAREMONT, NH, 03743-2099
Specialty	EM
Board Certified	FP
School and Year of Graduation	UNIV OF VERMONT COLL MED -BURLINGTON, VT USA 1983
Internship and Year	EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1984
Residency and Year	EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1986
License Expiration Date	<b>6/30/1999</b>
Remarks	Deceased 4/17/1999

License Number	10341
License Date	7/1/1998
Name	<b>PIERCE, JOHN G MD</b>
Address	PORTSMOUTH RADIOLOGICAL PA, 40 EAST AVE., UNIT 7, PO BOX 1948LEWISTON, ME, 04241
Specialty	DR
Board Certified	DR
School and Year of Graduation	TUFTS UNIV SCHOOL OF MED - BOSTON, MA USA 1992
Internship and Year	BOSTON UNIV SCHOOL OF MEDICINE - BROCKTON, MA 1993
Residency and Year	YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7035
License Date	1/10/1985
Name	<b>PIERCE, RALPH W MD</b>
Address	WINCHESTER HOSPITAL, 955 MAIN STWINCHESTER, MA, 01890-
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 1970
Internship and Year	MOFFITT UNIVERSITY OF CALIFORNIA HOSPITALS - SAN FRANCISCO CA 1971
Residency and Year	MASS GENERAL HOSPITAL - BOSTON MA 1975
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	10002
License Date	5/7/1997
Name	<b>PIERPONT, NINA MD</b>
Address	130 PARK ST340 ELM ST, MALONE, NY, 12953
Specialty	PD
Board Certified	PD
School and Year of Graduation	JOHNS HOPKINS UNIV SCH OF MED-BALTIMORE,MD USA 1991
Internship and Year	CHILDRENS NAT'L MED CTR-WASHINGTON,DC 1992
Residency and Year	MARYHITCHCOCK MEM HOSPITAL,NH 1994
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	14595
License Date	9/2/2009
Name	<b>PIERRE, PATRICK MD</b>
Address	MARTIN'S PT HEALTH CARE, 6 FARLEY RDBRUNSWICK, ME, 04011
Specialty	FP
Board Certified	FP
School and Year of Graduation	ROSS UNIVERSITY USA 2005
Internship and Year	ST JOSEPHS HOSPITAL HEALTH CENTER - SYRACUSE, NY 2007
Residency and Year	ST JOSEPHS HOSPITAL HEALTH CENTER - SYRACUSE, NY 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10245
License Date	3/4/1998
Name	<b>PIETRAS, ELIZABETH S MD</b>
Address	MAINE MEDICAL CTR, BRAMHALL STPORTLAND, ME, 04102-3175
Specialty	DR
Board Certified	DR
School and Year of Graduation	TUFTS UNIV SCH OF MED - BOSTON, MA USA 1991
Internship and Year	RHODE ISLAND HOSPITAL - RI 1992
Residency and Year	JOHNS HOPKINS UNIV SCH MED - MD 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11801
License Date	12/4/2002
Name	<b>PIKE, TIMOTHY S DO</b>
Address	32 WINDSOR GREEN RD, GREENLAND, NH, 03840
Specialty	IM
Board Certified	IM
School and Year of Graduation	MIDWESTERN UNIV MED CTR - DOWNERS GROVE, IL USA 1994
Internship and Year	LOYOLA UNIV MED CTR - MAYWOOD, IL 1995
Residency and Year	LOYOLA UNIV MED CTR - MAYWOOD, IL 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11357
License Date	8/1/2001
Name	<b>PIKORA, CHERYL A MD</b>
Address	300 LONGWOOD AVE, BOSTON, MA, 02115
Specialty	ID
Board Certified	
School and Year of Graduation	UNIV OF MASS MEDICAL SCH - WORCESTER,MA USA 1997
Internship and Year	CHILDRENS HOSPITAL - BOSTON, MA 1998
Residency and Year	CHILDRENS HOSPITAL - BOSTON, MA 1999
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	9499
License Date	7/5/1995
Name	<b>PIKUS, HAROLD J MD</b>
Address	106 HANOVER ST, LEBANON, NH, 03755
Specialty	NS
Board Certified	NS
School and Year of Graduation	UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE USA 1991
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1992
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>lapsed 6/30/96 - reinstated 7/3/13</b>

License Number	17276
License Date	9/2/2015
Name	<b>PILLAI, SINDHU V MD</b>
Address	100 MCGREGOR ST, MANCHESTER, NH, 03102-3770
Specialty	IM
Board Certified	IM
School and Year of Graduation	KASTURBA MEDICAL COLLEGE, MANIPAL UNIVERSITY INDIA 2004
Internship and Year	ADVOCATE LUTHERAN GENERAL HOSPITAL, PARK RIDGE, IL 2007
Residency and Year	ST LUKE'S ROOSEVELT HOSPITAL CENTER, NEW YORK, NY 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	3684
License Date	3/11/1964
Name	<b>PILLIOD, JAMES P MD</b>
Address	504 PROVINCE RD, BELMONT, NH, 03220-5379
Specialty	PD
Board Certified	PD
School and Year of Graduation	DUKE UNIV - DURHAM, NC USA 1960
Internship and Year	UNIVERSITY HOSPITAL - ANN ARBOR, MI 1961
Residency and Year	UNIVERSITY HOSPITAL - ANN ARBOR, MI 1964
License Expiration Date	<b>6/30/2010</b>
Remarks	<b>Deceased 3/9/2014</b>

License Number	10833
License Date	2/2/2000
Name	<b>PILON, ROBERT N MD</b>
Address	BRIGHAM & WOMENS HOSPITAL, 75 FRANCIS STBOSTON, MA, 03801
Specialty	AN
Board Certified	AN
School and Year of Graduation	TUFTS UNIV SCH OF MED - BOSTON, MA USA 1958
Internship and Year	CARNEY HOSPITAL - BOSTON, MA 1959
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1960
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5764
License Date	6/21/1977
Name	<b>PILPIL, SEVILLA F MD</b>
Address	151 POINT COURT, LAWRENCEVILLE, NJ, 08648
Specialty	PD
Board Certified	PD
School and Year of Graduation	FACULTY OF MED. AND SURGERY SANTO TOMAS MANILLA MANILLA 1963
Internship and Year	CONEY ISLAND HOSPITAL 1965
Residency and Year	NY MEDICAL COLL MET HOSPITAL CENTER 1970
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	4970
License Date	4/27/1973
Name	<b>PILPIL-ARAMBULO, JOSEFINA F MD</b>
Address	65 HAWTHORNE DR., APT 217BEDFORD, NH, 03110
Specialty	OBG
Board Certified	
School and Year of Graduation	UNIV OF SANTO TOMAS MANILA PHILIPPINES 1960
Internship and Year	CHILDREN'S HOSPITAL - MANILA, PHILIPPINES 1963
Residency and Year	ELLIS HOSPITAL - SCHENECTADY, NY 1967
License Expiration Date	<b>6/30/2015</b>
Remarks	<b>SETTLEMENT AGREEMENT 9/11/01</b>

License Number	12075
License Date	9/3/2003
Name	<b>PINARD, TIMOTHY S MD</b>
Address	WOLFEBORO WOMEN'S HEALTH, 240 S MAIN STWOLFEBORO, NH, 03894
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF VERMONT, BURLINGTON VT US 1995
Internship and Year	WEST VIRGINIA UNIVERSITY HOSPITALS, MORGANTOWN WV 1996
Residency and Year	WEST VIRGINIA UNIVERSITY HOSPITALS, MORGANTOWN WV 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9430
License Date	5/3/1995
Name	<b>PINEDA II, ROBERTO MD</b>
Address	BRIGHAM & WOMEN HOSP, 221 LONGWOOD AVE BOSTON, MA, 02115
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIVERSITY OF MINNESOTA USA 1990
Internship and Year	HENNEPIN CO MEDICAL CENTER, MINNEAPOLIS MN 1991
Residency and Year	MASS EYE EAR INFIRMARY, BOSTON MA 1994
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	10217
License Date	1/7/1998
Name	<b>PINEDA, HONORATA P MD</b>
Address	2307 W BRISTOL AVE, TAMPA, FL, 33609
Specialty	P
Board Certified	
School and Year of Graduation	MANILA CENTRAL UNIV COLL OF MED- MANILA PHILIPPINES 1964
Internship and Year	GRIFFIN MEMORIAL HOSPITAL - OK 1980
Residency and Year	GRIFFIN MEMORIAL HOSPITAL - OK 1983
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	14635
License Date	10/7/2009
Name	<b>PINETTE, MICHAEL G MD</b>
Address	WOMEN'S HEALTH, 887 CONGRESS ST STE 200 PORTLAND, ME, 04102
Specialty	MFM
Board Certified	MFM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1982
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1983
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1986
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	11487
License Date	1/2/2002
Name	<b>PINKERSON, ALEXANDRA I MD</b>
Address	QUINCY MEDICAL CENTER B-615, 114 WHITWELL ST QUINCY, MA, 02169
Specialty	P
Board Certified	
School and Year of Graduation	BOSTON UNIV - BOSTON, MA USA 1996
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1997
Residency and Year	BOSTON UNIV MEDICAL CENTER - BOSTON, MA 2000
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	6212
License Date	6/10/1980
Name	<b>PINKERTON, CHARLES C MD</b>
Address	330 BORTHWICK AVE STE 205, PORTSMOUTH, NH, 03801-4101
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF VIRGINIA SCH MED CHARLOTTESVILLE USA 1976
Internship and Year	C S WILSON MEMORIAL HOSPITAL - JOHNSON CITY, NY 1977
Residency and Year	C S WILSON MEMORIAL HOSPITAL - JOHNSON CITY, NY 1980
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16458
License Date	1/8/2014
Name	<b>PINKERTON, FAITH M MD</b>
Address	1 AMBER RD, WESTMINSTER, MA, 01473
Specialty	FP
Board Certified	FP
School and Year of Graduation	YALE UNIVERSITY SCHOOL OF MEDICINE USA 2002
Internship and Year	MIDDLESEX HOSPITAL - MIDDLETOWN, CT 2003
Residency and Year	MIDDLESEX HOSPITAL - MIDDLETOWN, CT 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13175
License Date	7/5/2006
Name	<b>PINNAKA, JYOTHISHREE R MD</b>
Address	194 CENTRAL ST, APT 109 GARDNER, MA, 01440
Specialty	IM
Board Certified	IM
School and Year of Graduation	MYSORE UNIV IN INDIA USA 1993
Internship and Year	UNIV OF ILLINOIS COLLEGE - PEORIA, IL 2003
Residency and Year	QUEENS HOSPITAL CTR-JAMAICA, NY 2005
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	9353
License Date	1/11/1995
Name	<b>PINSKY, ALEXANDER J MD</b>
Address	95 MORGAN ST, STE 1 JSTAMFORD, CT, 06905-
Specialty	PD
Board Certified	PD
School and Year of Graduation	SECOND MOSKOVSKIY MEDICAL INST RUSSIA 1979
Internship and Year	MONMOUTH MEDICAL CENTER - NEW YORK NY      BETH ISRAEL MEDICAL CENTER - NEW YORK
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1995
License Expiration Date	<b>6/30/1998</b>
Remarks	



License Number 5243  
 License Date 9/12/1974  
 Name **PINSKY, LINCOLN N MD**  
 Address 275 VARNUM AVE STE 201, LOWELL, MA, 01854-2141  
 Specialty CD  
 Board Certified CD  
 School and Year of Graduation CASE WESTERN RESERVE UNIV OF OH USA 1969  
 Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1970  
 Residency and Year UNIV HOSPITAL - BOSTON, MA 1974  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 15968  
 License Date 12/5/2012  
 Name **PINTO, ANNA L MD**  
 Address DARTMOUTH HITCHCOCK MANCHESTER, 87 MCGREGOR ST - SUITE 2200MANCHESTER, NH, 03102  
 Specialty CHN  
 Board Certified  
 School and Year of Graduation UNIVERSIDADE FEDERAL DO RIO DE JANEIRO BRAZIL 1990  
 Internship and Year CHILDRENS HOSPITAL - BOSTON, MA 2009  
 Residency and Year CHILDRENS HOSPITAL - BOSTON, MA 2011  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 7098  
 License Date 5/2/1985  
 Name **PINTO-LORD, M CECILIA MD**  
 Address COASTAL NEUROLOGY SERVICES, 158 E NH ROUTE 108 SUITE 5DOVER, NH, 03820  
 Specialty N  
 Board Certified PD  
 School and Year of Graduation FAC DE MED DO TRIANGULO MINEIRO BRAZIL 1972  
 Internship and Year UNIV MA MED CTR WORCESTER MA 1981  
 Residency and Year UNIV MA HOSP MED CTR WORCESTER MA 1984  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9049  
 License Date 9/1/1993  
 Name **PINTO-POWELL, ROSHINI C MD**  
 Address DHMC-GIM, I MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation ROSS UNIV SCH OF MED VET MED ROSEAU WEST INDIES 1985  
 Internship and Year ST ELIZABETH HOSPITAL - NJ 1988  
 Residency and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - NH 1994  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	14141
License Date	8/6/2008
Name	<b>PIOTROWSKI, ROBERT C MD</b>
Address	PARKLAND MEDICAL CTR - DEPT OF EMERGENCY MED, 1 PARKLAND DR DERRY, NH, 03038
Specialty	EM
Board Certified	EM
School and Year of Graduation	OHIO STATE UNIV USA 1996
Internship and Year	BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 1997
Residency and Year	BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9245
License Date	8/3/1994
Name	<b>PIPAS, CATHERINE F MD</b>
Address	DHMC, ONE MEDICAL CTR DR HB 7250 LEBANON, NH, 03756
Specialty	FP
Board Certified	FP
School and Year of Graduation	JEFFERSON MEDICAL COLLEGE THOMAS JEFFERSON UNIVER USA 1990
Internship and Year	MEDICAL UNIVERSITY OF SOUTH CAROLINA MEDICAL CENTER - CHARLESTON SC 1991
Residency and Year	MEDICAL UNIVERSITY SOUTH CAROLINA MEDICAL CENTER - CHARLESTON SC 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9256
License Date	8/3/1994
Name	<b>PIPAS, J MARC MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty	ON
Board Certified	ON
School and Year of Graduation	SUNY HEALTH SCI CTR SYRACUSE COL OF MED USA 1989
Internship and Year	MEDICAL UNIVERSITY OF SOUTH CAROLINA COLLEGE OF MEDICINE - CHARLESTON SC 1992
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4740
License Date	7/25/1972
Name	<b>PIPER, JURGEN F MD</b>
Address	3 BEVERLEE DR, NASHUA, NH, 03060
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	GEORGE WASHINGTON UNIV SCH OF MED, DC USA 1959
Internship and Year	UNIV OF MINNESOTA HOSPITAL - MINNEAPOLIS, MN 1960
Residency and Year	BROOKE GENERAL HOSPITAL - FORT SAM HOUSTON, TX 1968
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	15591
License Date	3/7/2012
Name	<b>PIRL, WILLIAM F MD</b>
Address	MGH YAWKEY 9A, 55 FRUIT STBOSTON, MA, 02114
Specialty	P
Board Certified	P
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 1994
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1995
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7758
License Date	12/2/1987
Name	<b>PIRZADA, FAROUK A MD</b>
Address	50 ROWE ST, STE 600MELROSE, MA, 02176
Specialty	CD
Board Certified	CD
School and Year of Graduation	GOVERMENT MED COLL INDIA 1966
Internship and Year	MALDEN HOSP-MALDEN,MA 1969
Residency and Year	VET ADMIN MED CTR-BOSTON,MA 1970
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13353
License Date	12/6/2006
Name	<b>PISC, CARMEN L MD</b>
Address	NORRIS COTTON CANCER CENTER, 87 MCGREGOR ST STE 4100MANCHESTER, NH, 03102
Specialty	ON
Board Certified	ON
School and Year of Graduation	UNIV SI FARMACIE CAROL DAVILA ROMANIA 1990
Internship and Year	UNIV OF MASSACHUSETTS MEMORIAL-MEMORIAL CAMPUS-WORCESTER, MA 1999
Residency and Year	UNIV OF MASSACHUSETTS MEMORIAL- MEMORIAL CAMPUS-WORCESTER, MA 2001
License Expiration Date	<b>6/30/2014</b>
Remarks	<b>lapsed 6/30/08 - reinstated 12/1/10</b>

License Number	14473
License Date	6/3/2009
Name	<b>PISCIOTTO, PATRICIA T MD</b>
Address	44 SARAH DR, AVON, CT, 06001
Specialty	BBK
Board Certified	PD
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 1974
Internship and Year	UNIVERSITY OF MINNESOTA - MINNEAPOLIS, MN 1975
Residency and Year	UNIVERSITY OF MINNESOTA - MENNEAPOLIS, MN 1976
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	8097
License Date	5/10/1989
Name	<b>PISCOPO, MARK F MD</b>
Address	ELLIOT ORTHOPAEDIC SURGICAL SP, 185 QUEEN CITY AVEMANCHESTER, NH, 03101-7100
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIV OF OTTAWA FAC OF MED OTTAWA ONT CANADA 1978
Internship and Year	UNIV OF OTTAWA OTTAWA ONTARION CANADA 1983
Residency and Year	UNIV OF OTTAWA OTTAWA ONTARION CANADA 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6616
License Date	9/9/1982
Name	<b>PISICK, BARRY M MD</b>
Address	565 TURNPIKE, N ANDOVER, MA, 01845-
Specialty	PUD
Board Certified	IM
School and Year of Graduation	FACULATY DR GENEESKUNDE KATHOLIEKE UNIV BELGIUM 1977
Internship and Year	ST JOHN HOSPITAL - DETROIT, MI 1978
Residency and Year	ST JOHN HOSPITAL - DETROIT, MI 1980
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	6355
License Date	3/6/1981
Name	<b>PITMAN, ROGER K MD</b>
Address	MGH EAST, 120 SECOND AVECHARLESTOWN, MA, 02129
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF VERMONT COLL OF MED,BURLINGTON VT USA 1969
Internship and Year	BOSTON CITY HOSP,BOSTON,MA 1970
Residency and Year	NEW ENGLAND MED CTR HOSP,BOSTON, MA 1973
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9686
License Date	4/3/1996
Name	<b>PITTS, LESLIE T MD</b>
Address	DARTMOUTH-HITCHCOCK KEENE, 590 COURT STKEENE, NH, 03431-1798
Specialty	FP
Board Certified	FP
School and Year of Graduation	MCGILL UNIV - MONTREAL CANADA 1992
Internship and Year	UNIV OF WESTERN ONTARIO - LONDON, ONTARIO 1993
Residency and Year	UNIV OF WESTERN ONTARIO - LONDON, ONTARIO 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9707
License Date	5/1/1996
Name	<b>PITTS, MARGARET A MD</b>
Address	ANESTHESIA ASSOCIATES PA, 1 PILLSBURY ST STE 202CONCORD, NH, 03301
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF CONN MEDICAL SCHOOL FARMINGTON USA 1992
Internship and Year	UNIVERSITY OF CONN MEDICAL SCHOOL FARMINGTON 1993
Residency and Year	HOSPITAL UNIV OF PENNSYLVANIA 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12809
License Date	7/6/2005
Name	<b>PIVOR, MITCHELL N MD</b>
Address	LILAC CITY PEDIATRICS PA, 180 FARMINGTON RDROCHESTER, NH, 03867
Specialty	PD
Board Certified	PD
School and Year of Graduation	TULANE UNIVERSITY, NEW ORLEANS LA USA 1983
Internship and Year	SUNY HEALTH SCIENCE CENTER AT SYRACUSE, SYRACUSE NY 1984
Residency and Year	SUNY HEALTH SCIENCE CENTER AT SYRACUSE, SYRACUSE NY 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15089
License Date	12/1/2010
Name	<b>PIZINGER, RYAN M MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	ORS
Board Certified	
School and Year of Graduation	VIRGINIA COMMONWEALTH UNIVERSITY USA 2006
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	9629
License Date	1/3/1996
Name	<b>PLACE, JAMES N MD</b>
Address	SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200S PORTLAND, ME, 04106
Specialty	DR
Board Certified	R
School and Year of Graduation	GEORGE WASHINGTON UNIV SCH OF MED & HEALTH SCIENCE USA 1986
Internship and Year	MAIONE MEDICAL CENTER - PORTLAND, ME 1987
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13512
License Date	5/9/2007
Name	<b>PLACHINTA, ROMAN V MD</b>
Address	ANESTHESIA ASSOCIATES PA, 1 PILLSBURY ST STE 202CONCORD, NH, 03301
Specialty	AN
Board Certified	AN
School and Year of Graduation	BUKOVINSKA STATE MEDICAL ACADEMY UKRAINE 1998
Internship and Year	UNIV OF IOWA HOSPITALS AND CLINIC - IOWA CITY, IA 2004
Residency and Year	UNIV OF IOWA HOSPITALS AND CLINIC - IOWA CITY, IA 2006
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	10003
License Date	5/7/1997
Name	<b>PLAGER, MICHAEL D MD</b>
Address	426 B WINCHESTER ST, KEENE, NH, 03431
Specialty	NEP
Board Certified	IM
School and Year of Graduation	SUNY AT BUFFALO SCH OF MED-BUFFALO,NY USA 1991
Internship and Year	RHODE ISLAND HOSPITAL-RI 1997
Residency and Year	RHODE ISLAND HOSPITAL-RI 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10285
License Date	5/6/1998
Name	<b>PLANCK, BRENDA L MD</b>
Address	CONN VALLEY HOSPITAL, PO BOX 70- O'BRIEN DRMIDDLETOWN, CT, 06459
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF PENNSYLVANIA USA 1993
Internship and Year	HOSPITAL OF SAINT RAPHAEL, NEW HAVEN CT 1994
Residency and Year	YALE UNIVERSITY SCHOOL OF MEDICINE, NEW HAVEN CT 1998
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	13639
License Date	8/1/2007
Name	<b>PLANTE, JULIE J MD</b>
Address	CONCORD HOSPITAL, 248 PLEASANT ST STE G 100CONCORD, NH, 03301
Specialty	IM
Board Certified	
School and Year of Graduation	LAVAL UNIV CANADA 1995
Internship and Year	LAVAL UNIV - QUEBEC, QUEBEC CANADA 1998
Residency and Year	LAVAL UNIV - QUEBEC, QUEBEC CANADA 2000
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	3591
License Date	3/13/1963
Name	<b>PLANTIER, HENRY A MD</b>
Address	89 CYPRESS ST, MANCHESTER, NH, 03103-4500
Specialty	PD
Board Certified	PD
School and Year of Graduation	TUFTS UNIV USA 1958
Internship and Year	0000
Residency and Year	0000
License Expiration Date	<b>6/30/2007</b>
Remarks	12/18/84 - LICENSE REVOKED      2/22/84 - REVOCATION IS STAYED - DR. PLANTIER PLACED ON PROBATION FOR 10 YEARS WITH CONDITIONS. 7/3/86 - ORIGINAL ORDER AMENDED.

License Number	16681
License Date	7/2/2014
Name	<b>PLASKIEWICZ, ANDREA MD</b>
Address	CHESHIRE MEDICAL CENTER - DHK, 580-590 COURT STKEENE, NH, 03431
Specialty	EM
Board Certified	EM
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1992
Internship and Year	BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 1993
Residency and Year	BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9845
License Date	9/4/1996
Name	<b>PLATT, MARVIN S MD</b>
Address	80 N PORTAGE PATH #1C9, AKRON, OH, 44303
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF MARYLAND SCHOOL OF MEDICINE BALTIMORE, MD USA 1956
Internship and Year	UNIV OF MARYLAND MEDICAL SERVICES - MD 1958
Residency and Year	SANTA CLARA VALLEY MEDICAL CENTER - CA 1969
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11218
License Date	4/4/2001
Name	<b>PLAVIN, JOSHUA MD</b>
Address	GIFFORD MEDICAL CENTER, 44 SO MAIN STRANDOLPH, VT, 05060
Specialty	IM
Board Certified	
School and Year of Graduation	NEW YORK MED COLL - VALHALLA, NY USA 1996
Internship and Year	ST JOSEPH MERCY HOSPITAL - ANN ARBOR, MI 1997
Residency and Year	ST JOSEPH MERCY HOSPITAL - ANN ARBOR, MI 2000
License Expiration Date	<b>6/30/2015</b>
Remarks	lapsed 6/30/02 - reinstated 10/2/13

License Number	7956
License Date	8/10/1988
Name	<b>PLEHN, JONATHAN F MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	CD
Board Certified	CD
School and Year of Graduation	NEW YORK UNIV SCH OF MED-NY USA 1977
Internship and Year	MONTEFIORE HOSP-PITTSBURGH,PA 1978
Residency and Year	HOSP-UNIV HLTH CTR-PITTSBURGH,PA 1980
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	12810
License Date	7/6/2005
Name	<b>PLERHOPLES, WILLIAM A MD</b>
Address	8 PROSPECT, NASHUA, NH, 03060
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF ROCHESTER, ROCHESTER NY USA 2002
Internship and Year	METROHEALTH MEDICAL CENTER, CLEVELAND OH 2003
Residency and Year	METROHEALTH MEDICAL CENTER, CLEVELAND OH 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13124
License Date	6/7/2006
Name	<b>PLICHTA JR, STEPHEN D MD</b>
Address	VALLEY RADIOLOGISTS PROF ASSOC, 243 ELM STCLAREMONT, NH, 03743
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF ILLINOIS, CHICAGO IL US 1986
Internship and Year	SCOTT USAF MED CTR, SCOTT AFB IL 1987
Residency and Year	WILFORD HALL MED CTR, LACKLAND AFB TX 1993
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	6232
License Date	7/3/1980
Name	<b>PLISKIN, DORIS C MD</b>
Address	33 BARTLETT ST #503, LOWELL, MA, 01852-5908
Specialty	GS
Board Certified	
School and Year of Graduation	UNIV OF VERMONT COLLEGE MEDICINE-BURLINGTON, VT USA 1976
Internship and Year	ST ELIZABETH'S HOSPITAL - BOSTON, MA 1977
Residency and Year	ST ELIZABETH'S HOSPITAL - BOSTON, MA 1980
License Expiration Date	<b>6/30/2006</b>
Remarks	



License Number	14636
License Date	10/7/2009
Name	<b>PLOCIENNIK, KRZYSZTOF Z MD</b>
Address	AVH SURGICAL ASSOC, 7 PAGE HILLBERLIN, NH, 03570-3542
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF VERMONT USA 1995
Internship and Year	UNIVERSITY OF VERMONT - BURLINGTON, VT 1996
Residency and Year	UNIVERSITY OF VERMONT - BURLINGTON, VT 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12353
License Date	6/2/2004
Name	<b>PLOTINSKY, RACHEL N MD</b>
Address	DEPT OF HEALTH & HUMAN SERVICE, 29 HAZEN DRCONCORD, NH, 03301
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF ROCHESTER, ROCHESTER NY US 2000
Internship and Year	RUSH PRESBYTERIAN ST LUKE'S MED CTR PROGRAM, CHICAGO IL 2002
Residency and Year	RUSH PRESBYTERIAN ST LUKE'S MED CTR PROGRAM, CHICAGO IL 2003
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	16049
License Date	3/6/2013
Name	<b>PLOTKIN, ADAM S MD</b>
Address	PALM BEACH DERMATOLOGY GROUP, 5210 LINTON BLVD STE 307DELRAY BEACH, FL, 33484
Specialty	D
Board Certified	D
School and Year of Graduation	UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE USA 1992
Internship and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1993
Residency and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1994
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9032
License Date	8/4/1993
Name	<b>PLOTKIN, RICHARD E MD</b>
Address	71 PROSPECT AVE, HUDSON, NY, 12534
Specialty	P
Board Certified	
School and Year of Graduation	UNIV OF MASS MED SCHOOL - WORCHESTER, MA USA 1991
Internship and Year	DARTMOUTH HITCHCOCK MED CTR 1995
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12437
License Date	8/4/2004
Name	<b>PLOTNIK, LISA M MD</b>
Address	DARTMOUTH HITCHCOCK CLINIC, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF ROCHESTER, ROCHESTER NY US 1996
Internship and Year	CHRISTIANA CARE HEALTH SYSTEM, NEWARK DE 1997
Residency and Year	CHRISTIANA CARE HEALTH SYSTEM, NEWARK DE 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15358
License Date	8/3/2011
Name	<b>PLOURDE, RENEE A DO</b>
Address	DARTMOUTH-HITCHCOCK MANCHESTER PED, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty	PD
Board Certified	PD
School and Year of Graduation	LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE USA 2008
Internship and Year	CHILDRENS HOSPITAL MEDICAL CENTER - AKRON, OH 2009
Residency and Year	CHILDRENS HOSPITAL MEDICAL CENTER - AKRON, OH 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5786
License Date	7/7/1977
Name	<b>PLUME III, STEPHEN K MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	TS
Board Certified	TS
School and Year of Graduation	UNIVERSITY OF ROCHESTER SCHOOL OF MED. ROCHESTER USA 1969
Internship and Year	STRONG MEMORIAL HOSPITAL ROCHESTER 1970
Residency and Year	STRONG MEMORIAL HOSPITAL ROCHESTER 1975
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	14173
License Date	9/3/2008
Name	<b>PODOLSKY, SETH R MD</b>
Address	543 ANIMAS VIEW DR UNIT 23, DURANGO, CO, 81301
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF VERMONT USA 2005
Internship and Year	METROPOLITAN HOSPITAL CENTER - NY, NY 2006
Residency and Year	MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 2008
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	14092
License Date	7/9/2008
Name	<b>PODRASKY JR, ERNEST J MD</b>
Address	CORE CARDIOLOGY, 3 ALUMNI DR STE 101EXETER, NH, 03833
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIV OF PITTSBURGH USA 1999
Internship and Year	UNIV OF PITTSBURGH MEDICAL CENTER - PITTSBURGH, PA 2000
Residency and Year	UNIV OF PITTSBURGH MEDICAL CENTER - PITTSBURGH, PA 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10727
License Date	10/6/1999
Name	<b>POE, RICHARD O MD</b>
Address	12420 WARWICK BLVD STE 7C, NEWPORT NEWS, VA, 23606
Specialty	P
Board Certified	P
School and Year of Graduation	HARVARD MEDICAL SCHOOL - BOSTON MA USA 1961
Internship and Year	UNIVERSITY OF WASHINGTON - SEATTLE WA 1962
Residency and Year	UNIVERSITY OF WASHINGTON - SEATTLE WA 1964
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	12916
License Date	10/5/2005
Name	<b>POHL, ANDREA MD</b>
Address	2031 SANQUINET, MONTREAL PQCANADA, , H2X 3G6
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF ROSTOCK, GERMANY GERMANY 2000
Internship and Year	CARITAS ST ELIZABETHS MED CTR, BOSTON MA 2002
Residency and Year	CARITAS ST ELIZABETHS MED CTR, BOSTON MA 2005
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	13718
License Date	10/3/2007
Name	<b>POHL, HEIKO MD</b>
Address	VA MC DEPT GASTRO-ENTEROLOGY, 215 N MAIN STWHITE RIVER JUNCTION, VT, 05009
Specialty	IM
Board Certified	IM
School and Year of Graduation	HUMBOLDT UNIV GERMANY 1995
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 1999
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15322
License Date	7/6/2011
Name	<b>POHLMAN, MARK C MD</b>
Address	DARTMOUTH HITCHCOCK CLINIC/MAN, 87 MCGREGOR ST SUITE 1300MANCHESTER, NH, 03102-37
Specialty	IM
Board Certified	IM
School and Year of Graduation	WAYNE STATE UNIVERSITY USA 2001
Internship and Year	WILLIAM BEAUMONT HOSPITAL - ROYAL OAK, MI 2002
Residency and Year	WILLIAM BEAUMONT HOSPITAL - ROYAL OAK, MI 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4832
License Date	9/14/1971
Name	<b>POIRIER, GILLES MD</b>
Address	16 YVONNE ST, ROCHESTER, NH, 03867-4339
Specialty	FP
Board Certified	
School and Year of Graduation	MEDICAL SCHOOL UNIV CANADA 1959
Internship and Year	FACILITY OF MEDICINE UNIV HOSPITAL - MONTREAL, CANADA 1961
Residency and Year	BOIS OES FILION - QUEBEC 1971
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	13298
License Date	10/4/2006
Name	<b>POIRIER, LEONARD S MD</b>
Address	11995 SINGLETREE LANE, SUITE 500, EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF CALIFORNIA, LOS ANGELES CA US 1985
Internship and Year	TUCSON HOSPITALS MED EDUCATION PROGRAM, TUCSON AZ 1986
Residency and Year	UCLA MEDICAL CTR, LOS ANGELES CA 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15323
License Date	7/6/2011
Name	<b>POLICARO, FRANCO G MD</b>
Address	IMAGING ON CALL, 695 DUTCHESS TURNPIKE STE 105POUGHKEEPSIE, NY, 12603
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF MIAMI USA 2001
Internship and Year	RIVERSIDE METHODIST HOSPITAL - COLUMBUS, OH 2002
Residency and Year	JACKSON MEMORIAL HOSPITAL JACKSON HEALTH SYSTEM-MIAMI, FL 2007
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	5262
License Date	11/8/1974
Name	<b>POLITZ, LARRY MD</b>
Address	53 BAY ST, MANCHESTER, NH, 03104
Specialty	P
Board Certified	P
School and Year of Graduation	GEORGE WASHINGTON UNIV USA 1965
Internship and Year	LONG ISLAND COLLEGE HOSPITAL - BROOKLYN, NY 1966
Residency and Year	MT SINAI HOSPITAL - NY, NY 1969
License Expiration Date	<b>3/2/2007</b>
Remarks	DECEASE ON 3/2/2007

License Number	9114
License Date	2/2/1994
Name	<b>POLIVY, KENNETH D MD</b>
Address	2000 WASHINGTON ST, STE 341NEWTON LOWER FALLS, MA, 02462
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1978
Internship and Year	HARTFORD HOSPITAL-HARTFORD,CT 1979
Residency and Year	MASS GEN HOSPITAL-BOSTON,MA 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13324
License Date	11/1/2006
Name	<b>POLIYEDATH, ANUPAMA MD</b>
Address	DARTMOUTH HITCHCOCK, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty	IM
Board Certified	IM
School and Year of Graduation	ALL INDIA INSTITUTE OF MEDICAL SCIENCES INDIA 2000
Internship and Year	JOHN H STROGER JR HOSPITAL OF COOK COUNTY-CHICAGO, IL 2006
Residency and Year	JOHN H STROGER JR HOSPITAL OF COOK COUNTY-CHICAGO, IL 2007
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	8098
License Date	5/10/1989
Name	<b>POLLACK, DALE I MD</b>
Address	DARTMOUTH HITCHCOCK KEENE, 590 COURT STKEENE, NH, 03431-
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	TUFTS UNIV SCH OF MED BOSTON MA USA 1985
Internship and Year	LEMUEL SHATTUCK HOSP BOSTON MA 1986
Residency and Year	IN UNIV MED CTR HOSP INDIANAPOLIS IN 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7818
License Date	4/6/1988
Name	<b>POLLAK JR, EMIL M MD</b>
Address	HITCHCOCK CLINIC LITTLETON, 580 ST JOHNSBURY RD STE ALITTLETON, NH, 03561
Specialty	CD
Board Certified	CD
School and Year of Graduation	COLUMBIA UNIV COLL OF PHYSICIANS - NY, NY USA 1983
Internship and Year	ST LUKES-ROOSEVELT HOSPITAL CENTER - NY, NY 1984
Residency and Year	ST LUKES-ROOSEVELT HOSPITAL CENTER - NY, NY 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8051
License Date	3/1/1989
Name	<b>POLLAK, ERIC F MD</b>
Address	CONCORD FAMILY MEDICINE, 18 FOUNDRY ST STE 201CONCORD, NH, 03301-5421
Specialty	FP
Board Certified	FP
School and Year of Graduation	MED COLL OF PENNSYLVANIA - PHILA, PA USA 1983
Internship and Year	UNIV CINCINNATI HOSPITAL - CINCINNATI, OH 1984
Residency and Year	UNIV CINCINNATI HOSPITAL - CINCINNATI, OH 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12220
License Date	2/4/2004
Name	<b>POLLAK, MICHAEL J MD</b>
Address	941 BRYANSPLACE RD, WINSTON-SALEM, NC, 27104
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF VIRGINIA, RICHMOND VA US 1968
Internship and Year	MERCY MEDICAL CTR, SPRINGFIELD OH 1972
Residency and Year	EASTERN VIRGINIA SCHOOL OF MEDICINE, NORFOLK, VA 1974
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	6835
License Date	1/5/1984
Name	<b>POLLARD, ALBERT A MD</b>
Address	CENTER FOR WOMENS HEALTH, 21 WHITEHALL RDROCHESTER, NH, 03867-1935
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF MICHIGAN SCH-ANN ARBOR,MI USA 1971
Internship and Year	UC-SAN DIEGO HOSP 1972
Residency and Year	UNIV COLO HLTH SCI CTR-DENVER,CO 1977
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	13513
License Date	5/9/2007
Name	<b>POLLARD, TIMOTHY J MD</b>
Address	GLFHC, 34 HAVERHILL STLAWRENCE, MA, 01841
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF OREGON 1980 1980
Internship and Year	UNIV OF NEBRASKA MEDICAL CTR-OMAHA, NE 1981
Residency and Year	UNIV OF NEBRASKA MEDICAL CTR-OMAHA, NE 1983
License Expiration Date	<b>10/30/2008</b>
Remarks	<b>DECEASED 10/30/2008</b>

License Number	16730
License Date	8/6/2014
Name	<b>POLLOCK, HARRY W MD</b>
Address	PO BOX 182, HANCOCK, NH, 03449-0182
Specialty	ADP
Board Certified	ADP
School and Year of Graduation	CASE WESTERN RESERVE UNIV SCH OF MED -CLEVELAND OH US 1982
Internship and Year	UNIVERSITY HOSPITALS CASE MEDICAL CENTER - CLEVELAND, OH 1984
Residency and Year	UNIVERSITY HOSPITALS CASE MEDICAL CENTER - CLEVELAND, OH 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11156
License Date	1/3/2001
Name	<b>POLONSKY, ANDREA B MD</b>
Address	323 LOWELL ST, #302ANDOVER, MA, 01810
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF PENNSYLVANIA USA 1996
Internship and Year	NEW ENGLAND MEDICAL CENTER - BOSTON MA 1997
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON MA 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7626
License Date	6/3/1987
Name	<b>POMERANTZ, ANDREW S MD</b>
Address	VA MEDICAL CTR, 215 N MAIN STWHITE RIVER JCT, VT, 05009
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV HEALTH SCIENCES-CHICAGO USA 1971
Internship and Year	ROSE MEDICAL CENTER 1972
Residency and Year	DARTMOUTH HITCHCOCK MED CTR 1987
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	12811
License Date	7/6/2005
Name	<b>POMERANZ, STEPHEN J MD</b>
Address	5400 KENNEDY AVE, CINCINNATI, OH, 45213
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF CINCINNATI, CINCINNATI OH USA 1981
Internship and Year	MOUNT SINAI MEDICAL CENTER, NEW YORK NY 1982
Residency and Year	UNIVERSITY HOSPITAL UNIVERSITY OF CINCINNATI, CINCINNATI OH 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12852
License Date	8/3/2005
Name	<b>POMEROY, OLIVER H MD</b>
Address	850 BOYLSTON ST, 5TH FL CHESTNUT HILL, MA, 02467
Specialty	R
Board Certified	R
School and Year of Graduation	ROYAL COLLEGE OF SURGEONS IN IRELAND IRELAND 1981
Internship and Year	UNIVERSITY OF CALIFORNIA, SAN FRANCISCO CA 1988
Residency and Year	MT ZION HOSPITAL, SAN FRANCISCO CA 1989
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	5883
License Date	4/6/1978
Name	<b>POMFRET JR, DAVID B MD</b>
Address	15 ROLLING RIDGE, PO BOX 48 BARTLETT, NH, 03812-0048
Specialty	IM
Board Certified	IM
School and Year of Graduation	NATIONAL UNIV OF IRELAND IRELAND 1963
Internship and Year	ST ELIZABETH'S HOSPITAL - BOSTON, MA 1965
Residency and Year	UNIV OF HOSPITAL - BOSTON, MA 1968
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>LAPSED FOR NONRENEWAL 6/30/14 RENEWED 9/30/14</b>

License Number	14694
License Date	12/2/2009
Name	<b>POMFRET, ELIZABETH A MD</b>
Address	LAHEY CLINIC MED CTR, 41 MALL RD 4 WESTBURLINGTON, MA, 01805
Specialty	TTS
Board Certified	TTS
School and Year of Graduation	BOSTON UNIVERSITY USA 1990
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1991
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1995
License Expiration Date	<b>6/30/2015</b>
Remarks	



License Number 13925  
 License Date 4/2/2008  
 Name **POMORSKA, GRAZYNA MD**  
 Address U MASS MEMORIAL MEDICAL CTR, 55 LAKE AVE NORTHWORCETER, MA, 01655  
 Specialty N  
 Board Certified N  
 School and Year of Graduation AKADEMIA MEDYCZNA POLAND 1996  
 Internship and Year BOSTON UNIV MEDICAL CENTER - UNIV HOSPITAL - BOSTON, MA 2001  
 Residency and Year BOSTON UNIV SCHOOL OF MEDICINE - BOSTON, MA 2004  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14719  
 License Date 1/6/2010  
 Name **POMPOSELLI, JAMES J MD**  
 Address LAHEY CLINIC, 41 MALL RD 4 WESTBURLINGTON, MA, 01805  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation BOSTON UNIVERSITY USA 1990  
 Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1993  
 Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1995  
 License Expiration Date **6/30/2016**  
 Remarks **LAPSED FOR NONRENEWAL 6/30/14**  
**RENEWED 7/25/14**

License Number 13176  
 License Date 7/5/2006  
 Name **PONN, TERESA A MD**  
 Address ELLIOT BREAST HEALTH CTR, 185 QUEEN CITY AVEMANCHESTER, NH, 03101-7100  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation UNIV OF FLORIDA USA 1976  
 Internship and Year STANFORD UNIV MEDICAL CTR-STANFORD, CA 1977  
 Residency and Year STANFORD UNIV MEDICAL CTR-STANFORD, CA 1981  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16872  
 License Date 12/3/2014  
 Name **PONNAMREDDY, PRAVEEN K MD**  
 Address CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301  
 Specialty IM  
 Board Certified  
 School and Year of Graduation SRI VENKATESWARA MED COLLEGE, NTR UNIV OF HEALTH S INDIA 2000  
 Internship and Year ICAHN SOM @ MOUNT SINAI(QUEENS HOSP CENTER) - JAMAICA, NY 2004  
 Residency and Year ICAHN SOM @ MOUNT SINAI(QUEENS HOSP CENTER) - JAMAICA, NY 2006  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 8134  
 License Date 6/7/1989  
 Name **PONS, PETER J MD**  
 Address , , ,  
 Specialty GS  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF WISCONSIN USA 1982  
 Internship and Year  
 Residency and Year  
 License Expiration Date **6/30/1992**  
 Remarks

License Number 17026  
 License Date 4/1/2015  
 Name **PONZO, JOHN A MD**  
 Address RAYS, 231 CAMINO DEL VERDES PLROUND ROCK, TX, 78681  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation MT SINAI SCHOOL OF MEDICINE USA 1991  
 Internship and Year ALBERT EINSTEIN COLLEGE OF MEDICINE @ BETH ISRAEL MEDICAL CENTER - NY, NY 1992  
 Residency and Year NEW YORK MEDICAL COLLEGE - VALHALLA, NY 1996  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11836  
 License Date 2/5/2003  
 Name **POOLE, JAMES T MD**  
 Address CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF THE CARIBBEAN - PLYMOUTH MONTERRAT WEST INDIES 1995  
 Internship and Year EAST TENNESSEE STATE UNIV - JOHNSON CITY, TN 1997  
 Residency and Year EAST TENNESSEE STATE UNIV - JOHNSON CITY, TN 1999  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 10632  
 License Date 7/7/1999  
 Name **POON, EDWARD K MD**  
 Address 205 HUDSON ST, APT 509HOBOKEN, NJ, 07030  
 Specialty R  
 Board Certified R  
 School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON, MA USA 1992  
 Internship and Year SALEM HOSPITAL - SALEM, MA 1993  
 Residency and Year SALEM HOSPITAL - SALEM, MA 1994  
 License Expiration Date **6/30/2005**  
 Remarks

License Number	11255
License Date	5/2/2001
Name	<b>POPA, CAMELIA MD</b>
Address	ALLEGHENY GENERAL HOSP, 4 ALLEGHENY CTR 8TH FLPITTSBURGH, PA, 15237
Specialty	P
Board Certified	
School and Year of Graduation	GENERAL MEDICAL FACULTY OF CRAIOVA ROMANIA 1987
Internship and Year	ALLEGHENY GENERAL HOSPITAL - PITTSBURGH PA 2000
Residency and Year	ALLEGHENY GENERAL HOSPITAL - PITTSBURGH PA 2001
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	11674
License Date	7/3/2002
Name	<b>POPA, IRINA E MD</b>
Address	8303 DODGE ST, #225OMAHA, NE, 68114
Specialty	IM
Board Certified	HO
School and Year of Graduation	UNIV OF MED & PHARMACY - BUCHAREST, ROMANIA ROMANIA 1996
Internship and Year	NEWARK BETH ISRAEL MEDICAL CENTER - NEWARK, NJ 1998
Residency and Year	NEWARK BETH ISRAEL MEDICAL CENTER - NEWARK, NJ 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13409
License Date	2/7/2007
Name	<b>POPE JR, THOMAS L MD</b>
Address	RADISPHERE, 3700 PARK EAST #300BEACHWOOD, OH, 44122
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIV OF NORTH CAROLINA USA 1978
Internship and Year	UNIV OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 1979
Residency and Year	UNIV OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 1982
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9500
License Date	7/5/1995
Name	<b>POPE, BETHANN MD</b>
Address	909 EAST BRILL ST, PHOENIX, AZ, 85006
Specialty	CHN
Board Certified	CHN
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1990
Internship and Year	CHILDREN'S HOSPITAL - PHILADELPHIA PA 1992
Residency and Year	UNIVERSITY HLTH CTR OF PITTSBURGH - PITTSBURGH PA 1995
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	12244
License Date	3/3/2004
Name	<b>POPE, CHRISTOPHER F MD</b>
Address	SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200SOUTH PORTLAND, ME, 04106
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF CAPE TOWN, CAPE TOWN SOUTH AFRICA SOUTH AFRICA 1978
Internship and Year	YALE-NEW HAVEN MEDICAL CTR, NEW HAVEN CT 1983
Residency and Year	YALE UNIVERSITY, NEW HAVEN CT 1987
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11335
License Date	7/11/2001
Name	<b>POPE, GEORGE D MD</b>
Address	CONCORD HOSP CARDIO SURGERY, 246 PLEASANT ST STE 103CONCORD, NH, 03301
Specialty	TS
Board Certified	TS
School and Year of Graduation	THE JOHNS HOPKINS UNIVERSITY USA 1999
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER LEBANON NH 2000
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9460
License Date	6/7/1995
Name	<b>POPE, JOHN A MD</b>
Address	9003 EAST SHEA BLVD, SCOTTSDALE, AZ, 85260
Specialty	PD
Board Certified	PD
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1989
Internship and Year	CHILDRENS HOSPITAL - PHILA, PA 1992
Residency and Year	CHILDRENS HOSPITAL- PHILA, PA 1992
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	13755
License Date	11/7/2007
Name	<b>POPELKA JR, ANDREW MD</b>
Address	FOUNDATION MEDICAL PARTNERS, 8 PROSPECT STNASHUA, NH, 03060
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF MASSACHUSETTS USA 2003
Internship and Year	UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2004
Residency and Year	UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10659
License Date	8/4/1999
Name	<b>POPESCU, OCTAVIAN D MD</b>
Address	SUNY HSCB, 450 CLARKSON AVE BOX 50BROOKLYN, NY, 11203-2098
Specialty	IM
Board Certified	
School and Year of Graduation	INSTITUTE OF MED & PHARMACY BUCHAREST ROMANIA 1992
Internship and Year	SUNY HLTH SCI CENTER - BROOKLYN, NY 1997
Residency and Year	SUNY HLTH SCI CENTER - BROOKLYN, NY 1998
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	8979
License Date	6/2/1993
Name	<b>POPLACK, STEVEN P MD</b>
Address	DHMC-RADIOLOGY, 1 MEDICAL CENTER DR RADIOLOGYLEBANON, NH, 03756-
Specialty	R
Board Certified	R
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1988
Internship and Year	CARNEY HOSPITAL - BOSTON MA 1989
Residency and Year	YALE NEW HAVEN HOSPITAL - NEW HAVEN CT 1993
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	11879
License Date	4/2/2003
Name	<b>POPLAWSKI, DAVID J MD</b>
Address	DEPT OF UROLOGY/ANDROSCOGGIN VALLEY HOSPITAL, 59 PAGE HILL RDBERLIN, NH, 03570
Specialty	U
Board Certified	U
School and Year of Graduation	UNIV OF VERMONT - BURLINGTON, VT USA 1975
Internship and Year	GEISINGER MEDICAL CENTER- DANVILLE, PA 1976
Residency and Year	GEISINGER MEDICAL CENTER- DANVILLE, PA 1977
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>lapsed 6/30/13 - reinstated 6/4/14</b>

License Number	4408
License Date	4/22/1969
Name	<b>POPOVICH, BRANISLAV V MD</b>
Address	1812 EAGLE HARBOR LN NE, BAINBRIDGE ISLAND, WA, 98110
Specialty	PM
Board Certified	PM
School and Year of Graduation	BELGRADE MEDICAL COLLEGE - BELGRADE, YUGOSLAVIA YUGOSLAVIA 1955
Internship and Year	WHITE PLAINS HOSPITAL - WHITEPLAINS, NY 1965
Residency and Year	ST SINAI HOSPITAL - ELMHURST, NY 1968
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number 11220  
 License Date 4/4/2001  
 Name **POPP, GABRIELE MD**  
 Address HUMANA - NATL CITY TOWER, 101 SOULE 5TH STREET 11TH FLOORLOUISVILLE, KY, 40302  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation EASTERN VIRGINIA MED SCH - NORFOLK, VA USA 1997  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1999  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14565  
 License Date 8/5/2009  
 Name **PORADOWSKI, YOLANDA D MD**  
 Address 21 GREGORY RD, LYME, NH, 03768  
 Specialty IM  
 Board Certified  
 School and Year of Graduation POZNAN UNIVERSITY OF MEDICAL SCIENCES POLAND 2000  
 Internship and Year CHICAGO MEDICAL SCHOOLS @ ROSALIND FRANKLIN UNIVERSITY - CHICAGO, IL 2001  
 Residency and Year CHICAGO MEDICAL SCHOOLS @ ROSALIND FRANKLIN UNIVERSITY - CHICAGO, IL 2003  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12245  
 License Date 3/3/2004  
 Name **POREBA, STANLEY T MD**  
 Address 31-40 WILLOW WAY, SARANAC LAKE, NY, 12983  
 Specialty P  
 Board Certified P  
 School and Year of Graduation MEDICAL ACADEMY OF WROCLAW, WROCLAW POLAND POLAND 1984  
 Internship and Year LINCOLN MEDICAL CTR, BRONX NY 1986  
 Residency and Year LINCOLN MEDICAL CTR, BRONX NY 1987  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 13265  
 License Date 9/6/2006  
 Name **POREMB, HELEN G MD**  
 Address RIVER ROAD PEDIATRICS, 58 HAWTHORNE DRBEDFORD, NH, 03110  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIFORMED SERVICES UNIV 1991 1991  
 Internship and Year KEESLER MEDICAL CTR-KEESLER AFB , MS 1992  
 Residency and Year KEESLER MEDICAL CTR-KEESLER AFB, MS 1994  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13776  
 License Date 12/5/2007  
 Name **POREMBA, JOHN A MD**  
 Address ELLIOT ENDROCRINOLOGY, 1 ELLIOT WAYMANCHESTER, NH, 03103  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIFORMED SERVICES UNIV USA 1991  
 Internship and Year KEESLER MEDICAL CENTER PROGRAM-KEESLER AFB, MS 1992  
 Residency and Year KEESLER MEDICAL CENTER PROGRAM- KEESLER AFB, MS 1994  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9953  
 License Date 3/5/1997  
 Name **PORENSKY, RICHARD S MD**  
 Address MAINE MED CTR - PATHOLOGY, 22 BRAMHALL STPORTLAND, ME, 04102  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation NY UNIV SCH OF MED NY, NY USA 1970  
 Internship and Year NY UNIV MEDICAL CENTER - NY 1972  
 Residency and Year NY UNIV MEDICAL CENTER - NY 1975  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 13177  
 License Date 7/5/2006  
 Name **PORET, TODD M MD**  
 Address DHMC-PEDIATRICS, ONE MEDICAL CTR DRLEBANON, NH, 03756  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIV OF NORTH CAROLINA USA 2003  
 Internship and Year DHMC-LEBANON, NH 2004  
 Residency and Year DHMC-LEBANON, NH 2006  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15935  
 License Date 11/7/2012  
 Name **POROSNICU, EDUARD V MD**  
 Address 1428 BATH AVE #3B, BROOKLYN, NY, 11228  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV DE MEDICINA SI FARMACIE GRIGORE T POPA ROMANIA 1989  
 Internship and Year SUNY HEALTH SCIENCE CENTER - BROOKLYN, NY 1998  
 Residency and Year SUNY HEALTH SCIENCE CENTER - BROOKLYN, NY 2001  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 6848  
 License Date 2/2/1984  
 Name **PORSCHE, GLADI V MD**  
 Address UNH HEALTH SERVICES, 4 PETTEE BROOK LANEDURHAM, NH, 03824-2308  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation JEFFERSON MED COLL OF THOMAS JEFFERSON UNIV-PA USA 1975  
 Internship and Year HOSP-UNIV PITTS HLTH CTR-PITTSBURG,PA 1976  
 Residency and Year HOSP-UNIV PITTS HLTH CTR-PITTSBURG,PA 1978  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15723  
 License Date 6/6/2012  
 Name **PORTER, CHAD T MD**  
 Address VIRTUAL RADIOLOGY, 11995 SINGLETREE LNEDEN PRAIRIE, MN, 55344  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation LOUISIANA STATE UNIVERSITY USA 2005  
 Internship and Year LSU HEALTH SCIENCE CENTER SCHOOL OF MEDICINE - NEW ORLEANS, LA 2006  
 Residency and Year TULANE UNIVERSITY MEDICAL CENTER - NEW ORLEANS, LA 2008  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 13178  
 License Date 7/5/2006  
 Name **PORTER, LAURIE B DO**  
 Address 29466 PINTAIL DR STE 3, EASTON, MD, 21601  
 Specialty OTO  
 Board Certified OTO  
 School and Year of Graduation PHILADELPHIA COLLEGE USA 2000  
 Internship and Year KENNEDY MEMORIAL HOSPITAL-UMDNJ-SOM STRATFORD, NJ 2001  
 Residency and Year EAR, NOSE AND THROAT SURGICAL CTR-CHERRY HILL, NJ 2005  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 4733  
 License Date 7/14/1972  
 Name **PORTER, ROBERT E MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation UNIV OF CHICAGO SCHOOL OF MEDICINE USA 1960  
 Internship and Year UNIV OF IOWA - IOWA CITY, IA 1961  
 Residency and Year UNIV OF IOWA - IOWA CITY, IA 1967  
 License Expiration Date **6/30/2002**  
 Remarks



License Number	8922
License Date	4/7/1993
Name	<b>PORTER, SUSAN D MD</b>
Address	EXETER HEALTH FAMLIY PRACTICE, 21 HAMPTON RD BLDG 3EXETER, NH, 03833
Specialty	FP
Board Certified	FP
School and Year of Graduation	MC GILL UNIVERSITY CANADA 1985
Internship and Year	UNIV OF CT SCHOOL OF MED 1986
Residency and Year	UNIV OF CT SCHOOL OF MED 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17183
License Date	7/1/2015
Name	<b>PORTER-UMPHREY, ALYX B MD</b>
Address	MAYO CLINIC, 5777 E MAYO BLVDPHOENIX, AZ, 85054
Specialty	N
Board Certified	N
School and Year of Graduation	TEMPLE UNIVERSITY USA 2003
Internship and Year	MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 2004
Residency and Year	MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15846
License Date	9/5/2012
Name	<b>PORTNEY, ROBERT B MD</b>
Address	ROBERT BERNARD PORTNEY MD, 94 LUCERNE AVE UNIT #4LACONIA, NH, 03246
Specialty	P
Board Certified	P
School and Year of Graduation	YALE UNIVERSITY SCHOOL OF MEDICINE USA 1981
Internship and Year	UNIVERSITY OF PENNSYLVANIA - PHILADELPHIA, PA 1982
Residency and Year	UNIVERSITY OF PENNSYLVANIA - PHILADELPHIA, PA 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17027
License Date	4/1/2015
Name	<b>POSKANZER, DEBRA S MD</b>
Address	705 MOUNT AUBURN ST, WATERTOWN, MA, 02472
Specialty	PM
Board Certified	PM
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 1987
Internship and Year	ALBANY MEDICAL CENTER - ALBANY, NY 1988
Residency and Year	TUFTS UNIVERSITY MEDICAL CENTER - BOSTON, MA 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 5155  
 License Date 4/23/1974  
 Name **POSNER, JOHN J MD**  
 Address 8 INDIAN ROCK RD, NASHUA, NH, 03063  
 Specialty ON  
 Board Certified ON  
 School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 1968  
 Internship and Year ROYAL VICTOR HOSPITAL - MONTREAL, QUEBEC 1969  
 Residency and Year ROYAL VICTOR HOSPITAL - MONTREAL, QUEBEC 1971  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 7779  
 License Date 2/3/1988  
 Name **POSNICK, ROBERT B MD**  
 Address NASHUA DERMATOLOGY ASSOC, 505 WEST HOLLIS ST 111NASHUA, NH, 03062  
 Specialty D  
 Board Certified D  
 School and Year of Graduation MOUNT SINAI SCH MED OF CITY UNIV OF NY - NY USA 1982  
 Internship and Year MONTEFIORE HOSPITAL MEDICAL CENTER - BRONX, NY 1983  
 Residency and Year NEW YORK UNIV MEDICAL CENTER - NY, NY 1986  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13466  
 License Date 4/4/2007  
 Name **POST, NICHOLAS H MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty NS  
 Board Certified  
 School and Year of Graduation UNIV OF PENNSYLVANIA USA 2001  
 Internship and Year NEW YORK UNIV MEDICAL CTR - NEW YORK, NY 2002  
 Residency and Year NEW YORK UNIV MEDICAL CTR - NEW YORK, NY 2006  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 9431  
 License Date 5/3/1995  
 Name **POSTAL, WILLIAM S MD**  
 Address ANDOVER EAR NOSE & THROAT CTR, 198 MASSACHUSETTS AVE STE 103N ANDOVER, MA, 01845-  
 Specialty OTO  
 Board Certified OTO  
 School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1987  
 Internship and Year NEW ENGLAND MEDICAL CENTER HOSPITAL, BOSTON MA 1988  
 Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITAL, BOSTON MA 1992  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	9550
License Date	9/6/1995
Name	<b>POTENZA, ANTHONY R MD</b>
Address	RADIOLOGY ASSOCIATES INC, 38 HAMLET AVEWOONSOCKET, RI, 02895-
Specialty	R
Board Certified	R
School and Year of Graduation	GEORGE WASHINGTON UNIV SCHOOL OF MED&HEALTH SCI USA 1971
Internship and Year	RHODE ISLAND HOSPITAL PROVIDENCE RI 1972
Residency and Year	RHODE ISLAND HOSPITAL PROVIDENCE RI 1975
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	8062
License Date	3/29/1989
Name	<b>POTENZA, DANIEL P MD</b>
Address	STATE OF NH-DEPT OF CORRECTION, 281 NORTH STATE STCONCORD, NH, 03301
Specialty	P
Board Certified	P
School and Year of Graduation	GEN EMILIO AGUINALDO COLL OF MED PHILLIPINES 1985
Internship and Year	UNIV CT SCH OF MED FARMINGTON CT 1986
Residency and Year	UNIV CT SCH OF MED FARMINGTON CT 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13926
License Date	4/2/2008
Name	<b>POTHURU, SURESH C MD</b>
Address	CATHOLIC MEDICAL CTR, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty	IM
Board Certified	IM
School and Year of Graduation	VIJAYANAGARA INSTITUTE OF MEDICAL SCIENCES/BELLARY INDIA 1995
Internship and Year	UNIV OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 1996
Residency and Year	UNIV OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3496
License Date	3/14/1962
Name	<b>POTTER, BENJAMIN E MD</b>
Address	7 FOYES LN, KITTERY POINT, ME, 03905
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	MCGILL UNIVERSITY- MONTREAL-QUEBEC CANADA 1957
Internship and Year	CHARITY HOSPITAL- NEW ORLEANS, LA 1958
Residency and Year	FREE HOSPITAL FOR WOMEN AND THE BOSTON LYING-IN 1962
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 6554  
 License Date 6/24/1982  
 Name **POTTER, JAMES D MD**  
 Address JAFFREY FAMILY MEDICINE, 82 PETERBOROUGH STJAFFREY, NH, 03452  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF ROCHESTER SCH MED - NY USA 1979  
 Internship and Year SOMERSET MEDICAL CENTER - SOMERVILLE, NJ 1980  
 Residency and Year SOMERSET MEDICAL CENTER - SOMERVILLE, NJ 1982  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 8938  
 License Date 5/5/1993  
 Name **POTTER, KEVIN W MD**  
 Address , 15 PURTIAN DRBEDFORD, NH, 03110  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1989  
 Internship and Year ST ELIZABETH'S HOSPITAL - BOSTON MA 1990  
 Residency and Year BETH ISRAEL HOSPITAL - BOSTON MA 1990  
 License Expiration Date **1/30/2010**  
 Remarks **Deceased - 1/30/10**

License Number 11428  
 License Date 10/3/2001  
 Name **POTT-GRINSTEIN, ELISABETH A MD**  
 Address CARING FOR WOMEN, 734 NORTH MAIN STLACONIA, NH, 03247  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIV OF HEIDELBERG - HEIDELBERG, GERMANY GERMANY 1993  
 Internship and Year MEDICAL COLLEGE OF WISCONSIN - MILWAUKEE, WI 1996  
 Residency and Year MEDICAL COLLEGE OF WISCONSIN - MILWAUKEE, WI 1999  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 5586  
 License Date 8/12/1976  
 Name **POTTS, ANDREW MD**  
 Address NAVAL BRANCH MEDICAL CLINIC, 1300 DOUGLAS CIRCLEKEY WEST, FL, 33040  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation GLASGLOW UNIV LONDON 1971  
 Internship and Year FALKIRK AND DISTRICT ROYAL INFIRMARY- LONDON 1972  
 Residency and Year SOUTHERN GENERA HOSPITAL - GLASGOW 1973  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	15070
License Date	11/3/2010
Name	<b>POTTS, KOREEN K MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	CARVER COLLEGE OF MEDICINE @ UNIV OF IOWA USA 1989
Internship and Year	INDIANA UNIVERSITY MEDICAL CENTER - INDIANAPOLIS, IN 1991
Residency and Year	INDIANA UNIVERSITY MEDICAL CENTER - INDIANAPOLIS, IN 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14040
License Date	6/4/2008
Name	<b>POULIN, DENISE F MD</b>
Address	OB/GYN ASSOC OF SNH, 30 DANIEL WEBSTER HWY STE 11MERRIMACK, NH, 03054
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF VERMONT USA 1984
Internship and Year	ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1985
Residency and Year	ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9050
License Date	9/1/1993
Name	<b>POULIN, PAUL F MD</b>
Address	, , ,
Specialty	ON
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1978
Internship and Year	MAINE MEDICAL CENTER - PORTLAND ME 1979
Residency and Year	MAINE MEDICAL CENTER - PORTLAND ME 1981
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6155
License Date	1/11/1980
Name	<b>POULIN, ROGER J MD</b>
Address	19 OLD ROLLINSFORD RD, DOVER, NH, 03820
Specialty	PD
Board Certified	PD
School and Year of Graduation	TUFTS UNIV. SCH OF MED,BOSTON,MA USA 1964
Internship and Year	ST.VINCENT HOSP.WORCESTER,MA 1965
Residency and Year	ST.VINCENT HOSP.WORCESTER,MA 1967
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number 17077  
 License Date 5/6/2015  
 Name **POULIOT, RYAN C MD**  
 Address 75 FRANCIS ST, CWN L1 RM L-111BOSTON, MA, 02115  
 Specialty AN  
 Board Certified  
 School and Year of Graduation HARVARD MEDICAL SCHOOL USA 2011  
 Internship and Year STEWARD CARNEY HOSPITAL - BOSTON, MA 2012  
 Residency and Year BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 2015  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15592  
 License Date 3/7/2012  
 Name **POUND, ERIC M MD**  
 Address ELLIOT HOSPITAL, 1 ELLIOT WAYMANCHESTER, NH, 03103  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2007  
 Internship and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2008  
 Residency and Year BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2010  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12917  
 License Date 10/5/2005  
 Name **POUND, REBECCA L MD**  
 Address EPIQ FAMILY MEDICINE, 757 NORLAND AVE STE 203CHAMBERBURG, PA, 17201  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation PENNSYLVANIA STATE UNIVERSITY, UNIVERSITY PARK PA US 2000  
 Internship and Year UPMC ST MARGARET, PITTSBURGH PA 2001  
 Residency and Year UPMC ST MARGARET, PITTSBURGH PA 2003  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 10566  
 License Date 5/5/1999  
 Name **POUTRE, TIMOTHY M MD**  
 Address ANESTHESIA CARE GROUP PC, 88 MCGREGOR ST ST STE 303MANCHESTER, NH, 03102  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation UNIV OF VERMONT - BURLINGTON, VT USA 1991  
 Internship and Year HARTFORD HOSPITAL - HARTFORD, CT 1992  
 Residency and Year HARTFORD HOSPITAL - HARTFORD, CT 1995  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	14432
License Date	5/6/2009
Name	<b>POWELL, ANDREW D MD</b>
Address	333 BORTHWICK AVE, PORTSMOUTH, NH, 03801
Specialty	EM
Board Certified	EM
School and Year of Graduation	INDIANA UNIVERSITY USA 2003
Internship and Year	ST LUKES HOSPITAL & HEALTH NETWORK - BETHLEHEM, PA 2005
Residency and Year	ST LUKES HOSPITAL & HEALTH NETWORK - BETHLEHEM, PA 2006
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	13325
License Date	11/1/2006
Name	<b>POWELL, ERICKA L MD</b>
Address	TEAM HEALTH, 307 S EVERGREEN AVEWOODBURY, NJ, 08096
Specialty	EM
Board Certified	EM
School and Year of Graduation	TEMPLE UNIV USA 2001
Internship and Year	THOMAS JEFFERSON UNIV HOSPITAL-PHILADELPHIA, PA 2002
Residency and Year	THOMAS JEFFERSON UNIV HOSPITAL-PHILADELPHIA, PA 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13467
License Date	4/4/2007
Name	<b>POWELL, FRANK C MD</b>
Address	HORIZON RADIOLOGY, 2024 RAYFORD RDSRING, TX, 77386
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF ILLINOIS USA 1994
Internship and Year	UNIV OF TEXAS MEDICAL SCHOOL - HOUSTON, TX 1995
Residency and Year	UNIV OF TEXAS MEDICAL SCHOOL - HOUSTON, TX 1998
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	5872
License Date	3/27/1978
Name	<b>POWELL, JEFFREY D MD</b>
Address	NEW LONDON MEDICAL CENTER, 273 COUNTY RDNEW LONDON, NH, 03257
Specialty	IM
Board Certified	
School and Year of Graduation	BOWMAN GRAY SCHOOL OF MEDICINE OF WAKE FOREST NC USA 1975
Internship and Year	VETERANS ADMINISTRATION HOSPITAL - CLEVELAND, OH 1976
Residency and Year	VETERANS ADMINISTRATION HOSPITAL - CLEVELAND, OH 1978
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	14566
License Date	8/5/2009
Name	<b>POWELL, KENTON E MD</b>
Address	DHMC, 1 MEDICAL CENTER DRLEBANON, NH, 03766
Specialty	IM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2007
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10130
License Date	9/10/1997
Name	<b>POWELL, RICHARD J MD</b>
Address	DHMC-VASCULAR SURGERY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	VS
Board Certified	GS
School and Year of Graduation	MED COLL OF WISCONSIN-MILWAUKEE, WI USA 1986
Internship and Year	UMDNJ-NEW JERSEY MEDICAL SCHOOL - NJ 1992
Residency and Year	MARY-HITCHCOCK MEMORIAL HOSPITAL 1994
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13557
License Date	6/6/2007
Name	<b>POWELL, STEVEN W MD</b>
Address	NEW LONDON HOSPITAL, 273 COUNTY ROADNEW LONDON, NH, 03257
Specialty	P
Board Certified	PTH
School and Year of Graduation	MERCER UNIV USA 2005
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CTR- LEBANON, NH 2006
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CTR- LEBANON, NH 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9227
License Date	7/6/1994
Name	<b>POWELL, SUZANNE M MD</b>
Address	NASHUA MEDICAL GROUP, 173 DANIEL WEBSTER HWYNASHUA, NH, 03060
Specialty	PD
Board Certified	PD
School and Year of Graduation	OHIO STATE UNIVERSITY COLLEGE OF MEDICINE USA 1991
Internship and Year	UNIVERSITY OF MINNESOTA HOSPITAL CLINIC - MINNEAPOLIS MN 1992
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1994
License Expiration Date	<b>6/30/2006</b>
Remarks	



License Number 4644  
 License Date 12/28/1970  
 Name **POWEL-SMITH, CYRIL J MD**  
 Address , , ,  
 Specialty  
 Board Certified  
 School and Year of Graduation  
 Internship and Year  
 Residency and Year  
 License Expiration Date **6/30/1997**  
 Remarks

License Number 10166  
 License Date 11/5/1997  
 Name **POWERS, JAMES B MD**  
 Address MMP MAINEHEALTH CARDIOLOGY, 96 CAMPUS DR, STE 1SCARBOROUGH, ME, 04074  
 Specialty CD  
 Board Certified IM  
 School and Year of Graduation UNIV OF VT COLL OF MED - BURLINGTON, VT USA 1991  
 Internship and Year BAYLOR COLLEGE OF MEDICINE - TX 1994  
 Residency and Year CLEVELAND CLINIC FOUNDATION - OH 1997  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11358  
 License Date 8/1/2001  
 Name **POWERS, KATHERINE A MD**  
 Address WESTFORD FAMILY MEDICINE, 198 LITTLETON RDWESTFORD, Ma, 01886  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON,MA USA 1989  
 Internship and Year DWIGHT DAVID EISENHOWER ARMY MEDICAL CENTER - FORT GORDON, GA 1990  
 Residency and Year DWIGHT DAVID EISENHOWER ARMY MEDICL CENTER - FORT GORDON, GA 1992  
 License Expiration Date **6/30/2017**  
 Remarks **LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/6/15**

License Number 11221  
 License Date 4/4/2001  
 Name **POWERS, RANDOLPH S MD**  
 Address PENTUCKET MEDICAL ASSOC, ONE PARKWAYHAVERHILL, MA, 01830  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation VIRGINIA COMMONWEALTH UNIV - RICHMOND, VA USA 1979  
 Internship and Year FAIRFAX FAMILY PRACTICE CTR - FAIRFAX, VA 1980  
 Residency and Year FAIRFAX FAMILY PRACTICE CTR - FAIRFAX, VA 1982  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 13299  
 License Date 10/4/2006  
 Name **PRAIRIE, BETH A MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty OBG  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF NEW MEXICO, ALBUQUERQUE NM US 2002  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2003  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2006  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 13600  
 License Date 7/11/2007  
 Name **PRALL, STACY G DO**  
 Address GASTROENTEROLOGY PROF ASSOC, 21 CLARK WAYSOMERSWORTH, NH, 03878  
 Specialty IM  
 Board Certified GE  
 School and Year of Graduation UNIV OF NEW ENGLAND 200 2000  
 Internship and Year GEISINGER MEDICAL CENTER-DANVILLE, PA 2001  
 Residency and Year GEISINGER MEDICAL CENTER-DANVILLE, PA 2004  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 9195  
 License Date 6/1/1994  
 Name **PRASAD, ANIL K MD**  
 Address 19 TYLER ST, STE 301NASHUA, NH, 03060  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation KASTURBA MEDICAL COLLEGE MYSORE UNIVERSITY INDIA 1989  
 Internship and Year EASTON HOSPITAL - EASTON PA 1994  
 Residency and Year EASTON HOSPITAL - EASTON PA 1994  
 License Expiration Date **6/30/2016**  
 Remarks **7/9/09 - Settlement Agreement**

License Number 13076  
 License Date 5/3/2006  
 Name **PRASAD, KRISHNAPPA A MD**  
 Address HEALTHSOUTH REHABILITATION, 254 PLEASANT STCONCORD, NH, 03301  
 Specialty PM  
 Board Certified  
 School and Year of Graduation BANGALORE UNIV INDIA 1993  
 Internship and Year OUR LADY OF MERCY MEDICAL CTR- BRONX NY 2003  
 Residency and Year NEW YORK MEDICAL COLLEGE-VALHALLA NY 2005  
 License Expiration Date **6/30/2008**  
 Remarks

License Number	12275
License Date	4/7/2004
Name	<b>PRASAD, ROBIN MD</b>
Address	VA PITTSBURG HLTHCARE SYSTEM, UNIVERSITY DRPITTSBURG, PA, 15240
Specialty	DR
Board Certified	R
School and Year of Graduation	MCGILL UNIVERSITY, MONTREAL QUEBEC CANADA CANADA 1996
Internship and Year	TULANE UNIVERSITY, NEW ORLEANS LA 1997
Residency and Year	NEW YORK UNIVERSITY, NEW YORK NY 2001
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	16731
License Date	8/6/2014
Name	<b>PRATT, ALAN G MD</b>
Address	13 SUMMER ST, ANDOVER, MA, 01810-3619
Specialty	DR
Board Certified	DR
School and Year of Graduation	TUFTS UNV SCHOOL OF MEDICINE - BOSTON, MA US 1967
Internship and Year	YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1969
Residency and Year	YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1973
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	2487
License Date	9/12/1946
Name	<b>PRATT, HOWARD E MD</b>
Address	341 MAIN ST, HOPKINTON, NH, 03229-9610
Specialty	ORS
Board Certified	
School and Year of Graduation	TEMPLE UNIVERSITY USA 1943
Internship and Year	EAST MAINE GENERAL HOSPITAL - BANGOR, ME 1944
Residency and Year	EAST MAINE GENERAL HOSPITAL- BANGOR, ME 1944
License Expiration Date	<b>6/30/1998</b>
Remarks	<b>DECEASED 10/6/2005</b>

License Number	7691
License Date	8/5/1987
Name	<b>PRATT, PATRICIA M MD</b>
Address	79 SWIFTWATER DR, STE 1 WOODSVILLE, NH, 03785
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1984
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1985
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14093
License Date	7/9/2008
Name	<b>PRATTIPATI, VEERANJANEYULU MD</b>
Address	VAMC, 700 S 19TH STREETBIRMINGHAM, AL, 35233
Specialty	DR
Board Certified	DR
School and Year of Graduation	SIDDHARTHA MEDICAL COLLEGE INDIA 1995
Internship and Year	UNIV OF ALABAMA MEDICAL CENTER - BIRMINGHAM, AL 2007
Residency and Year	UNIV OF ALABAMA HOSPITAL - BIRMINGHAM, AL 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10218
License Date	1/7/1998
Name	<b>PRAVDIVA, IVA J MD</b>
Address	CHILDREN'S HOSPITAL, 300 LONGWOOD AVEBOSTON, MA, 02115
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV KARLOVA FAC OF GEN MED PRAHA CZECHOSLOVAKIA 1989
Internship and Year	MARY-HITCHCOCK MEMORIAL HOSPITAL - NH 1999
Residency and Year	MARY-HITCHCOCK MEMORIAL HOSPITAL - NH 1999
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	5563
License Date	7/23/1976
Name	<b>PRAZAR, GREGORY E MD</b>
Address	ELLIOT PEDIATRIC SPEC, 275 MAMMOTH RD STE 1MANCHESTER, NH, 03109
Specialty	PD
Board Certified	PD
School and Year of Graduation	CASE WESTERN RESERVE SCHOOL OF MEDICINE USA 1972
Internship and Year	DUKE MEDICAL CENTER-DURHAM NC 1973
Residency and Year	DUKE MEDICAL CENTER-DURHAM NC 1974
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16650
License Date	6/4/2014
Name	<b>PREIS, IDO S MD</b>
Address	NE HEART INSTITUTE/CATHOLIC MEDICAL CENTER, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty	IM
Board Certified	IM
School and Year of Graduation	THE WARREN ALPERT MEDICAL SCHOOL OF BROWN UNIV USA 2007
Internship and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2008
Residency and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15768
License Date	7/11/2012
Name	<b>PREIS, MEIR MD</b>
Address	THE LADY DAVID CARMEL MEDICAL CENTER, 7 MICHAL STHAIFA ISRAEL, ,
Specialty	IM
Board Certified	IM
School and Year of Graduation	TECHNION ISREAL INSTITUTE OF TECHNOLOGY ISREAL 2003
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER- LEBANON, NH 03756 2009
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER- LEBANON, NH 03756 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9551
License Date	9/6/1995
Name	<b>PRENDERGAST, THOMAS J MD</b>
Address	PORTLAND VA MEDICAL CENTER, 3710 SW US VETERAN HOSPITAL RDPORTLAND, OR, 97239
Specialty	PUD
Board Certified	PCC
School and Year of Graduation	UNIV OF CA SAN FRANCISCO SCHOOL OF MEDICINE USA 1988
Internship and Year	BRIGHAM & WOMEN'S HOSPITAL BOSTON, MA 1989
Residency and Year	UNIV CALIFORNIA SAN FRANCISCO MEDICAL CENTER SAN FRANCISCO CA 1994
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	14637
License Date	10/7/2009
Name	<b>PRENDIVILLE, TERENCE W MD</b>
Address	JOHNS HOPKINS HOSP-PEDIATRICS, 600 N WOLFE ST CMSC 2-124BALTIMORE, MD, 21287
Specialty	PD
Board Certified	
School and Year of Graduation	UNIVERSITY OF IRELAND IRELAND 2001
Internship and Year	JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 2008
Residency and Year	JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 2009
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	7973
License Date	9/7/1988
Name	<b>PRENTICE, GLENN D MD</b>
Address	1 GRANNY SMITH COURT, SUITE 105OLD ORCHARD BEACH, ME, 04064
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF NEW MEXICO SCH OF MED-ALBUQUERQUE,NM MEXICO 1971
Internship and Year	UNIV NEW MEXICO SCHOOL OF MEDICINE - ALBUQUERQUE, NM 1975
Residency and Year	UNIV NEW MEXICO SCHOOL OF MEDICINE-ALBUQUERQUE,NM 1975
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10967
License Date	6/7/2000
Name	<b>PRESCOTT, KRISTEN M MD</b>
Address	PRESCOTT PEDIATRIC CARE, PC, PO BOX 3257DICKINSON, ND, 58602
Specialty	PD
Board Certified	PD
School and Year of Graduation	TUFTS UNIV SCH OF MED - BOSTON, MA USA 1997
Internship and Year	FAIRFAX HOSPITAL - FALLS CHURCH, VA 1999
Residency and Year	FARIFAX HOSPITAL - FALLS CHURCH, VA 2000
License Expiration Date	<b>9/10/2013</b>
Remarks	<b>REQUESTED INACTIVE 9/10/13</b>

License Number	5983
License Date	9/12/1978
Name	<b>PRESSMAN, LARRY S MD</b>
Address	19 HAMPTON RD, UNIT 6EXETER, NH, 03833
Specialty	IM
Board Certified	IM
School and Year of Graduation	HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA, PA USA 1974
Internship and Year	HAHNEMANN MEDICAL COLLEGE HOSPITAL - PHILA, PA 1975
Residency and Year	HAHNEMANN MEDICAL COLLEGE HOSPITAL - PHILA, PA 1977
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	12246
License Date	3/3/2004
Name	<b>PRESTON, MARK P MD</b>
Address	PARAGON RADIOLOGY LLC, 122 FOURTH AVE STE 100INDIALANTIC, FL, 32903
Specialty	R
Board Certified	R
School and Year of Graduation	BOSTON UNIVERSITY, BOSTON MA US 1986
Internship and Year	NORTH SHORE UNIVERSITY HOSP, MANHASSET NY 1987
Residency and Year	ROBERT WOOD JOHNSON MED SCHOOL, NEW BRUNSWICK NJ 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12756
License Date	6/1/2005
Name	<b>PRESUTTI, ANTHONY H MD</b>
Address	DARTMOUTH HITCHCOCK-KEENE, 590 COURT STKEENE, NH, 03431
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIVERSITY OF CINCINNATI, CINCINNATI OH US 1996
Internship and Year	BOSTON UNIVERSITY, ROXBURY MA 1997
Residency and Year	BOSTON UNIVERSITY, BOSTON MA 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6499
License Date	2/8/1982
Name	<b>PREVITE, STEVEN R MD</b>
Address	NORTHEAST UROLOGIC SURGERY, 231 SUTTON ST UNIT 1DN ANDOVER, MA, 01845-1620
Specialty	U
Board Certified	U
School and Year of Graduation	TUFTS UNIV SCH MED-BOSTON,MA USA 1973
Internship and Year	ST ELIZABETHS HOSP-BOSTON,MA 1974
Residency and Year	UNIV HOSP INC-BOSTON,MA 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11837
License Date	2/5/2003
Name	<b>PRICE, CHARLES I MD</b>
Address	TOLEDO RADIOLOGICAL ASSOC, 3103 EXECUTIVE PKWY SUITE 200TOLEDO, OH, 43600
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF PENNSYLVANIA - PHILADELPHIA, PA USA 1986
Internship and Year	UNIV OF MICHIGAN HEALTH SYSTEMS - ANN ARBOR, MI 1987
Residency and Year	UNIV OF MICHIGAN HEALTH SYSTEMS - ANN ARBOR, MI 1990
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	10660
License Date	8/4/1999
Name	<b>PRICE, DEBORAH A MD</b>
Address	100 MILK ST STE 120, METHUEN, MA, 01844
Specialty	NEP
Board Certified	NEP
School and Year of Graduation	UNIV OF MED & DENTISTRY OF NJ-NEWARK, NJ USA 1986
Internship and Year	UMDNJ-NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 1987
Residency and Year	UMDNJ-NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 1988
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	7505
License Date	2/5/1987
Name	<b>PRICE, LLOYD F MD</b>
Address	152 HOLDENWOOD RD, CONCORD, MA, 01742
Specialty	CHP
Board Certified	CHP
School and Year of Graduation	BOSTON UNIV SCH MED - BOSTON, MA USA 1968
Internship and Year	UNIV HOSPITAL INC - BOSTON, MA 1969
Residency and Year	MC LEAN HOSPITAL - BELMONT, MA 1972
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7466
License Date	11/12/1986
Name	<b>PRICE, MARK J MD</b>
Address	97 SHERMAN DR, ST JOHNSBURY, VT, 05819
Specialty	PD
Board Certified	PD
School and Year of Graduation	VANDERBILT UNIV SCH MED NASHVILLE TN USA 1983
Internship and Year	MED CTR HOSP BURLINGTON VT 1984
Residency and Year	MED CTR HOSP BURLINGTON VT 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8206
License Date	8/9/1989
Name	<b>PRICE, WILLIAM R MD</b>
Address	NH ORTHOPEDIC CENTER, 17 RIVERSIDE ST STE 101NASHUA, NH, 03062
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	TUFTS UNIV SCH OF MED - BOSTON, MA USA 1984
Internship and Year	NEW ENGLAND MED CTR - BOSTON, MA 1985
Residency and Year	SUNY BUFFALO HOSPITAL - BUFFALO, NY 1990
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15390
License Date	9/7/2011
Name	<b>PRIEBE, ANNA M MD</b>
Address	WENTWORTH-DOUGLAS PHYS CORP, 789 CENTRAL AVEDOVER, NH, 03820
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	POZNAN UNIVERSITY OF MEDICAL SCIENCES CENTER POLAND 2001
Internship and Year	UMASS MEMORIAL MEDICAL CENTER - WORCESTER, MA 2002
Residency and Year	UMASS MEMORIAL MEDICAL CENTER - WORCESTER, MA 2005
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	16351
License Date	10/2/2013
Name	<b>PRIMM, JANE C MD</b>
Address	ELLIOT BREAST IMAGING, 185 QUEEN CITY AVEMANCHESTER, NH, 03101
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE USA 1985
Internship and Year	FOREST PARK HOSPITAL - ST LOUIS, MO 1986
Residency and Year	UNIVERSITY OF CALIFORNIA (DAVIS) MEDICAL CENTER, SACRAMENTO, CA 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number	16378
License Date	11/6/2013
Name	<b>PRINCE, MICHELLE M MD</b>
Address	DHMC-ORTHO DEPT, 1 MED CTR DRLEBANON, NH, 03756
Specialty	ORS
Board Certified	
School and Year of Graduation	LOYOLA UNIVERSITY OF CHICAGO STRITCH SCHOOL OF MED USA 1996
Internship and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1997
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5039
License Date	7/12/1973
Name	<b>PRINGLE, WARREN M MD</b>
Address	50 SOUTHSIDE RD, YORK, ME, 03909
Specialty	D
Board Certified	D
School and Year of Graduation	MC GILL MEDICAL SCHOOL-MONTREAL CANADA CANADA 1967
Internship and Year	U S PUBLIC HEALTH HOSPITAL NEW ORLEANS, LA 1967
Residency and Year	MARY HITCHCOCK MEMORIAL HOSPITAL HANOVER, NH 1973
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12473
License Date	9/1/2004
Name	<b>PRINSEN, MARIE R MD</b>
Address	FAMILY PRACTICE NORTH, 801801 WELLNON WAYSEBASTIN, FL, 32958
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF MONTREAL, MONTREAL QUEBEC CANADA CANADA 1994
Internship and Year	UNIVERSITY DE MONTREAL, MONTREAL QUEBEC CANADA 1995
Residency and Year	UNIVERSITY DE MONTREAL, MONTREAL QUEBEC CANADA 1996
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	16352
License Date	10/2/2013
Name	<b>PRISCH, STEPHANIE B MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE USA 1986
Internship and Year	NEW YORK UNIVERSITY SCHOOL OF MEDICINE - NY, NY 1987
Residency and Year	NEW YORK UNIVERSITY SCHOOL OF MEDICINE - NY, NY 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8460
License Date	11/7/1990
Name	<b>PRITCHARD, ROBERT S MD</b>
Address	DHMC - KEENE, 580-590 COURT STKEENE, NH, 03431
Specialty	HO
Board Certified	HO
School and Year of Graduation	ST LOUIS COLLEGE OF PHYSICIANS & SURGEONS USA 1987
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1988
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5204
License Date	6/28/1974
Name	<b>PRITHAM, HOWARD G MD</b>
Address	580 ST JOHNSBURY RD, STE DLITTLETON, NH, 03561
Specialty	GS
Board Certified	GS
School and Year of Graduation	TUFTS UNIV SCHOOL OF MEDICINE, MA USA 1966
Internship and Year	MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1967
Residency and Year	MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1974
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	15162
License Date	3/2/2011
Name	<b>PRIYA, SHANMUKHA MD</b>
Address	ELMHURST HOSPITAL CTR, 79-01 BROADWAYELMHURST, NY, 11373
Specialty	PD
Board Certified	
School and Year of Graduation	GULF MEDICAL COLLEGE AJMMAN UNITED ARAB EMIRATES 2005
Internship and Year	ELMHURST HOSPITAL CENTER - ELMHURST,NY 2009
Residency and Year	ELMHURST HOSPITAL CENTER - ELMHURST,NY 2011
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	15231
License Date	5/4/2011
Name	<b>PROCK, TERASA L MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	TEXAS A & M UNIVERSITY HEALTH SCIENCE CTR COLLEGE USA 2007
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	9257
License Date	8/3/1994
Name	<b>PROCOPIO, MARCIA A MD</b>
Address	DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1987
Internship and Year	BERKSHIRE MEDICAL CENTER - PITTSFIELD MA 1988
Residency and Year	BRIGHAM AND WOMENS HOSPITAL - BOSTON MA 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3191
License Date	4/10/1957
Name	<b>PROCTOR, MUNRO H MD</b>
Address	69 STICKNEY HILL RD, CONCORD, NH, 03301-
Specialty	CD
Board Certified	CD
School and Year of Graduation	COLUMBIA UNIVERSITY COLLEGE USA 1952
Internship and Year	STRONG MEMORIAL HOSPITAL ROCHESTER - NEW YORK 1954
Residency and Year	STRONG MEMORIAL HOSPITAL ROCHESTER - NEW YORK 1955
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	16187
License Date	6/5/2013
Name	<b>PROHASKA JR, MATTHEW G MD</b>
Address	1315 HOSPITAL DR, ST JOHNSBURY, VT, 05819
Specialty	ORS
Board Certified	
School and Year of Graduation	GEORGIA HEALTH SCIENCES UNIVERSITY USA 2010
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER-LEBANON, NH 2011
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER-LEBANON, NH 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10691
License Date	9/1/1999
Name	<b>PROIA, RICHARD R MD</b>
Address	DARTMOUTH HITCHCOCK MEDICAL, ONE MEDICAL CTR DRLEBANON, NH, 03766
Specialty	GS
Board Certified	
School and Year of Graduation	COLUMBIA UNIV COLL OF PHYSICIANS - NY, NY USA 1997
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1998
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1999
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	15673
License Date	5/2/2012
Name	<b>PROKOPI, PETER M MD</b>
Address	SPORTS MEDICINE NORTH, 1 ORTHOPEDICS DR 2 FLPEABODY, MA, 01960
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1999
Internship and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2000
Residency and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16842
License Date	11/6/2014
Name	<b>PROKOPIV, HALYNA MD</b>
Address	LUTHERAN HOSPITAL, 7952 W JEFFERSON BLVDFT WAYNE, IN, 46804
Specialty	IM
Board Certified	IM
School and Year of Graduation	CERNOVICKIJ MEDICAL INSTITUTE UKRAINE 1978
Internship and Year	SYNERGY MEDICAL EDUCATION ALLIANCE - SAGINAW, MI` 2008
Residency and Year	SYNERGY MEDICAL EDUCATION ALLIANCE - SAGINAW, MI` 2011
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13558
License Date	6/6/2007
Name	<b>PROLER, MEYER L MD</b>
Address	1001 TEXAS AVE STE 450, HOUSTON, TX, 77002-3182
Specialty	N
Board Certified	N
School and Year of Graduation	BAYLOR COLLEGE USA 1962
Internship and Year	BAYLOR COLLEGE OF MEDICINE-HOUSTON, TX 1963
Residency and Year	
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	9289
License Date	9/7/1994
Name	<b>PROMNITZ, MICHAEL MD</b>
Address	FRANKLIN REGIONAL HOSPITAL, 15 AIKEN AVEFRANKLIN, NH, 03235-
Specialty	PD
Board Certified	
School and Year of Graduation	WITWATERSRAND MEDICAL SCHOOL SOUTH AFRICA 1983
Internship and Year	JG STRIJDOM HOSPITAL - JOHANNESBURG S AFRICA 1984
Residency and Year	JG STRIJDOM HOSPITAL - JOHANNESBURG S AFRICA 1987
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	12757
License Date	6/1/2005
Name	<b>PROSE, THOMAS M MD</b>
Address	GENERAL MEDICINE PC, 21333 HAGGERTY RD STE 150NOVI, MI, 48375
Specialty	AN
Board Certified	
School and Year of Graduation	UNIVERSITY OF MICHIGAN, ANN ARBOR MI US 1982
Internship and Year	ST JOHN HOSPITAL, DETROIT MI 1983
Residency and Year	UNIVERSITY OF MICHIGAN, ANN ARBOR MI 1984
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6841
License Date	1/5/1984
Name	<b>PROSTKOFF, MELVIN E MD</b>
Address	GREAT BAY NEUROSURGICAL, 750 CENTRAL AVE STE HDOVER, NH, 03820-3434
Specialty	NS
Board Certified	NS
School and Year of Graduation	STATE UNIV OF NY DOWN STATE MED COLL-NY USA 1976
Internship and Year	THE BROOKSDALE HOSP MED CTR-BROOKLYN,NY 1977
Residency and Year	MT SINAI HOSP-NY 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13838
License Date	2/6/2008
Name	<b>PROULX, GARY M MD</b>
Address	EXETER HOSPITAL, 5 ALUMNI DREXETER, NH, 03833
Specialty	R
Board Certified	R
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 1992
Internship and Year	METROWEST MEDICAL CENTER-FRAMINGHAM UNION HOSPITAL-FRAMINGHAM, MA 1993
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16489
License Date	2/5/2014
Name	<b>PROVENCHER, MATTHEW T MD</b>
Address	MASS GEN HOSP - SPORTS MEDICINE, 175 CAMBRIDGE ST STE 400BOSTON, MA, 02114
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1998
Internship and Year	NAVAL MEDICAL CENTER - SAN DIEGO, CA 1999
Residency and Year	NAVAL MEDICAL CENTER - SAN DIEGO, CA 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12812
License Date	7/6/2005
Name	<b>PROVENZANO, DAVID A MD</b>
Address	3056 ESTATE DR, OAKDALE, PA, 15071
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF ROCHESTER, ROCHESTER NY USA 1999
Internship and Year	THOMAS JEFFERSON UNIVERSITY HOSPITAL, PHILADELPHIA PA 2000
Residency and Year	WESTERN PENNSYLVANIA HOSPITAL, PITTSBURGH PA 2005
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	5515
License Date	5/6/1976
Name	<b>PROVOST, PIERRE E MD</b>
Address	68 MILK ST, WESTWOOD, MA, 02090-
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	BOSTON UNIV SCHOOL OF MEDICINE USA 1964
Internship and Year	FRAMINGHAM UNION HOSPITAL - FRAMINGHAM, MA 1965
Residency and Year	UNIV HOSPITAL OF BOSTON - BOSTON, MA 1971
License Expiration Date	<b>6/30/1999</b>
Remarks	<b>DECEASED 6/2/09</b>

License Number	10633
License Date	7/7/1999
Name	<b>PROVOST, THOMAS G DO</b>
Address	CHESHIRE MEDICAL CENTER, 580 COURT STKEENE, NH, 03431
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV HLTH SCI COLL OSTEO - KANSAS CITY, MO USA 1986
Internship and Year	NAVAL MEDICAL CENTER PORTSMOUTH - PORTSMOUTH, VA 1993
Residency and Year	UNIV OF MASSACHUSETTS MED CTR - WORCESTER, MA 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15936
License Date	11/7/2012
Name	<b>PRUETTE, DAVID F MD</b>
Address	ROCHESTER PEDIATRIC ASSOCIATES, 245 ROCHESTER HILL ROAD UNIT 2 ROCHESTER, NH, 03867
Specialty	PD
Board Certified	PD
School and Year of Graduation	MEDICAL UNIVERSITY OF SOUTH CAROLINA USA 2005
Internship and Year	INOVA FAIRFAX HOSPITAL - FALLS CHURCH, VA 2006
Residency and Year	INOVA FAIRFAX HOSPITAL - FALLS CHURCH, VA 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 12945  
 License Date 11/2/2005  
 Name **PRUNA, SIRONA MD**  
 Address LAMPREY HEALTH CARE, 207 S MAIN STNEWMARKET, NH, 03857  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIVERSITY OF DE MEDICINA, ROMANIA ROMANIA 1983  
 Internship and Year UNIVERSITY OF SOUTH ALABAMA, MOBILE AL 2002  
 Residency and Year UNIVERSITY OF SOUTH ALABAMA, MOBILE AL 2005  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12675  
 License Date 4/6/2005  
 Name **PRUSS, MARTIN W MD**  
 Address HAMPTON HEALTH, 879 LAFAYETTE RDHAMPTON, NH, 03842  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF HEALTH SCIENCE, BETHESDA MD US 1994  
 Internship and Year NAVEL HOSPITAL, BREMERTON WA 1995  
 Residency and Year NAVEL HOSPITAL, BREMERTON WA 1999  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 6842  
 License Date 5/5/1983  
 Name **PRUSTY, SOMNATH MD**  
 Address BOSTON MEDICAL CENTER, BOSTON UNIV 701 CABR BLDGBOSTON, MA, 02118  
 Specialty EM  
 Board Certified  
 School and Year of Graduation SPIRAM CHANDRA BHANJ MED COLL UTKAL UNIV INDIA 1953  
 Internship and Year SCB MEDICAL COLLEGE HOSPITAL - ORISSA, INDIA 1954  
 Residency and Year CHRISTIAN MEDICAL COLLEGE VELLORE, INDIA 1957  
 License Expiration Date **6/30/2001**  
 Remarks **DECEASED 10/24/2009**

License Number 16490  
 License Date 2/5/2014  
 Name **PRUTHI, RAJIV K MD**  
 Address MAYO CLINIC, 200 1ST ST SWROCHESTER, MN, 55905  
 Specialty HO  
 Board Certified HO  
 School and Year of Graduation KASTURBA MEDICAL COLLEGE INDIA 1988  
 Internship and Year ROSALIND FRANKLIN UNIV - CHICAGO MEDICAL SCHOOL - CHICAGO, IL 1989  
 Residency and Year AURORA SINAI MEDICAL CENTER - MILWAUKEE, WI 1991  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13983  
 License Date 5/7/2008  
 Name **PRYBYLA, DAVID J MD**  
 Address ORTHO SURG ASSOC, 14 RESEARCH PLACEN CHELMSFORD, MA, 01863  
 Specialty ORS  
 Board Certified  
 School and Year of Graduation ALBANY MEDICAL COLLEGE USA 2001  
 Internship and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2002  
 Residency and Year UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2007  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15847  
 License Date 9/5/2012  
 Name **PRZYDZIELSKI, MICHAEL B MD**  
 Address 134 THREE MILE RD, HANOVER, NH, 03755  
 Specialty CHP  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE USA 2006  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 6423  
 License Date 7/2/1981  
 Name **PRZYJEMSKI, CHARLES J MD**  
 Address LAHEY CLINIC HOSP, 41 MALL RDBURLINGTON, MA, 01804  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation ST LOUIS UNIV SCH MED-ST LOUIS,MO USA 1972  
 Internship and Year UNIV HOSP-BOSTON,MA 1973  
 Residency and Year NEW ENG DEACONSESS HOSP-BOSTON,MA 1977  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 12076  
 License Date 9/3/2003  
 Name **PSCHIRRER, E REBECCA MD**  
 Address D H M C DEPT OBGYN, ONE MEDICAL CTR DRLEBANON, NH, 03756  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL, LEBANON NH US 1992  
 Internship and Year YALE UNIVERSITY, NEW HAVEN CT 1993  
 Residency and Year YALE UNIVERSITY, NEW HAVEN CT 1996  
 License Expiration Date **6/30/2017**  
 Remarks



License Number 5016  
 License Date 6/11/1973  
 Name **PUBLOW, DAVID G MD**  
 Address 29 FOX RUN, BEDFORD, NH, 03110  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation SUNY AT BUFFALO-BUFFALO NY USA 1965  
 Internship and Year NAVAL HOSP-PORTSMOUTH VA 1966  
 Residency and Year STRONG MEMORIAL HOSP-ROCHESTER NY 1973  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 12584  
 License Date 1/5/2005  
 Name **PUCKHABER, DEBORAH J MD**  
 Address CENTRAL MAINE MEDICAL CENTER, 300 MAIN STREETLEWISTON, ME, 04240  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation STATE UNIVERSITY OF NEW YORK, BUFFALO NY US 1986  
 Internship and Year STATE UNIVERSITY OF NEW YORK, BUFFALO NY 1987  
 Residency and Year STATE UNIVERSITY OF NEW YORK, BUFFALO NY 1990  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15090  
 License Date 12/1/2010  
 Name **PUDPUD, ABIGAIL A DO**  
 Address 10 VENETIAN WAY APT 2304, MIAMI BEACH, FL, 33139  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIVERSITY OF MEDICINE & DENTISTRY OF NJ USA 1991  
 Internship and Year UMDNJ/SOM/KENNEDY MEMORIAL HOSPITAL - STRATFORD, NJ 1992  
 Residency and Year ALFRED I DUPONT HOSPITAL FOR CHILDREN-THOMAS JEFFERSON UNIV - WILMINGTON, DE 1995  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 4951  
 License Date 2/12/1973  
 Name **PUGATCH, DONALD MD**  
 Address , , ,  
 Specialty P  
 Board Certified  
 School and Year of Graduation  
 Internship and Year  
 Residency and Year  
 License Expiration Date **3/4/1992**  
 Remarks **3/4/92 - License surrendered pending investigation and possible disciplinary action. DECEASED 11-19-02**

License Number	9228
License Date	7/6/1994
Name	<b>PUKEL, CLIFFORD S MD</b>
Address	PEACE HEALTH SW MED CANCER CTR, 505 NE 87TH AVEVANCOUVER, WA, 98664
Specialty	HEM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE USA 1991
Internship and Year	CHARLESTON AREA MEDICAL CENTER - CHARLESTON WV 1992
Residency and Year	CHARLESTON AREA MEDICAL CENTER - CHARLESTON WV 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>lapsed 6/30/98-reinstated 4/3/13</b>

License Number	16021
License Date	2/6/2013
Name	<b>PULAS, TROY T MD</b>
Address	WESTBRIDGE COM SRVS, 7300 GROVE RDBROOKSVILLE, FL, 34613
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF CALIFORNIA USA 2006
Internship and Year	UNI8VERSITY OF NORTH CAROLINA SCHOOL OF MEDICINE - CHAPEL HILL, NC 2007
Residency and Year	BOSTON UNIVERSITY SCHOOL OF MEDICINE - BOSTON, MA 2010
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10661
License Date	8/4/1999
Name	<b>PULASKI, MARY E MD</b>
Address	PEDIATRIC HLTH ASSOC, 275 MAMMOTH RDMANCHESTER, NH, 03109
Specialty	PD
Board Certified	PD
School and Year of Graduation	ALBERT EINSTEIN COLL OF MED YESHIVA UNIV-NY USA 1996
Internship and Year	CHILDRENS HOSPITAL/BOSTON CITY MEDICAL CENTER - BOSTON, MA 1997
Residency and Year	CHILDRENS HOSPITAL /BOSTON CITY MEDICAL CENTER - BOSTON, MA 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6170
License Date	3/6/1980
Name	<b>PULLEN, VINCENT P MD</b>
Address	PORTSMOUTH RADIOLOGY, 264 LAFAYETTE RDPORTSMOUTH, NH, 03801-5430
Specialty	DR
Board Certified	DR
School and Year of Graduation	MC GILL UNIV FACULTY OF MEDICINE MONTREAL CANADA 1976
Internship and Year	ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1977
Residency and Year	DARTMOUTH MEDICAL SCHOOL HOSPITALS - HANOVER, NH 1979
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	16188
License Date	6/5/2013
Name	<b>PULLMANN, RUDOLF MD</b>
Address	2206 TIDAL VIEW GARTH, ABINGDON, MD, 21009
Specialty	IM
Board Certified	IM
School and Year of Graduation	LEKARSKA FAKULTA 1 UNIVERZITY KARLOVY CZECH REPUBLIC 1996
Internship and Year	GREATER BALTIMORE MEDICAL CENTER - BALTIMORE, MD 2009
Residency and Year	GREATER BALTIMORE MEDICAL CENTER - BALTIMORE, MD 2011
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	15593
License Date	3/7/2012
Name	<b>PUNJWANI, NOORUDDIN S MD</b>
Address	RAYS, 2201 N CENTRAL EXPY #185RICHARDSON, TX, 75080
Specialty	DR
Board Certified	DR
School and Year of Graduation	AGA KHAN UNIVERSITY PAKISTAN 1996
Internship and Year	ST FRANCIS MEDICAL CENTER - PITTSBURGH, PA 1998
Residency and Year	ST FRANCIS MEDICAL CENTER - PITTSBURGH, PA 2002
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	13226
License Date	8/2/2006
Name	<b>PUNYAPU, VENKATA ANAND A MD</b>
Address	ADULT HOSPITALIST PROGRAM, 8 PROSPECT STNASHUA, NH, 03060
Specialty	IM
Board Certified	IM
School and Year of Graduation	JAWAHARLAL NEHRU MEDICAL COLLEGE INDIA 1999
Internship and Year	HENRY FORD HOSPITAL-DETROIT, MI 2003
Residency and Year	HENRY FORD HOSPITAL-DETROIT, MI 2005
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	14743
License Date	2/3/2010
Name	<b>PURCELL, ELAINE M MD</b>
Address	63 MOUNT ANVILLE PARK, GOATSTOWN DUBLIN 14IRELAND, ,
Specialty	SM
Board Certified	IM
School and Year of Graduation	ROYAL COLLEGE OF SURGEONS IRELAND 2002
Internship and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 2006
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 15724  
 License Date 6/6/2012  
 Name **PURI, RUCHI MD**  
 Address FOUNDATION MED PARTNERS, 264 MAIN ST NASHUA, NH, 03060  
 Specialty HS  
 Board Certified OBG  
 School and Year of Graduation BEN-GURION UNIVERSITY OF THE NEGEV ISRAEL 2005  
 Internship and Year SINAI HOSPITAL OF BALTIMORE - BALTIMORE, MD 2006  
 Residency and Year GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER - WASHINGTON, DC 2009  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14814  
 License Date 4/7/2010  
 Name **PURIMETLA, VENKATA M MD**  
 Address MID-STATE HEALTH CENTER, 101 BOULDER POINT DR PLYMOUTH, NH, 03264  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation MYSORE UNIVERSITY INDIA 2000  
 Internship and Year METROWEST MEDICAL CENTER - FRAMINGHAM, MA 2008  
 Residency and Year METROWEST MEDICAL CENTER - FRAMINGHAM, MA 2009  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14720  
 License Date 1/6/2010  
 Name **PURITA, JOSEPH R MD**  
 Address BOCA RATON ORTHOPAEDIC GROUP, 660 GLADES RD STE 460 BOCA RATON, FL, 33431  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation GEORGETOWN UNIVERSITY USA 1976  
 Internship and Year UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE - GAINESVILLE, FL 1977  
 Residency and Year JACKSON MEMORIAL HOSPITAL - MIAMI, FL 1981  
 License Expiration Date **6/30/2016**  
 Remarks **LAPSED FOR NONRENEWAL 6/30/14**  
**RENEWED 8/7/14**

License Number 14638  
 License Date 10/7/2009  
 Name **PYKE, O'NEIL J MD**  
 Address 718 ICE HOUSE DR, MOUNTAIN TOP, PA, 18707  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation OHIO STATE UNIVERSITY USA 1997  
 Internship and Year MILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 1998  
 Residency and Year HILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 2000  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 9432  
 License Date 5/3/1995  
 Name **PYNE, CHRISTOPHER T MD**  
 Address 8 PROSPECT ST, NASHUA, NH, 03061-  
 Specialty CD  
 Board Certified CD  
 School and Year of Graduation HAHNEMANN UNIVERSITY USA 1987  
 Internship and Year ROGER WILLIAMS HOSPITAL, PROVIDENCE RI 1991  
 Residency and Year ROGER WILLIAMS HOSPITAL, PROVIDENCE RI 1994  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16560  
 License Date 4/2/2014  
 Name **QI, MAOSONG MD**  
 Address 329 HARBOR POINTE DR APT 1, MT PLEASANT, SC, 39464  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation BEIJING MEDICAL UNIVERSITY CHINA 1990  
 Internship and Year EASTON HOSPITAL - EASTON, PA 2010  
 Residency and Year EASTON HOSPITAL - EASTON, PA 2012  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12550  
 License Date 12/1/2004  
 Name **QU, JASON Z MD**  
 Address DACC, 55 FRUIT ST MGH BOSTON, MA, 02114  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation BETHUNE MEDICAL UNIVERSITY, CHINA CHINA 1986  
 Internship and Year FRAMINGHAM UNION HOSP, FRAMINGHAM MA 1998  
 Residency and Year MASSACHUSETTS GENERAL HOSP, BOSTON MA 2001  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 10662  
 License Date 8/4/1999  
 Name **QUADRI, TARIQ L MD**  
 Address MEMORIAL SLOGN KETTERING CANCER, 1275 YORK AVENUE NEW YORK, NY, 10021  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation SINDH MED COLL UNIV OF KARACHI PAKISTAN 1991  
 Internship and Year ST LUKE'S -ROOSEVELT HOSP CTR - NEW YORK, NY 1995  
 Residency and Year ST LUKE'S -ROOSEVELT HOSP CTR - NEW YORK, NY 1996  
 License Expiration Date **6/30/2000**  
 Remarks

License Number 10474  
 License Date 12/2/1998  
 Name **QUANG, LOURDES F MD**  
 Address ANDOVER OB/GYN, 140 HAVERHILL STANDOVER, MA, 01810  
 Specialty OBG  
 Board Certified  
 School and Year of Graduation NORTHEASTERN OHIO UNIV - ROOTSTOWN, OH USA 1994  
 Internship and Year HUTZEL HOSPITAL - DETROIT, MI 1995  
 Residency and Year HUTZEL HOSPITAL - DETROIT, MI 1998  
 License Expiration Date **6/30/2001**  
 Remarks

License Number 15989  
 License Date 1/9/2013  
 Name **QUARSHIE, NICHOLAS T MD**  
 Address NE PRIME ASSOC INC, 139 LINCOLN STFRAMINGHAM, MA, 01702  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation KWAME NKRUMAH UNIV OF SCIENCE & TECHNOLOGY GHANA 2002  
 Internship and Year METROWEST MEDICAL CENTER - FRAMINGHAM, MA 2009  
 Residency and Year METROWEST MEDICAL CENTER - FRAMINGHAM, MA 2011  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 11185  
 License Date 2/7/2001  
 Name **QUASEM, MOHAMMAD A MD**  
 Address 27 PARK AVE, 5TH FLOORBINGHAMTON, NY, 13903  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation DHAKA MED COLL- DHAKA, BANGLADESH BANGLADESH 1979  
 Internship and Year LINCOLN MEDICAL & MENTAL HLTH CTR- BRONX, NY 1996  
 Residency and Year LINCOLN MEDICAL & MENTAL HLTH CTR - BRONX, NY 1998  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 15969  
 License Date 12/5/2012  
 Name **QUAY, STEVEN C MD**  
 Address ATOSSA GENETICS, 1616 EASTLAKE AVE EAST STE 360SEATTLE, WA, 98102  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation UNIVERSITY OF MICHIGAN MEDICAL SCHOOL USA 1977  
 Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1978  
 Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1979  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13685  
 License Date 9/5/2007  
 Name **QUEBADA-CLERKIN, PATRICIA B MD**  
 Address CHILDREN HOSPITAL CENTRAL CA, 9300 VALLEY CHILDREN'S PLACEMADERA, CA, 93636  
 Specialty NSP  
 Board Certified  
 School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 2001  
 Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2002  
 Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 17250  
 License Date 9/2/2015  
 Name **QUERESHY, SAROSH M MD**  
 Address 14 CATHEDRAL CIR, NASHUA, NH, 03063-2719  
 Specialty PM  
 Board Certified  
 School and Year of Graduation UNIV OF THE PUNJAB, KING EDWARD MED COLL PAKISTAN 1988  
 Internship and Year NORTH SHORE UNIV HOSP, GLEN COVE, NY 1993  
 Residency and Year NORTH SHORE UNIV HOSP, GLEN COVE, NY 1994  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10342  
 License Date 7/1/1998  
 Name **QUESADA, EDUARDO W MD**  
 Address AMOSKEAG ANESTHESIA PLLC, ONE ELLIOT WAY STE 200MANCHESTER, NH, 03103-0350  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation UNIV OF KENTUCKY COLL OF MED - LEXINGTON,KY USA 1991  
 Internship and Year WASHINGTON UNIV SCHOOL OF MEDICINE - ST LOUIS, MO 1992  
 Residency and Year VANDERBILT UNIV MEDICAL CENTER - NASHVILLE, TN 1995  
 License Expiration Date **5/13/2015**  
 Remarks **5/13/15 - Requested inactive.**

License Number 10188  
 License Date 12/3/1997  
 Name **QUICK, GREGORY L MD**  
 Address NORWOOD HOSPITAL, 800 WASHINGTON STNORWOOD, MA, 02062  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIV OF NE COLL OF MED-OMAHA,NE USA 1973  
 Internship and Year GORGAS ARMY HOSP-CANAL ZONE 1974  
 Residency and Year GORGAS ARMY HOSP-CANEL ZONE 1975  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	3539
License Date	9/18/1962
Name	<b>QUIGLEY, DAVID G MD</b>
Address	110 LOCKWOOD ST, PROVIDENCE, RI, 02903-4801
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	TUFTS MEDICAL SCHOOL - BOSTON, MA USA 1961
Internship and Year	CARNEY HOSPITAL - BOSTON, MA 1962
Residency and Year	CARNEY HOSPITAL - BOSTON, MA 1962
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	8360
License Date	6/6/1990
Name	<b>QUILL, TIMOTHY J MD</b>
Address	DHMC-CRITICAL CARE MED, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	AN
Board Certified	AN
School and Year of Graduation	OHIO STATE UNIV COLL OD MED-COLUMBUS,OH USA 1980
Internship and Year	MASS GENERAL HOSPITAL - BOSTON, MA 1983
Residency and Year	MASS GEN HOSP-BOSTON,MA 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9743
License Date	6/5/1996
Name	<b>QUIMBY, GEORGE F MD</b>
Address	DARTMOUTH-HITCHCOCK KEENE, 149 EMERALD STKEENE, NH, 03431
Specialty	U
Board Certified	U
School and Year of Graduation	UNIV OF MASS MEDICAL SCHOOL - MA USA 1990
Internship and Year	UNIV OF MA MED CTR - WORCESTER, MA 1992
Residency and Year	UNIV OF MA MED CTR - WORCESTER, MA 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16606
License Date	5/7/2014
Name	<b>QUINBY, GRIFFITH E MD</b>
Address	14100 MAGELLAN PLAZA, MARYLAND HEIGHTS, MO, 63043
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE USA 1967
Internship and Year	HARBORVIEW MEDICAL CENTER - SEATTLE, WA 1968
Residency and Year	UNIVERSITY LOUISVILLE - LOUISVILLE, KY 1976
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number 7628  
 License Date 6/3/1987  
 Name **QUINN, EDMUND P MD**  
 Address 16 ATLANTIC DR, SEABROOK, NH, 03874  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation AMERICAN UNIVERSITY OF CARIBBEAN, MONTserrat W.I. WEST INDIES 1983  
 Internship and Year UNIVERSITY OF CONNECTICUT - FARMINGTON, CT 1985  
 Residency and Year ST MARYS HOSPITAL - WATERBURY, CT 1987  
 License Expiration Date **6/30/1999**  
 Remarks

License Number 2496  
 License Date 9/12/1946  
 Name **QUINN, GEORGE E MD**  
 Address 33 CENTRAL ST, FARMINGTON, NH, 03835-1259  
 Specialty GP  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF ROCHESTER USA 1942  
 Internship and Year NEWTON-WELLESLEY HOSPITAL - NEWTON LOWER FALLS, MA' 1943  
 Residency and Year NEWTON-WELLESLEY HOSPITAL - NEWTON LOWER FALLS, MA 1943  
 License Expiration Date **3/9/1999**  
 Remarks **3/9/1999 - DECISION & ORDER - LICENSE SUSPENDED DECEASED 10/26/04**

License Number 11458  
 License Date 11/7/2001  
 Name **QUINN, KEVIN L MD**  
 Address FAYETTEVILLE NC VA MEDICAL CENTER, 2300 RAMSEY ST FAYETTEVILLE, NC, 28301  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIV OF MASSACHUSETTS MED SCH- WORCESTER, MA USA 1985  
 Internship and Year ST VINCENT HOSPITAL - WORCESTER, MA 1986  
 Residency and Year LETTERMAN ARMY MEDICAL CENTER - TACOMA, WA 1990  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10567  
 License Date 5/5/1999  
 Name **QUINN, MICHAEL O MD**  
 Address SPECTRUM MEDICAL GROUP PA, 324 GANNET DR SUITE 200 SOUTH PORTLAND, ME, 04106  
 Specialty R  
 Board Certified R  
 School and Year of Graduation ALBANY MEDICAL COLL - ALBANY, NY USA 1993  
 Internship and Year UNIV OF NEW MEXICO SCHOOL OF MEDICINE - ALBUQUERQUE, NM 1997  
 Residency and Year WASHINGTON UNIV - SAINT LOUIS, MO 1998  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14815  
 License Date 4/7/2010  
 Name **QUINN, TIMOTHY R MD**  
 Address DERMPATH DIAGNOSTICS NEW ENGLAND, 200 FOREST ST, STE 3119MARLBOROUGH, MA, 01752  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation MCGILL UNIVERSITY CANADA 1992  
 Internship and Year UNIVERSITY OF TORONTO - TORONTO, ONTARIO CANADA 1993  
 Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1996  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13300  
 License Date 10/4/2006  
 Name **QUINONES, LUCHI S MD**  
 Address LACONIA CLINIC, 724 MAIN STLACONIA, NH, 03246  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation DE LA SALLE UNIVERSITY, DASMARINAS PHILIPPINES PHILIPPINES 1986  
 Internship and Year DETROIT MEDICAL CENTER, DETROIT MI 2002  
 Residency and Year DETROIT MEDICAL CTR, DETROIT MI 2004  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9552  
 License Date 9/6/1995  
 Name **QUINTAL, PATRICK L MD**  
 Address LASSEN MEDICAL GROUP, 2580 SISTER MARY COLUMBIA DRRED BLUFF, CA, 98060  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation BAYLOR COLLEGE OF MEDICAL HOUSTON, TX USA 1987  
 Internship and Year CHILDRENS HOSPITAL MEDICAL CENTER CINCINNATI OH 1988  
 Residency and Year NAVAL HOSPITAL OAKLAND, CA 1992  
 License Expiration Date **6/30/2001**  
 Remarks

License Number 13984  
 License Date 5/7/2008  
 Name **QUINTERO, NANCY DO**  
 Address 241 ELM ST, CLAREMONT, NH, 03743  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation MICHIGAN STATE UNIV USA 1994  
 Internship and Year GARDEN CITY HOSPITAL-GARDEN CITY, MI 1995  
 Residency and Year GARDEN CITY HOSPITAL - GARDEN CITY, MI 1997  
 License Expiration Date **6/30/2014**  
 Remarks

License Number	8063
License Date	3/29/1989
Name	<b>QUIRBACH, ROBERT C MD</b>
Address	ST JOSEPH FAMILY MEDICAL CTR, 444 NASHUA STMILFORD, NH, 03055-8904
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV MA MED SCHOOL WORCESTER MA USA 1986
Internship and Year	BROWN UNIV AFFIL HOSPS PROVIDENCE RI 1987
Residency and Year	BROWN UNIV AFFIL HOSPS PROVIDENCE RI 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	3891
License Date	2/25/1966
Name	<b>QUIRINALE, BART N MD</b>
Address	5 HANCOCK DR, LONDONDERRY, NH, 03053
Specialty	FP
Board Certified	
School and Year of Graduation	TUFTS UNIV OF MEDICAL SCHOOL - BOSTON, MA USA 1963
Internship and Year	LAWRENCE GENERAL HOSPITAL - LAWRENCE, MA 1964
Residency and Year	LAWRENCE GENERAL HOSPITAL - LAWRENCE, MA 1964
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8595
License Date	7/17/1991
Name	<b>QUITADAMO, MARK J MD</b>
Address	HITCHCOCK CLINIC, 100 HITCHCOCK WAYMANCHESTER, NH, 03104-4125
Specialty	D
Board Certified	D
School and Year of Graduation	UNIV OF CONNECICUT SCH OF MED -FARMINGTON USA 1984
Internship and Year	ST FRANCIS HOSPITAL MEDICAL CENTER - HARTFORD, CT 1986
Residency and Year	DARTMOUTH-HITHCOCK MED CTR - HANOVER, NH 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14721
License Date	1/6/2010
Name	<b>QUITKIN, HIRAM M MD</b>
Address	ACCESS SPORTS MED & ORTHO, 1 HAMPTON RD STE 200EXETER, NH, 03833
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	YALE UNIVERSTIY USA 1995
Internship and Year	GEORGE WASHINGTON UNIVERSITY - WASHINGTON, DC 1996
Residency and Year	GEORGE WASHINGTON UNIVERSITY - WASHINGTON, DC 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 15002  
 License Date 9/1/2010  
 Name **QUITKIN, OLIVERA J MD**  
 Address 133 BORTHWICK AVE, PORTSMOUTH, NH, 03801  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation ST GEORGE'S UNIVERSITY GRENADA 1997  
 Internship and Year NORTH OAKLAND MEDICAL CENTERS - PONTIAC, MI 1999  
 Residency and Year GEORGE WASHINGTON UNIVERSITY HOSPITAL - WASHINGTON, DC 2002  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15810  
 License Date 8/1/2012  
 Name **QURESHI, ANJUM G MD**  
 Address COXHEALTH, 3555 S NATIONAL AVE SUITE 104SPRINGFIELD, MO, 65807  
 Specialty FP  
 Board Certified  
 School and Year of Graduation UNIVERSIDAD IBEROAMERICANA DOMINICAN REPUBLIC 1998  
 Internship and Year RESURRECTION MEDICAL CENTER - CHICAGO, IL 2001  
 Residency and Year RESURRECTION MEDICAL CENTER - CHICAGO, IL 2003  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12174  
 License Date 12/3/2003  
 Name **QURESHI, KHUSROO M MD**  
 Address KHUSROO QURESHI, MD - TEXAS ONCOLOGY, 3705 W 15TH STPLANO, TX, 75075  
 Specialty IM  
 Board Certified ON  
 School and Year of Graduation BAQAI MEDICAL COLLEGE, KARACHI PAKISTAN PAKISTAN 1993  
 Internship and Year NASSAU COUNTY MED CTR, EAST MEADOW NY 2000  
 Residency and Year UNIVERSITY OF CLEVELAND, CLEVELAND OH 2002  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15456  
 License Date 11/2/2011  
 Name **QUTOB, TAREK S MD**  
 Address 8 TOWN LINE RD #6, COUDERSPORT, PA, 16915  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF JORDAN JORDAN 1995  
 Internship and Year KALEIDA HEALTH SYSTEM/MILLARD FILLMORE HOSPITALS - BUFFALO, NY 1998  
 Residency and Year KALEIDA HEALTH SYSTEM/MILLARD FILLMORE HOSPITALS - BUFFALO, NY 2000  
 License Expiration Date **6/30/2013**  
 Remarks

License Number	9744
License Date	6/5/1996
Name	<b>RAABE, JOHN R MD</b>
Address	CARDIOLOGY GROUP OF WNY, 825 WEHRLE DRIVEWILLIAMSVILLE, NY, 14221-7794
Specialty	CD
Board Certified	CD
School and Year of Graduation	OHIO STATE UNIV COLLEGE OF MEDICINE USA 1975
Internship and Year	MT CARMEL MEDICAL CENTER - COLUMBUS, OH 1976
Residency and Year	GRADUATE HOSP - PHILA, PA 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5516
License Date	5/6/1976
Name	<b>RAASOCH, JOHN W MD</b>
Address	SKYVIEW UNIT, RUSK, TX, 75785
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF WISCONSIN MEDICAL SCHOOL USA 1973
Internship and Year	MEDICAL CENTER HOSPITAL OF VERMONT -BURLINGTON, VT 1974
Residency and Year	MEDICAL CENTER HOSPITAL OF VERMONT -BURLINGTON, VT 1976
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	5955
License Date	8/4/1978
Name	<b>RABIDEAU, RAYMOND H MD</b>
Address	3073 WHITE MTN HWY, NORTH CONWAY, NH, 03860
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF VEREMONT COLLEGE OF MEDICINE BURLINGTON,VT USA 1975
Internship and Year	GREENVILLE HOSPITAL SYSTEM - GREENVILLE, SC 1976
Residency and Year	GREENVILLE HOSPITAL SYSTEM - GREENVILLE, SC 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14357
License Date	3/4/2009
Name	<b>RABIN, ANDREW M MD</b>
Address	IMAGING ON CALL, 695 DUTCHESS TPKE #105POUGHKEEPSIE, NY, 12603
Specialty	R
Board Certified	R
School and Year of Graduation	TEMPLE UNIVERSITY USA 1981
Internship and Year	SUNY UPSTATE MEDICAL UNIVERSITY - SYRACUSE, NY 1982
Residency and Year	JACOBI MEDICAL CENTER - BRONX, NY 1988
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	14567
License Date	8/5/2009
Name	<b>RABIN, MICHAEL S MD</b>
Address	DANA FARBER CANCER INSTITUTE, 44 BINNEY ST D-1234BOSTON, MA, 02115
Specialty	HO
Board Certified	HO
School and Year of Graduation	CORNELL UNIVERSITY USA 1981
Internship and Year	BELLEVUE HOSPITAL CENTER - NEW YORK, NY 1982
Residency and Year	BELLEVUE HOSPITAL CENTER-NEW YORK, NY 1984
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	15457
License Date	11/2/2011
Name	<b>RABINOWITZ, CHAD B MD</b>
Address	RAYS, 13737 NOEL RD STE 1600DALLAS, TX, 75240
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIV OF MED & DENTISTRY NJ RW JOHNSON MED SCHOOL USA 2001
Internship and Year	ALBERT EINSTEIN MEDICAL CENTER - PHILADELPHIA, PA 2002
Residency and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14433
License Date	5/6/2009
Name	<b>RABINOWITZ, PHILIP F MD</b>
Address	3200 PARK LANE DR, PITTSBURGH, PA, 15275
Specialty	IM
Board Certified	IM
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 1989
Internship and Year	ALLEGHENY GENERAL HOSPITAL - PITTSBURGH, PA 1990
Residency and Year	ALLEGHENY GENERAL HOSPITAL - PITTSBURGH, PA 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7654
License Date	7/8/1987
Name	<b>RABISON, SAMUEL MD</b>
Address	DEACONESS WALTHAM HOSP, HOPE AVEWALTHAM, MA, 02254
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF CONNECTICUT SCH MED - FARMINGTON, CT USA 1976
Internship and Year	UNIV COLORADO SCH OF MED - DENVER, CO' 1977
Residency and Year	MOFFITT UNIV OF CALIF HOSPITAL - SAN FRANCISCO, CA 1981
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	13301
License Date	10/4/2006
Name	<b>RACHNER, THOMAS E MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	OHIO STATE UNIV USA 1986
Internship and Year	RIVERSIDE METHODIST HOSPITAL - COLUMBUS, OH 1987
Residency and Year	UCLA MEDICAL CTR 1991
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	7282
License Date	3/6/1986
Name	<b>RACICOT, PAUL F MD</b>
Address	LAKES REGION GENERAL HOSP, HIGHLAND AVELACONIA, NH, 03246
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV MA SCH MED WORCESTER MA USA 1982
Internship and Year	BERKSHIRE MED CTR PITTSFIELD MA 1983
Residency and Year	BERKSHIRE MED CTR PITTSFIELD MA 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5075
License Date	9/13/1973
Name	<b>RACUSIN, ROBERT J MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty	CHP
Board Certified	CHP
School and Year of Graduation	GEORGETOWN UNIVERSITY-WASHINGTON DC USA 1971
Internship and Year	GEORGETOWN UNIVERSITY-WASHINGTON DC 1972
Residency and Year	GEORGETOWN UNIVERSITY-WASHINGTON DC 1973
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7600
License Date	5/6/1987
Name	<b>RADAFSHAR, SHAHYAR M MD</b>
Address	ST LUKES MEDICAL CENTER, 2900 OKLAHOMA AVEMILWAUKEE, WI, 53215
Specialty	AN
Board Certified	AN
School and Year of Graduation	FAC OF MED NATL UNIV OF IRAN IRAN 1981
Internship and Year	TEHRAN UNIV MED SCHOOL 1983
Residency and Year	TEHRAN UNIV MED SCHOOL 1985
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	13227
License Date	8/2/2006
Name	<b>RADANOVICH, RAYMOND P DO</b>
Address	206 PINELAND ST, PERRY, FL, 32348
Specialty	R
Board Certified	R
School and Year of Graduation	OHIO UNIV COLLEGE OF OSTEOPATHIC MED USA 1995
Internship and Year	OUCOM/PHS MT SINAI MEDICAL CTR-RICHMOND HEIGHTS, OH 1996
Residency and Year	BOTSFORD GENERAL HOSPITAL-FARMINGTON HILLS, MI 2003
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	16238
License Date	7/3/2013
Name	<b>RADEMACHER, JAMES N MD</b>
Address	160 ALLEN ST, RUTLAND, VT, 05701
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF MINNESOTA MEDICAL SCHOOL USA 1977
Internship and Year	MARSHFIELD CLINIC - ST JOSEPHS HOSPITAL - MARSHFIELD, WI 1978
Residency and Year	FLETCHER ALLEN HEALTH CARE-UNIVERSITY OF VERMONT - BURLINGTON, VT 1981
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15199
License Date	4/6/2011
Name	<b>RADFAR, ARASH MD</b>
Address	WASHINGTON HOSPITAL CENTER, 110 IRVINE ST NW, STE BCE19WASHINGTON, DC, 20010
Specialty	DMP
Board Certified	DMP
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 2000
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2001
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2003
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	14639
License Date	10/7/2009
Name	<b>RADHAKRISHNAN, JAY K MD</b>
Address	REMOTE IMAGING SOLUTIONS, PO BOX 133005SPRING, TX, 77393
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF TEXAS USA 1995
Internship and Year	ST JOSEPH HOSPITAL - HOUSTON, TX 1996
Residency and Year	UNIVERSITY @ BUFFALO - BUFFALO, NY 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number	9591
License Date	11/1/1995
Name	<b>RADKE, EDWIN C MD</b>
Address	ANDOVER OB GYN, 323 LOWELL ST, STE 302ANDOVER, MA, 01810
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	CASE WESTERN RESERVE UNIV SCH CLEVELAND, OH USA 1991
Internship and Year	UNIV HOSPITAL OF CLEVELAND- OH 1995
Residency and Year	UNIV HOSPITAL OF CLEVELAND - OH 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15041
License Date	10/6/2010
Name	<b>RADOMSKI, LINDA MD</b>
Address	GANNETT HEALTH CTR/CORNELL, 110 HO PLAZAITHACA, NY, 14853
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF MIAMI USA 1979
Internship and Year	UNIVERSITY OF IOWA HOSPITALS & CLINIC - IOWA CITY, IA 1980
Residency and Year	UNIVERSITY OF IOWA HOSPITALS & CLINIC - IOWA CITY, IA 1982
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	14524
License Date	7/1/2009
Name	<b>RADWAN, SARAH V MD</b>
Address	NETWORKED PRACTICES INTEGRATION, PLLC, 87 MCGREGOR ST, STE #3200MANCHESTER, NH, 032
Specialty	PD
Board Certified	
School and Year of Graduation	UNIVERSITY OF WIEN AUSTRIA 1995
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14568
License Date	8/5/2009
Name	<b>RADWAN, TAREK A MD</b>
Address	NETWORKED PRACTICES INTEGRATION PLLC, 87 MCGREGOR ST, STE 3200MANCHESTER, NH, 0310
Specialty	NS
Board Certified	
School and Year of Graduation	UNIVERSITY OF CAMBRIDGE UNITED KINGDOM 1998
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9385
License Date	3/1/1995
Name	<b>RAFFALLI, PETER C MD</b>
Address	NEW ENGLAND NEUROLOGICAL ASSOC, 220 SUTTON STN ANDOVER, MA, 01845-1699
Specialty	CHN
Board Certified	CHN
School and Year of Graduation	SUNY AT STONY BROOK HLTH SCI CTR USA 1987
Internship and Year	LONG ISLAND JEWISH MEDICAL CENTER - NEW HYDE PARK NJ 1988
Residency and Year	LONG ISLAND JEWISH MEDICAL CENTER - NEW HYDE PARK NJ 1992
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	16239
License Date	7/3/2013
Name	<b>RAFFERTY, ERIN J MD</b>
Address	CARDIOVASCULAR CARE ASSOC OF YORK HOSPITAL, 12 HOSPITAL DR., SUITE 9YORK, ME, 03909
Specialty	CD
Board Certified	CD
School and Year of Graduation	NEW YORK UNIVERSITY SCHOOL OF MEDICINE USA 2006
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER-BOSTON, MA 2007
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER-BOSTON, MA 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17230
License Date	8/5/2015
Name	<b>RAFIQUE, RABIAH MD</b>
Address	302 BROOKSIDE DR, ANDOVER, MA, 01810
Specialty	IM
Board Certified	
School and Year of Graduation	AMERICAN UNIV OF ANTIGUA COLL OF MED ANTIGUA & BARBUDA 2011
Internship and Year	WESTERN RESERVE CARE SYSTEM -YOUNGSTOWN, OH 2012
Residency and Year	WESTERN RESERVE CARE SYSTEM -YOUNGSTOWN, OH 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11675
License Date	7/3/2002
Name	<b>RAFTERY, CHARLES E MD</b>
Address	WATERBURY ORTHOPAEDICS, 1211 WEST MAIN STWATERBURY, CT, 06708
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIV OF PITTSBURGH SCH OF MED - PITTSBURGH,PA USA 1993
Internship and Year	NEW YORK UNIV MED CTR - NEW YORK, NY 1994
Residency and Year	HOSPITAL FOR JOINT DISEASES- NEW YORK UNIV - NY, NY 1998
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number 10167  
 License Date 11/5/1997  
 Name **RAFTERY, KEVIN B MD**  
 Address LAHEY CLINIC, 41 MALL RDBURLINGTON, MA, 01805  
 Specialty VS  
 Board Certified GS  
 School and Year of Graduation UNIV OF MICHIGAN SCHOOL -ANN ARBOR, MI USA 1985  
 Internship and Year NEW ENGLAND MEDICAL CENTER HOSPITAL - MA 1990  
 Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITAL - MA 1993  
 License Expiration Date **6/30/2001**  
 Remarks

License Number 15200  
 License Date 4/6/2011  
 Name **RAHIM, MALIK T MD**  
 Address 1 ESTATE DR, CENTRALIA, IL, 62801  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF THE PUNJAB PAKISTAN 2001  
 Internship and Year UNIVERSITY OF PITTSBURGH MEDICAL CENTER - PITTSBURGH, PA 2005  
 Residency and Year UNIVERSITY OF PITTSBURGH MEDICAL CENTER - PITTSBURGH, PA 2007  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 5458  
 License Date 12/11/1975  
 Name **RAHMAN, DIANE MD**  
 Address 27 HEYWOOD ST, PO BOX 447GARDNER, MA, 01440-1321  
 Specialty FP  
 Board Certified  
 School and Year of Graduation NEW YORK UNIV SCH OF MEDICINE, NY USA 1973  
 Internship and Year NEW YORK UNIV MEDICAL CENTER - NY 1974  
 Residency and Year NEW YORK UNIV MEDICAL CENTER - NY 1975  
 License Expiration Date **6/30/2007**  
 Remarks

License Number 7655  
 License Date 7/8/1987  
 Name **RAHMAN, KHAWAJA M MD**  
 Address KHAWAJA M RAHMAN MD, PC, 171 KINSLEY STREETNASHUA, NH, 03060  
 Specialty N  
 Board Certified N  
 School and Year of Graduation SIND MEDICAL COLLEGE UNIV OF KARACHI PAKISTAN 1980  
 Internship and Year HOWARD UNIVERSITY HOSPITALS - WASHINGTON DC 1987  
 Residency and Year HOWARD UNIVERSITY HOSPITALS - WASHINGTON DC 1987  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14142  
 License Date 8/6/2008  
 Name **RAI, CECILIA S DO**  
 Address 69 SUMMIT RD, PLYMOUTH, NH, 03264  
 Specialty FP  
 Board Certified  
 School and Year of Graduation KIRKSVILLE COLLEGE USA 2001  
 Internship and Year ST JOSEPH MEDICAL CENTER - READING, PA 2002  
 Residency and Year ST JOSEPH MEDICAL CENTER - READING, PA 2004  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12510  
 License Date 10/6/2004  
 Name **RAINA, RAJESH MD**  
 Address 19224C 64TH CIRCLE, UNIT 3AFRESH MEADOWS, NY, 11365  
 Specialty IM  
 Board Certified  
 School and Year of Graduation GOVERNMENT MEDICAL COLLEGE, KASHMIR U., INDIA INDIA 1989  
 Internship and Year WYCKOFF HEIGHTS MED CTR, BROOKLYN NY 2003  
 Residency and Year WYCKOFF HEIGHTS MED CTR, BROOKLYN NY 2004  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 2658  
 License Date 5/12/1948  
 Name **RAINIE, ROBERT C MD**  
 Address 78 REGIONAL DR, BOX 452CONCORD, NH, 03301  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation BOSTON UNIVERSITY USA 1943  
 Internship and Year CENTRAL MAINE GENERAL HOSPITAL - LEWISTON, ME 1945  
 Residency and Year CENTRAL MAINE GENERAL HOSPITAL - LEWISTON, ME 1947  
 License Expiration Date **6/30/2004**  
 Remarks **Deceased 10/8/2012**

License Number 8326  
 License Date 5/9/1990  
 Name **RAINONE, DONALD P MD**  
 Address SMOOTHSKIN INC, 213 ROCKINGHAM RDLONDONDERRY, NH, 03053  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF ROCHESTER SCHOOL OF MEDICAL - NY USA 1987  
 Internship and Year LONG ISLAND COLLEGE HOSPITAL - BROOKLYN, NY 1988  
 Residency and Year LONG ISLAND COLLEGE HOSPITAL - BROOKLYN, NY 1990  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11034  
 License Date 8/2/2000  
 Name **RAINSFORD, KEVIN J MD**  
 Address ELLIOT HOSP, ONE ELLIOT WAYMANCHESTER, NH, 03103  
 Specialty GP  
 Board Certified  
 School and Year of Graduation LOYOLA UNIVERSITY OF CHICAGO - MAYWOOD IL USA 1994  
 Internship and Year KAISER PERMANENTE MED CTR - OAKLAND CA 1997  
 Residency and Year KAISER PERMANENTE MED CTR - OAKLAND CA 1997  
 License Expiration Date **6/30/2002**  
 Remarks

License Number 7180  
 License Date 8/1/1985  
 Name **RAITIERE, MARTIN N MD**  
 Address , , ,  
 Specialty P  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF TEXAS USA 1983  
 Internship and Year  
 Residency and Year  
 License Expiration Date **6/30/1987**  
 Remarks

License Number 13468  
 License Date 4/4/2007  
 Name **RAJA, BHUVANA MD**  
 Address KAISER PERMANENTE, 655 WATKINS MILL RDGAITHERSBURG, MD, 20879  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation CHENGALPATTU MEDICAL COLLEGE INDIA 1999  
 Internship and Year ST JOSEPHS HOSPITAL HEALTH CENTER-SYRACUSE, NY 2005  
 Residency and Year ST JOSEPHS HOSPITAL HEALTH CENTER-SYRACUSE, NY 2006  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 12006  
 License Date 7/2/2003  
 Name **RAJAN, SIVARAM MD**  
 Address ORTHOPAEDIC SURGICAL ASSOC, 200MERRIMACK ST STE 300LOWELL, MA, 01852  
 Specialty ORS  
 Board Certified  
 School and Year of Graduation CASE WESTERN RESERVE UNIV - CLEVELAND, OH USA 1997  
 Internship and Year SUNY-STONY BROOK HEALTH SCIENCE CENTER - STONY BROOK, NY 1998  
 Residency and Year SUNY-STONY BROOK HEALTH SCIENCE CENTER - STONY BROOK, NY 2002  
 License Expiration Date **6/30/2007**  
 Remarks

License Number 11823  
 License Date 1/8/2003  
 Name **RAJAN, SUJATHA MD**  
 Address 800 WEST CUMMINGS PARK, STE 2550 WOBURN, MA, 01801  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIV OF CHENNAI MADRAS MED COLL - TAMIL NADU INDIA INDIA 1995  
 Internship and Year TEXAS A&M-SCOTT AND WHITE - TEMPLE, TX 1998  
 Residency and Year MT SINAI HOSPITAL MEDICAL CENTER - CHICAGO, IL 2002  
 License Expiration Date **6/30/2013**  
 Remarks **REQUESTED INACTIVE 6/30/03-----REINSTATED 7/5/06**

License Number 16491  
 License Date 2/5/2014  
 Name **RAJANNA, PREETHI MD**  
 Address DHMC, 100 HITCHCOCK WAY MANCHESTER, NH, 03104  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation M S RAMAIAH MEDICAL COLLEGE - BANGALORE UNIV INDIA 2007  
 Internship and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 2012  
 Residency and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 2014  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14474  
 License Date 6/3/2009  
 Name **RAJANNA, SUMATHI MD**  
 Address DARTMOUTH HITCHCOCK, 2300 SOUTHWOOD DR NASHUA, NH, 03063  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation SRI DEVARAJ URS MEDICAL COLLEGE INDIA 1999  
 Internship and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 2007  
 Residency and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 2009  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16732  
 License Date 8/6/2014  
 Name **RAJESH, KUMBLE R MD**  
 Address LOWELL CHC, 161 JACKSON STREET LOWELL, MA, 01810-5327  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation ST JOHN'S MED COLL & HOSP, BANGALORE U - BANGALORE INDIA 1992  
 Internship and Year WESTERN MICHIGAN UNIVERSITY SOM - KALAMAZOO, MI 1995  
 Residency and Year WESTERN MICHIGAN UNIVERSITY SOM - KALAMAZOO, MD 1997  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	15888
License Date	10/3/2012
Name	<b>RAJESWARAN, YASOTHA MD</b>
Address	DHMC - CARDIOLOGY DEPT, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2009
Internship and Year	YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 2010
Residency and Year	YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14041
License Date	6/4/2008
Name	<b>RAJI, ANNASWAMY MD</b>
Address	ELLIOT HOSPITAL, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty	IM
Board Certified	IM
School and Year of Graduation	MADRAS MEDICAL COLLEGE INDIA 1988
Internship and Year	DETROIT MEDICAL CENTER WAYNE STATE UNIV - DETROIT, MI 1994
Residency and Year	DETROIT MEDICAL CENTER WAYNE STATE UNIV - DETROIT, MI 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10343
License Date	7/1/1998
Name	<b>RAJUR, KRUPA S MD</b>
Address	37 TYLER ST 2ND FLOOR, NASHUA, NH, 03060
Specialty	NEP
Board Certified	NEP
School and Year of Graduation	MAHADEVAPPA RAHPURE MED COLL GULBARGA INDIA 1990
Internship and Year	HACKENSACK UNIV MEDICAL CENTE - HACKENSACK, NJ 1994
Residency and Year	ST ELIZABETH'S MEDICAL CENTER OF BOSTON - BRIGHTON, MA 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16084
License Date	4/3/2013
Name	<b>RAKIC, MARKO MD</b>
Address	DHMC - DEPT OF HOSPITAL MEDICINE, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	UNIVERSITY OF QUEENSLAND AUSTRALIA 2009
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 4606  
 License Date 9/1/1979  
 Name **RALSKE, NORMAN N MD**  
 Address 12 ROBINWOOD RD, ACTON, MA, 01720  
 Specialty P  
 Board Certified  
 School and Year of Graduation SYRACUSE UNIV - NY USA 1952  
 Internship and Year MEADOWBROOK HOSPITAL - EAST MEADOW, NY 1953  
 Residency and Year KINGS COUNTY HOSPITAL - BROOKLYN, NY 1958  
 License Expiration Date **6/30/2007**  
 Remarks **Deceased 9/21/10**

License Number 9745  
 License Date 6/5/1996  
 Name **RALSTON, MATTHEW D MD**  
 Address RADIOLOGY ASSOC, 22 BRAMHALL ST PORTLAND, ME, 04102  
 Specialty R  
 Board Certified R  
 School and Year of Graduation DUKE UNIV SCHOOL OF MEDICINE - DURHAM, NC USA 1982  
 Internship and Year UNIV OF AL HOSP - BIRMINGHAM, AL 1983  
 Residency and Year DUKE UNIV MEDICAL CENTER - DURHAM, NC 1987  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15725  
 License Date 6/6/2012  
 Name **RALSTON, SHAWN L MD**  
 Address DHMC-PEDIATRIC DEPT, 1 MED CTR DR LEBANON, NH, 03756  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation TEXAS A & M UNIVERSITY HEALTH SCIENCE CENTER USA 1997  
 Internship and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 1998  
 Residency and Year UNIVERSITY OF NEW MEXICO CHILDRENS HOSPITAL - ALBUQUERQUE, NM 2000  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13686  
 License Date 9/5/2007  
 Name **RALSTON, THOMAS M MD**  
 Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500 EDEN PRAIRIE, MN, 55344  
 Specialty R  
 Board Certified R  
 School and Year of Graduation CREIGHTON UNIV USA 1978  
 Internship and Year BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 1979  
 Residency and Year BROOKE ARMY MEDICAL CENTER - FORT SAM HOUSTON, TX 1982  
 License Expiration Date **6/30/2015**  
 Remarks



License Number	14174
License Date	9/3/2008
Name	<b>RAM, PRITI B MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	SEMMELWEIS UNIV HUNGARY 2001
Internship and Year	TULANE UNIV MEDICAL CENTER - NEW ORLEANS, LA 2002
Residency and Year	TULANE UNIV MEDICAL CENTER - NEW ORLEANS, LA 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13559
License Date	6/6/2007
Name	<b>RAMACHANDRUNI, RAMALAKSHMI M MD</b>
Address	750 WASHINGTON ST, BOSTON, MA, 02111
Specialty	CHP
Board Certified	
School and Year of Graduation	KURNOOL MEDICAL COLLEGE INDIA 1995
Internship and Year	UNIV OF TENNESSEE HEALTH SCIENCE CTR - MEMPHIS, TN 2003
Residency and Year	UNIV OF TENNESSEE HEALTH SCIENCE CTR - MEMPHIS, TN 2005
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	12142
License Date	11/5/2003
Name	<b>RAMADAN, BERRYZAD E MD</b>
Address	910 SKYLINE DR APT #11, DRACUT, MA, 01826-6136
Specialty	PD
Board Certified	
School and Year of Graduation	UNIVERSITY OF THE CARIBBEAN, ST MAARTEN NETHERLAND NETHERLANDS ANTILLES 1999
Internship and Year	LONG ISLAND COLLEGE HOSP, BROOKLYN NY 2001
Residency and Year	LONG ISLAND COLLEGE HOSP, BROOKLYN NY 2003
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	12354
License Date	6/2/2004
Name	<b>RAMAHI, TARIK M MD</b>
Address	500 PROSPECT ST 3F, NEW HAVEN, CT, 06511
Specialty	IM
Board Certified	IM
School and Year of Graduation	YALE UNIVERSITY, NEW HAVEN CT US 1987
Internship and Year	YALE-NEW HAVEN HOSP, NEW HAVEN CT 1988
Residency and Year	YALE-NEW HAVEN HOSP, NEW HAVEN CT 1990
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	14042
License Date	6/4/2008
Name	<b>RAMANATH, VIJAY S MD</b>
Address	DHMC - CARDIOLOGY, ONE MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	STATE UNIV OF NEW YORK USA 2003
Internship and Year	UNIV OF PITTSBURGH MEDICAL CENTER - PITTSBURGH, PA 2004
Residency and Year	UNIV OF PITTSBURGH MEDICAL CENTER - PITTSBURGH, PA 2006
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	17231
License Date	8/5/2015
Name	<b>RAMANATHAN, SHEILA DO</b>
Address	830 WASHINGTON ST, WATERTOWN, NY, 13601-3758
Specialty	FP
Board Certified	
School and Year of Graduation	LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE USA 2012
Internship and Year	LECOMT/SAMARITAN MED CTR- WATERTOWN NY 2013
Residency and Year	LECOMT/SAMARITAN MED CTR- WATERTOWN NY 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11880
License Date	4/2/2003
Name	<b>RAMBISOON, SAVITRI MD</b>
Address	GREENFIELD SURGERY, 48 SANDERSON STGREENFIELD, MA, 01301
Specialty	GS
Board Certified	GS
School and Year of Graduation	MCGILL UNIV - MONTREAL QUEBEC, CANADA CANADA 1998
Internship and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1999
Residency and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5569
License Date	7/30/1976
Name	<b>RAMDEV, BABU S MD</b>
Address	WENTWORTH-DOUGLASS HOSP, 789 CENTRAL AVEDOVER, NH, 03820-2589
Specialty	EM
Board Certified	
School and Year of Graduation	OSMANIA UNIVERSITY-HUDBAD INDIA INDIA 1965
Internship and Year	GANDHI HOSPITAL-HYDERABAD INDIA 1966
Residency and Year	WESTMINSTER HOSPITAL-LONDON ONTARIO CANADA 1975
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6584
License Date	7/15/1982
Name	<b>RAMDEV, PREM T MD</b>
Address	164 WEDNESDAY HILL RD, LEE, NH, 03824
Specialty	IM
Board Certified	
School and Year of Graduation	OSMANIA MED COLL INST OF MED SCI-HUDERABAD INDIA 1965
Internship and Year	NEW ENGLAND DEACONESS - BOSTON, MA 1980
Residency and Year	NEW ENGLAND DEACONESS - BOSTON, MA 1982
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	7283
License Date	3/6/1986
Name	<b>RAMEY, ELVIN R MD</b>
Address	, 454 OLD STREET RDPETERBOROUGH, NH, 03458-
Specialty	FP
Board Certified	FP
School and Year of Graduation	BOSTON UNIV SCH MED BOSTON MA USA 1978
Internship and Year	ST LUKES HOSP MILWAUKEE WI 1979
Residency and Year	MED COLL WI AFFIL HOSPS MILWAUKEE WI 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7288
License Date	3/20/1986
Name	<b>RAMEY, LISA S MD</b>
Address	JAFFREY FAMILY MEDICINE, 82 PETERBOROUGH STJAFFREY, NH, 03452
Specialty	FP
Board Certified	FP
School and Year of Graduation	BOSTON UNIV SCH MED BOSTON MA USA 1979
Internship and Year	MED COLL WI AFFIL HOSP MILWAUKEE WI 1980
Residency and Year	MED COLL WI AFFIL HOSP MILWAUKEE WI 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16873
License Date	12/3/2014
Name	<b>RAMIREZ, ALTAGRACIA MD</b>
Address	432 NO STATE ST, PORTSMOUTH, NH, 03801
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL USA 1999
Internship and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2000
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER - WORCESTER, MA 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12511
License Date	10/6/2004
Name	<b>RAMIREZ, ANTHONY J MD</b>
Address	LOWELL TREATMENT CTR, 391 VARNUM AVELOWELL, MA, 01854
Specialty	P
Board Certified	
School and Year of Graduation	UNIVERSITY DE LOS ANDES, VENEZUELA VENEZUELA 1990
Internship and Year	NY MEDICAL CTR, FLUSHING NY 1995
Residency and Year	BOSTON UNIVERSITY, BOSTON MA 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12355
License Date	6/2/2004
Name	<b>RAMIREZ, JORGE A MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF PUERTO RICO, SAN JUAN PUERTO RICO US 1994
Internship and Year	TULANE UNIVERSITY, NEW ORLEANS LA 1995
Residency and Year	LOUISIANA STATE UNIVERSITY, NEW ORLEANS LA 1999
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	10568
License Date	5/5/1999
Name	<b>RAMIREZ, JOSEPH M MD</b>
Address	COMPHEALTH, PO BOX 57915SALT LAKE CITY, UT, 84157-0915
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF CALIFORNIA - LOS ANGELES, CA USA 1995
Internship and Year	CHILDREN'S HOSPITAL OF WISCONSIN - MILWAUKEE, WI 1996
Residency and Year	CHILDREN'S HOSPITAL OF WISCONSIN - MILWAUKEE, WI 1998
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	15635
License Date	4/4/2012
Name	<b>RAMOS JR, ENRIQUE C DO</b>
Address	1279 SOUTH WILLOW, SUITE EMANCHESTER, NH, 03103
Specialty	IM
Board Certified	
School and Year of Graduation	LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE USA 2008
Internship and Year	BAY AREA-CORPUS CHRISTI MEDICAL CENTER - CORPUS CHRISTI, TX 2009
Residency and Year	BAY AREA-CORPUS CHRISTI MEDICAL CENTER - CORPUS CHRISTI, TX 2011
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 10795  
 License Date 12/1/1999  
 Name **RAMOS, ELIZABETH L MD**  
 Address 137 HEDDEN TERRACE, N ARLINGTON, NJ, 07031  
 Specialty FP  
 Board Certified  
 School and Year of Graduation UNIV OF MED & DENTISTRY OF NJ- NEWARK, NJ USA 1996  
 Internship and Year UNIV OF CALIFORNIA AT SAN FRANCISCO, CA 1997  
 Residency and Year UNIV OF CALIFORNIA AT SAN FRANCISCO, CA 1999  
 License Expiration Date **6/30/2000**  
 Remarks

License Number 6666  
 License Date 3/31/1983  
 Name **RAMOS, MARCOS U MD**  
 Address , PO BOX 7384 GILFORD, NH, 03247-7384  
 Specialty PM  
 Board Certified PM  
 School and Year of Graduation UNIV OF PUERTO RICO SCH MED-SAN JUAN MEXICO 1969  
 Internship and Year STAMPFORD HOSP-STAMPFORD.CT 1970  
 Residency and Year UNIV OF MINN. HOSP-MINNEAPOLIS,MN 1973  
 License Expiration Date **3/4/1999**  
 Remarks **3/4/99 - ORDER OF EMERGENCY SUSPENSION AND NOTICE OF HEARING 4/27/99 - ORDER ON CONTINUANCE**  
**11/14/01 - SETTLEMENT AGREEMENT - LICENSED REVOKED.**

License Number 16682  
 License Date 7/2/2014  
 Name **RAMSEY, DAVID J MD**  
 Address LAHEY CLINIC, 1 ESSEX CENTER DR PEABODY, MA, 01960  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE USA 2008  
 Internship and Year UNIVERSITY OF ILLINOIS HOSPITAL - CHICAGO, IL 2009  
 Residency and Year JOHNS HOPKINS UNIVERSITY MEDICAL CENTER - BALTIMORE, MD 2012  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 8376  
 License Date 6/6/1990  
 Name **RAMUNNO, LAWRENCE D MD**  
 Address 371 FOX POINT RD, NEWINGTON, NH, 03801  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation SUNY AT BUFFALO SCH OF MED-BUFFALO,NY USA 1987  
 Internship and Year FRANKLIN SQUARE HOSP-BALTIMORE,MD 1988  
 Residency and Year FRANKLIN SQUARE HOSP-BALTIMORE,MD 1990  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	7910
License Date	7/6/1988
Name	<b>RAMUS, DIANE L MD</b>
Address	18 RIVERSIDE FARM DR, LEE, NH, 03861
Specialty	IM
Board Certified	IM
School and Year of Graduation	NY UNIV SCH MED - NY, NY USA 1982
Internship and Year	MEDICAL COLLEGE OF VIRGINIA HOSPITAL - RICHMOND, VA 1983
Residency and Year	MEDICAL COLLEGE OF VIRGINIA HOSPITAL - RICHMOND, VA 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16288
License Date	8/7/2013
Name	<b>RANA, HUMA Q MD</b>
Address	DANA FARBER CANCER INSTITUTE, 450 BROOKLINE AVE DA 1125BOSTON, MA, 02215
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF MEDICINE & DENTISTRY OF NJ USA 2007
Internship and Year	MT SINAI MEDICAL CENTER- NY, NY 2008
Residency and Year	MT SINAI MEDICAL CENTER- NY, NY 2012
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17184
License Date	7/1/2015
Name	<b>RANA, SHAUNAK V MD</b>
Address	4071 GRESHAM ST, SAN DIEGO, CA, 92109
Specialty	IM
Board Certified	IM
School and Year of Graduation	NORTHWESTERN UNIVERSITY USA 2004
Internship and Year	UNIVERSITY OF ILLINOIS HOSPITAL - CHICAGO, IL 2005
Residency and Year	UNIVERSITY OF ILLINOIS HOSPITAL - CHICAGO, IL 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15726
License Date	6/6/2012
Name	<b>RANCIER PEREZ, MOSHE A MD</b>
Address	2300 SOUTHWOOD DR, NASHUA, NH, 03063
Specialty	IM
Board Certified	IM
School and Year of Graduation	PONTIFICIA UNIV CATOLICA MADRE Y MAESTRA DOMINICAN REPUBLIC 2004
Internship and Year	ST BARNABAS HOSPITAL - BRONX, NY 2010
Residency and Year	ST BARNABAS HOSPITAL - BRONX, NY 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8513
License Date	4/3/1991
Name	<b>RANDALL JR, RUSSELL E MD</b>
Address	596 OLD SHERMAN HILL RD, WOODBURY, CT, 06798
Specialty	NEP
Board Certified	NEP
School and Year of Graduation	COLUMBIA UNIV COLL - NY, NY USA 1953
Internship and Year	HARBORVIEW MED CTR - SEATTLE, WA 1954
Residency and Year	MASS GENERAL HOSPITAL - BOSTON, MA 1956
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	4799
License Date	6/14/1971
Name	<b>RANDALL, JOHN H MD</b>
Address	, , ,
Specialty	P
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1995</b>
Remarks	

License Number	16289
License Date	8/7/2013
Name	<b>RANDALL, THOMAS C MD</b>
Address	55 FRUIT ST., BOSTON, MA, 02114
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	JOHNS HOPKINS UNIVERSITY USA 1991
Internship and Year	JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1992
Residency and Year	JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16771
License Date	9/3/2014
Name	<b>RANDHAWA, ARVIND K MD</b>
Address	223 VALLEY PARK DR, SPOFFORD, NH, 03462
Specialty	IM
Board Certified	
School and Year of Graduation	ST GEORGES UNIVERSITY GRENADA 2008
Internship and Year	STAMFORD HOSPITAL - STAMFORD, CT 2009
Residency and Year	STAMFORD HOSPITAL - STAMFORD, CT 2011
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 16683  
 License Date 7/2/2014  
 Name **RANDHAWA, SANDEEP S MD**  
 Address CHESHIRE MEDICAL CTR OF KEENE, 580-90 COURT STKEENE, NH, 03431  
 Specialty IM  
 Board Certified  
 School and Year of Graduation GOVERNMENT MEDICAL COLLEGE PATIALA INDIA 1997  
 Internship and Year PROVIDENCE HOSPITAL & MEDICAL CENTERS - SOUTHFIELD, MI 2003  
 Residency and Year TRINITAS REGIONAL MEDICAL CENTER(ST ELIZABETH) ELIZABETH, NJ 2006  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 6004  
 License Date 12/11/1978  
 Name **RANE, PHILIP S MD**  
 Address , PO BOX 325BOXFORD, MA, 01921-0325  
 Specialty R  
 Board Certified R  
 School and Year of Graduation TUFTS UNIVERSITY-BOSTON MA USA 1960  
 Internship and Year OHIO STATE UNIVERSITY-COLUMBUS OH 1961  
 Residency and Year BETH ISRAEL HOSPITAL-BOSTON MA 1964  
 License Expiration Date **6/30/1999**  
 Remarks **DECEASE 10/3/07**

License Number 16607  
 License Date 5/7/2014  
 Name **RANGELOV, KAMEN S MD**  
 Address LRG HEALTHCARE, 80 HIGHLAND STLACONIA, NH, 03246  
 Specialty PUD  
 Board Certified PUD  
 School and Year of Graduation MEDICAL UNIVERSITY PLOVDIV BULGARIA 2005  
 Internship and Year HENRY FORD HOSPITAL-WAYNE STATE UNIVERSITY - DETROIT, MI 2009  
 Residency and Year HENRY FORD HOSPITAL-WAYNE STATE UNIVERSITY - DETROIT, MI 2011  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11115  
 License Date 11/1/2000  
 Name **RANKIN, BRETT S MD**  
 Address FAMILY EAR NOSE THROAT, 35 WALKER ST STE 200KITTEY, ME, 03904  
 Specialty OTO  
 Board Certified OTO  
 School and Year of Graduation UNIV OF VT COLL OF MED - BURLINGTON, VT USA 1993  
 Internship and Year UNIV OF VERMONT-FLETCHER ALLEN HEALTH CENTER - BURLINGTON, VT 1994  
 Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1998  
 License Expiration Date **6/30/2016**  
 Remarks



License Number	10879
License Date	4/5/2000
Name	<b>RANKIN, DEANE E MD</b>
Address	LITTLETON REGIONAL HEALTHCARE, 580 ST JOHNSBURY RDLITTLETON, NH, 03561
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	INDIANA UNIVERSITY SCHOOL OF MEDICINE-INDIANAPOLIS USA 1994
Internship and Year	UNIVERSITY OF VERMONT-BURLINGTON ,VT 1995
Residency and Year	FLETCHER ALLEN HEALTH CARE-BURLINGTON,VT 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14434
License Date	5/6/2009
Name	<b>RANKINS, KEVIN B MD</b>
Address	ELLIOT HOSP, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty	EM
Board Certified	EM
School and Year of Graduation	TUFTS UNIVERSITY USA 2006
Internship and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2007
Residency and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15848
License Date	9/5/2012
Name	<b>RANDELL, MYTHILI MD</b>
Address	40 BUTTRICK ROAD, LONDONDERRY, NH, 03053
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE 2008
Internship and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2009
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11070
License Date	9/6/2000
Name	<b>RAO, DURGA E MD</b>
Address	411 MERRIMACK ST, STE 204METHEN, MA, 01844
Specialty	IM
Board Certified	IM
School and Year of Graduation	RANGARYA MED COLL ANDHRA UNIV - ANDHRA, PRADESH INDIA 1988
Internship and Year	SUNY AT STONY BROOK HEALTH SCI CENTER - STONY BROOK, NY 1996
Residency and Year	SUNY AT STONY BROOK HEALTH SCI CENTER - STONY BROOK, NY 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8997
License Date	7/7/1993
Name	<b>RAO, GAUTAMI S MD</b>
Address	FOUNDATION MEDICAL PARTNERS, 10 PROSPECT ST STE 201NASHUA, NH, 03060
Specialty	ON
Board Certified	HEM
School and Year of Graduation	UNIVERSITY OF MADRAS MEDICAL COLLEGE INDIA 1982
Internship and Year	UNIVERSITY HOSPITAL SUNY HEALTH SCIENCE CENTER - BROOKLYN NY 1991
Residency and Year	THOMAS JEFFERSON UNIVERSITY HOSPITAL - PHILADELPHIA PA 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16133
License Date	5/1/2013
Name	<b>RAO, KAVITHA P MD</b>
Address	46 JOYCE LN, BOXBOROUGH, MA, 01719
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	MYSORE MEDICAL COLLEGE INDIA 1999
Internship and Year	UNIVERSITY HOSPITALS OF CLEVELAND - CLEVELAND, OH 2002
Residency and Year	UNIVERSITY HOSPITALS OF CLEVELAND - CLEVELAND, OH 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11974
License Date	6/4/2003
Name	<b>RAO, NAGBHUSHAN S MD</b>
Address	COMP HEALTH, 4021 SOUTH 700 EAST STE 300SALT LAKE CITY, UT, 84107-2184
Specialty	P
Board Certified	P
School and Year of Graduation	GOVERNMENT MED COLL, NAGPUT UNIVERSITY - NAGPUR INDIA 1962
Internship and Year	ST MARYS HOSPITAL - BROOKLYN NY 1963
Residency and Year	KINGSBROOK JEWISH MEDICAL CENTER - BROOKLYN NY 1964
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	15990
License Date	1/9/2013
Name	<b>RAO, NAVEEN K MD</b>
Address	LAHEY HOSP & MED CTR - OPHTALMOLOGY, ONE ESSEX CTR DRPEABODY, MA, 01960
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	BAYLOR COLLEGE OF MEDICINE USA 2007
Internship and Year	ST VINCENT HOSPITAL - WORCESTER, MA 2008
Residency and Year	OREGON HEALTH & SCIENCE UNIVERSITY CASEY EYE INSTITUTE - PORTLAND,OR 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 12551  
 License Date 12/1/2004  
 Name **RAO, REKHA C MD**  
 Address PMB 133, 62 CALEF HWYLEE, NH, 03861  
 Specialty P  
 Board Certified P  
 School and Year of Graduation WASHINGTON UNIVERSITY, ST LOUIS MO US 1997  
 Internship and Year UCLA, LOS ANGELES CA 1998  
 Residency and Year UCLA, LOS ANGELES CA 2001  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16561  
 License Date 4/2/2014  
 Name **RAO, SUNIL P MD**  
 Address 1270 FAIRWAY VIEW LN, CINCINNATI, OH, 45233  
 Specialty IM  
 Board Certified  
 School and Year of Graduation M.S.RAMIAH MEDICAL COLLEGE, BANGALORE UNIV INDIA 1994  
 Internship and Year JEWISH HOSPITAL OF CINCINNATI - CINCINNATI, OH 1995  
 Residency and Year JEWISH HOSPITAL OF CINCINNATI - CINCINNATI, OH 1998  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 5225  
 License Date 7/15/1974  
 Name **RAO, TAKKALLAPELLI D MD**  
 Address WINTER HAVEN HOSPITAL B.H.D., 1201 1ST STREET SOUTHWINTER HAVEN, FL, 33881  
 Specialty P  
 Board Certified PYG  
 School and Year of Graduation OSMANIA UNIV - HYDERABAD INDIA 1967  
 Internship and Year ST JOHN'S RIVERSIDE - YONKERS, NY 1970  
 Residency and Year DANVERS STATE HOSPITAL - HATHORNE, MA 1971  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 12758  
 License Date 6/1/2005  
 Name **RAPELYEA, MELVIN S MD**  
 Address VIRTUAL RADIOLOGIC PROFESSIONA, 5995 OPUS PARKWAY STE 200MINNEAPOLIS, MN, 55343  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIVERSITY OF ROCHESTER, ROCHESTER NH US 1976  
 Internship and Year NORTH SHORE UNIVERSITY, MANHASSET NY 1977  
 Residency and Year NORTH SHORE UNIVERSITY, MANHASSETT NY 1978  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 10475  
 License Date 12/2/1998  
 Name **RAQUE, JAMES D MD**  
 Address DIVERSIFIED RADIOLOGY OF CO, 938 BANNOCK ST STE 300DENVER, CO, 80204  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIV OF LOUISVILLE - LOUISVILLE,KY USA 1996  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1997  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1998  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 9051  
 License Date 9/1/1993  
 Name **RASEKH, NASSER MD**  
 Address 3 NEWFIELD LN, NEWTOWN, CT, 06470-  
 Specialty P  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF TEHERAN MEDICAL SCHOOL IRAN 1965  
 Internship and Year NORWALK HOSPITAL - NORWALK CT 1968  
 Residency and Year FAIRFIELD HILLS HOSPITAL - NEWTOWN CT 1971  
 License Expiration Date **6/30/2003**  
 Remarks

License Number 14974  
 License Date 8/4/2010  
 Name **RASHIDI-NAIMABADI, MAHMOUD MD**  
 Address 95 MONTGOMERY DR STE 118, SANTA ROSA, CA, 95404  
 Specialty NS  
 Board Certified NS  
 School and Year of Graduation KERMEN UNIVERSITY IRAN 1991  
 Internship and Year UNIVERSITY OF TORONTO-TORONTO WESTERN HOSPITAL - TORONTO, ONTARIO, CANADA 1997  
 Residency and Year UNIVERSITY OF TORONTO-TORONTO WESTERN HOSPITAL - TORONTO, ONTARIO, CANADA 2001  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15042  
 License Date 10/6/2010  
 Name **RASHIDZADA, WAHID MD**  
 Address SENTIENT, 11011 MCCORMICK RD STE 200HUNT WALLEY, MD, 21031  
 Specialty N  
 Board Certified N  
 School and Year of Graduation OUR LADY OF FATIMA UNIVERSITY PHILIPPINES 2002  
 Internship and Year FLUSHING HOSPITAL MEDICAL CENTER - FLUSHING, NY 2005  
 Residency and Year NEW YORK MEDICAL COLLEGE @ WESTCHESTER MEDICAL CENTER-VALHALLA,NY 2008  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	15549
License Date	2/1/2012
Name	<b>RASKAUSKAS, THOMAS A MD</b>
Address	ST VINCENT'S HEALTH PARTNERS, 2754 MAIN STBRIDGEPORT, CT, 06606
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 1985
Internship and Year	NAVAL MEDICAL CENTER - PORTSMOUTH, VA 1986
Residency and Year	WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5076
License Date	9/13/1973
Name	<b>RASLAVICIUS, POLIUS A MD</b>
Address	WENTWORTH - DOUGLAS HOSPITAL, 789 CENTRAL AVEDOVER, NH, 03820
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	HARVARD MEDICAL SCHOOL-CAMBRIDGE MA USA 1960
Internship and Year	UNIVERSITY OF PENNSYLVANIA HOSP-PHILADELPHIA PA 1961
Residency and Year	PETER BENT BRIGHAM HOSP-BOSTON MA 1964
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	10286
License Date	5/6/1998
Name	<b>RASLAVICUS, ALEXANDER MD</b>
Address	EXETER HOSP, 5 ALUMNI DREXETER, NH, 03833
Specialty	IM
Board Certified	R
School and Year of Graduation	BOSTON UNIVERSITY USA 1993
Internship and Year	SALEM HOSPITAL, SALEM, MA 1994
Residency and Year	BAYSTATE MEDICAL CENTER, SPRINGFIELD MA 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12536
License Date	11/3/2004
Name	<b>RASLAVICUS, SONJA K DO</b>
Address	PENTUCKET MEDICAL ASSOCIATES, 360 MERRIMAC STLAWRENCE, MA, 01843
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME US 2000
Internship and Year	RESURRECTION MEDICAL CTR, CHICAGO IL 2001
Residency and Year	RESURRECTION MEDICAL CTR, CHICAGO IL 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 4771  
 License Date 4/16/1971  
 Name **RASMUSSEN, C PETER MD**  
 Address 330 BORTHWICK AVE, PORTSMOUTH, NH, 03801-4174  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation ALBANY MEDICAL COLLEGE, NY USA 1964  
 Internship and Year ALBANY MEDICAL CENTER - ALBANY, NY 1965  
 Residency and Year CHILDREN'S HOSPITAL - PHILA, PA 1967  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 7159  
 License Date 7/10/1985  
 Name **RASMUSSEN, CYNTHIA A MD**  
 Address HARVARD VANGUARD MEDICAL ASSOC, 20 WALL STBURLINGTON, MA, 01803  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation MEDICAL COLLEGE OF PENNSYLVANIA-PHILADELPHIA, PA USA 1981  
 Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1982  
 Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1985  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9258  
 License Date 8/3/1994  
 Name **RASSIAS, ATHOS J MD**  
 Address DHMC-ANES, ONE MEDICAL CENTER DRLEBANON, NH, 03756-  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation BROWN UNIVERSITY PROGRAM IN MEDICINE USA 1989  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1990  
 Residency and Year BRIGHAM AND WOMEN'S HOSPITAL - BOSTON MA 1993  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13719  
 License Date 10/3/2007  
 Name **RASTOGI, AMIT MD**  
 Address DARTMOUTH-HITCHCOCK CLINIC, 253 PLEASANT STCONCORD, NH, 03301  
 Specialty MG  
 Board Certified IM  
 School and Year of Graduation ALL INDIA INSTITUTE OF MEDICAL SCIENCES INDIA 1996  
 Internship and Year ST BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 1998  
 Residency and Year ST BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 2000  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	10370
License Date	8/5/1998
Name	<b>RATCLIFFE, NORA R MD</b>
Address	VA MEDICAL CENTER, 215 NORTH MAIN STWHITE RIVER JCT, VT, 05009
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF COLORADO SCH OF MED - BOULDER,CO USA 1991
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1992
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8197
License Date	7/19/1989
Name	<b>RATH, DANIEL L MD</b>
Address	21 KEY CIRCLE, SPOFFORD, NH, 03462
Specialty	IM
Board Certified	IM
School and Year of Graduation	SUNY-HLTH SCI CTR AT BROOKLYN COLL OF MED-BROOKLYN USA 1982
Internship and Year	ST VINCENT HOSP-WORCHESTER,MA 1983
Residency and Year	ST VINCENT HOSP-WORCHESTER,MA 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5017
License Date	6/11/1973
Name	<b>RATHI, LAXMIKANT MD</b>
Address	, , ,
Specialty	PD
Board Certified	PD
School and Year of Graduation	MEDICAL COLLEGE IN NAGBUR INDIA INDIA 1953
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1998</b>
Remarks	<b>5/18/98 - Settlement Agreement. Voluntary surrender of license in lieu of disciplinary action based on conviction for Medicaid fraud.</b>

License Number	10433
License Date	10/7/1998
Name	<b>RATHMANN, JOERG MD</b>
Address	ST FRANCIS CANCER CTR, 114 WOODLAND STHARTFORD, CT, 06105
Specialty	IM
Board Certified	IM
School and Year of Graduation	MED FAC WESTPHALEN WILHELMS UNIV MUNSTER GERMANY 1988
Internship and Year	BIRMINGHAM BAPTIST MEDICAL CENTER MONTCLAIR - BIRMINGHAM, AL 1991
Residency and Year	BIRMINGHAM BAPTIST MEDICAL CENTER MONTCLAIR - BIRMINGTON, AL 1992
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	13928
License Date	4/2/2008
Name	<b>RATKOVITS, BELA L MD</b>
Address	FAHC, 111 COLCHESTER AVEBURLINGTON, VT, 05401
Specialty	RNR
Board Certified	RNR
School and Year of Graduation	UNIV OF CHICAGO USA 1962
Internship and Year	BLODGETT MEMORIAL MEDICAL CENTER - GRAND RAPIDS, MI 1963
Residency and Year	BLODGETT MEMORIAL MEDICAL CENTER - GRAND RAPIDS, MI 1964
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	11932
License Date	5/7/2003
Name	<b>RATLIFF, AMANDA W MD</b>
Address	DEPT OF MED WRJ VA MED CTR, 215 N MAIN STWRJ, VT, 05009
Specialty	IM
Board Certified	IM
School and Year of Graduation	STATE UNIV OF NEW YORK - STONY BROOK, NY USA 1996
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1997
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15003
License Date	9/1/2010
Name	<b>RATTS, RYAN C MD</b>
Address	DHMC-HOSP MEDICINE-3B, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	BOSTON UNIVERSITY USA 2006
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2007
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15091
License Date	12/1/2010
Name	<b>RATZ, JOHN L MD</b>
Address	8567 STRATFORD RD, OAK CREEK, WI, 53154-2669
Specialty	D
Board Certified	D
School and Year of Graduation	CASE WESTERN RESERVE UNIVERSITY USA 1975
Internship and Year	CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 1976
Residency and Year	CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 1979
License Expiration Date	<b>6/30/2012</b>
Remarks	



License Number 12771  
 License Date 7/6/2005  
 Name **RAUERT, PETER E MD**  
 Address MAHHC, 289 COUNTY RD WINDSOR, VT, 05089  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation LOYOLA-STRICTH SCHOOL OF MEDICINE, IL USA 2001  
 Internship and Year MACNEAL MEMORIAL HOSPITAL, BERWYN IL 2002  
 Residency and Year DHMC, LEBANON, NH 2005  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16562  
 License Date 4/2/2014  
 Name **RAUTENBERG, MARK A MD**  
 Address 17 MERRILL BROOK DR, SCARBOROUGH, ME, 04074  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation COLUMBIA UNIVERSITY COLLEGE OF PHYSICIANS & SURGEON USA 1984  
 Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1985  
 Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1987  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13242  
 License Date 9/6/2006  
 Name **RAUWERDINK, COCAV A MD**  
 Address 31 STILES RD, SALEM, NH, 03079  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation LOMA LINDA UNIV CA 2004  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CTR-LEBANON NH 2005  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CTR-LEBANON NH 2006  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12813  
 License Date 7/6/2005  
 Name **RAUWERDINK, DARRELL W MD**  
 Address 580 COURT ST, KEENE, NH, 03431  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation UNIVERSITY OF WISCONSIN, MADISON WI USA 1983  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER, LEBANON NH 1984  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER, LEBANON NH 1986  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	16085
License Date	4/3/2013
Name	<b>RAVANFAR, PARISA MD</b>
Address	DHMC - DERMATOLOGY DEPT, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty	D
Board Certified	D
School and Year of Graduation	ST LOUIS UNIVERSITY SCHOOL OF MEDICINE USA 2007
Internship and Year	BAYLOR COLLEGE OF MEDICINE - HOUSTON,TX 2008
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7036
License Date	1/10/1985
Name	<b>RAVARIS, CHARLES L MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF BRITISH COLUMBIA FACULTY-VANCOUVER CANADA 1958
Internship and Year	HENRY FORD HOSP-DETROIT,MI 1959
Residency and Year	MED CENTER HOSP-BURLINGTON,VT 1965
License Expiration Date	<b>5/4/2009</b>
Remarks	<b>DECEASED 5/4/09</b>

License Number	14816
License Date	4/7/2010
Name	<b>RAVI, VINAY MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	DR
Board Certified	
School and Year of Graduation	GEORGE WASHINGTON UNIVERSITY USA 2006
Internship and Year	MOUNT SINAI HOSPITAL - NEW YORK, NY 2007
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	13807
License Date	1/11/2008
Name	<b>RAVIN, NEIL D MD</b>
Address	62 BROWN ST, HAVERHILL, MA, 01830
Specialty	END
Board Certified	END
School and Year of Graduation	CORNELL UNIV MEDICAL COLLEGE USA 1973
Internship and Year	NEW YORK & PRESBYTERIAN HOSPITAL/CORNELL CAMPUS - NY, NY 1974
Residency and Year	NEW YORK & PRESBYTERIAN HOSPITAL/CORNELL CAMPUS - NY, NY 1976
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13808
License Date	1/11/2008
Name	<b>RAVIOLA, GIUSEPPE J MD</b>
Address	CHILDREN'S HOSPITAL-BOSTON, 300 LONGWOOD AVE BOSTON, MA, 02115
Specialty	CHP
Board Certified	CHP
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 2002
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2003
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11388
License Date	9/5/2001
Name	<b>RAWLINS, WAYNE S MD</b>
Address	AETNA INC, 151 FARMINGTON AVE RS32 HARTFORD, CT, 06156
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF CONNECTICUT SCH OF MED- FARMINGTON, CT USA 1980
Internship and Year	UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1981
Residency and Year	UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5461
License Date	12/12/1975
Name	<b>RAWNSLEY, HOWARD M MD</b>
Address	7 HASKINS RD, HANOVER, NH, 03755-2204
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSITY OF PENNSYLVANIA SCHOOL OF MED PHIL. USA 1952
Internship and Year	HOSPITAL UNIV OF PA 1953
Residency and Year	HOSPITAL UNIVERSITY OF PA 1957
License Expiration Date	<b>6/30/2007</b>
Remarks	<b>DECEASED 4/21/2012</b>

License Number	12710
License Date	5/4/2005
Name	<b>RAWOOF, SCHAHID A MD</b>
Address	LAWRENCE GENERAL HOSPITAL, 1 GENERAL ST LAWRENCE, MA, 01840
Specialty	AN
Board Certified	AN
School and Year of Graduation	TUFTS UNIVERSITY, BOSTON MA US 1993
Internship and Year	UNITED HEALTH HOSPITAL, JOHNSON CITY NY 1994
Residency and Year	UNIVERSITY OF ROCHESTER, ROCHESTER NY 1997
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number 9433  
 License Date 5/3/1995  
 Name **RAY, JOSEPH H MD**  
 Address FAA NASHUA PSC, 11 MURPHY DR NASHUA, NH, 03062  
 Specialty OM  
 Board Certified IM  
 School and Year of Graduation EMORY UNIVERSITY USA 1984  
 Internship and Year EMORY UNIVERSITY HOSPITAL, ATLANTA GA 1985  
 Residency and Year EMORY UNIVERSITY HOSPITAL, ATLANTA GA 1987  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11222  
 License Date 4/4/2001  
 Name **RAY, KATHERINE L MD**  
 Address 60 FOREST FALLS DR, YARMOUTH, ME, 04096  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIV OF VERMONT COLL - BURLINGTON, VT USA 1992  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1993  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1995  
 License Expiration Date **6/30/2011**  
 Remarks **LAPSED FOR NON-RENEWAL 6/30/05..  
 REINSTATED ON 3/4/09**

License Number 16379  
 License Date 11/6/2013  
 Name **RAY, MARILYN J MD**  
 Address PO BOX 1117, CLAREMONT, NH, 03743  
 Specialty DR  
 Board Certified  
 School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1976  
 Internship and Year ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 1977  
 Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1980  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12712  
 License Date 5/4/2005  
 Name **RAY, SHUBHRA MD**  
 Address WELLSPAN LUNG SLEEP & CRITICAL CARE, 2350 FREEDOM WAY SUITE 200 YORK, PA, 17402  
 Specialty PCC  
 Board Certified PCC  
 School and Year of Graduation UNIVERSITY OF DELHI, INDIA INDIA 1998  
 Internship and Year WYCKOFF HEIGHTS, BROOKLYN NY 2000  
 Residency and Year WYCKOFF HEIGHTS, BROOKLYN NY 2002  
 License Expiration Date **6/30/2013**  
 Remarks

License Number	13021
License Date	3/1/2006
Name	<b>RAY, SUNITA G MD</b>
Address	7878 PLAYER BLVD, SEVEN VALLEYS, PA, 17360
Specialty	N
Board Certified	N
School and Year of Graduation	MAULANA AZAD MED COLLEGE, U OF DELHI, NEW DELHI IN DELHI INDIA 1998
Internship and Year	WYCKOFF HEIGHTS MED CTR, BROOKLYN NY 2000
Residency and Year	WYCKOLL HEIGHTS MED CTR, BROOKLYN NY 2003
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	13326
License Date	11/1/2006
Name	<b>RAYDER, SHAWN M MD</b>
Address	SEACOAST RADIOLOGY, 2 WASHINGTON ST., STE 329DOVER, NH, 03820
Specialty	R
Board Certified	R
School and Year of Graduation	TUFTS UNIV USA 1987
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 1988
Residency and Year	HARTFORD HOSPITAL - HARTFORD, CT 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8174
License Date	7/12/1989
Name	<b>RAYMOND, ALBERT J MD</b>
Address	1833 BOULEVARD, JACKSONVILLE, FL, 32206
Specialty	IM
Board Certified	IM
School and Year of Graduation	BOSTON UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1982
Internship and Year	FAULKNER HOSPITAL - BOSTON, MA 1983
Residency and Year	FAULKNER HOSPITAL - BOSTON, MA 1985
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	10344
License Date	7/1/1998
Name	<b>RAZA, OVAIS MD</b>
Address	IMA ATTN:LINNDA MCCOIN, 550 LANDMARK AVEBLOOMINGTON, IN, 47401
Specialty	IM
Board Certified	IM
School and Year of Graduation	KHYBER MEDICAL COLLEGE PESHAWAR-PAKISTAN PAKISTAN 1985
Internship and Year	ST JOSEPH MERCY HOSPITAL - PONTIAC, MI 1990
Residency and Year	STATE UNIV OF NY HEALTH SCIENCE CENTER OF BROOKLYN - BROOKLYN, NY 1991
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	15550
License Date	2/1/2012
Name	<b>RAZVI, SYED A MD</b>
Address	ELLIOT CENTER FOR WOUND CARE AND HYPERBARIC MED, 185 QUEEN CITY AVEMANCHESTER, N
Specialty	GS
Board Certified	GS
School and Year of Graduation	GRANT MEDICAL COLLEGE - UNIV OF MUMBAI INDIA 1967
Internship and Year	NEWTON WELLESLEY HOSPITAL - NEWTON, MA 1967
Residency and Year	CARITAS ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 1971
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10569
License Date	5/5/1999
Name	<b>RAZVI, SYED A MD</b>
Address	AMOSKEAG ANESTHESIOLOGISTS, 1 ELLIOT WAY SUITE 200MANCHESTER, NH, 03103-0350
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV OF MASS MED COLL - WORCESTER, MA USA 1994
Internship and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1995
Residency and Year	BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7064
License Date	4/4/1985
Name	<b>READ, FRANK W MD</b>
Address	15 LOWELL ST, PORTLAND, ME, 04102-2748
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	TUFTS UNIV SCH MED-BOSTON,MA USA 1963
Internship and Year	PRESBY UNIV PA MED CTR-PHIL,PA 1964
Residency and Year	STANFORD UNIV HOSP-STANFORD, CA 1969
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	14894
License Date	6/2/2010
Name	<b>READ, RICHARD N MD</b>
Address	DARTMOUTH-HITCHCOCK, 87 MCGREGOR STMANCHESTER, NH, 03102
Specialty	PCC
Board Certified	IM
School and Year of Graduation	MCGILL UNIVERSITY CANADA 2004
Internship and Year	MCGILL UNIVERSITY FACULTY OF MEDICINE - MONTREAL, QUEBEC CANADA 2005
Residency and Year	MCGILL UNIVERSITY FACULTY OF MEDICINE - MONTREAL, QUEBEC CANADA 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14435
License Date	5/6/2009
Name	<b>READER, CLAUDIO R MD</b>
Address	THE MIRIAM HOSPITAL, 164 SUMONT AVEPROVIDENCE, RI, 02906
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV DE BUENOS AIRES ARGENTINA 1971
Internship and Year	JEWISH GENERAL HOSPITAL - MONTREAL, QUEBEC, CANADA 1991
Residency and Year	JEWISH GENERAL HOSPITAL - MONTREAL, QUEBEC, CANADA 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9127
License Date	3/2/1994
Name	<b>READY, JOHN E MD</b>
Address	BRIGHAM ORTHOPEDIC ASSOC INC, 75 FRANCIS STBOSTON, MA, 02115-
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	DALHOUSIE UNIVERSITY FACULTY OF MEDICINE CANADA 1982
Internship and Year	ST PAULS HOSPITAL - VANCOUVER BC 1983
Residency and Year	DALHOUSIE UNIVERSITY - HALIFAX NOVA SCOTIA CANADA 1987
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4711
License Date	6/12/1972
Name	<b>REAGAN, MARK E MD</b>
Address	40 HIGHLAND FARMS DR, BEDFORD, NH, 03110-
Specialty	AN
Board Certified	AN
School and Year of Graduation	SUNY AT BUFFALO-BUFFALO NY USA 1965
Internship and Year	HENRY FORD HOSP-DETROIT MI 1966
Residency and Year	HENRY FORD HOSP-DETROIT MI 1968
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	16086
License Date	4/3/2013
Name	<b>REALE, EILEEN MD</b>
Address	, 3303 BROOKLINE AVEBOSTON, MA, 07215
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE USA 1979
Internship and Year	ST ELIZATETH'S MEDICAL CENTER - BOSTON, MA 1980
Residency and Year	ST ELIZATETH'S MEDICAL CENTER - BOSTON, MA 1982
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10968
License Date	6/7/2000
Name	<b>REALL, DAVID H MD</b>
Address	ROCHESTER HILL FAMILY PRACTICE, 245 ROCHESTER HILL RD ROCHESTER, NH, 03867
Specialty	FP
Board Certified	FP
School and Year of Graduation	BROWN UNIV SCH - PROVIDENCE, RI USA 1997
Internship and Year	LEIGH VALLEY HOSPITAL - ALLENTOWN, PA 1998
Residency and Year	LEIGH VALLEY HOSPITAL - ALLENTOWN, PA 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12890
License Date	9/7/2005
Name	<b>REAPE, DONALD E MD</b>
Address	SJ INTERNAL MEDICINE, 17 RIVERSIDE ST STE 202 NASHUA, NH, 03062
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF DE BOLOGNA, ITALY ITALY 1982
Internship and Year	NEW YORK UNIVERSITY, NEW YORK NY 1983
Residency and Year	NEW YORK UNIVERSITY, NEW YORK NY 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16982
License Date	3/4/2015
Name	<b>RECINE, CARL A MD</b>
Address	RAYS, 13737 NOEL RD STE 1600 DALLAS, TX, 75240
Specialty	DR
Board Certified	DR
School and Year of Graduation	TEMPLE UNIVERSITY SCHOOL OF MEDICINE USA 1977
Internship and Year	TEMPLE UNIVERSITY HOSPITAL - PHILADELPHIA, PA 1978
Residency and Year	TEMPLE UNIVERSITY HOSPITAL - PHILADELPHIA, PA 1981
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13986
License Date	5/7/2008
Name	<b>REDDY, ARRA S MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500 EDEN PRAIRIE, MN, 55344
Specialty	DR
Board Certified	DR
School and Year of Graduation	OSMANIA UNIV INDIA 1993
Internship and Year	UNIV OF TEXAS HEALTH SCIENCE CTR - SAN ANTONIO, TX 1995
Residency and Year	UNIV HOSPITAL-SUNY @ STONY BROOK - STONY BROOK, NY 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	13560
License Date	6/6/2007
Name	<b>REDDY, ASHOK N MD</b>
Address	CONCORD OTOLARYNGOLOGY, 194 PLEASANT ST #2CONCORD, NH, 03301
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	NEW YORK UNIV USA 2000
Internship and Year	JOHNS HOPKINS UNIV SCHOOL OF MEDICINE - BALTIMORE, MD 2001
Residency and Year	JOHNS HOPKINS UNIV SCHOOL OF MEDICINE - BALTIMORE, MD 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14175
License Date	9/3/2008
Name	<b>REDDY, MURALIDHARAN T MD</b>
Address	125 PARKER HILL AVE, BOSTON, MA, 02120
Specialty	IM
Board Certified	IM
School and Year of Graduation	COIMBATORE MEDICAL COLLEGE INDIA 1986
Internship and Year	LONG ISLAND COLLEGE HOSPITAL - BROOKLYN, NY 2001
Residency and Year	LONG ISLAND COLLEGE HOSPITAL - BROOKLYN, NY 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12946
License Date	11/2/2005
Name	<b>REDDY, NANDI J MD</b>
Address	2106 HARENSBURG PIKEQ, STE 116LANCASTER, PA, 17604
Specialty	IM
Board Certified	IM
School and Year of Graduation	SIDDHARTHA MED COLLEGE GUNADALA, INDIA INDIA 1996
Internship and Year	TEXAS TECH UNIVERSITY, ODESSA TX 1999
Residency and Year	TEXAS TECH UNIVERSITY, ODESSA TX 2000
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	13879
License Date	3/5/2008
Name	<b>REDDY, SANJAY G MD</b>
Address	INTERNAL MED ASSOC OF LONGVIEW, 703E MARSHALL AVE #1001LONGVIEW, TX, 75601
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF MYSORE INDIA 1997
Internship and Year	HARLEM HOSPITAL CENTER - NY, NY 2005
Residency and Year	HARLEM HOSPITAL CENTER - NY, NY 2007
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number 7974  
 License Date 9/7/1988  
 Name **REDFIELD, DOUGLAS A MD**  
 Address CHESHIRE MEDICAL CTR, 580 COURT STKEENE, NH, 03431-1718  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation UNIV OF CINCINNATI COLL MED CIN,OH USA 1983  
 Internship and Year ST LUKES ROOSEVELT HOSP-NY 1984  
 Residency and Year COLUMBIA PRESBY MED CTR-NY 1986  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12403  
 License Date 7/7/2004  
 Name **REDICAN JR, FRANCIS W MD**  
 Address DHMC INTERNAL MEDICINE, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation ST GEORGE'S UNIV SCH OF MED - ST GEORGEN, GRENADA GRENADA 2001  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2002  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2004  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 15163  
 License Date 3/2/2011  
 Name **REDSTON, MARK S MD**  
 Address MIRACA LIFE SCIENCES, 320 NEEDHAM ST STE 200NEWTON, MA, 02494  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation UNIVERSITY OF BRITISH COLUMBIA CANADA 1987  
 Internship and Year UNIVERSITY OF WESTERN ONTARIO, FACULTY OF MEDICINE & DENTISTRY - LONDON, ON CANADA  
 Residency and Year UNIVERSITY OF TORONTO - TORONTO, ON CANADA 1991  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 5497  
 License Date 3/29/1976  
 Name **REECE, RICHARD W MD**  
 Address 13 WOODRIDGE RD, DURHAM, NH, 03824  
 Specialty U  
 Board Certified U  
 School and Year of Graduation HARVARD MED. SCHOOL BOSTON USA 1969  
 Internship and Year MED. COLLAGE OF VIGINA HOSPITAL RICHMOND 1970  
 Residency and Year MED. COLLAGE OF VIGINA HOSPITAL RICHMOND 1974  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	12036
License Date	8/6/2003
Name	<b>REECE, ROBERT M MD</b>
Address	CHILDREN'S HOSP AT DARTMOUTH, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PD
Board Certified	PD
School and Year of Graduation	U OF CINCINNATI, CINCINNATI OH US 1961
Internship and Year	INDIANA UNIVERSITY SCHOOL OF MED, INDIANAPOLIS IN 1962
Residency and Year	CHILDRENS HOSPITAL, BOSTON MA 1969
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	16425
License Date	12/4/2013
Name	<b>REED, ANN M MD</b>
Address	DUKE UNIVERSITY, BOX 3352DURHAM, NC, 27710
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF TOLEDO COLLEGE OF MEDICINE- OH USA 1984
Internship and Year	CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON, AKRON, OH 1985
Residency and Year	CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON, AKRON, OH 1987
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	13125
License Date	6/7/2006
Name	<b>REED, BRITA S MD</b>
Address	BOSTON MED CTR DPT OB/GYN, 85 E. CONCORD ST 6TH FLOORBOSTON, MA, 02118
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL, LEBANON NH US 1982
Internship and Year	GEORGETOWN UNIVERSITY, WASHINGTON DC 1983
Residency and Year	GEORGETOWN UNIVERSITY, WASHINGTON DC 1986
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	12713
License Date	5/4/2005
Name	<b>REED, CAROL ANN M MD</b>
Address	WOMEN'S COLLEGE HOSPITA, 76 GENVILLE ST TORONTOONTARIO CANADA, , M4W 3V7
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	U. OF WESTERN ONTARIO, LONDON ON CANADA 1963
Internship and Year	UNIVERSITY OF TORONTO, TORONTO CA 1964
Residency and Year	UNIVERSITY OF TORONTO, TORONTO CA 1969
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	14475
License Date	6/3/2009
Name	<b>REED, DIANA C MD</b>
Address	MEDSOLUTIONS, 730 COOL SPRINGS BLVD #800FRANKLIN, TN, 37067
Specialty	N
Board Certified	N
School and Year of Graduation	UNIVERSITY OF CALIFORNIA USA 1988
Internship and Year	SCRIPPS MERCY HOSPITAL - SAN DIEGO, CA 1989
Residency and Year	UNIVERSITY OF CALIFORNIA SAN DIEGO MEDICAL CENTER - SAN DIEGO, CA 1992
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	14596
License Date	9/2/2009
Name	<b>REED, GORDON D MD</b>
Address	HENDRICKS REGIONAL HEALTH, 1000 E MAIN STREETDANVILLE, IN, 46122
Specialty	LM
Board Certified	IM
School and Year of Graduation	INDIANA UNIVERSITY USA 1993
Internship and Year	METHODIST HOSPITAL OF INDIANA - INDIANAPOLIS, IN 1994
Residency and Year	METHODIST HOSPITAL OF INDIANA - INDIANAPOLIS, IN 1996
License Expiration Date	<b>6/30/2013</b>
Remarks	<b>lapsed 6/30/11 - reinstated 12/5/12</b>

License Number	14325
License Date	2/4/2009
Name	<b>REED, JOHN C MD</b>
Address	CENTER FOR INTEGRATIVE MEDICINE, 520 W LOMBARD STBALTIMORE, MD, 21201
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF PENNSYLVANIA USA 1970
Internship and Year	BASSETT HEALTHCARE - COOPERSTOWN, NY 1971
Residency and Year	
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>lapsed 6/30/13 - reinstated 8/5/15</b>

License Number	16918
License Date	1/21/2015
Name	<b>REED, KARIN A MD</b>
Address	49 SCHOOL ST, HARTFORD, VT, 05047
Specialty	P
Board Certified	P
School and Year of Graduation	DREXEL UNIVERSITY USA 2008
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10492
License Date	1/6/1999
Name	<b>REED, KENNETH M MD</b>
Address	500 CONGRESS ST, QUINCY, MA, 02169
Specialty	D
Board Certified	D
School and Year of Graduation	UNIV OF MED AND DENTISTRY NJ - NEWARK, NJ USA 1980
Internship and Year	THOMAS JEFFERSON UNIV HOSPITAL - PHILA, PA 1981
Residency and Year	HARVARD MEDICAL SCHOOL - BOSTON, MA 02114 1982
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	8144
License Date	6/7/1989
Name	<b>REED, LAURIE R MD</b>
Address	43 EAGLE RIDGE RD, LEBANON, NH, 03766-1900
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF AZ COLL OF MED TUCSON AZ USA 1987
Internship and Year	DARTMOUTH HITCHCOCK MED CTR HANOVER NH 1988
Residency and Year	DARTMOUTH HITCHCOCK MED CTR HANOVER NH 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8145
License Date	6/7/1989
Name	<b>REED, MARK H MD</b>
Address	DARTMOUTH COLLEGE HLTH SERVICE, 7 ROPEFERRY RDHANOVER, NH, 03755-1417
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF ARIZONA COLL OF MED-TUCSON,AZ USA 1987
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1988
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12221
License Date	2/4/2004
Name	<b>REEDER, MARK L MD</b>
Address	KINGSTON HLTH FAMILY PRACTICE, 53 CHURCH ST STE 14KINGSTON, NH, 03848
Specialty	FP
Board Certified	FP
School and Year of Graduation	OHIO STATE UNIVERSITY, COLUMBUS OH US 1991
Internship and Year	RIVERSIDE METHODIST HOSP, COLUMBUS OH 1992
Residency and Year	RIVERSIDE METHODIST HOSP, COLUMBUS OH 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9208
License Date	2/4/1998
Name	<b>REES, PETER L MD</b>
Address	SMG - WHITTIER MEDICAL, 62 BROWN STREET STE 302HAVERHILL, MA, 01830
Specialty	FP
Board Certified	FP
School and Year of Graduation	MC MASTER UNIV SCH OF MED HAMILTON-ONTARIO CANADA 1974
Internship and Year	HOSPITAL HAMILTON - CANADA 1975
Residency and Year	HOSPITAL HAMILTON - CANADA 1975
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14176
License Date	9/3/2008
Name	<b>REESE, CATHERINE E MD</b>
Address	2745 E 600 N, PERU, IN, 46970
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	INDIANA UNIV USA 1984
Internship and Year	OBSTETRICS & GYNECOLOGY CARE CENTER - INDIANAPOLIS, IN 1986
Residency and Year	OBSTETRICS & GYNECOLOGY CARE CENTER - INDIANAPOLIS, IN 1988
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	16022
License Date	2/6/2013
Name	<b>REESE, JENNIFER M MD</b>
Address	MID-ATLANTIC PATHOLOGY SRVS, 405 GLENN DR STE 10ASTERLING, VA, 20164
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE USA 2007
Internship and Year	HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA - PHILADELPHIA, PA 2008
Residency and Year	HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA - PHILADELPHIA, PA 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4815
License Date	8/20/1971
Name	<b>REEVES, ALEXANDER G MD</b>
Address	105 PADDYS COURT, PO BOX 39PORT HAYWOOD, VA, 23138
Specialty	N
Board Certified	N
School and Year of Graduation	CORNELL UNIV MEDICAL SCHOOL - NY USA 1963
Internship and Year	DUKE UNIV HOSPITAL - DURHAM, NC 1964
Residency and Year	NEW YORK HOSPITAL - NY, NY 1966
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7819
License Date	4/6/1988
Name	<b>REEVES, DAVID M MD</b>
Address	FRISBIE MEMORIAL HOSP, 21 WHITEHALL RD STE 302ROCHESTER, NH, 03867
Specialty	PUD
Board Certified	PUD
School and Year of Graduation	DARTMOUTH MED SCH - HANOVER, NH USA 1979
Internship and Year	NAVAL REGIONAL MEDICAL CENTER - PORTSMOUTH, VA 1980
Residency and Year	NAVAL REGIONAL MEDICAL CENTER - PORTSMOUTH, VA 0000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12759
License Date	6/1/2005
Name	<b>REEVES, REBEKAH L MD</b>
Address	580 ST JOHNSBURY RD, STE 11LITTLETON, NH, 03561
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF TEXAS, GALVESTON TX US 2001
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2002
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13266
License Date	9/6/2006
Name	<b>REFOWITZ, ROBERT M MD</b>
Address	ORTHONET, 1311 MAMARONECK AVE - SUITE 240WHITE PLAINS, NY, 10605
Specialty	IM
Board Certified	IM
School and Year of Graduation	NEW YORK UNIV USA 1977
Internship and Year	BELLEVUE HOSPITAL CTR- NY , NY 1978
Residency and Year	MT SINAI SCHOOL OF MEDICINE - NY , NY 1981
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15417
License Date	10/5/2011
Name	<b>REGAL, WENDY R MD</b>
Address	SPOTSylvania REGIONAL MEDICAL CENTER, 4600 SPORTSYLVANIA PARKWAYFREDERICKSBURG, V
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF TEXAS MEDICAL SCHOOL USA 1997
Internship and Year	NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1998
Residency and Year	SYNERGY MEDICAL EDUCATION ALLIANCE - SAGINAW, MI 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10663
License Date	8/4/1999
Name	<b>REGAN, STEPHEN J MD</b>
Address	WEEKS MEDICAL CTR, 173 MIDDLE STLANCASTER, NH, 03584
Specialty	IM
Board Certified	IM
School and Year of Graduation	BOSTON UNIV SCH OF MED - BOSTON, MA USA 1996
Internship and Year	FLETCHER ALLEN HLTH CARE - BURLINGTON, VT 1997
Residency and Year	FLETCHER ALLEN HLTH CARE - BURLINGTON, VT 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6384
License Date	5/11/1981
Name	<b>REGAN-SMITH, MARTHA G MD</b>
Address	PO BOX 2628, NEW LONDON, NH, 03257
Specialty	RHU
Board Certified	RHU
School and Year of Graduation	UNIV OF SOUTHERN CALIFORNIA,LOS ANGELES USA 1969
Internship and Year	NEW YORK UNIV MED CTR 1970
Residency and Year	NEW YORK MED CTR 1972
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11071
License Date	9/6/2000
Name	<b>REHMAN, RAJA A MD</b>
Address	NORTHEAST GASTROENTEROLOGY, 52 STILES RD STE 110SALEM, NH, 03079
Specialty	GE
Board Certified	
School and Year of Graduation	KING EDWARD MED COLL - LAHORE, PUNJAB-PAKISTAN PAKISTAN 1987
Internship and Year	BRONX-LEBANON HOSPITAL CENTER - BRONX, NY 1994
Residency and Year	NEW YORK MEDICAL COLLEGE - VALHALLA, NY 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3623
License Date	7/2/1963
Name	<b>REICHERT, KATHARINE E MD</b>
Address	21 MEADOWBROOK DR, HADLEY, MA, 01035-9611
Specialty	FP
Board Certified	
School and Year of Graduation	UNIV OF PENNSYLVANIA - PHILADELPHIA, PA USA 1961
Internship and Year	MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1962
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1963
License Expiration Date	<b>6/30/2005</b>
Remarks	<b>DECEASED 3/21/2015</b>



License Number	7365
License Date	6/12/1986
Name	<b>REICHSMAN, FRANZ P MD</b>
Address	CHESHIRE MEDICAL CENTER, 580 COURT STKEENE, NH, 03431-1718
Specialty	EM
Board Certified	IM
School and Year of Graduation	STATE UNIV OF NY-DOWNSTATE-BROOKLYN USA 1982
Internship and Year	KINGS COUNTY HOSPITAL-BROOKLYN 1983
Residency and Year	KINGS COUNTY HOSPITAL 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13410
License Date	2/7/2007
Name	<b>REID, KRISTINE M MD</b>
Address	ELLIOT HOSPITAL, ONE ELIOT WAYMANCHESTER, NH, 03103
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF MASSACHUSETTS USA 1995
Internship and Year	UNIV HEALTH CTR OF PITTSBURGH - PITTSBURGH, PA 1996
Residency and Year	UNIV HEALTH CTR OF PITTSBURGH- PITTSBURGH, PA 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6032
License Date	4/5/1979
Name	<b>REID, SUSAN D MD</b>
Address	FRISBIE MEMORIAL HOSPITAL, 11 WHITEHALL RDROCHESTER, NH, 03867
Specialty	P
Board Certified	P
School and Year of Graduation	FAC DE MED DE LA UNIV AUTONOMA DE GUADALAJARA JALISCO 1975
Internship and Year	MOUNT SINAI HOSPITAL - HARTFORD, CT 1977
Residency and Year	UNIV CONNECTICUT SCHOOL OF MEDICINE PROGRAM - FARMINGTON, CT 1979
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>REQUESTED INACTIVE 6/30/2011. REINSTATED 9/2/2015.</b>

License Number	12714
License Date	5/4/2005
Name	<b>REIDY, JENNIFER A MD</b>
Address	MERRIMACK VALLEY HOSPICE, 360 MERRIMACK STLAWRENCE, MA, 01843
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF VERMONT, BURLINGTON VT US 2000
Internship and Year	LAWRENCE FAMILY PRACTICE, LAWRENCE MA 2001
Residency and Year	LAWRENCE FAMILY PRACTICE, LAWRENCE MA 2003
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	6198
License Date	5/8/1980
Name	<b>REILLY, BRIAN J MD</b>
Address	DARTMOUTH HITCHCOCK KEENE, 590 COURT STKEENE, NH, 03431
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNV OF VERMONT COLL MED - BURLINGTON, VT USA 1975
Internship and Year	AKRON GENERAL MEDICAL CENTER - AKRON, OH 1976
Residency and Year	AKRON GENERAL MEDICAL CENTER - AKRON, OH 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	SETTLEMENT AGREEMENT 1/14/98

License Number	8175
License Date	7/12/1989
Name	<b>REILLY, JOHN W MD</b>
Address	674 SHORE DRIVE, LACONIA, NH, 03246
Specialty	GS
Board Certified	
School and Year of Graduation	COLUMBIA UNIVERSITY USA 1964
Internship and Year	
Residency and Year	
License Expiration Date	<b>5/30/1992</b>
Remarks	Deceased 5/30/92

License Number	14667
License Date	11/4/2009
Name	<b>REIMANN, JULIE D MD</b>
Address	MIRACA LIFE SCIENCES, 320 NEEDHAM ST STE 200NEWTON, MA, 02464
Specialty	DMP
Board Certified	DMP
School and Year of Graduation	STANFORD UNIVERSITY USA 2003
Internship and Year	BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 2004
Residency and Year	BRIGHAM & WOMEM'S HOSPITAL - BOSTON, MA 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10878
License Date	4/5/2000
Name	<b>REIMER, ALEXIS B MD</b>
Address	275 MAMMOTH RD STE 2, MANCHESTER, NH, 03109
Specialty	PD
Board Certified	PD
School and Year of Graduation	INDIANA UNIVERSITY SCHOOL OF MEDICINE-INDIANAPOLIS USA 1990
Internship and Year	KEESLER MEDICAL CENTER- KESSLER MS 1991
Residency and Year	KESSLER MEDICAL CENTER-KESSLER,MS 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 7738  
 License Date 11/4/1987  
 Name **REIMHERR, JOHN P MD**  
 Address PSYCHIATRIC ASSOCIATES OF LYNN, 173 OXFORD STLYNN, MA, 01901  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIV OF PENNSYLVANIA SCH MED - PHILA, PA USA 1974  
 Internship and Year PHUILADELPHIA GENERAL HOSPITAL - PHILA,PA 1974  
 Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON, MA 1979  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12814  
 License Date 7/6/2005  
 Name **REINDOLLAR, RICHARD H MD**  
 Address DHMC/ OBGYN, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation WAKE FOREST UNIVERSITY, WINSTON-SALEM NC USA 1975  
 Internship and Year YORK HOSPITAL, YORK PA 1979  
 Residency and Year MEDICAL COLLEGE OF GEORGIA HOSPITAL AND CLINICS, AUGUSTA GA 1981  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 13929  
 License Date 4/2/2008  
 Name **REINER, BRUCE I MD**  
 Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIV OF MARYLAND USA 1985  
 Internship and Year GOOD SAMARITAN REGIONAL MEDICAL CTR - PHOENIX, AZ 1986  
 Residency and Year UNIV OF MARYLAND MEDICAL SYSTEM - BALTIMORE, MD 1990  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 5555  
 License Date 7/1/1976  
 Name **REINER, LESLIE M MD**  
 Address 19 HAMPTON RD STE 4, EXETER, NH, 03833-4816  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation HAHNMANN MED COLLEGE OF PHIL USA 1972  
 Internship and Year HAHNMANN MED COLLEGE OF PHIL 1976  
 Residency and Year HAHNMANN MED COLLEGE OF PHIL 1973  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 9643  
 License Date 2/7/1996  
 Name **REINHART, ROBERT D MD**  
 Address , PO BOX 1572HAMMOND, LA, 70404  
 Specialty DR  
 Board Certified  
 School and Year of Graduation WASHINGTON INIV SCHOOL OF MEDICINE - ST LOUIS, MO USA 1992  
 Internship and Year ST LUKES HOSP - BETHLEHEM, PA 1993  
 Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1997  
 License Expiration Date **6/30/1998**  
 Remarks

License Number 13003  
 License Date 2/1/2006  
 Name **REINHEIMER, BRENT A MD**  
 Address CORE PHYSICIANS LLC, 7 HOLLAND WAYEXETER, NH, 03933  
 Specialty IM  
 Board Certified  
 School and Year of Graduation ST GEORGE'S UNIVERSITY, SAINT GEORGES GRENADA WEST WEST INDIES 1998  
 Internship and Year JERSEY CITY MEDICAL CTR, JERSEY CITY NJ 1999  
 Residency and Year JERSEY CITY MEDICAL CTR, JERSEY CITY NJ 2001  
 License Expiration Date **6/30/2016**  
 Remarks **11/13/14 - Preliminary Agreement for Practice Restrictions.**

License Number 9969  
 License Date 4/2/1997  
 Name **REISERT, JEFFREY T DO**  
 Address LITTLETON REG HOSP, 580 ST JOHNSBURY RDLITTLETON, NH, 03561  
 Specialty IM  
 Board Certified  
 School and Year of Graduation UNIV OF HLTH SCI COL OF OSTEO MED KANSAS CITY MO USA 1994  
 Internship and Year BOTSFORD GENERAL HOSPITAL MICHIGAN STATE UNIV - FARMINGTON HILLS, MI 1995  
 Residency and Year BOTSFORD GENERAL HOSPITAL MICHIGAN STATE UNIV - FARMINGTON HILLS, MI 1997  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11202  
 License Date 3/7/2001  
 Name **REISS, ROSEMARY E MD**  
 Address BRIGHAM & WOMENS HOSP, 75 FRANCIS STBOSTON, MA, 02115  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation NEW YORK UNIV SCH OF MED - NEW YORK, NY USA 1980  
 Internship and Year YALE UNIV SCHOOL OF MEDICINE- NEW HAVEN, CT 1981  
 Residency and Year YALE UNIV SCHOOL OF MEDICINE - NEW HAVEN, CT 1984  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	9128
License Date	3/2/1994
Name	<b>REMAR, MICHAEL A H MD</b>
Address	168 KINSLEY ST STE LL, NASHUA, NH, 03060
Specialty	GS
Board Certified	GS
School and Year of Graduation	GEORGE WASHINGTON UNIV SCH OF MEDICINE USA 1985
Internship and Year	MADIGAN ARMY MEDICAL CENTER - TACOMA WA 1986
Residency and Year	MADIGAN ARMY MEDICAL CENTER - TACOMA WA 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	3/8/12 - Settlement Agreement

License Number	15488
License Date	12/7/2011
Name	<b>REMBERT, FRANK M MD</b>
Address	VIRTUAL RADIOLOGY, 11995 SINGLETREE LANE STE 500EDEN PRAIRIE, MN, 55344
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF TX-HOUSTON MEDICAL SCHOOL USA 1996
Internship and Year	UNIVERSITY OF TX HEALTH SCIENCE CENTER - SAN ANTONIO, TX 1998
Residency and Year	UNIVERSITY OF TX HEALTH SCIENCE CENTER - SAN ANTONIO, TX 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	1773
License Date	10/1/1929
Name	<b>REMICK, EDWIN C MD</b>
Address	, , ,
Specialty	FP
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>7/20/1993</b>
Remarks	Deceased 7/20/93

License Number	8099
License Date	5/10/1989
Name	<b>REMIGNANTI, DREW C MD</b>
Address	LAWRENCE GENERAL HOSPITAL, ONE GENERAL STLAWRANCE, MA, 01842
Specialty	EM
Board Certified	EM
School and Year of Graduation	RBT WOOD JOHNSON MED PISCATAWAY NJ USA 1980
Internship and Year	ST FRANCIS HOSP MED CTR HARTFORD CT 1981
Residency and Year	JACKSONVILLE HLTH ED PROG JACKSONVILLE FL 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8980
License Date	6/2/1993
Name	<b>REMILLARD, BRIAN D MD</b>
Address	DHMC/NEPHROLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty	NEP
Board Certified	IM
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 1984
Internship and Year	NEW ENGLAND DEACONESS HOSPITAL - BOOSTON MA 1985
Residency and Year	NEW ENGLAND DEACONESS HOSPITAL - BOSTON MA 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13267
License Date	9/6/2006
Name	<b>REMILLONG, ELIZABETH L MD</b>
Address	MARTINS POINT HEALTH CARE, 161 CORPORATE DRPORTSMOUTH, NH, 03801
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF MISSOURI USA 2002
Internship and Year	UNIV OF UTAH MEDICAL CTR- SALT LAKE CITY UT 2003
Residency and Year	UNIV OF UTAH MEDICAL CTR-SALT LAKE CITY UT
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6745
License Date	7/7/1983
Name	<b>REMINGTON, NEIL D MD</b>
Address	LOS ANGELAS, 349 A EAST AVE K-6LANCASTER, CA, 93535
Specialty	P
Board Certified	P
School and Year of Graduation	JEFFERSON MED COLL OF THOMAS JEFFERSON USA 1979
Internship and Year	NEW ENGLAND MED CTR HOSP INC-BOSTON,MA 1980
Residency and Year	NEW ENGLAND MED CTR HOSP INC-BOSTON,MA 1983
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	10521
License Date	3/3/1999
Name	<b>REMOLONA, NATHAN M MD</b>
Address	1592 ALEXANDRIA PL, CHARLESTON, WV, 25314
Specialty	AN
Board Certified	AN
School and Year of Graduation	RAMON MAGSAYSAY MEMORIAL MED CTR-QUEZON CITY PHILIPPINES 1982
Internship and Year	DEACONESS-WALTHAM HOSPITAL - WALTHAM, MA 1987
Residency and Year	BOSTON MEDICAL CENTER - BOSTON, MA 1990
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	14569
License Date	8/5/2009
Name	<b>RENAUD, CHRISTIAN E MD</b>
Address	DISTRICT MEDICAL GROUP, 2929 E THOMAS RDPHOENIX, AZ, 85015
Specialty	AN
Board Certified	
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2005
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10760
License Date	11/3/1999
Name	<b>RENCRICCA, NICHOLAS J MD</b>
Address	PLYMOUTH COUNTY CORRECTIONAL FACIL, 16 LONG POND ROADPLYMOUTH, MA, 02360
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS USA 1991
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON MA 1992
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON MA 1992
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	14326
License Date	2/4/2009
Name	<b>RENCUS, TAL MD</b>
Address	NEW BAPTIST HOSPITAL, 125 PARKER HILL AVEBOSTON, MA, 02120
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF MASSACHUSETTS USA 2000
Internship and Year	GREENWICH HOSPITAL ASSOC - GREENWICH, CT 2001
Residency and Year	TUFTS MEDICAL CENTER - BOSTON, MA 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15232
License Date	5/4/2011
Name	<b>RENGA, VIJAY MD</b>
Address	MUSC, 96 JONATHAN LUCAS STCHARLESTON, SC, 29425
Specialty	IM
Board Certified	IM
School and Year of Graduation	MEDICAL COLLEGE THIRUVANANTHAPURAM, KERALA UNIV USA 2002
Internship and Year	WESTLAKE HOSPITAL - MELROSE PARK, IL 2009
Residency and Year	WESTLAKE HOSPITAL - MELROSE PARK, IL 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6246
License Date	7/3/1980
Name	<b>RENNA, FRANCIS S MD</b>
Address	NEWTON WELLESLEY HOSP, 2000 WASHINGTON ST STE 120NEWTON LOWER FALL, MA, 02462-160
Specialty	D
Board Certified	D
School and Year of Graduation	TUFTS UNIV.-BOSTON MA USA] 1970
Internship and Year	USPHS HOSP-STATEN ISLAND,NY 1971
Residency and Year	USPHS HOSP-STATEN ISLAND,NY 1972
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	5884
License Date	4/6/1978
Name	<b>RENNA, THEODORE MD</b>
Address	454 OLD STREET RD STE 204, PETERBOROUGH, NH, 03458
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	HARVARD MEDICAL SCHOOL, BOSTON, MA USA 1972
Internship and Year	DARTMOUTH MEDICAL SCHOOL AFFILIATED HOSPITALS - HANOVER, NH 1973
Residency and Year	MASS EYE AND EAR INFIRMARY - BOSTON, MA 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12853
License Date	8/3/2005
Name	<b>RENNER, TUESDAY M MD</b>
Address	FAMILY CARE OF SOMERSWORTH, 353 HIGH STSOMERSWORTH, NH, 03878
Specialty	FP
Board Certified	FP
School and Year of Graduation	MEDICAL COLLEGE OF PA, PHILADELPHIA PA US 1998
Internship and Year	EASTERN MAINE MED CTR, BANGOR ME 1999
Residency and Year	EASTERN MAINE MED CTR, BANGOR ME 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11573
License Date	4/3/2002
Name	<b>RENVYLE, TAD T MD</b>
Address	X-RAY PROFESSIONAL ASSOC, 2 1/2 BEACON STCONCORD, NH, 03301
Specialty	R
Board Certified	R
School and Year of Graduation	STATE UNIV OF NEW YORK - SYRACUSE, NY USA 1996
Internship and Year	SUNY HLTH SCI CENTER - SYRACUSE, NY 1997
Residency and Year	SUNY HLTH SCI CENTER - SYRACUSE, NY 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	17129
License Date	6/3/2015
Name	<b>RENZ, JENNIFER MD</b>
Address	800 WASHINGTON ST, BOX 450BOSTON, MA, 02111
Specialty	OPH
Board Certified	
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MED, BOSTON MA USA 2009
Internship and Year	UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE, ALBUQUERQUE NM 2010
Residency and Year	UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE, ALBUQUERQUE NM 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14143
License Date	8/6/2008
Name	<b>REODICA, RONALD A MD</b>
Address	, 1767 LAKESIDE DRIVEREDDING, CA, 96001
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF PHILIPPINES PHILIPPINES 1995
Internship and Year	SUNY HEALTH SCIENCE CENTER @BROOKLYN DOWNSTATE - BROOKLYN, NY 1997
Residency and Year	SUNY HEALTH SCIENCE CENTER @ BROOKLY DOWNSTATE - BROOKLYN, NY 1999
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	8596
License Date	7/17/1991
Name	<b>REOHR, PAULINE B MD</b>
Address	LAHEY CLINIC, 41 MALL RDBURLINGTON, MA, 01805
Specialty	D
Board Certified	D
School and Year of Graduation	UNIV OF PENNSYLVANIA SCH OF MED - PHILA, PA USA 1987
Internship and Year	HOSPITAL UNIV OF PENNSYLVANIA - PHILA, PA 1988
Residency and Year	UNIV OF CHICAGO MEDICAL CENTER - CHICAGO, IL 1991
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	16919
License Date	1/21/2015
Name	<b>REPALA, ROHIT T MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03766
Specialty	GS
Board Certified	
School and Year of Graduation	STATE UNIVERSITY OF NEW YORK UPSTATE MED UNIV USA 2012
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 14304  
 License Date 1/7/2009  
 Name **REPIK, MICHAEL R DO**  
 Address 270 W WALNUT LANE, PHILADELPHIA, PA, 19144  
 Specialty PTH  
 Board Certified  
 School and Year of Graduation PHILADELPHIA COLLEGE USA 2003  
 Internship and Year PENNSYLVANIA HOSPITAL-PHILADELPHIA, PA 2004  
 Residency and Year PENNSYLVANIA HOSPITAL-PHILADELPHIA, PA 2007  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 14570  
 License Date 8/5/2009  
 Name **REPLOGLE, CORINNE R MD**  
 Address HARRISONBURG COMMUNITY HEALTH CENTER, 1380 LITTLE SORRELL DRIVE #100HARRISONBURG,  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation PENNSYLVANIA STATE UNIVERSITY USA 1997  
 Internship and Year PINNACLE HEALTH HOSPITAL - HARRISBURG, PA 1998  
 Residency and Year PINNACLE HEALTH HOSPITAL - HARRISBURG, PA 2000  
 License Expiration Date **6/30/2017**  
 Remarks 10/7/2013 - Settlement Agreement.  
 6/30/2015 - Lapsed for non-renewal.  
 08/03/2015 - Renewed.

License Number 14207  
 License Date 10/1/2008  
 Name **REPUCCI, ANTHONY H MD**  
 Address DHMC - PEDIATRICS, 100 HITCHCOCK WAYMANCHESTER, NH, 03104  
 Specialty PD  
 Board Certified PG  
 School and Year of Graduation CHARLES R DREW UNIV USA 1985  
 Internship and Year RAINBOW BABIES & CHILDREN'S HOSPITAL - CLEVELAND, OH 1986  
 Residency and Year RAINBOW BABIES & CHILDREN'S HOSPITAL - CLEVELAND, OH 1988  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11639  
 License Date 6/5/2002  
 Name **RESCIGNO, JOHN A MD**  
 Address DERRY NEUROLOGICAL ASSOC, 6 TSIENNETO RD STE 302DERRY, NH, 03038  
 Specialty N  
 Board Certified N  
 School and Year of Graduation UNIV OF CONNECTICUT SCH OF MED- FARMINGTON, CT USA 1997  
 Internship and Year UNIV OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON, CT 1998  
 Residency and Year UNIV OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON, CT 2001  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 17185  
 License Date 7/1/2015  
 Name **RESNICK, ELENA L MD**  
 Address SPECTRUM MEDICAL GRP, PA, 324 GANNETT DR - STE 200SO PORTLAND, ME, 04106  
 Specialty DR  
 Board Certified  
 School and Year of Graduation TUFTS UNIVERSITY USA 2008  
 Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2009  
 Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2010  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9129  
 License Date 3/2/1994  
 Name **RESNICK, RONALD B MD**  
 Address CONCORD ORTHOPAEDICS, 264 PLEASANT STCONCORD, NH, 03301-  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation COLUMBIA UNIV COLLEGE OF PHYSICIANS & SURGEONS USA 1988  
 Internship and Year HENRY FORD HOSPITAL - DETROIT MI 1993  
 Residency and Year HENRY FORD HOSPITAL - DETROIT MI 1993  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 4763  
 License Date 8/15/1972  
 Name **RESNICOFF, SETH A MD**  
 Address CONCORD SURGICAL ASSOCIATES, 246 PLEASANT ST STE 205CONCORD, NH, 03301-2952  
 Specialty TS  
 Board Certified TS  
 School and Year of Graduation UNIV OF BUFFALO, NY USA 1962  
 Internship and Year THE BUFFALO GENERAL HOSPITAL - BUFFALO, NY 1963  
 Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1971  
 License Expiration Date **6/30/2006**  
 Remarks **DECEASED 7/5/05**

License Number 11336  
 License Date 7/11/2001  
 Name **RETZLOFF, MATTHEW G MD**  
 Address 75 FRANCIS ST ASBI-3, BOSTON, MA, 02115  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIVERSITY OF TEXAS SOUTHWESTERN UNIV USA 1994  
 Internship and Year WILFORD HALL MEDICAL CENTER/MSTEP LACKLAND AFB, TX 1995  
 Residency and Year BRIGHAM & WOMEN'S HOSPITAL BOSTON MA 2000  
 License Expiration Date **6/30/2003**  
 Remarks

License Number	15634
License Date	4/4/2012
Name	<b>REVENCO, DIANA MD</b>
Address	WENTWORTH-DOUGLASS PHYS CORP, 789 CENTRAL AVEDOVER, NH, 03820
Specialty	IM
Board Certified	IM
School and Year of Graduation	STATE MED & PHARMACEUTICAL UNIVERSITY MOLDOVA 2003
Internship and Year	ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 2007
Residency and Year	ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4358
License Date	2/24/1969
Name	<b>REYNOLDS JR, N CHESTER MD</b>
Address	153 SEAMANS RD, NEW LONDON, NH, 03257
Specialty	GS
Board Certified	
School and Year of Graduation	BOSTON UNIV - BOSTON, MA USA 1959
Internship and Year	UNIV HOSPITAL - BOSTON, MA 1960
Residency and Year	UNIV HOSPITAL - BOSTON, MA 1964
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13756
License Date	11/7/2007
Name	<b>REYNOLDS, CHRISTOPHER A MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	SO ILLINOIS UNIV USA 2001
Internship and Year	UNIV OF NEVADA SCHOOL OF MEDICINE - LAS VEGAS, NV 2002
Residency and Year	ST JOSEPHS HOSPITAL AND MEDICAL CENTER - PHOENIX, AZ 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11488
License Date	1/2/2002
Name	<b>REYNOLDS, JASON E MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PD
Board Certified	
School and Year of Graduation	DARTMOUTH MEDICAL SCH - LEBANON, NH USA 1999
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2001
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number 14043  
 License Date 6/4/2008  
 Name **REYNOLDS, JESSIE MD**  
 Address LITTLE RIVERS, 437 S MAIN STBRADFORD, VT, 05033  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation INDIANA UNIV USA 2005  
 Internship and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 2006  
 Residency and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 2007  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 16134  
 License Date 5/1/2013  
 Name **REYNOLDS, MATTHEW R MD**  
 Address LAHEY HOSPITAL & MED CTR/CARDIOLOGY, 41 MALL ROADBURLINGTON, MA, 01805  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF PENNSYLVANIA SCHOOL OF MED USA 1996  
 Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1997  
 Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1999  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 7797  
 License Date 3/9/1988  
 Name **REYNOLDS, OWEN D MD**  
 Address 198 MASS AVE, N ANDOVER, MA, 01845-  
 Specialty D  
 Board Certified D  
 School and Year of Graduation UNIV OF PITTS SCH MED-PA USA 1980  
 Internship and Year HOSP UNIV HLTH CTR PITTS,PA 1981  
 Residency and Year CLEVELAND CLINIC FNDN-CLEVELAND ,OH 1986  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 15849  
 License Date 9/5/2012  
 Name **REZVIN, EUGENE A MD**  
 Address 441 WILFRED TERR, CLIFFSIDE PARK, NJ, 07010  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation IRKUTSK STATE MEDICAL UNIVERSITY RUSSIA 1994  
 Internship and Year RICHMOND UNIVERSITY MEDICAL CENTER - STATEN ISLAND, NY 2003  
 Residency and Year METROPOLITAN HOSPITAL CENTER - NY, NY 2005  
 License Expiration Date **6/30/2014**  
 Remarks

License Number	8418
License Date	8/8/1990
Name	<b>RHODES, CHARLES H MD</b>
Address	144 SUNSET ROCK RD, LEBANON, NH, 03766
Specialty	NP
Board Certified	PTH
School and Year of Graduation	CORNELL UNIV MED COLL - NY, NY USA 1982
Internship and Year	HOSPITAL UNIV OF PENNSYLVANIA - PHILA, PA 1983
Residency and Year	HOSPITAL UNIV OF PENNSYLVANIA - PHILA, PA 1987
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7848
License Date	5/4/1988
Name	<b>RHODES, DOUGLAS K MD</b>
Address	PORTSMOUTH RADIOLOGICAL PA, PO BOX 1849, 40 EAST AVE., UNIT 7LEWISTON, ME, 04241
Specialty	R
Board Certified	DR
School and Year of Graduation	UNIV OF TEXAS MED SCH SAN ANTONIO, TX USA 1983
Internship and Year	MALDEN HOSPITAL - MALDEN, MA 1984
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11605
License Date	5/1/2002
Name	<b>RHODES, ERIK S MD</b>
Address	FRANKLIN MED CTR-RADIOLOGY, 164 HIGH STGREENFIELD, MA, 01301
Specialty	R
Board Certified	R
School and Year of Graduation	DARTMOUTH MEDICAL SCH - LEBANON, NH USA 1998
Internship and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1999
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2003
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	8668
License Date	12/4/1991
Name	<b>RHODES, JONATHAN MD</b>
Address	NEW ENGLAND MEDICAL CENTER, 750 WASHINGTON STBOSTON, MA, 02111-1533
Specialty	PDC
Board Certified	PDC
School and Year of Graduation	HARVARD MEDICAL SCHOOL UNITED STATES 1982
Internship and Year	MONTEFIORE HOSPITAL MEDICAL CENTER                      BRONX - NEW YORK 1983
Residency and Year	BRONX MUNICIPAL HOSPITAL CENTER                      BRONX - NEW YORK 1986
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	6257
License Date	5/13/1980
Name	<b>RHODES, MARK A MD</b>
Address	MEDICAL DOCTOR ASSOC, 145 TECHNOLOGY PKWYNORCROSS, CA, 30144
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIV OF COLORADO SCH MED - DENVER, CO USA 1975
Internship and Year	UNIV OREGON HLTH SCI CTR HOSPITAL - PORTLAND, OR 1976
Residency and Year	UNIV OF COLORADO - DENVER, CO 1980
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	17277
License Date	9/2/2015
Name	<b>RHODES, MICHAEL A MD</b>
Address	4033 S HEMPSTEAD CIRCLE, SAN DIEGO, CA, 92116-2013
Specialty	IM
Board Certified	IM
School and Year of Graduation	DUKE UNIVERSITY SCHOOL OF MEDICINE, DURHAM, NC USA 2008
Internship and Year	UNIVERSITY OF CALIFORNIA SAN DIEGO, SAN DIEGO, CA 2009
Residency and Year	UNIVERSITY OF CALIFORNIA SAN DIEGO, SAN DIEGO, CA 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7002
License Date	11/1/1984
Name	<b>RHODES, TORUNN T MD</b>
Address	31 LYME RD, HANOVER, NH, 03755-1406
Specialty	NPM
Board Certified	NPM
School and Year of Graduation	MED FAK UNIV I BERGEN NORWAY 1978
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1983
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR-HANOVER 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10371
License Date	8/5/1998
Name	<b>RHOLL, MARK A MD</b>
Address	HITCHCOCK CLINIC, 25 SOUTH RIVER RDBEDFORD, NH, 03110
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF MINNESOTA MED SCH - MINNEAPOLIS,MN USA 1977
Internship and Year	UNIV OF MINNESOTA - MINNEAPOLIS, MN 1978
Residency and Year	UNIV OF MINNESOTA - MINNEAPOLIS, MN 1980
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	12512
License Date	10/6/2004
Name	<b>RHYNHART, KURT K MD</b>
Address	DARTMOUTH CLINIC-SURGERY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	GS
Board Certified	GS
School and Year of Graduation	BOSTON UNIVERSITY, BOSTON MA US 1996
Internship and Year	WALTER REED ARMY MED CTR, WASHINGTON DC 1997
Residency and Year	BRIGHAM AND WOMENS HOSP, BOSTON MA 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16324
License Date	9/4/2013
Name	<b>RIBLET, NATALIE B MD</b>
Address	VA MEDICAL CENTER, 215 NORTH MAIN STREETWHITE RIVER JUNCTION, VT, 05009
Specialty	P
Board Certified	
School and Year of Graduation	THE GEISEL SCHOOL OF MED @ DARTMOUTH USA 2008
Internship and Year	BRIGHAM & WOMENS HOSP/HARVARD MEDICAL SCHOOL - BOSTON, MA 2009
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5950
License Date	7/12/1978
Name	<b>RIBNER, CAROL S MD</b>
Address	1780 PRESIDENTAL HWY, JEFFERSON, NH, 03583
Specialty	ADM
Board Certified	
School and Year of Graduation	ALBANY MEDICAL COLLEGE OF UNION UNIV ALBANY, NY USA 1969
Internship and Year	ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1970
Residency and Year	ST ELIZABETH'S HOSPITAL - BOSTON, MA 1973
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13354
License Date	12/6/2006
Name	<b>RICCARDI, RICHARD R MD</b>
Address	RIVERWALK, 354 MERRIMACK ST BLDG 1LAWRENCE, MA, 01843
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV AUTONOMA DE GUADALAJARA MEXICO 2000
Internship and Year	SUNY HEALTH SCIENCE CTR - SYRACUSE, NY 2002
Residency and Year	SUNY HEALTH SCIENCE CTR - SYRACUSE, NY 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	12317
License Date	5/5/2004
Name	<b>RICCIO, CHRISTOPHER M MD</b>
Address	MEDICINE-PEDIATRICS OF NASHUA, 17 PROSPECT ST.NASHUA, NH, 03060
Specialty	IM
Board Certified	IM
School and Year of Graduation	BOSTON UNIVERSITY, BOSTON MA US 2000
Internship and Year	MASS GENERAL HOSP, BOSTON MA 2001
Residency and Year	MASS GENERAL HOSP, BOSTON MA 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15769
License Date	7/11/2012
Name	<b>RICCIO, GIOIA J MD</b>
Address	BRIDGEPORT HOSPITAL OUTPATIENT RADIOLOGY, 425 POST RDBAIRFIELD, CT, 06824
Specialty	DR
Board Certified	DR
School and Year of Graduation	PONCE SCHOOL OF MEDICINE PUERTO RICO 1993
Internship and Year	NORWALK HOSPITAL - NORWALK, CT 06856 1994
Residency and Year	ST VINCENTS MEDICAL CENTER - BRIDGEPORT, CT 06606 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16955
License Date	2/4/2015
Name	<b>RICE, LAURA Z MD</b>
Address	76 TUPPER RD #2, SANDWICH, MA, 02563
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE USA 1988
Internship and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1989
Residency and Year	UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1994
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15391
License Date	9/7/2011
Name	<b>RICH, DAVID L MD</b>
Address	DOVER PEDIATRICS, 17 ROLLINSFORD RD DOVER, NH, 03820
Specialty	PD
Board Certified	PD
School and Year of Graduation	BOSTON UNIVERSITY USA 2004
Internship and Year	NAVAL MEDICAL CENTER - PORTSMOUTH, VA 2005
Residency and Year	NAVAL MEDICAL CENTER - PORTSMOUTH, VA 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13687
License Date	9/5/2007
Name	<b>RICHARD II, JEFFREY T DO</b>
Address	SEACOAST EMERGENCY PHYSICIANS, 789 CENTRAL AVEDOVER, NH, 03820
Specialty	EM
Board Certified	EM
School and Year of Graduation	NOVA SOUTHEASTERN UNIV USA 2002
Internship and Year	NSUCOM/PALMETTO GENERAL HOSPITAL - HIALEAH, FL 2003
Residency and Year	MOUNT SINAI MEDICAL CENTER - MIAMI BEACH, FL 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15233
License Date	5/4/2011
Name	<b>RICHARD, GLENN R DO</b>
Address	IMAGING ON CALL, 695 DUTCHESS TPKE #105POUGHKEEPSIE, NY, 12603
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MED USA 2000
Internship and Year	NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 2001
Residency and Year	NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 2003
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	15937
License Date	11/7/2012
Name	<b>RICHARD, KATHLEEN M MD</b>
Address	MASS GENERAL HOSPITAL, 55 FRUIT ST - GR B 444BOSTON, MA, 01921
Specialty	AN
Board Certified	AN
School and Year of Graduation	THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 2008
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>LAPSED FOR NONRENEWAL 6/30/14 RENEWED 8/7/14</b>

License Number	9196
License Date	6/1/1994
Name	<b>RICHARD, MARK B MD</b>
Address	SO NO INTERNAL MEDICINE ASSOC, 6 TSIENNETO STE 300DERRY, NH, 03038-
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF MA MEDICAL SCHOOL USA 1990
Internship and Year	MAINE MEDICAL CENTER - PORTLAND ME 1994
Residency and Year	MAINE MEDICAL CENTER - PORTLAND ME 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10761
License Date	11/3/1999
Name	<b>RICHARDS, CHARLES H MD</b>
Address	LAWRENCE GENERAL HOSP, ONE GENERAL STLAWRENCE, MA, 01842
Specialty	IM
Board Certified	IM
School and Year of Graduation	BOSTON UNIVERSITY USA 1983
Internship and Year	UNIVERSITY OF HEALTH CENTER OF PITTSBURGH, PITTSBURGH PA 1986
Residency and Year	UNIVERSITY OF HEALTH CENTER OF PITTSBURGH, PITTSBURGH PA 1989
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	13355
License Date	12/6/2006
Name	<b>RICHARDS, ELIZABETH M MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	PD
Board Certified	
School and Year of Graduation	TULANE UNIV SCHOOL OF MEDICINE USA 2002
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CTR-LEBANON, NH 2004
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CTR-LEBANON, NH 2005
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	6187
License Date	4/21/1980
Name	<b>RICHARDS, JOHN S MD</b>
Address	SPEARE MEM HOSP, 16 HOSPITAL RDPLYMOUTH, NH, 03264-
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIV OF COLORADO SCH OF MED DENVER,CO USA 1974
Internship and Year	RIVERSIDE HOSP.NEWPORT NEWS,VA 1975
Residency and Year	STRONG MEM HOSP.ROCHESTER,NY 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5663
License Date	1/6/1977
Name	<b>RICHARDS, PETER R MD</b>
Address	1 WEBB PLACE STE 10, DOVER, NH, 03820
Specialty	FP
Board Certified	
School and Year of Graduation	UNIV COLLEGE OF LONDON USA 1959
Internship and Year	BERNET GENERAL HOSPITAL 1960
Residency and Year	HAMMERSMITH HOSP 1963
License Expiration Date	<b>4/8/2008</b>
Remarks	<b>DECEASED 04/08/08</b>

License Number	4816
License Date	8/20/1971
Name	<b>RICHARDSON JR, JOHN R MD</b>
Address	97 DOGFORD RD, ETNA, NH, 03750
Specialty	U
Board Certified	U
School and Year of Graduation	HARVARD MEDICAL SCHOOL - MA USA 1963
Internship and Year	NEW YORK HOSPITAL - WHITE PLAINS,NY 1964
Residency and Year	MEDICAL CENTER HOSPITAL OF VERMONT - BURLINGTON, VT 1971
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	12589
License Date	1/5/2005
Name	<b>RICHARDSON, AUBREY T MD</b>
Address	SENTIENT, 11011 MCCORMICK RD STE 200HUNT VALLEY, MD, 21031
Specialty	N
Board Certified	
School and Year of Graduation	VANDERBILT UNIVERSITY, NASHVILLE TN US 1998
Internship and Year	MILTON S HERSHEY MED CTR, HERSHEY PA 1999
Residency and Year	PENNSYLVANIA STATE UNIVERSITY, HERSHEY PA 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12715
License Date	5/4/2005
Name	<b>RICHARDSON, DAVID B MD</b>
Address	69 C ISLAND ST, KEENE, NH, 03431
Specialty	FP
Board Certified	FP
School and Year of Graduation	WASHINGTON UNIVERSITY, ST LOUIS MO US 1995
Internship and Year	VENTURA COUNTY MED CTR, VENTURA CA 1996
Residency and Year	VENTURA COUNTY MED CTR, VENTURA CA 1998
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	14094
License Date	7/9/2008
Name	<b>RICHARDSON, DAWN M MD</b>
Address	HUGGINS HOSPITAL, 240 S MAIN STWOLFEBORO, NH, 03894
Specialty	EM
Board Certified	EM
School and Year of Graduation	BROWN UNIV USA 1988
Internship and Year	MCP HAHNEMANN UNIV - PHILADELPHIA, PA 1989
Residency and Year	MCP HAHNEMANN UNIV - PHILADELPHIA, PA 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3816
License Date	7/30/1965
Name	<b>RICHARDSON, FRED C MD</b>
Address	LAKES REGION OB-GYN, 96 HIGH STLACONIA, NH, 03246-3537
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	HAHNEMANN MEDICAL COLLEGE - PHILA, PA USA 1956
Internship and Year	U.S. NAVAL HOSPITAL - CHELSEA, MA 1957
Residency and Year	U.S. NAVAL HOSPITAL - CHELSEA, MA 1960
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	7206
License Date	9/10/1985
Name	<b>RICHARDSON, ROBERT H MD</b>
Address	997 JOHNNIE DODDS BLVD APT 628, MT PLEASANT, SC, 29464
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF FLORIDA-GAINESVILLE, FL USA 1980
Internship and Year	MEDICAL UNIVERSITY SOUTH CAROLINA TEACHING HOSPITALS - CHARLESTON, SC 1981
Residency and Year	MEDICAL UNIVERSITY SOUTH CAROLINA TEACHING HOSPITALS - CHARLESTON, SC 1984
License Expiration Date	<b>6/30/2007</b>
Remarks	<b>7/12/10 - Settlement Agreement.</b>

License Number	14817
License Date	4/7/2010
Name	<b>RICHARDSON, RORY D MD</b>
Address	FAMILY HEALTH CENTER, 250 PLEASANTSTCONCORD, NH, 03301
Specialty	FP
Board Certified	FP
School and Year of Graduation	THOMAS JEFFERSON UNIVERSITY USA 2007
Internship and Year	LAHEY CLINIC - BURLINGTON, MA 2008
Residency and Year	CONCORD HOSPITAL - CONCORD, NH 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7003
License Date	11/1/1984
Name	<b>RICHARDSON, TRACY L MD</b>
Address	15 ROBERTA DR, BARRINGTON, RI, 02806
Specialty	CHP
Board Certified	
School and Year of Graduation	HARVARD MED SCH- BOSTON,MA USA 1974
Internship and Year	UNIV MICHIGAN HOSP-ANN ARBOR ,MI 1974
Residency and Year	DETROIT PSYCHIATRIC INST-DETROIT,MI 1981
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number 13268  
 License Date 9/6/2006  
 Name **RICHER, LORI D MD**  
 Address RICHER WELLNESS MD, PLLC, 74 PLEASANT ST, STE 101NEW LONDON, NH, 03257  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF UTAH, SALT LAKE CITY UT US 2003  
 Internship and Year CONCORD HOSPITAL, CONCORD NH 2005  
 Residency and Year CONCORD HOSPITAL, CONCORD NH 2006  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10033  
 License Date 6/4/1997  
 Name **RICHERT JR, ALLEN C MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty P  
 Board Certified  
 School and Year of Graduation LOUISIANA STATE UNIVERSITY-LA USA 1993  
 Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - NH 1996  
 Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL-NH 1997  
 License Expiration Date **6/30/1998**  
 Remarks

License Number 8455  
 License Date 11/7/1990  
 Name **RICHEY, JOHN M MD**  
 Address ANESTHESIA ASSOCIATES, 1 PILLSBURY ST STE 202CONCORD, NH, 03301  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation UNIV OF VERMONT COLL OF MED -BURLINGTON, VT USA 1981  
 Internship and Year ST MICHAEL HOSPITAL - MILWAUKEE, WI 1982  
 Residency and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1990  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14939  
 License Date 7/7/2010  
 Name **RICHINS, JANEEN S MD**  
 Address DHMC, 1 MED CTR DRLEBANON, NH, 03756  
 Specialty AN  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF UTAH USA 2006  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010  
 License Expiration Date **6/30/2012**  
 Remarks

License Number	13777
License Date	12/5/2007
Name	<b>RICHMOND, JOHN A MD</b>
Address	GREATER NASHUA MENTAL HEALTH CTR, 440 AMHERST STNASHUA, NH, 03060
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF MIAMI USA 1981
Internship and Year	DAVID GRANT MEDICAL CENTER - TRAVIS AFB, CA 1982
Residency and Year	WRIGHT STATE UNIV SCHOOL OF MEDICINE - DAYTON, OH 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4712
License Date	6/12/1972
Name	<b>RICHMOND, STEWART S MD</b>
Address	HITCHCOCK CLINIC, 100 HITCHCOCK WAYMANCHESTER, NH, 03104-4125
Specialty	IM
Board Certified	IM
School and Year of Graduation	CORNELL UNIV MEDICAL COLLEGE, NY USA 1966
Internship and Year	UNIV OF CALIFORNIA HOSPITAL - SAN FRANCISCO, CA 1967
Residency and Year	UNIV OF CALIFORNIA HOPITAL - SAN FRANCISCO, CA 1968
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	13053
License Date	4/5/2006
Name	<b>RICHTER, FRANK MD</b>
Address	PD DR MED FRANK RICHTER CHIEF UROLOGY, NUREMBERG/FURTH 90763EUROPA-ALLEE 1, , GER
Specialty	U
Board Certified	U
School and Year of Graduation	OTTO-VON-GUERICKE UNIV-MAGDEBURG GERMANY GERMANY 1990
Internship and Year	UMDNJ-NEW JERSEY MEDICAL SCHOOL-NEWARK NJ 1996
Residency and Year	UMDNJ-NEW JERSEY MEDICAL SCHOOL-NEWARK NJ 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10507
License Date	2/3/1999
Name	<b>RICKETTS, SARAH M MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	P
Board Certified	P
School and Year of Graduation	COLUMBIA UNIV COLL PHYSICIANS - NEW YORK,NY USA 1993
Internship and Year	BASSETT HEALTHCARE - COOPERSTOWN, NY 1994
Residency and Year	NEW YORK HOSPITAL -CORNELL MEDICAL CENTER - NEW YORK, NY 1995
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	14640
License Date	10/7/2009
Name	<b>RIDDELL, JOHN M MD</b>
Address	DEPT OF ANESTHESIA & CRITICAL CARE/GRAY-BIGELOW 44, MASS GENERAL HOSPITAL - 55 FRUIT S
Specialty	AN
Board Certified	AN
School and Year of Graduation	MEDICAL COLLEGE OF WISCONSIN USA 1999
Internship and Year	KAISER PERMANENTE MEDICAL CENTER - SANTA CLARA, CA 2000
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2003
License Expiration Date	<b>6/30/2017</b>

Remarks

License Number	6907
License Date	6/7/1984
Name	<b>RIDDLE, PATRICK J MD</b>
Address	NASHUA EYE ASSOCIATES PA, 5 COLISEUM AVENASHUA, NH, 03063-3206
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	CREIGHTON UNIV SCH MED -OMAHA,NE USA 1971
Internship and Year	LETTERMAN ARMY MED CTR-SAN FRANCISCO 1972
Residency and Year	MED COLL WI AFFIL HOSP-MILWAUKEE,WI 1977
License Expiration Date	<b>6/30/2016</b>

Remarks

License Number	5171
License Date	4/30/1974
Name	<b>RIDER, LYNN A MD</b>
Address	49 MOOSE WALK, WESTPORT ISLAND, ME, 04578
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	EMORY UNIV, GA USA 1967
Internship and Year	UNIV OF OKLAHOMA HOSPITAL - OKLAHOMA CITY, OK 1968
Residency and Year	UNIV OF OKLAHOMA HOSPITAL - OKLAHOMA CITY, OK 1974
License Expiration Date	<b>6/30/2014</b>

Remarks

License Number	15092
License Date	12/1/2010
Name	<b>RIDGWAY, EMILY B MD</b>
Address	DARTMOUTH HITCHCOCK, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PS
Board Certified	PS
School and Year of Graduation	COLUMBIA UNIVERSITY USA 2000
Internship and Year	NEW YORK UNIVERSITY MEDICAL CENTER - NY, NY 2001
Residency and Year	NEW YORK UNIVERSITY MEDICAL CENTER - NY, NY 2005
License Expiration Date	<b>6/30/2016</b>

Remarks



License Number	16920
License Date	1/21/2015
Name	<b>RIDYARD JR, HERBERT W MD</b>
Address	65 FIELDSTONE DR, STORRS MANSFIELD, CT, 06268
Specialty	GS
Board Certified	GS
School and Year of Graduation	PENNSYLVANIA STATE UNIV COLLEGE OF MEDICINE USA 1980
Internship and Year	HARTFORD HOSPITAL-UNIVERSITY OF CONNECTICUT SOM - HARTFORD, CT 1981
Residency and Year	HARTFORD HOSPITAL-UNIVERSITY OF CONNECTICUT SOM - HARTFORD, CT 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6746
License Date	7/7/1983
Name	<b>RIEDEL, JOHN S MD</b>
Address	EXETER EXECUTIVE PARK, 19 HAMPTON RDEXETER, NH, 03833-4816
Specialty	IM
Board Certified	IM
School and Year of Graduation	FAC DI MED E CHIRURGIA DELL UNIV-BOLOGNA ITALY 1970
Internship and Year	MISERICORDIA HOSP MED CTR-BRONX,NY 1971
Residency and Year	MISERICORDIA HOSP MED CTR-BRONX,NY 1977
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11881
License Date	4/2/2003
Name	<b>RIEKE, SUZANNE M MD</b>
Address	LAHEY CLINIC, 41 MALL RDBURLINGTON, MA, 01805
Specialty	IM
Board Certified	IM
School and Year of Graduation	CORNELL UNIVERSITY MED COLL - NEW YORK, NY USA 1997
Internship and Year	BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1998
Residency and Year	BOSTON UNIV MEDICAL CENTER - BOSTON, MA 2000
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	15970
License Date	12/5/2012
Name	<b>RIELLY III, ALBERT F MD</b>
Address	54 DUTTON RD, PELHAM, NH, 03076
Specialty	MPH
Board Certified	MPD
School and Year of Graduation	UNIVERSITY MASSACHUSETTS MEDICAL SCHOOL USA 2003
Internship and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2004
Residency and Year	FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10287
License Date	5/6/1998
Name	<b>RIESTER, DAVID E MD</b>
Address	NORTHEAST ALLERGY, 79 ERDMAN WAY SUITE 101LEOMINSTER, MA, 01453
Specialty	AI
Board Certified	AI
School and Year of Graduation	UNIVERSITY OF TEXAS USA 1993
Internship and Year	RHODE ISLAND HOSPITAL, PROVIDENCE RI 1994
Residency and Year	RHODE ISLAND HOSPITAL, PROVIDENCE RI 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>LAPSED FOR NONRENEWAL 6/30/14 RENEWED 9/26/14</b>

License Number	6684
License Date	7/1/1983
Name	<b>RIESTER, FRED H MD</b>
Address	NASHUA RADIOLOGY PA, 172 KINSLEY STNASHUA, NH, 03061
Specialty	R
Board Certified	R
School and Year of Graduation	PENN STATE UNIV MILTON S HERSEY MED CTR USA 1979
Internship and Year	NEW ENGLAND MED CENTER HOSPITAL - BOSTON, MA 1980
Residency and Year	ST VINCENT HOSPITAL - WORCESTER, MA 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4855
License Date	11/3/1971
Name	<b>RIESTER, WALTER H MD</b>
Address	300 QUANNAPOWITT PKWY, WAKEFIELD, MA, 01880-
Specialty	GS
Board Certified	GS
School and Year of Graduation	COLUMBIA COLLEGE OF P & S , NY USA 1953
Internship and Year	PHILADELPHIA GENERAL HOSPITAL - PHILA, PA 1954
Residency and Year	PHILADELPHIA GENERAL HOSPITAL - PHILA, PA 1954
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	8565
License Date	6/5/1991
Name	<b>RIFAAT, MONIRA K MD</b>
Address	PO BOX 490, WASHINGTON, VA, 22747
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	FAC OFMED ALEXANDRIA UNIV - EGYPT EGYPT 1961
Internship and Year	BOSTON CITY HOSPITAL - BOSTON, MA 1967
Residency and Year	ALEXANDRIA HOSPITAL - ALEXANDRIA, VA 1971
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	14641
License Date	10/7/2009
Name	<b>RIFKIND, JOSHUA T MD</b>
Address	NORRIS COTTON CANCER CENTER, 87 MCGREGOR STMANCHESTER, NH, 03102
Specialty	HO
Board Certified	HO
School and Year of Graduation	SACKLER SCHOOL OF MEDICINE ISRAEL 2002
Internship and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD,MA 2004
Residency and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD,MA 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>lapsed 6/30/13-reinstated 2/4/15</b>

License Number	9354
License Date	1/11/1995
Name	<b>RIGAS, JAMES R MD</b>
Address	3 MULHERRIN FARM ROAD, HANOVER, NH, 03755
Specialty	IM
Board Certified	IM
School and Year of Graduation	MEDICAL COLLEGE OF PA USA 1984
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1985
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6717
License Date	6/2/1983
Name	<b>RIGBY, WILLIAM F C MD</b>
Address	DHMC/RHEUMATOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	RHU
Board Certified	RHU
School and Year of Graduation	HARVARD MED SCH - BOSTON, MA USA 1979
Internship and Year	NEW ENGLAND DEACONESS HOSP- BOSTON, MA 1980
Residency and Year	DARTMOUTH- HITCHCOCK MED CTR - HANOVER, NH 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5172
License Date	4/30/1974
Name	<b>RIGGS, LAMAR W MD</b>
Address	59 OAKMONT DR, CONCORD, NH, 03301
Specialty	OM
Board Certified	IM
School and Year of Graduation	JOHNS HOPKINS UNIV SCH OF MEDICINE, MD USA 1968
Internship and Year	OHIO STATE UNIV - COLUMBUS, OH 1969
Residency and Year	OHIO STATE UNIV - COLUMBUS, OH 1970
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	15043
License Date	10/6/2010
Name	<b>RIGHI, PAUL D MD</b>
Address	CHESHIRE MEDICAL CENTER, 580-590 COURT STKEENE, NH, 03431
Specialty	
Board Certified	OTO
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 1986
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 1987
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10102
License Date	8/6/1997
Name	<b>RILEY, DIANE C MD</b>
Address	ALICE PECK DAY MEMORIAL HOSPIT, 205 BILLINGS FARM RD UNIT 3AWHITE RIVER JCT, VT, 05001
Specialty	HSO
Board Certified	ORS
School and Year of Graduation	DARTMOUTH MEDICINE- HANOVER, NH USA 1989
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CTR - NH 1991
Residency and Year	NEW ENGLAND MEDICAL CENTER HOSPITAL - MA 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14722
License Date	1/6/2010
Name	<b>RILEY, GERALD T MD</b>
Address	IMAGING ON CALL, 695 DUTCHESS TPKE STE 105POUGHKEEPSIE, NY, 12603
Specialty	DR
Board Certified	DR
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2002
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2003
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2004
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	14851
License Date	5/5/2010
Name	<b>RIMKUNOS, LINDA M MD</b>
Address	728 COLDBROOK RD, SOUTH GLASTONBURY, CT, 06073
Specialty	EM
Board Certified	EM
School and Year of Graduation	NEW JERSEY MEDICAL SCHOOL USA 1981
Internship and Year	ALBANY MEDICAL CENTER - ALBANY, NY 1982
Residency and Year	ALBANY MEDICAL CENTER - ALBANY, NY 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13985
License Date	5/7/2008
Name	<b>RINARD, JOHN P DO</b>
Address	PORTSMOUTH REGIONAL HOSPITAL, 330 BORTHWICK AVEPORTSMOUTH, NH, 03801
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF NEW ENGLAND USA 2002
Internship and Year	MADIGAN ARMY MEDICAL CENTER - TACOMA, WA 2003
Residency and Year	MADIGAN ARMY MEDICAL CENTER - TACOMA, WA 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8276
License Date	2/7/1990
Name	<b>RIND, JEFFREY D MD</b>
Address	DERRY NEUROLOGICAL ASSOCIATES, 6 TSIENNETO RD STE 302DERRY, NH, 03038
Specialty	N
Board Certified	N
School and Year of Graduation	NEW YORK MED COLL -VALLHALLA,NY USA 1986
Internship and Year	MT SINAI HOSP-NY 1987
Residency and Year	MT SINAI HOSP-NY 1989
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8995
License Date	7/7/1993
Name	<b>RINDER, CRAIG A MD</b>
Address	375 CANAL ST, BRATTLEBORO, VT, 05301
Specialty	U
Board Certified	U
School and Year of Graduation	MC GILL UNIVERSITY FACILITY OF MEDICINE CANADA 1988
Internship and Year	ST FRANCIS HOSPITAL MEDICAL CENTER - HARTFORD CT 1989
Residency and Year	MEDICAL UNIVERSITY OF SOUTH CAROLINA COLLEGE OF MEDICINE - CHARLESTOWN SC 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11035
License Date	8/2/2000
Name	<b>RINDFLEISCH GAVRIL, AMY MD</b>
Address	WALTER REED MILITARY MED CTR, 8955 WOOD RDBETHESDA, MD, 20889-5628
Specialty	PD
Board Certified	PD
School and Year of Graduation	BOSTON UNIVERSITY - BOSTON MA USA 1997
Internship and Year	UNIVERSITY OF CONNECTICUT - FARMINGTON CT 2000
Residency and Year	UNIVERSITY OF CONNECTICUT - FARMINGTON CT 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 14668  
 License Date 11/4/2009  
 Name **RINEHART, HEIDI F MD**  
 Address DARTMOUTH HITCHCOCK-OB/GYN, 590 COURT STKEENE, NH, 03431  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation WASHINGTON UNIVERSITY USA 1988  
 Internship and Year VANDERBILT UNIVERSITY HOSPITAL - NASHVILLE, TN 1990  
 Residency and Year VANDERBILT UNIVERSITY HOSPITAL - NASHVILLE, TN 1993  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12077  
 License Date 9/3/2003  
 Name **RINI, JAMES M MD**  
 Address 47 DUCKS HEAD, PO BOX 2001NEW CASTLE, NH, 03854-2001  
 Specialty R  
 Board Certified R  
 School and Year of Graduation HARVARD MEDICAL SCHOOL, BOSTON MA US 1968  
 Internship and Year UNIVERSITY OF MINNESOTA, MINNEAPOLIS MN 1969  
 Residency and Year NEW YORK AND PRESBYTERIAN HOSP (CORNELL CAMPUS), NEW YORK NY 1972  
 License Expiration Date **6/30/2017**  
 Remarks **RETIRED FROM PRACTICE**

License Number 8261  
 License Date 12/6/1989  
 Name **RINTEL, THEODOR D MD**  
 Address 450 MITCHELL RD, CAPE ELIZABETH, ME, 04107-  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation GEORGE WASHINGTON UNIV SCH OF MED- DC USA 1978  
 Internship and Year YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 1979  
 Residency and Year MASS GENERAL HOSPITAL - BOSTON, MA 1984  
 License Expiration Date **6/30/2003**  
 Remarks

License Number 15991  
 License Date 1/9/2013  
 Name **RINVIL, EDWINE MD**  
 Address SOUTHERN NH MEDICAL CENTER, 8 PROSPECT STNASHUA, NH, 03060  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation ROSS UNIVERSITY USA 2005  
 Internship and Year UMDNJ-NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 2007  
 Residency and Year JFK MEDICAL CENTER- ATLANTIS, FL 2009  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	11717
License Date	8/7/2002
Name	<b>RIOS, JORGE MD</b>
Address	AMERICAN RED CROSS BLD SVCS, 180 RUSTCRAFT RD SUITE 115DEDHAM, MA, 02026
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF PUERTO RICO SCH OF MED-SAN JUAN, PR PUERTO RICO 1993
Internship and Year	STRONG MEMORIAL HOSPITAL-ROCHESTER,NY 1994
Residency and Year	STRONG MEMORIAL HOSPITAL- ROCHESTER,NY 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11933
License Date	5/7/2003
Name	<b>RIPPLE, GREGORY H MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	ON
Board Certified	
School and Year of Graduation	UNIV OF WISCONSIN MED SCH - MADISON, WI USA 1991
Internship and Year	UNIV OF WISCONSIN HOSPITAL AND CLINICS- MADISON, WI 1992
Residency and Year	UNIV OF WISCONSIN HOSPITAL AND CLINICS- MADISON, WI 1994
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16353
License Date	10/2/2013
Name	<b>RISHEL, MEGAN E MD</b>
Address	204 MONTAG CIR NE, ATLANTA, GA, 30307
Specialty	EM
Board Certified	EM
School and Year of Graduation	TEMPLE UNIVERSITY SCHOOL OF MEDICINE USA 2006
Internship and Year	HAHNEMANN UNIVERSITY HOSPITAL - PHILADELPHIA, PA 2007
Residency and Year	HAHNEMANN UNIVERSITY HOSPITAL - PHILADELPHIA, PA 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6547
License Date	6/24/1982
Name	<b>RISS, DAVID C MD</b>
Address	PRIMARY CARE MEMORIAL HOSPITAL, 3073 WHITE MTN HWYN CONWAY, NH, 03860
Specialty	FP
Board Certified	FP
School and Year of Graduation	STNAFORD UNIV SCH MED -PALO ALTO,CA USA 1979
Internship and Year	MED UNIV HOSP-CHARLESTON,SC 1980
Residency and Year	MED UNIV HOSP-CHARLESTON,SC 1981
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10834
License Date	2/2/2000
Name	<b>RITCHIE, JEANNINE K MD</b>
Address	SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200SOUTH PORTLAND, ME, 04106-3266
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF VERMONT - BURLINGTON, VT USA 1993
Internship and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1994
Residency and Year	UNIV OF VERMONT COLLEGE OF MEDICINE - BURLINGTON, VT 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10312
License Date	6/3/1998
Name	<b>RITENOUR, ANITA R MD</b>
Address	ELLIOT HOSPITAL, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF ARKANSAS COLL OF MED LITTLE ROCK,AR USA 1995
Internship and Year	GEORGETOWN UNIV HOSP - WASHINGTON, DC 1996
Residency and Year	GEORGETOWN UNIV HOSP- WASHINGTON, DC 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9708
License Date	5/1/1996
Name	<b>RITONDO, MICHAEL E MD</b>
Address	THE WOMEN'S HEALTH CENTER, 29 RIDGEWOOD ROADSPRINGFIELD, VT, 05156
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF MARYLAND-BALTIMORE MD USA 1992
Internship and Year	UNIVERSITY OF MARYLAND-BALTIMORE,MD 1996
Residency and Year	UNIVERSITY OF MARYLAND-BALTIMORE MD 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	2346
License Date	7/1/1943
Name	<b>RITZMAN, THOMAS A MD</b>
Address	78660 VIA MELODIA, LA QUINTA, CA, 92253-
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	HARVARD MEDICAL SCHOOL BOSTON, MA USA 1940
Internship and Year	BOSTON CITY HOSPITAL BOSTON, MA 1942
Residency and Year	CAMBRIDGE HOSPITAL CAMBRIDGE, MA 1943
License Expiration Date	<b>6/30/1998</b>
Remarks	Deceased 2/5/2011



License Number 14394  
 License Date 4/1/2009  
 Name **RIVAS, ENRIQUE J MD**  
 Address MAINE CARDIOLOGY ASSOC, 149 NORTH ST O MGMC THAYERWATERVILLE, ME, 04901  
 Specialty CD  
 Board Certified CD  
 School and Year of Graduation UNIV NACIONAL DE SAN AGUSTIN PERU 1991  
 Internship and Year UNIVERSITY OF MIAMI SOM/JACKSON MEMORIAL HOSPITAL-MIAMI, FL 1994  
 Residency and Year UNIVERSITY OF MIAMI SOM/JACKSON MEMORIAL HOSPITAL-MIAMI, FL 1996  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 12815  
 License Date 7/6/2005  
 Name **RIVERA COLON, KEVIN Y MD**  
 Address X-RAY PROFESSIONAL ASSOC, 21/2 BEACON STCONCORD, NH, 03301  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIVERSITY OF PUERTO RICO, SAN JUAN PUERTO RICO 1999  
 Internship and Year CAGUAS REGIONAL HOSPITAL, CAGUAS PR 2000  
 Residency and Year BRIDGEPORT HOSPITAL, BRIDGEPORT CT 2004  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12630  
 License Date 3/2/2005  
 Name **RIVERA, DAVID A MD**  
 Address COOS COUNTY FAMILY HEALTH, 133 PLEASANTBERLIN, NH, 03570  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIVERSITY OF ILLINOIS, CHICAGO IL US 1979  
 Internship and Year ST MARYS MERCY MED CTR, GRAND RAPIDS MI 1980  
 Residency and Year GRAND RAPIDS MED ED & RESEARCH CTR, GRAND RAPIDS MI 1983  
 License Expiration Date **6/30/2007**  
 Remarks

License Number 17028  
 License Date 4/1/2015  
 Name **RIVERO GUTIERREZ, ANA S MD**  
 Address CMC, 100 MCGREGOR STMANCHESTER, NH, 03102  
 Specialty IM  
 Board Certified  
 School and Year of Graduation UNIV DE CARABOBO FAC DE CIENCIAS DE LA SALUD VENEZUELA 2009  
 Internship and Year YALE-NEW HAVEN HOSPITAL - NEW HAVEN, CT 2013  
 Residency and Year YALE-NEW HAVEN HOSPITAL - NEW HAVEN, CT 2015  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	5929
License Date	6/12/1978
Name	<b>RIX, MARILYN D MD</b>
Address	ASSOCIATED RADIOLOGISTS PA, 8 EAST PEARL STNASHUA, NH, 03060
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIV OF ROCHESTER SCHOOL OF MEDICINE ROCHESTER, NY USA 1973
Internship and Year	MT AUBURN HOSPITAL CAMBRIDGE, MA 1974
Residency and Year	NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON, MA 1977
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15418
License Date	10/5/2011
Name	<b>RIX, ROBERT D MD</b>
Address	CONCORD EMERGENCY MED ASSOC, 250 PLEASANT STCONCORD, NH, 03301
Specialty	EM
Board Certified	EM
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 2007
Internship and Year	UNIVERSITY OF ILLINOIS HOSPITAL - CHICAGO, IL 2008
Residency and Year	RESURRECTION MEDICAL CENTER - CHICAGO, IL 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5019
License Date	6/11/1973
Name	<b>RIX, WILLIAM P MD</b>
Address	NEW HAMPSHIRE ORTHOPAEDIC CENTER, 17 RIVERSIDE STNASHUA, NH, 03062
Specialty	
Board Certified	ORS
School and Year of Graduation	UNIVERSITY OF ROCHESTER-ROCHESTER NY USA 1971
Internship and Year	STRONG MEMORIAL HOSP-ROCHESTER NY 1972
Residency and Year	STRONG MEMORIAL HOSP-ROCHESTER NY 1973
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10104
License Date	8/6/1997
Name	<b>RIZKALLA-HANNA, MAGUED Y MD</b>
Address	288 LAFAYETTE PROFESSIONAL, BLDG APORTSMOUTH, NH, 03801
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF CAIRO FAC OF MED CAIRO, EQYPT EGYPT 1981
Internship and Year	MEDICAL CENTER OF CENTRAL MA - MA 1993
Residency and Year	FLETCHER ALLEN HEALTH CARE - VT 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10219
License Date	1/7/1998
Name	<b>RIZOS, ANASTASIA L DO</b>
Address	UNIVERSITY OF MASS MEDICAL CTR, 55 LAKE AVE NORTHWORCHESTER, MA, 01655
Specialty	P
Board Certified	
School and Year of Graduation	UNIV OF NEW ENGLAND COLL OF OSTEO MED, ME USA 1992
Internship and Year	UNIV OF MASS MEDICAL CENTER - MA 1996
Residency and Year	UNIV OF MASS MEDICAL CENTER - MA 1996
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	16087
License Date	4/3/2013
Name	<b>RIZOS, DEMETRIUS P DO</b>
Address	SALEM, NH PHYSICIANS NETWORK, 411 MERRIMACK ST. #104METHUEN, MA, 01844
Specialty	IM
Board Certified	IM
School and Year of Graduation	NOVA SOUTHEASTERN UNIVERSITY USA 1998
Internship and Year	NAVAL MEDICAL CENTER - PORTSMOUTH, VA 1999
Residency and Year	NAVAL MEDICAL CENTER - PORTSMOUTH, VA 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16380
License Date	11/6/2013
Name	<b>RIZVI, HIL MD</b>
Address	PO BOX 173, FROSTBURG, MD, 21252
Specialty	OS
Board Certified	OS
School and Year of Graduation	WRIGHT STATE UNIVERSITY SCHOOL OF MEDICINE USA 1993
Internship and Year	GUTHRIE/ROBERT PACKER HOSPITAL - SAYRE, PA 1994
Residency and Year	ALLEGHENY GENERAL HSOPITAL - PITTSBURGH, PA 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7923
License Date	7/6/1988
Name	<b>ROALSVIG, KNUT J MD</b>
Address	GRANITE STATE GASTROINTESTINAL, 6 TSIENNETO RD STE 301DERRY, NH, 03038
Specialty	GE
Board Certified	GE
School and Year of Graduation	ALBERT EINSTEIN COLL OF MED-BRONX,NY USA 1982
Internship and Year	HARTFORD HOSP-HARTFORD,CT 1983
Residency and Year	HARTFORD HOSP-HARTFORD,CT 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9130
License Date	3/2/1994
Name	<b>ROBB, CHRISTINE A MD</b>
Address	60 MESSENGER ST, PLAINVILLE, MA, 02762-
Specialty	FP
Board Certified	FP
School and Year of Graduation	IN UNIVERSITY SCHOOL OF MEDICINE USA 1971
Internship and Year	UNIVERSITY OF COLORADO HEALTH SCIENCE CENTER - DENVER CO 1972
Residency and Year	UNIVERSITY OF COLORADO HEALTH SCIENCE CENTER - DENVER CO 1973
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	7100
License Date	5/2/1985
Name	<b>ROBB, JOHN F MD</b>
Address	DHMC - CARDIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	CD
Board Certified	CD
School and Year of Graduation	INDIANA UNIVERSITY-INDIANAPOLIS, IN USA 1979
Internship and Year	UNIVERSITY OF MINNESOTA HOSPITAL-MINNEAPOLIS, MN 1980
Residency and Year	UNIVERSITY OF MINNESOTA HOSPITAL-MINNEAPOLIS, MN 1982
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4856
License Date	11/3/1971
Name	<b>ROBBINS, ALAN H MD</b>
Address	NE BAPTIST HOSPITAL, 125 PARKER HILL AVEBOSTON, MA, 02120-
Specialty	R
Board Certified	R
School and Year of Graduation	TUFTS UNIVERSITY-BOSTON MA USA 1963
Internship and Year	NEW ENGLAND MED CTR-BOSTON MA 1964
Residency and Year	NEW ENGLAND MED CTR-BOSTON MA 1967
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	7390
License Date	7/3/1986
Name	<b>ROBBINS, ARNOLD MD</b>
Address	116 HANCOCK ST, CAMBRIDGE, MA, 02139-2206
Specialty	P
Board Certified	P
School and Year of Graduation	TULANE ULNIV SCH MED NEW ORLEANS LA USA 1957
Internship and Year	PHILADEL GEN HOSP 1958
Residency and Year	WEST ROX MNTL HLTH CTR BOSTON MA 1960
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	2301
License Date	9/12/1941
Name	<b>ROBBINS, HENRY J MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1996</b>
Remarks	<b>DECEASED 3/7/99</b>

License Number	14476
License Date	6/3/2009
Name	<b>ROBBINS, MARK I MD</b>
Address	AMERICAN RADIOLOGIC TECH, 5770 SW 128TH STPINECREST, FL, 33156
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS USA 1983
Internship and Year	UNIVERSITY OF CALIFORNIA(SAN DIEGO)MEDICAL CENTER - SAN DIEGO, CA 1984
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6074
License Date	6/11/1979
Name	<b>ROBBINS, MICHAEL B MD</b>
Address	NE NEUROLOGICAL ASSOC, 354 MERRIMACK ST BLDG1LAWRENCE, MA, 01843
Specialty	N
Board Certified	N
School and Year of Graduation	STATE UNIV OF NY DOWNSTATE COLL MED BROOKLYN, NY USA 1973
Internship and Year	LI JEWISH HILLSIDE MEDICAL CENTER - NEW HYDE PARK, NY 1974
Residency and Year	BRONX MUNICIPAL HOSPITAL CENTER - BRONX, NY 1979
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	8135
License Date	6/7/1989
Name	<b>ROBBINS, SHELDON M MD</b>
Address	LAWRENCE MEMORIAL HOSP, 365 MONTAUK AVENUE NEW LONDON, CT, 06320-
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF CT SCH OF MED FARMINGTON CT USA 1983
Internship and Year	ST FRANCIS HOSP MED CTR HARTFORD CT 1984
Residency and Year	EMORY UNIV AFFIL HOSPS ATLANTA GA 1988
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	12007
License Date	7/2/2003
Name	<b>ROBERSON, TOMMY P MD</b>
Address	1237 LAKE CHARLES DR, ROSWELL, GA, 30075
Specialty	AN
Board Certified	
School and Year of Graduation	LOUISIANA STATE UNIV - NEW ORLEANS, LA USA 1964
Internship and Year	BAPTIST HOSPITAL - NASHVILLE, TN 1965
Residency and Year	NATIONAL NAVAL MEDICAL CENTER - BETHEDSA, MD 1970
License Expiration Date	<b>1/30/2007</b>
Remarks	<b>DECEASED 1/30/07</b>

License Number	15392
License Date	9/7/2011
Name	<b>ROBERT, ALINA M MD</b>
Address	DHMC/ DEPT OF CARDIOLOGY, 1 MED CTR DRLEBANON, NH, 03756
Specialty	CD
Board Certified	IM
School and Year of Graduation	VIRGINIA COMMONWEALTH UNIVERSITY USA 2008
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10969
License Date	6/7/2000
Name	<b>ROBERTELLO, MICHAEL E MD</b>
Address	GREEN MOUNTAIN CARDIOLOGY, 6 COMMON STRUTLAND, VT, 05701
Specialty	CD
Board Certified	CD
School and Year of Graduation	ROSS UNIV - NEW YORK, NY USA 1984
Internship and Year	ST ELIZABETH HOSPITAL - ELIZABETH, NJ 1985
Residency and Year	ST ELIZABETH HOSPITAL - ELIZABETH,NJ 1988
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	16956
License Date	2/4/2015
Name	<b>ROBERTS, BEVERLY S DO</b>
Address	STAFFCARE, 5001 STATESMAN DRIRVING, TX, 75063
Specialty	IM
Board Certified	IM
School and Year of Graduation	MIDWESTERN UNIVERSITY DOWNERS GROVE USA 1994
Internship and Year	EASTERN VIRGINIA MEDICAL SCHOOL - NORFOLK, VA 1995
Residency and Year	EASTERN VIRGINIA MEDICAL SCHOOL - NORFOLK, VA 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8327
License Date	5/9/1990
Name	<b>ROBERTS, CINDEE S MD</b>
Address	143 HITCHING POST LN, BEDFORD, NH, 03110
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF OKLAHOMA COLL OF MED-OKLAHOMA,OK USA 1986
Internship and Year	UNIV OKLAHOMA -TULSA MED COLL HOSPITAL - TULSA, OK 1987
Residency and Year	UNIV OKLAHOMA-TULSA MED COLL HOSPITAL - TULSA, OK 1990
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	6582
License Date	6/24/1982
Name	<b>ROBERTS, DAVID W MD</b>
Address	DHMC - NEUROSURGERY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	NS
Board Certified	NS
School and Year of Graduation	DARTMOUTH MED SCH - HANOVER, NH USA 1976
Internship and Year	UNIV UTAH MEDICAL CENTER - SALT LAKE CITY , UT 1976
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11429
License Date	10/3/2001
Name	<b>ROBERTS, KARI D MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF MINNESOTA - MINNEAPOLIS, MN USA 1999
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2002
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	10452
License Date	11/4/1998
Name	<b>ROBERTS, MARTIN S MD</b>
Address	615 N BONITA AVE, PANAMA CITY, FL, 32401
Specialty	IM
Board Certified	IM
School and Year of Graduation	ST GEORGE UNIV SCHOLL OF MED-NY USA 1994
Internship and Year	FRANKLIN SQUARE HOSPITAL-MD 1995
Residency and Year	ST JOSEPHS HOSPITAL MED CTR-NJ 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 16381  
 License Date 11/6/2013  
 Name **ROBERTS, MARY W MD**  
 Address MERIDIAN HEALTH PLAN, 777 WOODWARD AVE DETROIT, MI, 48226  
 Specialty CHP  
 Board Certified  
 School and Year of Graduation WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE USA 1992  
 Internship and Year UNIVERSITY OF MICHIGAN MEDICAL CENTER-ANN ARBOR, MI 1993  
 Residency and Year UNIVERSITY OF MICHIGAN MEDICAL CENTER-ANN ARBOR, MI 1996  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16684  
 License Date 7/2/2014  
 Name **ROBERTS, RICHARD L MD**  
 Address OPKO LAB LLC, 1450 ELM HILL PIKE NASHVILLE, TN, 37210  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation UNIVERSITY OF IOWA CARVER COLLEGE OF MEDICINE USA 1987  
 Internship and Year WASHINGTON UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS, MO 1992  
 Residency and Year WASHINGTON UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS, MO 1996  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11005  
 License Date 7/5/2000  
 Name **ROBERTSON, DOUGLAS J MD**  
 Address VA MEDICAL CTR, 215 NORTH MAIN ST (111 E) WHITE RIVER JCT, VT, 05009-0001  
 Specialty IM  
 Board Certified GE  
 School and Year of Graduation UNIV OF CT SCH OF MED - FARMINGTON, CT USA 1992  
 Internship and Year UNIV OF CONNECTICUT SCH OF MED - FARMINGTON, CT 1993  
 Residency and Year UNIV OF CONNECTICUT SCH OF MED - FARMINGTON, CT 1996  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15264  
 License Date 6/1/2011  
 Name **ROBERTSON, HEATHER R MD**  
 Address VICTORIA GENERAL HOSPITAL, 1 HOSPITAL WAY VICTORIA BC CANADA, , V8Z 6R5  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation BEN-GURION UNIVERSITY OF THE NEGEV ISRAEL 2008  
 Internship and Year CHILDREN'S HOSPITAL AT DARTMOUTH - LEBANON, NH 2009  
 Residency and Year CHILDREN'S HOSPITAL AT DARTMOUTH - LEBANON, NH 2011  
 License Expiration Date **6/30/2017**  
 Remarks



License Number	17186
License Date	7/1/2015
Name	<b>ROBERTSON, MATTHEW D MD</b>
Address	117 NEWELL ST, WALLA WALLA, WA, 99362
Specialty	N
Board Certified	N
School and Year of Graduation	UNIVERSITY OF MINNESOTA USA 2009
Internship and Year	DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 2010
Residency and Year	DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10168
License Date	11/5/1997
Name	<b>ROBERTSON, PATRICK A MD</b>
Address	YORK HOSPITAL ORTHOPEDIC ASSOC, 15 HOSPITAL DR STE AYORK, ME, 03909
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	TUFTS UNIV SCHOOL OF MED - BOSTON, MA USA 1988
Internship and Year	LETTERMAN ARMY MEDICAL CENTER - CA 1989
Residency and Year	UNIV CALIFORNIAL DAVIS MEDICAL CENTER - CA 1994
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	7586
License Date	5/6/1987
Name	<b>ROBEY, CAROL W MD</b>
Address	MERRIMACK VALLEY PEDIATRICS, 387 E DUNSTABLE RD NASHUA, NH, 03062
Specialty	PD
Board Certified	PD
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 1982
Internship and Year	MA GENERAL HOSPITAL 1983
Residency and Year	MA GENERAL HOSPITAL 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7849
License Date	5/4/1988
Name	<b>ROBINSON, ANDREW M MD</b>
Address	289 COUNTY RD, WINDSOR, VT, 05089
Specialty	GE
Board Certified	GE
School and Year of Graduation	TUFTS UNIV SCH MED - BOSTON, MA USA 1983
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1984
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1986
License Expiration Date	<b>5/20/2015</b>
Remarks	Requested inactive 5/20/2015.

License Number	4011
License Date	3/14/1967
Name	<b>ROBINSON, JAMES A MD</b>
Address	HITCHCOCK CLINIC, 590 COURT STKEENE, NH, 03431-1798
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF COLUMBIA COLLEGE OF PHYSICIANS - NY, NY USA 1961
Internship and Year	STRONG MEMORIAL - ROCHESTER, NY 1962
Residency and Year	STRONG MEMORIAL - ROCHESTER, NY 1967
License Expiration Date	<b>6/30/1999</b>
Remarks	Deceased 2/25/2011

License Number	6548
License Date	6/24/1982
Name	<b>ROBINSON, JOHN H MD</b>
Address	AETNA, 10 COTTAGE WAYKITTERY, ME, 03904
Specialty	N
Board Certified	N
School and Year of Graduation	JEFFERSON MED COLL - PHILA, PA USA 1977
Internship and Year	COOK COUNTY HOSPITAL - BURLINGTON, VT 1978
Residency and Year	MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1981
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12513
License Date	10/6/2004
Name	<b>ROBINSON, JUNE K MD</b>
Address	132 E DELAWARE PLACE 5806, CHICAGO, IL, 60611
Specialty	D
Board Certified	D
School and Year of Graduation	UNIVERSITY OF MARYLAND, BALTIMORE MD US 1974
Internship and Year	GREATER BALTIMORE MED CTR, BALTIMORE MD 1974
Residency and Year	TREATER BALTIMORE MED CTR, BALTIMORE MD 1975
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	13411
License Date	2/7/2007
Name	<b>ROBINSON, KEITH A MD</b>
Address	PORTSMOUTH REGINAL HOSPITAL, 333 BORTHWICK AVEPORTSMOUTH, NH, 03801
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF MARYLAND USA 2002
Internship and Year	UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2003
Residency and Year	UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 11223  
 License Date 4/4/2001  
 Name **ROBINSON, SARAH M MD**  
 Address 56 KENNARD RD, MANCHESTER, NH, 03104  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation TUFTS UNIV SCH - BOSTON, MA USA 1997  
 Internship and Year MT AUBURN HOSPITAL - CAMBRIDGE, MA 1999  
 Residency and Year MT AUBURN HOSPITAL - CAMBRIDGE, MA 2000  
 License Expiration Date **6/30/2007**  
 Remarks

License Number 8361  
 License Date 6/6/1990  
 Name **ROBINSON, SUSAN C MD**  
 Address COMPHEALTH, 4021 SOUTH 700 EAST STE 300 SALT LAKE CITY, UT, 84107  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIV OF CALIFORNIA SAN DIEGO SCH OF MED USA 1978  
 Internship and Year UC-SAN DIEGO MEDICAL CENTER - DAN DIEGO, CA 1979  
 Residency and Year TUFTS UNIV HOSPITAL - BOSTON, MA 1982  
 License Expiration Date **6/30/1999**  
 Remarks

License Number 6678  
 License Date 4/7/1983  
 Name **ROCK, THOMAS W MD**  
 Address AVH SURGICAL ASSOCIATES, 7 PAGE HILL RD BERLIN, NH, 03570  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1978  
 Internship and Year YALE NEW HAVEN HOSP-NEW HAVEN, CT 1979  
 Residency and Year YALE NEW HAVEN HOSP-NEW HAVEN, CT 1980  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15674  
 License Date 5/2/2012  
 Name **ROCKACY, MATTHEW J MD**  
 Address DHMC - GASTROENTEROLOGY, ONE MED CTR DR LEBANON, NH, 03756  
 Specialty GE  
 Board Certified GE  
 School and Year of Graduation UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE USA 2006  
 Internship and Year UNIVERSITY OF PITTSBURGH MEDICAL CENTER - PITTSBURGH, PA 2007  
 Residency and Year UNIVERSITY OF PITTSBURGH MEDICAL CENTER - PITTSBURGH, PA 2009  
 License Expiration Date **6/30/2016**  
 Remarks **LAPSED FOR NONRENEWAL 6/30/14**  
**RENEWED 9/5/14**

License Number	14744
License Date	2/3/2010
Name	<b>ROCKE, ALICE F MD</b>
Address	LITTLETON REGIONAL HEALTHCARE, 580 ST JOHNSBURY RDLITTLETON, NH, 03561
Specialty	GS
Board Certified	GS
School and Year of Graduation	MEDICAL COLLEGE OF WISCONSIN USA 1985
Internship and Year	WESTERN PENNSYLVANIA HOSPITAL - PITTSBURGH, PA 1986
Residency and Year	WESTERN PENNSYLVANIA HOSPITAL - PITTSBURGH, PA 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4422
License Date	4/22/1969
Name	<b>ROCKENMACHER, SOL MD</b>
Address	25 ST ANDREWS DR, BEDFORD, NH, 03110
Specialty	PDC
Board Certified	
School and Year of Graduation	HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1963
Internship and Year	BOSTON CITY HOSPITAL - BOSTON, MA 1964
Residency and Year	CHILDREN'S HOSPITAL MEDICAL CENTER - BOSTON, MA 1966
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>Retired</b>

License Number	9259
License Date	8/3/1994
Name	<b>ROCKOFF, ALAN S MD</b>
Address	1101 BEACON ST, BROOKLINE, MA, 02146-
Specialty	D
Board Certified	D
School and Year of Graduation	A EINSTEIN COLLEGE OF MEDICINE OF YESHIVA UNIV USA 1972
Internship and Year	BRONX MUNICIPAL HOSPITAL CENTER - BRONX NY 1973
Residency and Year	BOSTON CITY HOSPITAL - BOSTON MA 1979
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	15811
License Date	8/1/2012
Name	<b>ROCKWELL, JESSICA C MD</b>
Address	MAINE MED PARTNERS, 175 US ROUTE 1SCARBOROUGH, ME, 04074
Specialty	END
Board Certified	END
School and Year of Graduation	STATE UNIVERSITY OF NEW YORK USA 1982
Internship and Year	BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 1983
Residency and Year	BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6377
License Date	5/7/1981
Name	<b>RODD, CAREY R MD</b>
Address	MERRIMACK COUNTY NURSING HOME, 325 DANIEL WEBSTER HIGHWAYBOSCAWEN, NH, 03303
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF CINCINNATI COLL OF MED,CINCINNATI,OH USA 1978
Internship and Year	BROWN UNIV MEM HOSP,PAWTUCKET,RI 1981
Residency and Year	BROWN UNIV MEM HOSP - PAWTUCKET, RI 1981
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11116
License Date	11/1/2000
Name	<b>RODI, SCOTT W MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	EM
Board Certified	EM
School and Year of Graduation	CORNELL UNIV MED COLL - NEW YORK, NY USA 1992
Internship and Year	SANTA BARBARA COTTAGE HOSPITAL - SANTA BARBARA , CA 1993
Residency and Year	HOSPITAL FOR SPECIAL SURGERY - NEW YORK, NY 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12817
License Date	7/6/2005
Name	<b>RODRIGUEZ, CHRISTIAN C MD</b>
Address	VA MAINE HEALTHCARE, 1 VA CENTER - 112PAUGUSTA, ME, 04330
Specialty	GS
Board Certified	GS
School and Year of Graduation	PONCE SCHOOL OF MEDICINE, PONCE PUERTO RICO 1998
Internship and Year	STAMFORD HOSPITAL, STAMFORD CT 1999
Residency and Year	STAMFORD HOSPITAL, STAMFORD CT 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13987
License Date	5/7/2008
Name	<b>RODRIGUEZ, JOSEPH A MD</b>
Address	SEACOAST GENERAL SURGERY, 750 CENTRAL AVE STE NDOVER, NH, 03820
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF THE EAST PHILIPPINES 1994
Internship and Year	WASHINGTON UNIV SCHOOL OF MEDICINE - ST LOUIS, MO 2003
Residency and Year	COOK COUNTY HOSPITAL - CHICAGO, IL 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 14044  
 License Date 6/4/2008  
 Name **RODRIGUEZ, MARIA L MD**  
 Address WENTWORTH DOUGLAS PHY CORP, 65 CALEF HWY STE 200LEE, NH, 03861  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF THE PHILIPPINES PHILIPPINES 1996  
 Internship and Year DUCOM/HUH FAMILY MEDICINE RESIDENCY - WARMINSTER, PA 2005  
 Residency and Year DUCOM/HUH FAMILY MEDICINE RESIDENCY - WARMINSTER, PA 2007  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16088  
 License Date 4/3/2013  
 Name **RODRIGUEZ, MARIE MD**  
 Address VA - MONTANA, 300 N WILLSONBOZEMAN, MT, 59718  
 Specialty IM  
 Board Certified  
 School and Year of Graduation ESCUELA AUTONOMA DE CIENCIAS MEDICAS DE CENTRO AME COSTA RICA 1999  
 Internship and Year ATLANTICARE REGIONAL MEDICAL CENTER - ATLANTIC CITY, NJ 1995  
 Residency and Year ATLANTICARE REGIONAL MEDICAL CENTER - ATLANTIC CITY, NJ 1998  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12404  
 License Date 7/7/2004  
 Name **ROELOFS, KEVIN J MD**  
 Address ALLERGY ASSOCIATES OF NH, 100 GRIFFIN RD STE APORTSMOUTH, NH, 03801  
 Specialty AI  
 Board Certified AI  
 School and Year of Graduation MCP HAHNEMANN SCH OF MED - PHILADELPHIA, PA USA 1999  
 Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2000  
 Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2002  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11640  
 License Date 6/5/2002  
 Name **ROEMMELT, MARNEY D MD**  
 Address 157 PORTSMOUTH AVE STE 13, STRATHAM, NH, 03885  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation ALBANY MEDICAL COLLEGE - ALBANY, NY USA 1999  
 Internship and Year ALBANY MEDICAL CENTER - ALBANY, NY 2001  
 Residency and Year ALBANY MEDICAL CENTER - ALBANY, NY 2002  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14477  
 License Date 6/3/2009  
 Name **ROENGVORAPHOJ, MONIC MD**  
 Address DHMC, ONE MED CTR DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF COLOGNE GERMANY 2005  
 Internship and Year NORWALK HOSPITAL - NORWALK, CT 2007  
 Residency and Year NORWALK HOSPITAL - NORWALK, CT 2009  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11606  
 License Date 5/1/2002  
 Name **ROEPKE, KENNETH R MD**  
 Address HEALTH INTERNATIONAL, 14770 N 78TH WAYSCOTTSDALE, AZ, 85260  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation RUSH UNIV - CHICAGO, IL USA 1978  
 Internship and Year UNIV OF IOWA HOSPITALS AND CLINICS - IOWA CITY, IA 1979  
 Residency and Year UNIV OF IOWA HOSPITALS AND CLINICS - IOWA CITY, IA 1981  
 License Expiration Date **6/30/2003**  
 Remarks

License Number 12008  
 License Date 7/2/2003  
 Name **ROGERS JR, WALLACE A MD**  
 Address PO BOX 315, CASTLETON, VT, 05735  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation UNIV OF MINNESOTA MED SCH - MINNEAPOLIS, MN USA 1965  
 Internship and Year WEST VIRGINIA UNIVERSITY HOSPITAL - MORGANTOWN, WV 1996  
 Residency and Year FLETCHER ALLEN HEALTHCARE - BURLINGTON, VT 1972  
 License Expiration Date **6/30/2005**  
 Remarks **Deceased-12/13/09**

License Number 7820  
 License Date 4/6/1988  
 Name **ROGERS, ALAN C DO**  
 Address VALLEY REGIONAL HOSP, 243 ELM STCLAREMONT, NH, 03743  
 Specialty EM  
 Board Certified FP  
 School and Year of Graduation UNIV NEW ENGLAND COLL OF OSTEO MED - ME USA 1985  
 Internship and Year WARREN HOSPITAL - PHILLIPSBURG, NJ 1987  
 Residency and Year WARREN HOSPITAL - PHILLIPSBURG, NJ 1985  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	10915
License Date	5/3/2000
Name	<b>ROGERS, CHARLES C MD</b>
Address	DARTMOUTH HITCHCOCK MEDICAL, ONE MEDICAL CTR DRLEBANON, NH, 03756-0001
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF ARKANSAS COLLEGE OF MEDICINE-AK USA 1960
Internship and Year	UNIVERSITY OF ARKANSAS SCHOOL OF MEDICINE-LITTLE ROCK, AR 1961
Residency and Year	UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE-OKLAHOMA-OK 1966
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	7330
License Date	5/8/1986
Name	<b>ROGERS, CLARE R MD</b>
Address	, 188 BRAVE BOAT HARBOR RD KITTERY POINT, ME, 03905
Specialty	P
Board Certified	P
School and Year of Graduation	GEORGE WASHINGTON UNIV SCH MED - DC USA 1978
Internship and Year	CAMBRIDGE HOSPITAL - CAMBRIDGE, MA 1979
Residency and Year	CAMBRIDGE HOSPITAL - CAMBRIDGE, MA 1982
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	6865
License Date	4/10/1984
Name	<b>ROGERS, WILLIAM D MD</b>
Address	, , ,
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1979
Internship and Year	
Residency and Year	
License Expiration Date	<b>7/27/1989</b>
Remarks	

License Number	17278
License Date	9/2/2015
Name	<b>ROGINSKI, MATTHEW A MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	EM
Board Certified	
School and Year of Graduation	UB, SUNY SCHOOL OF MEDICINE, BUFFALO, NY USA 2012
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON, NH 2013
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON, NH 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number	12204
License Date	1/7/2004
Name	<b>ROGOSIN, SHAHNA G MD</b>
Address	CHILDREN'S HOSPITAL, 300 LONGWOOD AVE FEGAN 8BOSTON, MA, 02115
Specialty	CHP
Board Certified	
School and Year of Graduation	ST GEORGE'S UNIVERSITY, SAINT GEORGES GRENADA GRENADA 1998
Internship and Year	UNIVERSITY OF MARYLAND, BALTIMORE MD 2002
Residency and Year	CHILDRENS HOSPITAL, BOSTON MA 2003
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	14208
License Date	10/1/2008
Name	<b>ROHE, RONALD A MD</b>
Address	TAMC, 140 ACADEMY STPRESQUE ISLE, ME, 04769
Specialty	IM
Board Certified	IM
School and Year of Graduation	STATE UNIV OF NEW YORK USA 1965
Internship and Year	BUFFALO GENERAL HOSPITAL - BUFFALO, NY 1966
Residency and Year	BUFFALO GENERAL HOSPITAL - BUFFALO, NY 1969
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13327
License Date	11/1/2006
Name	<b>ROHRBACHER, JAYNE MD</b>
Address	4 BIRCH DR, PEPPERELL, MA, 01463
Specialty	PD
Board Certified	PD
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1984
Internship and Year	CHILDRENS HOSPITAL MEDICAL CENTER - CINCINNATI, OH 1985
Residency and Year	CHILDRENS HOSPITAL MEDICAL CENTER - CINCINNATI, OH 1988
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	16843
License Date	11/6/2014
Name	<b>ROJAS SOTO, DIANA M MD</b>
Address	DHMC, ONE MEDICAL CENTER DRLEBANON, NH, 03766
Specialty	N
Board Certified	N
School and Year of Graduation	UNIVERSIDAD EL BOSQUE COLOMBIA 2001
Internship and Year	METROPOLITAN HOSPITAL CENTER - NY, NY 2009
Residency and Year	SUNY DOWNSTATE MEDICAL CENTER - BROOKLYN, NY 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 16089  
 License Date 4/3/2013  
 Name **ROLAND, ROBIN E MD**  
 Address 3241 WASHINGTON ST, SAN FRANCISCO, CA, 94115  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation TULANE UNIVERSITY SCHOOL OF MEDICINE USA 2007  
 Internship and Year WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 2008  
 Residency and Year WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 2010  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 5751  
 License Date 6/13/1977  
 Name **ROLETT, ELLIS L MD**  
 Address DARTMOUTH MEDICAL SCHOOL, HINMAN BOX 7999HANOVER, NH, 03755  
 Specialty CD  
 Board Certified CD  
 School and Year of Graduation HARVARD MEDICAL SCHOOL BOSTON USA 1955  
 Internship and Year MASS GENERAL HOSPITAL,BOSTON 1956  
 Residency and Year PETER B BRIGHAM HOSPITAL - BOSTON, MA 1962  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 16492  
 License Date 2/5/2014  
 Name **ROLFES JR, ROBERT J MD**  
 Address DOVER VETERANS ADM CLINIC - CBOC, 1198 S GOVERNORS AVE., STE 201DOVER, DE, 19904  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF CINCINNATI COLLEGE OF MEDICINE USA 1983  
 Internship and Year DWIGHT DAVID EISENHOWER ARMY MEDICAL CENTER - FORT GORDON, GA 1984  
 Residency and Year DWIGHT DAVID EISENHOWER ARMY MEDICAL CENTER - FORT GORDON, GA 1986  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12676  
 License Date 4/6/2005  
 Name **ROLFES, RICHARD J MD**  
 Address 5400 KENNEDY AVE, CINCINNATI, OH, 45213  
 Specialty R  
 Board Certified R  
 School and Year of Graduation OHIO STATE UNIVERSITY, COLUMBUS OH US 1986  
 Internship and Year UNIVERSITY OF FLORIDA, GAINESVILLE FL 1988  
 Residency and Year UNIVERSITY OF FLORIDA, GAINESVILLE FL 1990  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	14597
License Date	9/2/2009
Name	<b>ROMANO, JOSEPH JORDAN DO</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	PHILADELPHIA COLLEGE OF OSTEOPATHIC MED USA 2006
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON NH 2007
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON NH 2009
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	12947
License Date	11/2/2005
Name	<b>ROMANOW, JOHN H MD</b>
Address	LAHEY CLINIC: DEPT OF OTOLARYNGOLOGY, 41 MALL RDBURLINGTON, MA, 01805
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	TUFTS UNIVERSITY, BOSTON MA US 1988
Internship and Year	BROOKE ARMY MED CTR, FORT SAM HOUSTON TX 1989
Residency and Year	BROOKE ARMY MED CTR, FORT SAM HOUSTON TX 1994
License Expiration Date	<b>6/30/2011</b>
Remarks	<b>LAPSED FOR NON-RENEWAL ON 6/30/07 REINSTATED ON 5/7/08</b>

License Number	16023
License Date	2/6/2013
Name	<b>ROMANOWICZ, MAGDALENA MD</b>
Address	445 CYPRESS ST, UNIT 8MANCHESTER, NH, 03103
Specialty	CHP
Board Certified	
School and Year of Graduation	AKADEMIA MEDYCZNA POLAND 2007
Internship and Year	MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 2009
Residency and Year	MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7549
License Date	4/1/1987
Name	<b>ROMANOWSKY, MICHAEL P MD</b>
Address	159 N BROADWAY, SALEM, NH, 03079
Specialty	FP
Board Certified	FP
School and Year of Graduation	ESCUELA DE MED UNIV DEL NORESTE TAMPCO MEXICO 1983
Internship and Year	ST FRANCIS HOSPITAL - WILMINGTON, DE 1985
Residency and Year	ST FRANCIS HOSPITAL - WILMINGTON, DE 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 15234  
 License Date 5/4/2011  
 Name **ROMEROCACES, GLORIA M MD**  
 Address PLUS DIAGNOSTICS, 825 RAHWAY AVE UNION, NJ, 07083  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation UNIVERSITY OF SANTO TOMAS PHILIPPINES 1979  
 Internship and Year SAINT BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 1988  
 Residency and Year SAINT BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 1991  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15938  
 License Date 11/7/2012  
 Name **RONAN, LARA K MD**  
 Address DHMC - DEPT OF NEUROLOGY, ONE MED CTR DR LEBANON, NH, 03756  
 Specialty N  
 Board Certified N  
 School and Year of Graduation UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE USA 1994  
 Internship and Year ST JOSEPH MERCY HOSPITAL - ANN ARBOR, MI 1995  
 Residency and Year UNIVERSITY OF MICHIGAN HOSPITALS - ANN ARBOR, MI 1998  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13269  
 License Date 9/6/2006  
 Name **RONDEL, IRINA MD**  
 Address BROOKLYN HOSPITAL CTR-RADIOLOG, 121 DEKALB AVE BROOKLYN, NY, 11201  
 Specialty R  
 Board Certified R  
 School and Year of Graduation MOSCOW STATE UNIVERSITY, RUSSIA RUSSIA 1983  
 Internship and Year BROOKLYN HOSPITAL CTR, BROOKLYN NY 1998  
 Residency and Year MAIMONIDES MED CTR, BROOKLYN NY 2002  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 14095  
 License Date 7/9/2008  
 Name **RONDON VIDAL, MICHEL J MD**  
 Address FURTHER CARE PA, 330 BORTHWICK AVE., SUITE 111 PORTSMOUTH, NH, 03801  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIV AUTONOMA DE SANTO DOMINGO DOMINICAN REPUBLIC 1998  
 Internship and Year ST BARNABAS HOSPITAL - BRONX, NY 2004  
 Residency and Year MT SINAI SCHOOL OF MEDICINE-ELMHURST HOSPITAL CENTER - ELMHURST, NY 2007  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	9820
License Date	8/7/1996
Name	<b>ROOFEH, ROSA MD</b>
Address	9804 S MILITARY TRAIL, STE E1 AND E2BOYNTON BEACH, FL, 33436
Specialty	IM
Board Certified	
School and Year of Graduation	UNIV OF THE CARIBBEAN SCH OF MED MONTSEERRAT 1985
Internship and Year	STAMFORD HOSPITAL - STAMFORD, CT 1996
Residency and Year	STAMFORD HOSPITAL - STAMFORD, CT 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	1/8/02 - Final Decision and Order

License Number	17078
License Date	5/6/2015
Name	<b>ROONEY, JOHN E MD</b>
Address	8717 E MONTECITO AVE, SCOTTSDALE, AZ, 85251
Specialty	FP
Board Certified	FP
School and Year of Graduation	AMERICAN UNIVERSITY OF THE CARIBBEAN ST MAARTEN 2003
Internship and Year	SCOTTSDALE HEALTHCARE-OSBORN - SCOTTSDALE, AZ 2005
Residency and Year	SCOTTSDALE HEALTHCARE-OSBORN - SCOTTSDALE, AZ 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15636
License Date	4/4/2012
Name	<b>ROONEY, TIMOTHY B MD</b>
Address	NORTH STATE RADIOLOGY, 1720 EXPLANADECHICO, CA, 95926
Specialty	DR
Board Certified	DR
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2001
Internship and Year	NAVAL MEDICAL CENTER - SAN DIEGO, CA 2002
Residency and Year	NAVAL MEDICAL CENTER - SAN DIEGO, CA 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6487
License Date	1/7/1982
Name	<b>ROOT, HEIDI MD</b>
Address	SACO MED GROUP, 7 GREENWOOD AVECONWAY, NH, 03818
Specialty	IM
Board Certified	IM
School and Year of Graduation	NEW YORK UNIV SCH MED NEW YORK,NY USA 1977
Internship and Year	MED CTR HOSP-BURLINGTON,VT 1978
Residency and Year	MED CTR HOSP-BURLINGTON,VT 1981
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 13757  
 License Date 11/7/2007  
 Name **RORDORF, GUY A MD**  
 Address PARTNERS TELESTROKE, 55 FRUIT ST BOSTON, MA, 02114  
 Specialty N  
 Board Certified N  
 School and Year of Graduation UNIV DE GENEVE SWITZERLAND 1988  
 Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1991  
 Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1993  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 7305  
 License Date 4/3/1986  
 Name **RORK, DENNIS G MD**  
 Address LONDONDERRY FAMILY PRACTICE, 6 BUTTRICK RD STE 200 LONDONDERRY, NH, 03053  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF ROCHESTER SCH MED - ROCHESTER, NY USA 1979  
 Internship and Year NAVAL HOSPITAL - CHARLESTON, SC 1980  
 Residency and Year NAVAL HOSPITAL - CHARLESTON, SC 1982  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13328  
 License Date 11/1/2006  
 Name **ROSAK, ATENA M MD**  
 Address O'DEA MEDICAL ART BUILDING, 7505 OSLER DR STE 308 TOWNSON, MD, 21204  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation TUFTS UNIV USA 2002  
 Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2003  
 Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15889  
 License Date 10/3/2012  
 Name **ROSALES, ANA MARIA MD**  
 Address MASS GEN HOSP, 175 CAMBRIDGE ST 5TH FL BOSTON, MA, 02114  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIV CENTRAL DE VENEZUELA-LUIS RAZETTI VENEZUELA 1993  
 Internship and Year MIAMI CHILDRENS HOSPITAL - MIAMI, FL 1996  
 Residency and Year MIAMI CHILDRENS HOSPITAL - MIAMI, FL 1998  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	14096
License Date	7/9/2008
Name	<b>ROSAND, JONATHAN M MD</b>
Address	MASS GEN HOSP, 15 PARKMAN ST WAC 729 JBOSTON, MA, 02114
Specialty	N
Board Certified	N
School and Year of Graduation	COLUMBIA UNIV USA 1994
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1995
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12677
License Date	4/6/2005
Name	<b>ROSCOE, MELANIE A MD</b>
Address	DARTMOUTH HITCHCOCK CLINIC, 100 HITCHCOCK WAYMANCHESTER, NH, 03103
Specialty	PD
Board Certified	PDT
School and Year of Graduation	ALBANY MEDICAL COLLEGE, ALBANY NY US 1991
Internship and Year	DAVIS GRANT MEDICAL CENTER, TRAVIS AFB CA 1992
Residency and Year	DAVIS GRANT MED CTR, TRAVIS AFB CA 1994
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	11718
License Date	8/7/2002
Name	<b>ROSE JR, DONALD R MD</b>
Address	ALTON FAMILY PRACTICE, 8 MAIN ST PO BOX 1380ALTON, NH, 03809
Specialty	FP
Board Certified	FP
School and Year of Graduation	STATE UNIV OF NY UPSTATE MED UNIV- SYRACUSE, NY USA 1999
Internship and Year	IDAHO STATE UNIV-POCATELLO,IDAHO 2000
Residency and Year	IDAHO STATE UNIV-POCATELLO,IDAHO 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4284
License Date	8/21/1968
Name	<b>ROSE JR, WALTER C MD</b>
Address	KEENE CLINIC, 590 COURT STKEENE, NH, 03431
Specialty	OBG
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1996</b>
Remarks	<b>DECEASED - 06/30/96</b>

License Number	6090
License Date	7/26/1979
Name	<b>ROSE, BRUCE A MD</b>
Address	FRANKLIN REGIONAL HOSP, 15 AIKEN AVEFRANKLIN, NH, 03235-
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF HAWAII SCH MEDICINE - HONOLULU, HI USA 1976
Internship and Year	ST MARY MEDICAL CENTER - LONG BEACH, CA 1977
Residency and Year	ST MARY MEDICAL CENTER - LONG BEACH, CA 1979
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10345
License Date	7/1/1998
Name	<b>ROSE, DOUGLAS J MD</b>
Address	201 CASSEL DR, KINGSPORT, TN, 37660
Specialty	FP
Board Certified	FP
School and Year of Graduation	JEFFERSON MED COLL THOMAS JEFFERSON UNIV USA PHILA, PA 1995
Internship and Year	NEW HAMPSHIRE - DARTMOUTH FAMILY PRACTICE PROGRAM- CONCORD, NH 1996
Residency and Year	NEW HAMPSHIRE - DARTMOUTH FAMILY PRACITCE PROGRAM- CONCORD, NH 1997
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	15458
License Date	11/2/2011
Name	<b>ROSE, GREGORY H MD</b>
Address	WAYS, 13737 NOEL RD STE 1600DALLAS, TX, 75240
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF TEXAS MEDICAL SCHOOL USA 1993
Internship and Year	BAYLOR UNIVERSTIY MEDICAL CENTER - DALLAS, TX 1994
Residency and Year	BAYLOR UNIVERSTIY MEDICAL CENTER - DALLAS, TX 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7160
License Date	7/10/1985
Name	<b>ROSE, ROBERT J MD</b>
Address	UPPER CONNECTICUT VALLEY HOSPITAL, 181 CORLISS LANECOLEBROOK, NH, 03576
Specialty	FP
Board Certified	
School and Year of Graduation	UNIVERSITY OF MINNESOTA-MINNEAPOLIS, MN USA 1972
Internship and Year	ST MARYS HOSPITAL - DULUTH, MN 1973
Residency and Year	ST MARYS HOSPITAL - DULUTH, MN 1973
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number 4497  
 License Date 10/14/1969  
 Name **ROSE, ROBERT J MD**  
 Address 111 DARTMOUTH COLLEGE HIGHWAY, HAVERHILL, NH, 03765  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation UNIV OF WISCONSIN - MADISON, WI USA 1968  
 Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1969  
 Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1969  
 License Expiration Date **1/1/2015**  
 Remarks **RETIRED - REQUESTED INACTIVE 1/1/15**

License Number 11607  
 License Date 5/1/2002  
 Name **ROSEBERRY, CHRISTOPHER A MD**  
 Address CORE PHYSICIANS LLC, 3 ALUMNI DR STE 201 EXETER, NH, 03833  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation GEORGETOWN UNIV SCH- WASHINGTON, DC USA 1993  
 Internship and Year WILFORD HALL MEDICAL CENTER - LACKLAND AFB, TX 1994  
 Residency and Year WILFORD HALL MEDICAL CENTER - LACKLAND AFB, TX 1998  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10034  
 License Date 6/4/1997  
 Name **ROSEN, ALAN E MD**  
 Address MID-STATE HEALTH CENTER, 101 BOULDER POINT DR STE 1 PLYMOUTH, NH, 03264  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation ALBANY MEDICAL COLLEGE - ALBANY, NY USA 1994  
 Internship and Year VALLEY MENTAL HEALTH - UT 1997  
 Residency and Year VALLEY MENTAL HEALTH - UT 1997  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11036  
 License Date 8/2/2000  
 Name **ROSEN, ANDREW R MD**  
 Address ELLIOT PRIMARY CARE LONDONDERRY, 40 BUTTRICK RD LONDONDERRY, NH, 03053  
 Specialty PD  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF ROCHESTER - ROCHESTER NY USA 1996  
 Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD MA 1997  
 Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD MA 2000  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	6526
License Date	4/1/1982
Name	<b>ROSEN, BARRY L MD</b>
Address	DARTMOUTH-HITCHCOCK CONCORD, 253 PLEASANT STCONCORD, NH, 03301-2593
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF MICHIGAN MED SCH-ANN ARBOR,MI USA 1977
Internship and Year	UNIV OF MARYLANDF HOSP-BALTIMORE,MD 1978
Residency and Year	UNIV OF MARYLAND HOSP-BALTIMORE,MD 1981
License Expiration Date	<b>1/2/2006</b>
Remarks	DECEASED 1/2/06

License Number	9071
License Date	10/6/1993
Name	<b>ROSEN, BERNARD A MD</b>
Address	VALLEY FAMILY PHYSICIANS PLLC, 5 DUNNING STCLAREMONT, NH, 03743
Specialty	FP
Board Certified	FP
School and Year of Graduation	HAHNEMANN UNIVERSITY SCHOOL OF MEDICINE USA 1986
Internship and Year	HAMOT MEDICAL CENTER - ERIE PA 1987
Residency and Year	HAMOT MEDICAL CENTER - ERIE PA 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14695
License Date	12/2/2009
Name	<b>ROSEN, JEFFREY D MD</b>
Address	PO BOX 558, LUDLOW, VT, 05149
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF NEW JERSEY USA 1973
Internship and Year	ALBANY MEDICAL CENTER - ALBANY, NY 1974
Residency and Year	ALBANY MEDICAL CENTER - ALBANY, NY 1977
License Expiration Date	<b>5/3/2013</b>
Remarks	5/3/13 - Voluntary Surrender of License

License Number	8476
License Date	1/9/1991
Name	<b>ROSEN, JOSEPH M MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DR PLASTICLEBANON, NH, 03756-
Specialty	PS
Board Certified	PS
School and Year of Graduation	STANFORD UNIVERSITY SCHOOL OF MEDICINE USA 1978
Internship and Year	STANFORD UNIVERSITY SCHOOL OF MEDICINE - STANFORD CA 1979
Residency and Year	STANFORD UNIVERSITY SCHOOL OF MEDICINE - STANFORD CA 1980
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14940
License Date	7/7/2010
Name	<b>ROSEN, LESLIE B MD</b>
Address	DERMPATH DIAGNOSTICS, 895 SW 30TH AVE #101POMPANO BEACH, FL, 33069
Specialty	DMP
Board Certified	DMP
School and Year of Graduation	STATE UNIVERSITY OF NEW YORK USA 1979
Internship and Year	MT SINAI MEDICAL CENTER OF FLORIDA INC - MIAMI, FL 1980
Residency and Year	MT SINAI MEDICAL CENTER OF FLORIDA INC - MIAMI, FL 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>LAPSED FOR NONRENEWAL 6/30/14 RENEWED 7/28/14</b>

License Number	16874
License Date	12/3/2014
Name	<b>ROSEN, NOAH A MD</b>
Address	COASTAL VASCULAR SURGERY, 3 TERRASCAPE PKWYSOMERSWORTH, NH, 03878
Specialty	VS
Board Certified	VS
School and Year of Graduation	UNIVERSITY OF PA SCHOOL OF MEDICINE USA 1998
Internship and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 1999
Residency and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9197
License Date	6/1/1994
Name	<b>ROSEN, WILLIAM J MD</b>
Address	DHMC-OPH, 1 MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIVERSITY OF CALIFORNIA, DAVIS SCHOOL OF MEDICINE USA 1989
Internship and Year	ST MARY'S MEDICAL CENTER- LONG BEACH CA 1990
Residency and Year	UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11072
License Date	9/6/2000
Name	<b>ROSENBAUM, DANIEL J MD</b>
Address	25 S RIVER RD BLDG 3, BEDFORD, NH, 03110
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF MED & DENISTRY OF NJ- NEWARK, NJ USA 1997
Internship and Year	FAIRFAX FAMILY PRACTICE CTR - FAIRFAX, VA 1998
Residency and Year	FAIRFAX FAMILY PRACTICE CTR - FAIRFAX, VA 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 11073  
 License Date 9/6/2000  
 Name **ROSENBERG, NAOMI MD**  
 Address SALEM MEDICAL CENTER, 4 ORCHARD VIEW DR LONDONDERRY, NH, 03053  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation ALBANY MEDICAL COLL - ALBANY, NY USA 1991  
 Internship and Year UNIV OF MICHIGAN - ANN ARBOR, MI 1992  
 Residency and Year UNIV OF MICHIGAN - ANN ARBOR, MI 1995  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 11543  
 License Date 3/6/2002  
 Name **ROSENBLATT, HAROLD R MD**  
 Address 125 N ELM ST 3RD FLR, WESTFIELD, MA, 01089  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation TULANE UNIV - NEW ORLEANS, LA USA 1973  
 Internship and Year BOSTON VA MEDICAL CENTER - JAMAICA PLAIN, MA 1974  
 Residency and Year BOSTON VA MEDICAL CENTER - JAMAICA PLAIN, MA 1975  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 10508  
 License Date 2/3/1999  
 Name **ROSENBLATT, JEFFREY A MD**  
 Address MMP MAINEHEALTH CARDIOLOGY, 96 CAMPUS DR, STE 1 SCARBOROUGH, ME, 04074  
 Specialty CD  
 Board Certified CD  
 School and Year of Graduation UNIV OF VERMONT - BURLINGTON, VT USA 1987  
 Internship and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1988  
 Residency and Year BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1989  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16875  
 License Date 12/3/2014  
 Name **ROSENBLATT, KEVIN P MD**  
 Address 10301 STELLA LINK RD STE C, HOUSTON, TX, 77025  
 Specialty PTH  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF TX SOUTHWESTERN MED CENTER USA 2000  
 Internship and Year NATIONAL INSTITUTES OF HEALTH CLINICAL CENTER - BETHESDA, MD 2001  
 Residency and Year NATIONAL INSTITUTES OF HEALTH CLINICAL CENTER - BETHESDA, MD 2003  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	13561
License Date	6/6/2007
Name	<b>ROSENBLATT, PETER L MD</b>
Address	BOSTON UROGYNECOLOGY ASSOC, 725 CONCORD AVE STE 1200CAMBRIDGE, MA, 02138
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	TUFTS UNIV USA 1989
Internship and Year	UNIV OF MASSACHUSETTS MEMORIAL HEALTH CARE - WORCESTER, MA 1990
Residency and Year	UNIV OF MASSACHUSETTS MEMORIAL HEALTH CARE - WORCHESTER, MA 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14436
License Date	5/6/2009
Name	<b>ROSENBLEETH, ROBIN B MD</b>
Address	PORTSMOUTH ANESTHESIA ASSOC, 333 BORTHWICK AVEPORTSMOUTH, NH, 03801
Specialty	AN
Board Certified	AN
School and Year of Graduation	WAKE FOREST UNIVERSITY USA 2004
Internship and Year	WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE - WINSTON SALEM, NC 2005
Residency and Year	WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE - WINSTON SALEM, NC 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5191
License Date	6/19/1974
Name	<b>ROSENBLOOM, CARL F MD</b>
Address	PMA, 1 PARKWAYHAVERHILL, MA, 01830-6220
Specialty	ADL
Board Certified	PD
School and Year of Graduation	UNIV OF VERMONT USA 1967
Internship and Year	MONTEFIORE HOSPITAL - BRONX, NY 1968
Residency and Year	MONTEFIORE HOSPITAL - BRONX, NY 1970
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	10372
License Date	8/5/1998
Name	<b>ROSENE-MONTELLA, KAREN A MD</b>
Address	RHODE ISLAND HOSP, 593 EDDY ST APC BLDG RM 424PROVIDENCE, RI, 02903
Specialty	IM
Board Certified	IM
School and Year of Graduation	NORTHWESTERN UNIV MED SCH - CHICAGO, IL USA 1977
Internship and Year	FAMILY MEDICINE-SPOKANE - WASHINGTON 1978
Residency and Year	SACRED HEART MEDICAL CENTER - WASHINGTON 1979
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 7101  
 License Date 5/2/1985  
 Name **ROSENFELD, ALAN S MD**  
 Address CARDIAC ASSOCIATES OF NH, 85 SPRING ST LACONIA, NH, 03246-2742  
 Specialty CD  
 Board Certified CD  
 School and Year of Graduation ALBERT EINSTEIN COLL OF MED-BRONX, NY USA 1980  
 Internship and Year U OF CONNECTICUT-FARMINGTON, CT 1981  
 Residency and Year U OF CONNECTICUT - FARMINGTON, CT 1981  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 6199  
 License Date 5/8/1980  
 Name **ROSENFELD, MICHAEL MD**  
 Address 444 NASHUA ST, MILFORD, NH, 03055  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation MED COLLEGE OF WISCONSIN - MILWAUKEE, WI USA 1976  
 Internship and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1977  
 Residency and Year MT SINAI HOSPITAL - NEW YORK, NY 1980  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 5642  
 License Date 11/4/1976  
 Name **ROSENFELD, RONALD S MD**  
 Address 281 BIRCH POINT RD, PO BOX 208 PERRY, ME, 04667  
 Specialty CD  
 Board Certified CD  
 School and Year of Graduation STATE UNIV OF NY UPSTATE MED - SYRACUSE, NY USA 1967  
 Internship and Year MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 1968  
 Residency and Year MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 1970  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 7999  
 License Date 11/9/1988  
 Name **ROSENGARD, DAVID E MD**  
 Address ROSENGARD CLINIC MED CTR, 380 W BROADWAY BOSTON, MA, 02127  
 Specialty P  
 Board Certified P  
 School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE USA 1945  
 Internship and Year LYNN HOSPITAL - LYNN MA 1946  
 Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON MA 1972  
 License Expiration Date **6/30/2000**  
 Remarks **DECEASED 9/13/2009**

License Number	11489
License Date	1/2/2002
Name	<b>ROSENKRANZ, KARI M MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	GS
Board Certified	GS
School and Year of Graduation	ALBANY MEDICAL COLLEGE- ALBANY, NY USA 1999
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9338
License Date	12/7/1994
Name	<b>ROSENSON, MALCOLM D MD</b>
Address	WENTWORTH - DOUGLAS HOSPITAL, MED STAFF OFF 789 CENTRAL STDOVER, NH, 03820
Specialty	ID
Board Certified	IM
School and Year of Graduation	LA STATE UNIV SCHOOL OF MEDICINE IN NEW ORLEANS USA 1981
Internship and Year	NEW ENGLAND DEACONESS HOSPITAL - BOSTON MA 1982
Residency and Year	NEW ENGLAND DEACONESS HOSPITAL - BOSTON MA 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13778
License Date	12/5/2007
Name	<b>ROSENSTEIN, SIMON D MD</b>
Address	INGENIX INC, 12125 TECHNOLOGY DREDEN PRAIRE, MN, 55440
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF MEDICINE & DENTISTRY OF NJ USA 1982
Internship and Year	UMDNJ ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK, NJ 1983
Residency and Year	UMDNJ ROBERT WOOD JOHNSON MEDICAL SCHOOL - NEW BRUNSWICK, NJ 1985
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	5607
License Date	9/2/1976
Name	<b>ROSENTHAL, DAVID S MD</b>
Address	3102 GREAT MEADOW RP, DEDHAM, MA, 02026
Specialty	IM
Board Certified	IM
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MED BOSTON USA 1963
Internship and Year	BOSTON CITY HOSPITAL BOSTON 1964
Residency and Year	BOSTON CITY HOSPITAL BOSTON MA 1967
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	15265
License Date	6/1/2011
Name	<b>ROSENTHAL, ERIC S MD</b>
Address	PARTNERS TELESTROKE, 55 FRUIT ST., BIGELOW 1206BOSTON, MA, 02114
Specialty	N
Board Certified	N
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 2004
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2005
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12175
License Date	12/3/2003
Name	<b>ROSENTHAL, HARRY M MD</b>
Address	ASHFORD PEDIATRICS ASSOCIATES, 14730 BARRYKNOLLHOUSTON, TX, 77079
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF TEXAS, GALVESTON TX US 1967
Internship and Year	GEORGETOWN MED, WASHINGTON DC 1968
Residency and Year	BAYLOR COLLEGE, HOUSTON TX 1970
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	6605
License Date	8/12/1982
Name	<b>ROSENTHAL, JEAN L MD</b>
Address	663 RTE 137, HARRISVILLE, NH, 03450
Specialty	PD
Board Certified	PD
School and Year of Graduation	YALE UNIV SCHOOL MED - NEW HAVEN,CT USA 1979
Internship and Year	CHILDREN'S HOSPITAL NATIONAL MEDICAL CENTER - WASHINGTON, DC 1980
Residency and Year	CHILDREN'S HOSPITAL NATIONAL MEDICAL CENTER - WASHINGTON, DC 1982
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	13880
License Date	3/5/2008
Name	<b>ROSENTHAL, SETH I MD</b>
Address	MIRACA LIFE SCIENCES, 320 NEEDHAM ST STE 320NEWTON, MA, 02464
Specialty	DMP
Board Certified	DMP
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 1996
Internship and Year	UNIV OF ALABAMA MEDICAL CENTER - BIRMINGHAM, AL 1997
Residency and Year	ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	5567
License Date	7/28/1976
Name	<b>ROSENTHALL, LOUIS E MD</b>
Address	ACTIVE AMBULATORY STAFF CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty	FP
Board Certified	FP
School and Year of Graduation	BOSTON UNIVERSITY USA 1971
Internship and Year	MAINE MEDICAL CENTER-PORTLAND ME 1972
Residency and Year	MAINE MEDICAL CENTER-PORTLAND ME 1974
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10664
License Date	8/4/1999
Name	<b>ROSENWASSER, CHRISTINE K MD</b>
Address	DARTMOUTH HITCHCOCK MEDICAL, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty	PD
Board Certified	PD
School and Year of Graduation	STATE UNIV OF NY HLTH SCI CTR-BROOKLYN,NY USA 1996
Internship and Year	CHILDRENS HOSPITAL OF LOS ANGELES - LOS ANGELES, CA 1997
Residency and Year	CHILDRENS HOSPITAL OF LOS ANGELES - LOS ANGELES, CA 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12116
License Date	10/1/2003
Name	<b>ROSENWASSER, TAMZIN A MD</b>
Address	5846 VENISOTA RD, VENICE, FL, 34293
Specialty	IM
Board Certified	IM
School and Year of Graduation	WASHINGTON UNIVERSITY, ST LOUIS MO US 1982
Internship and Year	WASHINGTON UNIVERSITY, ST LOUIS MO 1983
Residency and Year	WASHINGTON UNIVERSITY, ST LOUIS MO 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12678
License Date	4/6/2005
Name	<b>ROSENZWEIG, MARTIN H MD</b>
Address	UNITED BEHAVIORAL HEALTH, 100 EAST PENN SQ STE 400PHILADELPHIA, PA, 19107
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF WITWATERSRAND SOUTH AFRICA 1985
Internship and Year	PENNSYLVANIA HOSPITAL, PHILADELPHIA PA 1988
Residency and Year	PENNSYLVANIA HOSPITAL, PHILADELPHIA PA 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 5439  
 License Date 11/3/1975  
 Name **ROSMAN, LOWELL J MD**  
 Address 51 SCHOOL ST, ANDOVER, MA, 01810  
 Specialty NS  
 Board Certified NS  
 School and Year of Graduation UNIV OF VIRGINIA USA 1964  
 Internship and Year ST LUKES HOSPITAL - NY, NY 1964  
 Residency and Year BRONX MUNICIPAL HOSPITAL - BRONX, NY 1972  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 14525  
 License Date 7/1/2009  
 Name **ROSNER, JOEL L MD**  
 Address AMERICAN RADIOLOGIC TECH PC, 5770 SW 128TH STPINECREST, FL, 33156  
 Specialty R  
 Board Certified R  
 School and Year of Graduation TEMPLE UNIVERSITY USA 1997  
 Internship and Year ABINGTON MEMORIAL HOSPITAL - ABINGTON, PA 1998  
 Residency and Year UNIVERSITY OF MIAMI JACKSON MEMORIAL HOSPITAL - MIAMI, FL 2002  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 5192  
 License Date 6/10/1974  
 Name **ROSS, DAVID S MD**  
 Address TEEN HEALTH CLINIC, 72 CONCORD STMANCHESTER, NH, 03101  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIV OF PITTSBURGH, PA USA 1969  
 Internship and Year BRONX MUNICIPAL HOSPITAL - BRONX, NY 1970  
 Residency and Year TUFTS NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1973  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 13077  
 License Date 5/3/2006  
 Name **ROSS, DONALD G MD**  
 Address HOLY FAMILY HOSPITAL, 70 EAST STMETHUEN, MA, 01844  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation UNIV OF MASSACHUSETTS USA 1986  
 Internship and Year NEW ENGLAND MEDICAL CENTER HOSPITALS-BOSTON MA 1987  
 Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITALS- BOSTON MA 1990  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12552  
 License Date 12/1/2004  
 Name **ROSS, GUY W MD**  
 Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIVERSITY OF CAPE TOWN, S AFRICA AFRICA 1991  
 Internship and Year ALBERT EINSTEIN MED CTR, PHILADELPHIA PA 1995  
 Residency and Year CORNELL CAMPUS, NEW YORK NY 2001  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 10401  
 License Date 9/2/1998  
 Name **ROSS, JONATHAN MD**  
 Address NEW ENGLAND NEUROLOGY ASSO, 354 MERRIMACK STLAWRENCE, MA, 01843  
 Specialty N  
 Board Certified N  
 School and Year of Graduation ROYAL COLL OF SUSSRGEONS IN IRELAND IRELAND 1991  
 Internship and Year BOSTON UNIV SCH OF MED - BOSTON, MA 1993  
 Residency and Year BOSTON UNIV SCH OF MED - BOSTON, MA 1996  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 6679  
 License Date 4/7/1983  
 Name **ROSS, JONATHAN M MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation STATE UNIV OF NY DOWNSTATE COLL MED USA 1975  
 Internship and Year NY UNIV MEDICAL CENTER - NY, NY 1976  
 Residency and Year KINGS COUNTY HOSPITAL CENTER - BROOKLYN, NH 1979  
 License Expiration Date **6/30/2017**  
 Remarks **4/7/00 - SETTLEMENT AGREEMENT**

License Number 14975  
 License Date 8/4/2010  
 Name **ROSS, MARTIN MD**  
 Address ST JOSEPH MEDICAL GROUP, 2494 BERNVILLE RD - SUITE 205READING, PA, 19605  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation STATE UNIVERSITY OF NEW YORK USA 1984  
 Internship and Year MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 1985  
 Residency and Year MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 1989  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	10246
License Date	3/4/1998
Name	<b>ROSS, ROBIN D MD</b>
Address	CONCORD OPHTHALMOLOGIC ASSOC, 9 SOUTH SPRING STCONCORD, NH, 03301
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	CORNELL UNIV OF NEW YORK USA 1990
Internship and Year	UNIV OF MICHIGAN - ANN ARBOR, MI 1991
Residency and Year	UNIV OF IOWA HOSPITAL AND CLINICS - IOWA CITY, IA 1995
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	14177
License Date	9/3/2008
Name	<b>ROSS, SYNTHIA J DO</b>
Address	76 SOUTH RD, BRENTWOOD, NH, 03833
Specialty	AN
Board Certified	AN
School and Year of Graduation	WESTERN UNIV USA 1993
Internship and Year	NAVAL MEDICAL CENTER - PORTSMOUTH, VA 1994
Residency and Year	UNIV OF WASHINGTON SCHOOL OF MEDICINE - SEATTLE, WA 2001
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	15093
License Date	12/1/2010
Name	<b>ROSSI, ANA P MD</b>
Address	MAINE MEDICAL CENTER, 22 BRAMHALL STPORTLAND, ME, 04102
Specialty	IM
Board Certified	
School and Year of Graduation	UNIVERSIDAD DE BUENOS AIRES ARGENTINA 2006
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2008
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2010
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	16096
License Date	5/1/2013
Name	<b>ROSSI, PAUL C DO</b>
Address	CIGNA, 1777 SENTRY PARK WEST DUBLIN HALL 4TH FLBLUE BELL, PA, 19422
Specialty	EM
Board Certified	EM
School and Year of Graduation	DES MOINES UNIVERSITY OSTEOPATHIC MEDICAL CENTER USA 1978
Internship and Year	SAINT BARNABAS MEDICAL CENTER, LIVINGSTON, NJ 1979
Residency and Year	PHILADELPHIA COLLEGE OF OSTEOPATHIC EMDICINE, PHILADELPHIA, PA 1982
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>ADMINISTRATIVE LICENSE</b>

License Number 10880  
 License Date 4/5/2000  
 Name **ROSSIGNOL, MOLLY E DO**  
 Address CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND-BIDDEFORD,ME USA 1996  
 Internship and Year CENTRAL MAINE MEDICAL CENTER-LEWISTON,ME 1997  
 Residency and Year EASTERN MAINE MEDICAL CTR-BANGOR,ME 2000  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13779  
 License Date 12/5/2007  
 Name **ROST, NATALIA S MD**  
 Address PARTNERS TELESTROKE, 55 FRUIT ST, BIGELOW 1206BOSTON, MA, 02114  
 Specialty N  
 Board Certified N  
 School and Year of Graduation BOSTON UNIV USA 2002  
 Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2003  
 Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2006  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10060  
 License Date 7/2/1997  
 Name **ROSTAN, GARY A DO**  
 Address 11390 E VIA LINDA STE 100, SCOTTSDALE, AZ, 85259  
 Specialty GP  
 Board Certified  
 School and Year of Graduation UNIV OSTEO MED HLTH SCI COLL OSTEO MED - IA USA 1984  
 Internship and Year JACKSONVILLE HLTH ED PROGRAM - FL 1985  
 Residency and Year PHOENIX GENERAL HOSPITAL OSTEO - AR 1986  
 License Expiration Date **6/30/1998**  
 Remarks

License Number 7851  
 License Date 5/4/1988  
 Name **ROSTON, DIANE M MD**  
 Address 2456 CHRISTIAN ST, STE 206WHITE RIVER JCT, VT, 05001  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIV OF WISCONSIN MED SCH - MADISON, WI USA 1986  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1987  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1990  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 7588  
 License Date 5/6/1987  
 Name **ROTELLA, JOSEPH D MD**  
 Address PLYMOUTH INTERNAL MEDICINE, 19 AVERY STPLYMOUTH, NH, 03264-1130  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF CINCINNATI - CINCINNATI, OH USA 1984  
 Internship and Year GOOD SAMARITAN HOSPITAL - CINCINNATI, OH 1985  
 Residency and Year GOOD SAMARITAN HOSPITAL - CINCINNATI, OH 1987  
 License Expiration Date **6/30/1999**  
 Remarks

License Number 10493  
 License Date 1/16/1999  
 Name **ROTELLA, RICHARD C MD**  
 Address 515 161 ST AVE, REDINGTON BEACH, FL, 33708  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation UNIV OF SO CALIFORNIA SCH OF MED-LOS ANGELES, CA USA 1960  
 Internship and Year LOS ANGELES COUNTY HARBOR UCLA MEDICAL CENTER - TORRANCE, CA 1961 1961  
 Residency and Year ALBERT EINSTEIN COLL OF MED - BRONX, NY 1963  
 License Expiration Date **6/30/2001**  
 Remarks

License Number 5631  
 License Date 10/7/1976  
 Name **ROTH, BARRY H MD**  
 Address 320 WASHINGTON ST 4TH FLOOR, BROOKLINE, MA, 02445  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIVERSITY OF ROCHESTER SCHOOL OF MED & DENTISTRY USA 1973  
 Internship and Year HIGHLAND GENERAL HOSPITAL - OAKLAND, CA 1974  
 Residency and Year MASSACHUSETTS MENTAL HEALTH CENTER - BOSTON, MA 1978  
 License Expiration Date **6/30/2014**  
 Remarks **LAPSED FOR NON-RENEWAL DECEMBER 1978. REINSTATED ON 10/5/2011.**

License Number 14144  
 License Date 8/6/2008  
 Name **ROTH, CATHERINE M DO**  
 Address WE CARE PEDIATRICS, 25 PELHAM RD STE 103SALEM, NH, 03079  
 Specialty PD  
 Board Certified PDT  
 School and Year of Graduation UNIV OF NEW ENGLAND USA 2005  
 Internship and Year MEDICAL UNIV OF SOUTH CAROLINA - CHARLESTON, SC 2006  
 Residency and Year MEDICAL UNIV OF SOUTH CAROLINA - CHARLESTON, SC 2007  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	7331
License Date	5/8/1986
Name	<b>ROTH, STEVEN R MD</b>
Address	, 2 BARTLETT RDSTRATHAM, NH, 03885
Specialty	FP
Board Certified	FP
School and Year of Graduation	STATE UNIV OF NY-DOWNSTATE-BROOKLYN USA 1980
Internship and Year	UNIVERSITY OF MA HOSPITAL - WORCESTER 1981
Residency and Year	UNIVERSITY OF MA HOSPITAL -WORCESTER 1982
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	15971
License Date	12/5/2012
Name	<b>ROTHBERG, CHARLES S MD</b>
Address	2016 N GRANDVIEW LN, BISMARCK, ND, 58503
Specialty	NS
Board Certified	NS
School and Year of Graduation	UNIVERSITY OF TORONTO CANADA 1972
Internship and Year	CALGARY GENERAL HOSPITAL - ALBERTA, CANADA 1973
Residency and Year	UNIVERSITY OF ALBERTA - EDMONTON, CANADA 1979
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	5145
License Date	2/11/1974
Name	<b>ROTHEMUND, MAX W K MD</b>
Address	578 SHORE DR, LACONIA, NH, 03246
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	OHIO STATE UNIVERSITY-COLUMBUS OH USA 1966
Internship and Year	LOS ANGELES COUNTY GENERAL HOSP-LOS ANGELES CA 1967
Residency and Year	OHIO STATE UNIVERSITY-COLUMBUS OH 1973
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9308
License Date	10/5/1994
Name	<b>ROTHFLEISCH, RICHARD MD</b>
Address	168 KINSLEY ST STE 10, NASHUA, NH, 03060-
Specialty	CCM
Board Certified	CCM
School and Year of Graduation	NEW YORK MEDICAL COLLEGE USA 1985
Internship and Year	NAVAL MEDICAL CENTER - PORTSMOUTH VA 1990
Residency and Year	OVERLOOK HOSPITAL - SUMMIT NJ 1991
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	9554
License Date	9/6/1995
Name	<b>ROTHMAN, GREG W MD</b>
Address	DARTMOUTH-HITCHCOCK KEENE, 590 COURT STKEENE, NH, 03431-
Specialty	IM
Board Certified	IM
School and Year of Graduation	NEW YORK UNIV SCHOOL OF MEDICAL NEW YORK, NY USA 1979
Internship and Year	LENOX HILL HOSPITAL NEW YORK,NY 1980
Residency and Year	LENOX HILL HOSPITAL NEW YORK, NY 1981
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6020
License Date	3/6/1979
Name	<b>ROTHMAN, MICHAEL MD</b>
Address	37 GRAYSON LN, NEWTON, MA, 02462
Specialty	P
Board Certified	
School and Year of Graduation	BOSTON UNIV SCH MED - BOSTON, MA USA 1972
Internship and Year	UNIV HOSPITAL - BOSTON, MA 1973
Residency and Year	UNIV HOSPITAL - BOSTON, MA 1975
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	12009
License Date	7/2/2003
Name	<b>ROTHSTEIN, JAMES H MD</b>
Address	COASTAL CARDIOTHORACIC & VASCULAR SURGERY, 3 TERRASCAPE PKWYSOMERSWORTH, NH, 03
Specialty	VS
Board Certified	VS
School and Year of Graduation	NEW JERSEY RW JOHNSON MED SCH- PISCATAWAY, NJ USA 1990
Internship and Year	NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1991
Residency and Year	NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6836
License Date	1/5/1984
Name	<b>ROTHSTEIN, RICHARD I MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	GE
Board Certified	GE
School and Year of Graduation	BOSTON UNVI SCH MED -BOSTON,MA USA 1980
Internship and Year	UNIV MA HOSPITAL COORD PROG-WORCESTER,MA 1981
Residency and Year	UNIV MA HOSPITAL MED CTR-WORCESTER,MA 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number 10220  
 License Date 1/7/1998  
 Name **ROTHWANGL, JOHANN MD**  
 Address 279 NORTH RD, CANDIA, NH, 03036  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV GRAZ MED FAK GRAZ GRAZ 1971  
 Internship and Year UNIVMO KC AFFILIATED HOSPITAL - MO 1973  
 Residency and Year UNIV MO KC AFFILIATED HOSPITAL - MO 1979  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 7455  
 License Date 11/5/1986  
 Name **ROTNER, KENNETH A MD**  
 Address WOODBURY FAMILY PRACTICE, 101 SHATTUCK WAY STE 6NEWINGTON, NH, 03801  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation STATE U OF NY AT STONYBROOK - STONY BROOK, NY USA 1979  
 Internship and Year BUFFALO GENERAL HOSPITAL - BUFFALO, NY 1980  
 Residency and Year BUFFALO GENERAL HOSPITAL - BUFFALO, NY 1982  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 5362  
 License Date 7/9/1975  
 Name **ROTTA, JAMES R MD**  
 Address LAHEY UROLOGY OF NASHUA, 17 RIVERSIDE ST #201NASHUA, NH, 03062  
 Specialty U  
 Board Certified U  
 School and Year of Graduation NATIONAL UNIV OF IRELAND IRELAND 1965  
 Internship and Year ST VINCENT HOSPITAL - WORCESTER, MA 1966  
 Residency and Year UNIV OF MINNESOTA - MINNEAPOLIS, MN 1973  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15890  
 License Date 10/3/2012  
 Name **ROUMIANTSEV, SERGUEI MD**  
 Address MASS GEN HOSP, 55 FRUIT ST FOUNDERS 5-526ABOSTON, MA, 02114  
 Specialty NPM  
 Board Certified NPM  
 School and Year of Graduation RUSSIAN STATE MEDICAL UNIVERSITY MOSCOW 1994  
 Internship and Year CHILDRENS HOSPITAL-BOSTON MEDICAL CENTER - BOSTON, MA 2003  
 Residency and Year CHILDRENS HOSPITAL-BOSTON MEDICAL CENTER - BOSTON, MA 2005  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	7627
License Date	6/3/1987
Name	<b>ROUNDS, POLYXENI S MD</b>
Address	BEDFORD COMMONS OB-GYN, 201 RIVERWAY PLBEDFORD, NH, 03110-6741
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF ROCHESTER AND DENISTRY - NJ USA 1983
Internship and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER NY 1984
Residency and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER NY 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7780
License Date	2/3/1988
Name	<b>ROUS, STEPHEN N MD</b>
Address	421 BELLEVUE AVE #2A, NEWPORT, RI, 02840
Specialty	U
Board Certified	U
School and Year of Graduation	NEW YORK MED COLL-NY USA 1956
Internship and Year	PHIL GEN HOSP-PHIL,PA 1957
Residency and Year	NY MED COLL/MET HOSP CTR-NY 1959
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15675
License Date	5/2/2012
Name	<b>ROUSOU, LAKI J MD</b>
Address	MEMORIAL MEDICAL OFFICE BUILDING, 246 PLEASEANT STREET SUITE 103CONCORD, NH, 03301
Specialty	TS
Board Certified	TS
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2003
Internship and Year	NEW YORK UNIVERSITY MEDICAL CENTER - NY, NY 2004
Residency and Year	NEW YORK UNIVERSITY MEDICAL CENTER - NY, NY 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10494
License Date	1/6/1999
Name	<b>ROUSSEAU, MARC J MD</b>
Address	2805 N SUSQUEHANA TRAIL, YORK, PA, 17402-9704
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV OF MONTREAL FAC OF MED - MONTREAL CANADA 1981
Internship and Year	UNIV OF MONTREAL FAC OF MEDICINE - MONTREAL, CANADA 1982
Residency and Year	UNIV OF MONTREAL FAC OF MEDICINE - MONTREAL, CANADA 1983
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	13688
License Date	9/5/2007
Name	<b>ROUTETSKA, LILIA MD</b>
Address	WENTWORTH DOUGLASS HOSP, 789 CENTRAL AVEDOVER, NH, 03820
Specialty	IM
Board Certified	IM
School and Year of Graduation	TERNOPOL MEDICAL INSTITUTE UKRAINE 2000
Internship and Year	HOSPITAL OF SAINT RAPHAEL-NEW HAVEN, CT 2005
Residency and Year	HOSPITAL OF SAINT RAPHAEL-NEW HAVEN, CT 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	Lapsed for non-renewal 6/30/09... Reinstated 3/2/11

License Number	9434
License Date	5/3/1995
Name	<b>ROVNER, RONALD N MD</b>
Address	1685 CONGRESS ST, PORTLAND, ME, 04102-
Specialty	D
Board Certified	D
School and Year of Graduation	PENN STATE UNIVERSITY USA 1981
Internship and Year	MAINE MEDICAL CENTER, PORTLAND ME 1982
Residency and Year	PENN STATE UNIVERSITY, HERSHEY PA 1986
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	13179
License Date	7/5/2006
Name	<b>ROW, PETER L MD</b>
Address	SOUTHERN NH MED CTR, 8 PROSPECT STNASHUA, NH, 03061
Specialty	EM
Board Certified	EM
School and Year of Graduation	ST LOUIS UNIV USA 1998
Internship and Year	BARNES-JEWISH HOSPITAL-ST LOUIS, MO 1999
Residency and Year	BARNES-JEWISH HOSPITAL-ST LOUIS, MO 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12037
License Date	8/6/2003
Name	<b>ROWAN, CHERISE A MD</b>
Address	THOMAS HOUSE, 23 RINGS END RDDARIEN, CT, 06820
Specialty	PD
Board Certified	PD
School and Year of Graduation	U OF VERMONT, BURLINGTON VT US 1997
Internship and Year	U OF VERMONT, BURLINGTON VT 1998
Residency and Year	U OF VERMONT, BURLINGTON VT 2000
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	4635
License Date	12/1/1970
Name	<b>ROWAN, EDWARD L MD</b>
Address	, , ,
Specialty	P
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1995</b>
Remarks	11/8/95 - Privilege to become re-licensed suspended for one year or until he agrees to cooperate with board investigation of allegations of sexual misconduct.

License Number	15594
License Date	3/7/2012
Name	<b>ROWE, BRYAN P MD</b>
Address	ELLIOT REGIONAL CANCER CENTER, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty	RO
Board Certified	RO
School and Year of Graduation	UNIVERSITY OF CT SCHOOL OF MEDICINE USA 2007
Internship and Year	ST VINCENTS MEDICAL CENTER - BRIDGEPORT, CT 2008
Residency and Year	YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	2531
License Date	11/2/1946
Name	<b>ROWE, HARRY M MD</b>
Address	WELLS RIVER CLINIC, PO BOX 755WELLS RIVER, VT, 05081
Specialty	
Board Certified	
School and Year of Graduation	UNIVERSITY OF VERMONT USA 1943
Internship and Year	MARY FLETCHER HOSPITAL - BURLINGTON, VT 1944
Residency and Year	MARY FLETCHER HOSPITAL - BURLINGTON, VT 1944
License Expiration Date	<b>6/30/2002</b>
Remarks	Deceased 8/3/2012

License Number	9501
License Date	7/5/1995
Name	<b>ROWE, MICHAEL B MD</b>
Address	928 COLUSA AVE, BERKELEY, CA, 94707
Specialty	IM
Board Certified	IM
School and Year of Graduation	SUNY AT STONY BROOK HLTH SCIENCE CENTER USA 1992
Internship and Year	UCSF SCHOOL OF MEDICINE - SAN FRANCISCO CA 1993
Residency and Year	UCSF SCHOOL OF MEDICINE - SAN FRANCISCO CA 1993
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number 6366  
 License Date 4/2/1981  
 Name **ROWE, STEPHEN F MD**  
 Address 185 QUEEN CITY AVE, MANCHESTER, NH, 03101  
 Specialty PUD  
 Board Certified PUD  
 School and Year of Graduation UNIV OF VT COLL OF MED-BURLINGTON,VT USA 1975  
 Internship and Year UNIV OF VIRGINA HOSP-CHARLOTTESVILLE,VA 1976  
 Residency and Year UNIV OF VIRGINA HOSP 1978  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11789  
 License Date 11/6/2002  
 Name **ROWELL, ERIN E MD**  
 Address DARTMOUTH-HITCHOCK MED CTR, ONE MEDICAL CTR DR DEPT OF SURLEBANON, NH, 03756  
 Specialty GS  
 Board Certified  
 School and Year of Graduation UNIV OF SOUTH CAROLINA - CHARLESTON, SC USA 2000  
 Internship and Year DARTMOUTH -HITCHCOCK MEDICAL CENTER - LEBANON, NH 2001  
 Residency and Year DARTMOUTH -HITCHCOCK MEDICAL CENTER - LEBANON, NH 2002  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 14696  
 License Date 12/2/2009  
 Name **ROWER, JEREMY A MD**  
 Address EXPRESS SCRIPTS, 2255 CRESTVIEW DRWEST LINN, OR, 97068  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF CINCINNATI USA 1997  
 Internship and Year WASHINGTON UNIVERSITY-ST LOUIS, MO 1998  
 Residency and Year WASHINGTON UNIVERSITY-ST LOUIS, MO 2000  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 8761  
 License Date 7/1/1992  
 Name **ROWLAND JR, EDMUND B MD**  
 Address ATLANTIC ORTHOPEDICS, 3787 SHIPYARD BLVDWILMINGTON, NC, 28403  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation TEMPLE UNIVERSITY SCHOOL OF MEDICINE USA 1986  
 Internship and Year TEMPLE UNIVERSITY HOSPITAL PHILADELPHIA - PENNSYLVANIA 1987  
 Residency and Year TEMPLE UNIVERSITY HOSPITAL PHILADELPHIA - PENNSYLVANIA 1991  
 License Expiration Date **6/30/2008**  
 Remarks

License Number	15770
License Date	7/11/2012
Name	<b>ROWLAND, HALEY C MD</b>
Address	5121 S COTTONWOOD STREET, MURRAY, UT, 84107
Specialty	IM
Board Certified	
School and Year of Graduation	MEDICAL UNIVERSITY OF SOUTH CAROLINA COLLEGE MED USA 2008
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 03756 2009
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 03756 2011
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>LAPSED FOR NONRENEWAL 6/30/14 RENEWED 9/30/14</b>

License Number	15459
License Date	11/2/2011
Name	<b>ROWLAND, TIMOTHY M MD</b>
Address	TIMOTHY M. ROWLAND, 4 FINCHLITTLETON, CO, 80127
Specialty	DR
Board Certified	DR
School and Year of Graduation	BAYLOR COLLEGE OF MEDICINE USA 2003
Internship and Year	BAYLOR UNIVERSITY MEDICAL CENTER - DALLAS, TX 2004
Residency and Year	UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - DALLAS, TX 2008
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	7706
License Date	8/5/1987
Name	<b>ROWLAND, TIMOTHY N MD</b>
Address	ANNA MARSH LANE, BRATTLEBORO, VT, 05301
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF VERMONT COLL MED-BURLINGTON,VT USA 1974
Internship and Year	ST LUKES HOSP-FARGO CLINIC-FARGO,ND 1975
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR-HANOVER 1988
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	5846
License Date	12/5/1977
Name	<b>ROWLES, ANDREW B MD</b>
Address	516 ULMAN RD, THETFORD CENTER, VT, 05075
Specialty	FP
Board Certified	
School and Year of Graduation	UNIV OF WASHINGTON SCHOOL OF MEDICINE SEATTLE, WA USA 1974
Internship and Year	WORCESTER CITY HOSPITAL - WORCESTER, MA 1975
Residency and Year	WORCESTER CITY HOSPITAL - WORCESTER, MA 1977
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	12143
License Date	11/5/2003
Name	<b>ROY CHOWDHURY, SHARMILA MD</b>
Address	STAFFCARE INC, 5001 STATESMAN DRIRVING, TX, 75063
Specialty	GS
Board Certified	
School and Year of Graduation	JAWAHARLAI INSTITUTE, PONDICHERRY INDIA INDIA 1991
Internship and Year	STATEN ISLAND UNIVERSITY HOSPITAL, STATEN ISLAND NY 1997
Residency and Year	STATEN ISLAND UNIVERSITY HOSP, STATEN ISLAND NY 2000
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	14437
License Date	5/6/2009
Name	<b>ROY, AMY D MD</b>
Address	ELLIOT HOSPITAL, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty	PD
Board Certified	PEM
School and Year of Graduation	UNIVERSITY OF VERMONT USA 2000
Internship and Year	YALE NEW HAVEN CHILDREN'S HOSPITAL - NEW HAVEN, CT 2001
Residency and Year	YALE NEW HAVEN CHILDREN'S HOSPITAL - NEW HAVEN, CT 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14358
License Date	3/4/2009
Name	<b>ROY, MARC N MD</b>
Address	MERRI VALLEY EMERGENCY ASSOC LOWELL GEN HOSP, 295 VARNUM AVENUELOWELL, MA, 0185
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF VERMONT USA 1999
Internship and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD,MA 2000
Residency and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	3272
License Date	9/10/1958
Name	<b>ROY, RICHARD R MD</b>
Address	3413 PENNYROYAL RD, PORT CHARLOTTE, FL, 33953-4604
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF MONTREAL QUEBEC USA 1958
Internship and Year	UNIV OF MONTREAL - CANADA 1959
Residency and Year	UNIV OF MONTREAL - CANADA 1959
License Expiration Date	<b>6/30/2003</b>
Remarks	Deceased 8/2/13

License Number 12010  
 License Date 7/2/2003  
 Name **ROY, ROBERT J MD**  
 Address ANTHEM BC/BS OF NH, 3000 GOFFS FALLS RDMANCHESTER, NH, 03111  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF OTTAWA SCH - OTTOWA ONTRAI0 CANADA 1969  
 Internship and Year JACKSON MEMORIAL MEDICAL CENTER - MIAMI, FL 1970  
 Residency and Year JACKSON MEMORIAL MEDICAL CENTER - MIAMI, FL 1972  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 16608  
 License Date 5/7/2014  
 Name **ROY, SOUMEN MD**  
 Address CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation ARMED FORCES MEDICAL COLLEGE INDIA 2003  
 Internship and Year CARILION FAMILY MEDICINE - ROANOKE, VA 2006  
 Residency and Year CARILION FAMILY MEDICINE - ROANOKE, VA 2008  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 2803  
 License Date 3/8/1950  
 Name **ROZEK, LOUIS M MD**  
 Address 1 LOVETT ST, BERLIN, NH, 03570-  
 Specialty GP  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF VERMONT USA 1946  
 Internship and Year VASSAR BROTHERS HOSPITAL - POUGHKEEPSIE, NY 1947  
 Residency and Year VASSAR BROTHERS HOSPITAL - POUGHKEEPSIE, NY 1947  
 License Expiration Date **6/30/2006**  
 Remarks **Deceased 4/30/2013**

License Number 16685  
 License Date 7/2/2014  
 Name **ROZMIEJ, ELZBIETA A MD**  
 Address MERIDIAN HEALTH PLAN, 777 WOODWARD AVE STE 600DETROIT, MI, 48226  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE USA 1982  
 Internship and Year ST JOHN HOSPITAL & MEDICAL CENTER - DETROIT, MI 1983  
 Residency and Year ST JOHN HOSPITAL & MEDICAL CENTER - DETROIT, MI 1985  
 License Expiration Date **6/30/2016**  
 Remarks



License Number	4685
License Date	5/31/1972
Name	<b>ROZYCKI, ALAN A MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DR PEDIATRICSLEBANON, NH, 03756
Specialty	PD
Board Certified	PD
School and Year of Graduation	HARVARD MEDICAL SCHOOL, MA USA 1965
Internship and Year	CHILDRENS HOSPITAL MEDICAL CENTER - BOSTON, MA 1966
Residency and Year	CHILDRENS HOSPITAL MEDICAL CENTER - BOSTON,MA 1968
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7289
License Date	3/26/1986
Name	<b>RUBEN, ROBERT A MD</b>
Address	21 CLARK WAY, SOMERSWORTH, NH, 03878
Specialty	GE
Board Certified	GE
School and Year of Graduation	UNIV OF VT BURLINGTON VT USA 1981
Internship and Year	UNIV CO SCH OF MED AFFL HOS DENVER CO 1982
Residency and Year	UNIV CO SCH OF MED AFFIL HOSP DENVER CO 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7332
License Date	5/8/1986
Name	<b>RUBENSON, MARC S MD</b>
Address	MANCHESTER VETERANS HOSP, 718 SMYTH RDMANCHESTER, NH, 03104
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF MIAMI SCH MED - MIAMI, FL USA 1981
Internship and Year	BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1982
Residency and Year	BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10373
License Date	8/5/1998
Name	<b>RUBIN, GERALDINE MD</b>
Address	DARTMOUTH HITCHCOCK KEENE, 590 COURT STKEENE, NH, 03431
Specialty	PD
Board Certified	PD
School and Year of Graduation	SUNY BUFFALO SCH OF MED , BIOMEDICAL SCI, NY USA 1992
Internship and Year	UNIV OF UTAH CTR FOR HLTH SCI - SALT LAKE CITY, UT 1993
Residency and Year	UNIV OF UTAH CTR FOR HLTH SCI - SALT LAKE CITY, UT 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16135
License Date	5/1/2013
Name	<b>RUBIN, GERARD L DO</b>
Address	ROCHESTER PEDIATRICS ASSOC, 245 ROCHESTER HILL RD UNIT 2 ROCHESTER, NH, 03867
Specialty	PD
Board Certified	
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND USA 2010
Internship and Year	ALBANY MEDICAL CENTER - ALBANY, NY 2011
Residency and Year	ALBANY MEDICAL CENTER - ALBANY, NY 2013
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	17187
License Date	7/1/2015
Name	<b>RUBIN, MARK N MD</b>
Address	MAYO CLINIC, 5777 E MAYO BLVD SCOTTSDALE, AZ, 85054
Specialty	N
Board Certified	N
School and Year of Graduation	UNIVERSITY OF ILLINOIS USA 2009
Internship and Year	MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 2010
Residency and Year	MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9502
License Date	7/5/1995
Name	<b>RUBIN, RICHARD D MD</b>
Address	CONCORD OB/GYN ASSOC, 59 ORNAC STE 1 CONCORD, MA, 01742
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	MT SINAI SCHOOL OF MEDICINE USA 1991
Internship and Year	UNIVERSITY COLORADO HEALTH SCIENCE CENTER - DENVER CO 1995
Residency and Year	UNIVERSITY COLORADO HEALTH SCIENCE CENTER - DENVER CO 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12553
License Date	12/1/2004
Name	<b>RUBINOVICH, ROBERT M MD</b>
Address	ROME MEDICAL PRACTICE, 107 EAST CHESTNUT ST STE 102 ROME, NY, 13440
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	MCGILL UNIVERSITY, MONTREAL QUEBEC CANADA CANADA 1978
Internship and Year	MCGILL UNIVERSITY, MONTREAL QUEBEC CANADA 1979
Residency and Year	MCGILL UNIVERSITY, MONTREAL QUEBEC CANADA 1983
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	9932
License Date	2/11/1997
Name	<b>RUBINSTEIN, JOEL F MD</b>
Address	HARVARD PILGRIM HLTHCARE, 93 WORESTERST/MEDICAL MNGMNTWELLESLEY, MA, 02481
Specialty	P
Board Certified	P
School and Year of Graduation	YALE UNIV SCHOOL OF MED NEW HAVEN, CT USA 1970
Internship and Year	MAINE MEDICAL CENTER - ME 1971
Residency and Year	MASS GENERAL HOSPITAL - MA 1974
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14776
License Date	3/3/2010
Name	<b>RUCH, STUART W MD</b>
Address	LACONIA CARDIOLOGY, 369 HOUNSELL AVE STE 5GILFORD, NH, 03249
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIVERSITY OF ARKANSAS USA 1991
Internship and Year	UNIVERSITY OF MISSOURI HOSPITALS & CLINICS - COLUMBIA, MO 1992
Residency and Year	UNIVERSITY OF MISSOURI HOSPITALS & CLINICS - COLUMBIA, MO 1993
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	16189
License Date	6/5/2013
Name	<b>RUCHMAN, MARK C MD</b>
Address	OCULOFACIAL ASSOC OF CT LLC, 1449 OLD WATERBURY RD, STE 203SOUTHBURY, CT, 06488
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	YALE UNIVERSITY SCHOOL OF MEDICINE USA 1976
Internship and Year	WATERBURY HOSPITAL - WATERBURY, CT 1977
Residency and Year	THOMAS JEFFERSON UNIVERSITY HOSPITAL - PHILADELPHIA, PA 1980
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15514
License Date	1/4/2012
Name	<b>RUDD II, KENNETH W MD</b>
Address	DARTMOUTH HITCHCOCK MED CTR AT HEATER RD, 18 OLD ETNA RDLEBANON, NH, 03756
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF CT SCHOOL OF MEDICINE USA 1998
Internship and Year	IN HIS IMAGE @ HILLCREST MEDICAL CENTER - TULSA, OK 1999
Residency and Year	IN HIS IMAGE @ HILLCREST MEDICAL CENTER - TULSA, OK 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16190
License Date	6/5/2013
Name	<b>RUDIS, STEVEN P MD</b>
Address	EMERGENCY MED PHYSICIANS, 4535 DRESSLER RD NWCANTON, OH, 44718
Specialty	EM
Board Certified	EM
School and Year of Graduation	GEORGE WASHINGTON UNIVERSITY USA 1989
Internship and Year	SCOTT USAF MEDICAL CENTER - SCOTT AFB, IL 1990
Residency and Year	ORLANDO REGIONAL MEDICAL CENTER - ORLANDO, FL 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7449
License Date	10/2/1986
Name	<b>RUDOLF, LEONARD M MD</b>
Address	129 MASCOMA ST, LEBANON, NH, 03766-1130
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIVERSITY DE BESANCON - FRANCE FRANCE 1980
Internship and Year	MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 1982
Residency and Year	COLUMBIA-PRESBY MEDICAL CENTER - NEW YORK, NY 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7554
License Date	5/6/1987
Name	<b>RUDOLF, SYLVIE C MD</b>
Address	17 ALICE PECK DAY DRIVE, LEBANON, NH, 03766
Specialty	FP
Board Certified	FP
School and Year of Graduation	FACULTE DE MEDECINE - UNIV DE BESANCON, FRANCE FRANCE 1983
Internship and Year	SOUTH NASSAU COMMUNITY HOSPITAL - OCEANSIDE, NY 1985
Residency and Year	SOUTH NASSAU COMMUNITY HOSPITAL - OCEANSIDE, NY 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13514
License Date	5/9/2007
Name	<b>RUDOLPH, WILLIAM G MD</b>
Address	PIKES PEAK CENTER, 559 E PIKES PEAK AVE #300COLORADO SPRINGS, CO, 80903
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF CALIFORNIA USA 1995
Internship and Year	MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1996
Residency and Year	MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 2000
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	3137
License Date	9/12/1956
Name	<b>RUECKERT, FREDERIC MD</b>
Address	18 BERRILL FARM LN, HANOVER, NH, 03755-3213
Specialty	PS
Board Certified	PS
School and Year of Graduation	COLUMBIA UNIVERSITY USA 1947
Internship and Year	BELLEVUE HOSPITAL - NEW YORK - NEW YORK 1948
Residency and Year	BELLEVUE HOSPITAL - NY, NY 1948
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	11037
License Date	8/2/2000
Name	<b>RUEDIGER, ARTHUR A DO</b>
Address	ANDROSCOGGIN VALLEY HOSP, 59 PAGE HILL RDBERLIN, NH, 03570
Specialty	FP
Board Certified	FP
School and Year of Graduation	U OF HLTH SCIENCES COLL OF OSTEOPATHIC MED USA 1995
Internship and Year	SPRINGFIELD HOSPITAL - SPRINGFIELD PA 1996
Residency and Year	LANKENAU HOSPITAL - WYNNEWOOD PA 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8566
License Date	6/5/1991
Name	<b>RUEL, THEODORE A MD</b>
Address	DARTMOUTH HITCHCOCK KEENE, 590 COURT STKEENE, NH, 03431-1798
Specialty	N
Board Certified	N
School and Year of Graduation	UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1975
Internship and Year	NAVAL HOSPITAL - BETHESDA 1976
Residency and Year	NAVAL HOSPITAL - BETHESDA 1979
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	5570
License Date	8/3/1976
Name	<b>RUFFLE, THOMAS M MD</b>
Address	CHILDREN WITH SPECIAL NEEDS, PO BOX 70 108 CHERRY STBURLINGTON, VT, 05401
Specialty	PD
Board Certified	PD
School and Year of Graduation	NEW YORK UNIVERSITY SCHOOL OF MED NY USA 1971
Internship and Year	UNIVERSITY HOSPITAL MADISON 1972
Residency and Year	UNIVERSITY HOSPITAL MADISON 1974
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number 6747  
 License Date 7/7/1983  
 Name **RUFVSOLD JR, ROBERT M MD**  
 Address 139 GRAFTON TURNPIKE, PO BOX 70LYME, NH, 03768  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation DARTMOUTH MED SCHOOL HANOVER, NH USA 1979  
 Internship and Year KAISER FOUNDATION HOSPITAL - LOS ANGELES, CA 1980  
 Residency and Year KAISER FOUNDATION HOSPITAL - LOS ANGELES, CA 1982  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 12144  
 License Date 11/5/2003  
 Name **RUHOY, MICHAEL K MD**  
 Address N E BAPTIST HOSP RADIOLOGY, 125 PARKER HILL AVEBOSTON, MA, 02120  
 Specialty R  
 Board Certified R  
 School and Year of Graduation SUNY, BROOKLYN NY US 1990  
 Internship and Year STATEN ISLAND UNIVERSITY HOSP, STATEN ISLAND NY 1991  
 Residency and Year TUFTS UNIVERSITY, BOSTON MA 1995  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 12011  
 License Date 7/2/2003  
 Name **RULE, JOHN B MD**  
 Address , 252 CHAPMAN RD STE 250NEWARD, DE, 19701  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation HAHNEMANN MEDICAL COLLEGE - PHILADELPHIA, PA USA 1975  
 Internship and Year LEHIGH VALLEY HOSPITAL - ALLENTOWN, PA 1975  
 Residency and Year LEHIGH VALLEY HOSPITAL - ALLENTOWN, PA 1978  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 13601  
 License Date 7/11/2007  
 Name **RULNICK, ADAM D MD**  
 Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344  
 Specialty R  
 Board Certified R  
 School and Year of Graduation TECHNION ISRAEL INSTITUTE ISRAEL 2001  
 Internship and Year ST VINCENTS MEDICAL CENTER - BRIDGEPORT, CT 2002  
 Residency and Year HARTFORD HOSPITAL - HARTFORD, CT 2006  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11389  
 License Date 9/5/2001  
 Name **RUMMO, PAUL J DO**  
 Address LITTLETON ORTHOPEDICS, 81 BETHLEHEM RD LITTLETON, NH, 03561  
 Specialty OSM  
 Board Certified  
 School and Year of Graduation UNIV OF NEW ENGLAND COLL OF OSTEO- BIDDEFORD, ME USA 1994  
 Internship and Year UNIV OF MASSACHUSETTS MEDICAL CENTER - WORCESTER, MA 1995  
 Residency and Year UNIV OF MASSACHUSETTS MEDICAL CENTER - WORCESTER, MA 1997  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 9662  
 License Date 3/6/1996  
 Name **RUPP HODGE, IRENE P MD**  
 Address ROCHESTER INFECTIOUS DISEASE, 21 WHITEHALL RD ROCHESTER, NH, 03867  
 Specialty ID  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF ROCHESTER- ROCHESTER NY USA 1991  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CTR- LEBANON NH 1992  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CTR- LEBANON NH 1994  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 5434  
 License Date 10/14/1975  
 Name **RUSESKI, PETER P MD**  
 Address ST JOSEPH'S HOSP, 172 KINSLEY ST NASHUA, NH, 03060-2013  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation TEMPLE UNIV - PA USA 1956  
 Internship and Year ST VINCENTS HOSPITAL - BRIDGEPORT, CT 1957  
 Residency and Year ST VINCENTS HOSPITAL - BRIDGEPORT, CT 1966  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 11490  
 License Date 1/2/2002  
 Name **RUSH IV, WALTER K MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DR LEBANON, NH, 03756  
 Specialty P  
 Board Certified  
 School and Year of Graduation DARTMOUTH MEDICAL SCH - LEBANON, NH USA 1997  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR- LEBANON, NH 1998  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR- LEBANON, NH 2000  
 License Expiration Date **6/30/2003**  
 Remarks

License Number 8287  
 License Date 3/7/1990  
 Name **RUSH, LAWRENCE MD**  
 Address LACONIA CLINIC, 724 MAIN ST LACONIA, NH, 03246  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF MARYLAND SCH OF MED-BALTIMORE,MD USA 1987  
 Internship and Year UNIV OF MARYLAND HOSP-BALTIMORE,MD 1988  
 Residency and Year UNIV OF MARYLAND-BALTIMORE,MD 1990  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 8288  
 License Date 3/7/1990  
 Name **RUSH, MICHELE G MD**  
 Address HILLSIDE MED PK/SLEEP CTR, 14 MAPLE ST STE 200 GILFORD, NH, 03249  
 Specialty N  
 Board Certified N  
 School and Year of Graduation UNIV OF MIAMI SCH OF MED -MIAMI,FL USA 1986  
 Internship and Year UNIV OF MARYLAND HOSP-MIAMI,FL 1987  
 Residency and Year UNIV OF MARYLAND HOSP-MIAMI,FL 1990  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13382  
 License Date 1/3/2007  
 Name **RUSK, SCOTT F MD**  
 Address PORTSMOUTH REGIONAL HOSPITAL, 333 BORTHWICK AVE PORTSMOUTH, NH, 03801  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation STANFORD UNIV SCHOOL OF MEDICINE USA 1992  
 Internship and Year UNIV OF CALIFORNIA DAVIS MEDICAL CENTER-SACRAMENTO, CA 1993  
 Residency and Year UNIV OF CALIFORNIA DAVIS MEDICAL CENTER-SACRAMENTO, CA 1995  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 12276  
 License Date 4/7/2004  
 Name **RUSNACK, DOUGLAS W MD**  
 Address , 12 EDGEWOOD RD ST LOUIS, MO, 63124  
 Specialty R  
 Board Certified DR  
 School and Year of Graduation COLUMBIA UNIVERSITY, NEW YORK NY US 1998  
 Internship and Year MT SINAI MEDICAL CTR, NEW YORK NY 1999  
 Residency and Year NEW YORK UNIVERSITY, NEW YORK NY 2003  
 License Expiration Date **6/30/2012**  
 Remarks



License Number	12760
License Date	6/1/2005
Name	<b>RUSSELL, GEORGE H MD</b>
Address	PEDIATRIC GASTROENTEROLOGY, 175 CAMBRIDGE ST CPZ S5BOSTON, MA, 02114
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS, WORCESTER MA US 1999
Internship and Year	NEW ENGLAND MED CTR, BOSTON MA 2000
Residency and Year	NEW ENGLAND MED CTR, BOSTON MA 2002
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	7528
License Date	3/4/1987
Name	<b>RUSSELL, JEFFREY MD</b>
Address	WENTWORTH-DOUGLASS PHYS CORP, 10 MEMBERS WAY STE 203DOVER, NH, 03820
Specialty	FP
Board Certified	FP
School and Year of Graduation	LOYOLA UNIVERSITY-CHICAGO USA 1977
Internship and Year	LOYOLA UNIV MED CTR 1978
Residency and Year	MIDDLESEX HOSPITAL-CT 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7893
License Date	6/8/1988
Name	<b>RUSSELL, JOHN C MD</b>
Address	VALLEY REGIONAL UROLOGY, 5 DUNNING STCLAREMONT, NH, 03743
Specialty	U
Board Certified	U
School and Year of Graduation	UNIV OF WASHINGTON SCH MED-SEATTLE WA USA 1982
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1983
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>lapsed 6/30/03 - reinstated 3/5/14</b>

License Number	14264
License Date	12/3/2008
Name	<b>RUSSELL, MARIE A MD</b>
Address	UNIV OF SO CALIF MED CTR, 1200 NORTH STATE STLOS ANGELES, CA, 90033
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF MASSACHUSETTS USA 1987
Internship and Year	LOS ANGELES COUNTY-USC MEDICAL CENTER - LOS ANGELES, CA 1988
Residency and Year	LOS ANGELES COUNTY-USC MEDICAL CENTER - LOS ANGELES, CA 1991
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number 12816  
 License Date 7/6/2005  
 Name **RUSSELL, MICHELLE A MD**  
 Address DHMC, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation TUFTS UNIVERSITY, BOSTON MA USA 1994  
 Internship and Year NEW ENGLAND MEDICAL CENTER, BOSTON MA 1995  
 Residency and Year NEW ENGLAND MEDICAL CENTER, BOSTON MA 1998  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9709  
 License Date 5/1/1996  
 Name **RUSSELL, ROY P MD**  
 Address CENTRAL NH KIDNEY CTR, 87 SPRING STLACONIA, NH, 03246  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation JOHNS HOPKINS UNIVERSITY USA 1956  
 Internship and Year OSLER MEDICAL SERVICE JOHNS HOPKINS HOSPITAL 1957  
 Residency and Year OSLER MEDICAL SERVICE JOHNS HOPKINS HOSPITAL 1959  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11790  
 License Date 11/6/2002  
 Name **RUSSIN, VICTORIA L MD**  
 Address SPECTRUM MEDICAL GROUP, 300 PROFESSIONAL DRSCARBOROUGH, ME, 04074  
 Specialty P  
 Board Certified P  
 School and Year of Graduation MED COLL OF PENNSYLVANIA - PHILADELPHIA, PA USA 1983  
 Internship and Year MCP HAHNEMANN UNIV - PHILADELPHIA, PA 1984  
 Residency and Year TEMPLE UNIV HOSPITAL - PHILADELPHIA, PA 1987  
 License Expiration Date **6/30/2004**  
 Remarks

License Number 14895  
 License Date 6/2/2010  
 Name **RUSSO, CHRISTOPHER J MD**  
 Address WHITE MTN EYE CARE, 16 HOSPITAL RDPLYMOUTH, NH, 03266  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation DREXEL UNIVERSITY USA 2006  
 Internship and Year WINTHROP UNIVERSITY HOSPITAL - MINEOLA, NY 2007  
 Residency and Year UNIVERSITY OF COLORADO HEALTH SCIENCES CENTER - AURORA, CO 2010  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	16325
License Date	9/4/2013
Name	<b>RUSSO, CHRISTOPHER R MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	THE GEISEL SCHOOL OF MED @ DARTMOUTH USA 2010
Internship and Year	NEW YORK PRESBYTERIAN HOSP - NY, NY 2011
Residency and Year	NEW YORK PRESBYTERIAN HOSP - NY, NY 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5370
License Date	7/15/1975
Name	<b>RUSSO, DAVID P MD</b>
Address	MT ASCUTNEY PHYSICIANS PRACTIC, 289 COUNTY RDWINDSOR, VT, 05089
Specialty	IM
Board Certified	IM
School and Year of Graduation	UUNY STATE MEDICAL COLLEGE - CA USA 1972
Internship and Year	UNIV OF KINGS HOSPITAL - BROOKLYN, NY 1973
Residency and Year	STATE UNIV KINGS HOSPITAL - BROOKLYN, NY 1974
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17279
License Date	9/2/2015
Name	<b>RUSSO, GREGORY A MD</b>
Address	696 TREMONT ST APT 3, BOSTON, MA, 02118-3181
Specialty	RO
Board Certified	RO
School and Year of Graduation	U OF MED AND DENTISTRY NJ ROBERT WOOD JOHNSON MED USA 2003
Internship and Year	ST VINCENTS HOSPITAL AND MEDICAL CENTER OF NY, NEW YORK, NY 2004
Residency and Year	THOMAS JEFFERSON UNIVERSITY HOSPITAL, PHILADELPHIA, PA 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15727
License Date	6/6/2012
Name	<b>RUSSO, GREGORY J MD</b>
Address	BRIDGEPORT HOSPITAL OUTPATIENT RADIO LOGY, 2909 MAIN STSTRATFORD, CT, 06615
Specialty	DR
Board Certified	DR
School and Year of Graduation	PONCE SCHOOL OF MEDICINE PUERTO RICO 2001
Internship and Year	NY HOSPITAL MEDICAL CENTER OF QUEENS, FLUSHING, NY 2002
Residency and Year	ST VINCENTS MEDICAL CENTER - BRIDGEPORT, CT 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 11186  
 License Date 2/7/2001  
 Name **RUSSO, RONALD F MD**  
 Address 1530 COUNTY LINE RD, ROSEMONT, PA, 19010  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation TEMPLE UNIV SCH OF MED - PHILADELPHIA, PA USA 1958  
 Internship and Year BRYN MAWR HOSPITAL - BRYN MAWR, PA 1959  
 Residency and Year BRYN MAWR HOSPITAL - BRYN MAWR, PA 1959  
 License Expiration Date **6/30/2001**  
 Remarks

License Number 4839  
 License Date 9/14/1971  
 Name **RUSSO, VINCENT J MD**  
 Address 16 SEA VIEW LN, NEWBURY, MA, 01951  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation BOSTON UNIV SCHOOL OF MEDICINE USA 1964  
 Internship and Year EDWARD J MEYER MEMORIAL HOSPITAL - BUFFALO, NY 1965  
 Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1969  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 16686  
 License Date 7/2/2014  
 Name **RUST, STEPHEN T MD**  
 Address PROVIDENCE ALASKA MED CTR, 3200 PROVIDENCE DRANCHORAGE, AK, 99508  
 Specialty PLM  
 Board Certified PLM  
 School and Year of Graduation INDIANA UNIV SCHOOL OF MEDICINE USA 1984  
 Internship and Year INDIANA UNIVERSITY HEALTH BALL MEMORIAL HOSPITAL - MUNCIE, IN 1985  
 Residency and Year INDIANA UNIVERSITY HEALTH BALL MEMORIAL HOSPITAL - MUNCIE, IN 1988  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12205  
 License Date 1/7/2004  
 Name **RUSU, JOHN MD**  
 Address DARTMOUTH HITCHCOCK, 100 HITCHCOCK WAYMANCHESTER, NH, 03304  
 Specialty R  
 Board Certified R  
 School and Year of Graduation IULIU HATIEGANU UNIVERSITY, CLUJ-NAPOCA ROMANIA ROMANIA 1965  
 Internship and Year ATLANTIC CITY MEDICAL CTR, ATLANTIC CITY NJ 1973  
 Residency and Year LAWRENCE & MEMORIAL HOSPITAL, NEW LONDON CT 1974  
 License Expiration Date **6/30/2008**  
 Remarks

License Number	11006
License Date	7/5/2000
Name	<b>RUTH, WILLIAM J MD</b>
Address	YORK HOSPITAL, 15 HOSPITAL DR EM DEPT YORK, ME, 03909
Specialty	EM
Board Certified	EM
School and Year of Graduation	BROWN UNIV SCH OF MED - PROVIDENCE, RI USA 1997
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1998
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1999
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	9914
License Date	1/8/1997
Name	<b>RUTKOWSKI, MARK G MD</b>
Address	, PO BOX 894 CHARLESTOWN, NH, 03603
Specialty	AN
Board Certified	
School and Year of Graduation	HAHNEMANN UNIV SCHOOL OF MED PHILA, PA USA 1985
Internship and Year	HAHNEMANN UNIV HOSPITAL - PHILA, PA 1986
Residency and Year	THOMAS JEFFERSON UNIV HOSPITAL - PHILA, PA 1989
License Expiration Date	<b>6/30/1998</b>
Remarks	<b>7/11/96 - ORDER OF CONDITIONAL APPROVAL</b>

License Number	13562
License Date	6/6/2007
Name	<b>RUTMAN, MAIA S MD</b>
Address	DHMC-EMERGENCY DEPT, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF PENNSYLVANIA USA 2001
Internship and Year	BOSTON MEDICAL CENTER - ROXBURY, MA 2002
Residency and Year	BOSTON MEDICAL CENTER - ROXBURY, MA 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14359
License Date	3/4/2009
Name	<b>RUZEK, MARTIN MD</b>
Address	HOSP MED OF EXETER, 5 ALUMNI DR EXETER, NH, 03833
Specialty	IM
Board Certified	IM
School and Year of Graduation	MASARYKOVA UNIV V BRNE CZECH REPUBLIC 1995
Internship and Year	METROWEST MEDICAL CENTER - FRAMINGHAM, MA 2001
Residency and Year	METROWEST MEDICAL CENTER - FRAMINGHAM, MA 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9710
License Date	5/1/1996
Name	<b>RYAN, ANNA S MD</b>
Address	ADULT & PEDIATRIC DERMATOLOGY, 1650 ELM ST STE 101MANCHESTER, NH, 03101
Specialty	D
Board Certified	D
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS-WORCESTER MA USA 1992
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR-LEBANON NH 1993
Residency and Year	STRONG MEMORIAL HOSPITAL-ROCHESTER NY 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6115
License Date	9/6/1979
Name	<b>RYAN, EDWARD A MD</b>
Address	92 MONTVALE AVE, SUITE 3650STONEHAM, MA, 02180
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	TUFTS UNIV SCHOOL OF MEDICINE BOSTON, MA USA 1969
Internship and Year	LOS ANGELES COUNTY USC MED CENTER - LOS ANGELES, CA 1970
Residency and Year	MANHATTAN EET HOSPITAL - NEW YORK, NY 1973
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	13302
License Date	10/4/2006
Name	<b>RYAN, HELEN F MD</b>
Address	MAINE CTR FOR CANCER MEDICINE, 100 CAMPUS DRSCARBOROUGH, ME, 04074
Specialty	IM
Board Certified	IM
School and Year of Graduation	TUFTS UNIV USA 1998
Internship and Year	NEW ENGLAND MEDICAL CTR-BOSTON, MA 1999
Residency and Year	NEW ENGLAND MEDICAL CTR-BOSTON, MA 2001
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	10061
License Date	7/2/1997
Name	<b>RYAN, JEAN C MD</b>
Address	HARBOUR WOMENS HEALTH, 155 GRIFFIN RDPORTSMOUTH, NH, 03801
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1979
Internship and Year	BRIGHAM & WOMEN'S HOSPITAL - MA 1981
Residency and Year	BRIGHAM & WOMEN'S HSOPITAL - MA 1984
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10434
License Date	10/7/1998
Name	<b>RYAN, JOSEPH M MD</b>
Address	MONROE COMMUNITY HOSP, 435 E HENRIETTA RDROCHESTER, NY, 14620
Specialty	P
Board Certified	P
School and Year of Graduation	MED UNIV OF SC COLL OF MED -CHARLESTON, SC USA 1993
Internship and Year	UNIV OF UTAH HOSPITALS - SALT LAKE CITY, UT 1994
Residency and Year	UNIV OF UTAH HLTH SCIENCE CENTER - SALT LAKE CITY, UT 1997
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	10035
License Date	6/4/1997
Name	<b>RYAN, LINDA A MD</b>
Address	NH HOSP APS UNIT C, 36 CLINTON STCONCORD, NH, 03301
Specialty	P
Board Certified	
School and Year of Graduation	MEDICAL UNIVERSITY OF SOUTH CAROLINA-SC USA 1993
Internship and Year	UNIVERSITY OF UTAH-UT 1997
Residency and Year	UNIV OF UTAH-UT 1997
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	9406
License Date	4/5/1995
Name	<b>RYAN, LISA D DO</b>
Address	LONDONDERRY PEDIATRICS, 184 MAMMOTH RD STE 3LONDONDERRY, NH, 03053-
Specialty	PD
Board Certified	PD
School and Year of Graduation	NY COLLEGE OF OSTEO MEDICINE USA 1991
Internship and Year	MEDICAL CENTER HOSPITAL - BURLINGTON VT 1995
Residency and Year	MEDICAL CENTER HOSPITAL - BURLINGTON VT 1995
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	10692
License Date	9/1/1999
Name	<b>RYAN, MICHAEL E MD</b>
Address	2400 RIOGRANDE NW, STE 517ALBUQUERQUE, NM, 87104
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF KANSAS SCH OF MED - KANSAS CITY, KS USA 1966
Internship and Year	UNIV OF NEW MEXICO SCH OF MED - ALBUQUERQUE, NM 1967
Residency and Year	UNIV OF NEW MEXICO SCH OF MED - ALBUQUERQUE, NM 1969
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	10728
License Date	10/6/1999
Name	<b>RYAN-PHILPOTT, KAREN A MD</b>
Address	CHIEF, OP CLIN QLTY, AIR FORCE MED OPER AG, 2261 HUGHES AVE., STE 153JBSA LACKLAND, TX, 7
Specialty	PD
Board Certified	PD
School and Year of Graduation	F. EDWARD HEBERT SCHOOL OF MED-BETHESDA MD USA 1997
Internship and Year	DAVID GRANT MEDICAL CENTER - TRAVIS AFB CA 1998
Residency and Year	DAVID GRANT MEDICAL CENTER - TRAVIS AFB CA 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12514
License Date	10/6/2004
Name	<b>RYDER, CHRISTOPHER J MD</b>
Address	CONNECTICUT VALLEY ENT, 9 DUNNING STCLAREMONT, NH, 03743
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	UNIVERSITY OF CINCINNATI, CINCINNATI OH US 1985
Internship and Year	GOOD SAMARITAN HOSPITAL, CINCINNATI OH 1986
Residency and Year	DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13469
License Date	4/4/2007
Name	<b>RYDER, HILARY F MD</b>
Address	DHMC - HOSPITAL MEDICINE, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	YALE UNIV USA 2004
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8000
License Date	11/9/1988
Name	<b>RYDER, MARY T MD</b>
Address	SO PRINCE GEORGE'S COUNTY COMM CLINIC, 5801 ALLENTOWN RDCAMP SPRINGS, MD, 20746
Specialty	FP
Board Certified	FP
School and Year of Graduation	ALBERT EINSTEIN COLLEGE OF MEDICINE OF YESHIVA UNI USA 1985
Internship and Year	BROWN UNIVERSITY AFFIL HOSPITALS - PROVIDENCE RI 1986
Residency and Year	BROWN UNIVERSITY AFFIL HOSPITALS - PROVIDENCE RI 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	13383
License Date	1/3/2007
Name	<b>RYON, DAVID L MD</b>
Address	519 HARRIET ST, EVANSVILLE, IN, 47710
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF MIAMI USA 1988
Internship and Year	NEW YORK UNIV SCHOOL OF MEDICINE - NEW YORK, NY 1989
Residency and Year	NEW YORK UNIV SCHOOL OF MEDICINE - NEW YORK, NY 1991
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	17029
License Date	4/1/2015
Name	<b>RYZEWSKI, MATTHEW DO</b>
Address	ELLIOT HOSPITAL - NEWBORN INTS. CARE UNIT, 1 ELLIOT WAYMANCHESTER, NH, 01303
Specialty	NPM
Board Certified	PD
School and Year of Graduation	NEW YORK COLLEGE OF OSTEOPATHIC MEDICINE USA 2009
Internship and Year	SUNY UPSTATE MEDICAL UNIVERSITY, SYRACUSE, NY 2010
Residency and Year	SUNY UPSTATE MEDICAL UNIVERSITY, SYRACUSE, NY 2012
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13602
License Date	7/11/2007
Name	<b>RZEPKA, ROBERT W MD</b>
Address	CATHOLIC MEDICAL CENTER, 100 MCGREGOR STREETMANCHESTER, NH, 03102
Specialty	IM
Board Certified	IM
School and Year of Graduation	JAGIELLONIAN UNIV POLAND 2003
Internship and Year	JERSEY SHORE MEDICAL CENTER - NEPTUNE, NJ 2005
Residency and Year	JERSEY SHORE MEDICAL CENTER - NEPTUNE, NJ 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11719
License Date	8/7/2002
Name	<b>RZUCIDLO, EVA M MD</b>
Address	DHMC-DEPT OF VASCULAR SURGERY, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	VS
Board Certified	VS
School and Year of Graduation	NJ ROBERT WOOD JOHNSON MED SCH - PISCATAWAY USA 1993
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1994
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15489
License Date	12/7/2011
Name	<b>SAAD, DANIEL F MD</b>
Address	112 STRATHMORE DRIVE, GREER, SC, 29650
Specialty	GS
Board Certified	GS
School and Year of Graduation	MEDICAL UNIVERSITY OF SOUTH CAROLINA USA 1998
Internship and Year	LOUISIANA STATE UNIVERSITY HOSPITAL - SHREVEPORT, LA 1999
Residency and Year	LOUISIANA STATE UNIVERSITY HOSPITAL - SHREVEPORT, LA 2004
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	15891
License Date	10/3/2012
Name	<b>SAADI, JAMES A MD</b>
Address	CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty	NS
Board Certified	NS
School and Year of Graduation	UNIVERSITY OF CAIRO EGYPT 1967
Internship and Year	SINAI-GRACE HOSPITAL - DETROIT, MI 1972
Residency and Year	SINAI-GRACE HOSPITAL - DETROIT, MI 1975
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16382
License Date	11/6/2013
Name	<b>SABATINI, PETER R MD</b>
Address	414 CACHEMONT COVE, BILOXI, MS, 39531
Specialty	OTO
Board Certified	
School and Year of Graduation	UNIVERSITY OF SOUTH ALABAMA COLLEGE OF MEDICINE USA 2004
Internship and Year	UNIVERSITY OF TX SOUTHWESTERN MEDICAL SCHOOL - DALLAS, TX 2005
Residency and Year	UNIVERSITY OF TX SOUTHWESTERN MEDICAL SCHOOL - DALLAS, TX 2009
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	6797
License Date	9/8/1983
Name	<b>SABATO JR, JOSEPH MD</b>
Address	DEPARTMENT OF EMERG MEDICINE, 655 WEST 8TH STJACKSONVILLE, FL, 32209
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF MASS-WORCESTER,MA USA 1979
Internship and Year	ROCHESTER GEN HOSPITAL-ROCHESTER,MA 1980
Residency and Year	ROCHESTER GEN HOSPITAL-ROCHESTER,MA 1982
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15071
License Date	11/3/2010
Name	<b>SABER, CAMERON R MD</b>
Address	SPECTRUM MEDICAL GROUP, 324 GANNETT DRS PORTLAND, ME, 04106
Specialty	DR
Board Certified	DR
School and Year of Graduation	MICHIGAN STATE UNIV USA 2003
Internship and Year	ST JOSEPH MERCY OAKLAND - PONTIAC, MI 2004
Residency and Year	ST JOSEPH MERCY OAKLAND - PONTIAC, MI 2008
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	15460
License Date	11/2/2011
Name	<b>SABHARWAL, SABINA MD</b>
Address	1 LEIGHTON ST, UNIT 2006CAMBRIDGE, MA, 02141-1875
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE USA 2003
Internship and Year	NEW ENGLAND MEDICAL CENTER - BOSTON MA 2004
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON MA 2006
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	12318
License Date	5/5/2004
Name	<b>SABIR, AISHA MD</b>
Address	CLIFTON T PERKINS HOSP CTR, PO BOX 1000JESSUP, MD, 20794
Specialty	P
Board Certified	P
School and Year of Graduation	ST GEORGE'S UNIVERSITY, SAINT GEORGES GRENADA GRANADA 2000
Internship and Year	MED COLLEGE OF VIRGINIA, RICHMOND VA 2001
Residency and Year	MED COLLEGE OF VIRGINIA, RICHMOND VA 2004
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	11203
License Date	3/7/2001
Name	<b>SABLOFF, MITCHELL MD</b>
Address	501 SMYTH RD, RM 7209OTTAWA ONT CANADA, , K1H 8L6
Specialty	IM
Board Certified	IM
School and Year of Graduation	MCGILL UNIV FAC OF MED - MONTREAL QC, CANADA CANADA 1995
Internship and Year	QUEENS UNIV FAC OF HLTH SCI - KINGSTON ONTARIO, CANADA 1996
Residency and Year	QUEENS UNIV FAC OF HLTH SCI - KINGSTON ONTRIO, CANADA 1997
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	15419
License Date	10/5/2011
Name	<b>SACCHETTI, PETER J MD</b>
Address	SO. MAINE HEALTH CARE INTERNAL MEDICINE, 72 MAIN STKENNEBUNK, ME, 04043
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 2003
Internship and Year	NORTH SHORE MEDICAL CENTER - SALEM HOSPITAL - SALEM, MA 2007
Residency and Year	NORTH SHORE MEDICAL CENTER - SALEM HOSPITAL - SALEM, MA 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15850
License Date	9/5/2012
Name	<b>SACCO, CYNTHIA M MD</b>
Address	25 MAURA DR, STOW, MA, 01775
Specialty	PD
Board Certified	PD
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1983
Internship and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1984
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7366
License Date	6/12/1986
Name	<b>SACHERE, ANDREW B MD</b>
Address	87 BRUNSWICK WOODS DR, E BRUNSWICK, NJ, 08816-5601
Specialty	FP
Board Certified	FP
School and Year of Graduation	UMDNJ-RUTGERS USA 1983
Internship and Year	UMDNJ RUTGERS HOSPITAL 1984
Residency and Year	UMDNJ RUTGERS HOSPITAL 1986
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	7467
License Date	11/12/1986
Name	<b>SACHS, BARTON L MD</b>
Address	MED UNIV OF SC, 169 ASHLEY AVECHARLESTON, SC, 29425
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	STATE UNIVERSITY OF NY-UPSTATE - SYRACUSE, NY USA 1977
Internship and Year	UNIVERSITY HOSPITALS - CLEVELAND, OH 1978
Residency and Year	UNIVERSITY HOSPITALS - CLEVELAND, OH 1983
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	5992
License Date	10/12/1978
Name	<b>SACHS, MARLENE A MD</b>
Address	MT ASCUTNEY HOSPITAL, 289 COUNTY RDWINDSOR, VT, 05089
Specialty	IM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1977
Internship and Year	DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1978
Residency and Year	DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1979
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14598
License Date	9/2/2009
Name	<b>SACHS, SHARONA MD</b>
Address	DHMC-PALLIATIVE MEDICINE DEPT, 1 MED CTR DRLEBANON, NH, 03756
Specialty	PLM
Board Certified	PLM
School and Year of Graduation	STATE UNIVERSITY OF NEW YORK USA 1988
Internship and Year	DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 1989
Residency and Year	DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6017
License Date	2/12/1979
Name	<b>SACK, JOSEPH H MD</b>
Address	79 GALE AVE, LACONIA, NH, 03246
Specialty	P
Board Certified	P
School and Year of Graduation	JOHNS HOPKINS UNIV SHOOOL MEDICINE - BALTIMORE, MD USA 1971
Internship and Year	JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1975
Residency and Year	JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1975
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	12012
License Date	7/2/2003
Name	<b>SACK, ROBERT I MD</b>
Address	8801 CLEWERWALL DR, BETHESDA, MD, 20817
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF CINCINNATI - CINCINNATI, OH USA 1982
Internship and Year	UNIV OF CINCINNATI MEDICAL CENTER - CINCINNATI, OH 1983
Residency and Year	UNIV OF CINCINNATI MEDICAL CENTER - CINCINNATI, OH 1985
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number 10402  
 License Date 9/2/1998  
 Name **SADHUJAN, PRABHASADANAM G MD**  
 Address 1225E COOLSPRING AVE, MICHIGAN CITY, IN, 46360  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation KOTTAYANMED COOO UNIV OF KERALA INDIA 1987  
 Internship and Year ST VINCENT MEDICAL CENTER - BRIDGEPORT, CT 1997  
 Residency and Year ST VINCENT MEDICAL CENTER - BRIDGEPORT, CT 1998  
 License Expiration Date **6/30/2004**  
 Remarks

License Number 8176  
 License Date 7/12/1989  
 Name **SADOWSKY, MARC M MD**  
 Address 168 KINSLEY ST STE 1, NASHUA, NH, 03061-  
 Specialty P  
 Board Certified P  
 School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1985  
 Internship and Year GREENWICH HOSPITAL - GREENWICH, CT 1986  
 Residency and Year YALE UNIV HOSPITAL - NEW HAVEN, CT 1989  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9821  
 License Date 8/7/1996  
 Name **SADR, IRAN M MD**  
 Address 12003 HOLLY CREST CT, GREAT FALLS, VA, 22066  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation IRAN UNIV OF MEDICINE SCIENCE - TEHERAN IRAN 1992  
 Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - NH 1997  
 Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL - NH 1997  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 8701  
 License Date 4/1/1992  
 Name **SADRNOORI, BIJAN MD**  
 Address 411 MERRIMACK ST STE 101, METHUEN, MA, 01844-5821  
 Specialty IM  
 Board Certified OS  
 School and Year of Graduation UNIVERSITY OF TEHERAN IRAN 1967  
 Internship and Year OHIO VALLEY HOSPITAL STEUBENVILLE - OHIO 1972  
 Residency and Year TUCSON HOSPITAL TUCSON - ARIZONA 1973  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	15551
License Date	2/1/2012
Name	<b>SAEMI, ARASH M MD</b>
Address	THE MEDFORD RADIOLOGICAL GRP, 842 E MAIN STMEDFORD, OR, 97504
Specialty	SCI
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 2009
Internship and Year	NAVAL MEDICAL CENTER - SAN DIEGO, CA 2010
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16191
License Date	6/5/2013
Name	<b>SAENZ, REBECCA L C MD</b>
Address	4535 DRESSLER RD NW, CANTON, OH, 44718
Specialty	EM
Board Certified	EM
School and Year of Graduation	MICHIGAN STATE UNIVERSITY USA 2008
Internship and Year	UNIVERSITY OF FLORIDA HEALTH SCIENCE CENTER - JACKSONVILLE, FL 2009
Residency and Year	UNIVERSITY OF FLORIDA HEALTH SCIENCE CENTER - JACKSONVILLE, FL 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13054
License Date	4/5/2006
Name	<b>SAFIIA, MUHAMMAD ADEEB MD</b>
Address	3777 LONE PINE DR, APT 8HOLT, MI, 48842
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF ALEPPO-ALEPPO SYRIA SYRIA 2000
Internship and Year	JOHN H STROGER JR HOSPITAL -CHICAGO IL 2004
Residency and Year	JOHN H STROGER JR HOSPITAL-CHICAGO IL 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13640
License Date	8/1/2007
Name	<b>SAGGAR, SHAGUN MD</b>
Address	360 W WASHINGTON AVE, UNIT 202MADISON, WI, 53703
Specialty	FP
Board Certified	FP
School and Year of Graduation	ROSS UNIV DOMINICA 2002
Internship and Year	RESURRECTION MEDICAL CENTER - CHICAGO, IL 2003
Residency and Year	RESURRECTION MEDICAL CENTER - CHICAGO, IL 2005
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number 11720  
 License Date 8/7/2002  
 Name **SAGHIR, FAISAL MD**  
 Address COOS COUNTY FAMILY HEALTH, 133 PLEASANT STBERLIIN, NH, 03570  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation QUAID-E-AZAM UNIV-RAWALPINDI, PAKISTAN PAKISTAN 1995  
 Internship and Year FINCH UNIV OF HEALTH SCIENCES-NORTH CHICAGO,ILLINOIS 2000  
 Residency and Year FINCH UNIV OF HEALTH SCIENCES-NORTH CHICAGO,ILLINOIS 2002  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 12716  
 License Date 5/4/2005  
 Name **SAHADULLA, SHERIFF M MD**  
 Address ST JOSEPH HOSPITAL, 172 KINSLEY STNASHUA, NH, 03061  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation TUFTS UNIVERSITY, BOSTON MA US 1996  
 Internship and Year UNIVERSITY O MICHIGAN, ANN ARBOR MI 1997  
 Residency and Year UNIVERSITY OF MICHIGAN, AN ARBOR MI 1999  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13641  
 License Date 8/1/2007  
 Name **SAHARAN, RAMAN MD**  
 Address LA STATE UNIV/EA CONWAY MD CTR, 4864 JACKSON STMONROE, LA, 71210  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation MANIPAL UNIV INDIA 2000  
 Internship and Year SISTERS OF CHARITY HOSPITAL - BUFFALO, NY 2005  
 Residency and Year SISTERS OF CHARITY HOSPITAL - BUFFALO, NY 2007  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11517  
 License Date 2/6/2002  
 Name **SAHLIN, PETER B MD**  
 Address 24571 WOODSAGE DR, BONITA SPRINGS, FL, 34134  
 Specialty R  
 Board Certified  
 School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON, MA USA 1971  
 Internship and Year BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1972  
 Residency and Year BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 1978  
 License Expiration Date **6/30/2014**  
 Remarks **Deceased 5/12/14**



License Number	13126
License Date	6/7/2006
Name	<b>SAHNI, GAGAN D MD</b>
Address	METROPOLITAN HOSPITAL, 1901 FIRST AVENUE NEW YORK, NY, 10029
Specialty	IM
Board Certified	IM
School and Year of Graduation	JAWAHARLAL NEHRU MEDICAL COLLEGE, INDIA INDIA 1998
Internship and Year	LONG ISLAND COLLEGE HOSP, BROOKLYN NY 2000
Residency and Year	LONG ISLAND COLLEGE HOSP, BROOKLYN NY 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14265
License Date	12/3/2008
Name	<b>SAICH, ELIZABETH D MD</b>
Address	ELLIOT PRIMARY CARE, 40 BUTTRICK RD LONDONDERRY, NH, 03053
Specialty	MPH
Board Certified	MPH
School and Year of Graduation	UNIV OF MASSACHUSETTS USA 2000
Internship and Year	UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2001
Residency and Year	UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10738
License Date	10/20/1999
Name	<b>SAIDEL, MICHELLE S MD</b>
Address	C/O JUVENILE JUSTICE SERVICES, 1056 N RIVER RD. MANCHESTER, NH, 03104
Specialty	P
Board Certified	P
School and Year of Graduation	GEORGE WASHINGTON UNIV - WASHINGTON, DC USA 1993
Internship and Year	FAIRFAX HOSPITAL - FALLS CHURCH, VA 1994
Residency and Year	HARVARD LONGWOOD PSYCHIATRY PROGRAM - BOSTON, MA 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5397
License Date	8/7/1975
Name	<b>SAILER, ERIC A MD</b>
Address	BOX 118, FLINT HILL RD LYME CENTER, NH, 03769
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	MCGILL MEDICAL SCHOOL CANADA 1963
Internship and Year	ROYAL VICTORIA HOSPITAL - MONTREAL, CANADA 1964
Residency and Year	YALE-NEW HAVEN HOSPITAL - NEW HAVEN, CT 1965
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	13988
License Date	5/7/2008
Name	<b>SAINATH, PADMAVATHI MD</b>
Address	PERMANENTE MEDICAL GROUP, 1150 VETERANS BLVDREDWOOD CITY, CA, 94063
Specialty	IM
Board Certified	IM
School and Year of Graduation	CHENGALPATTU MEDICAL COLLEGE INDIA 1999
Internship and Year	SOUTHERN ILLINOIS UNIV SCHOOL OF MED - SPRINGFIELD, IL 2003
Residency and Year	SOUTHERN ILLINOIS UNIV SCHOOL OF MEDICINE-SPRINGFIELD, IL 2005
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	16876
License Date	12/3/2014
Name	<b>SAITTA, PATRICK V MD</b>
Address	113 NASSAU ST #29A, NEW YORK, NY, 10038
Specialty	IM
Board Certified	IM
School and Year of Graduation	LOUISIANA STATE UNIVERSITY MEDICAL CENTER USA 2005
Internship and Year	MOUNT SINAI HOSPITAL - NY, NY 2006
Residency and Year	MOUNT SINAI HOSPITAL - NY, NY 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14896
License Date	6/2/2010
Name	<b>SAIYED, SHAMILA M MD</b>
Address	BEVERLY HOSPITAL, MEMBER OF LAHEY HEALTH, 85 HERRICK STBEVERLY, MA, 01915
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF MUMBAI INDIA 2001
Internship and Year	NORTH SHORE MEDICAL CENTER/SALEM HOSPITAL - SALEM, MA 2008
Residency and Year	NORTH SHORE MEDICAL CENTER/SALEM HOSPITAL - SALEM, MA 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15112
License Date	1/5/2011
Name	<b>SAJOUS, MARIE-HELENE MD</b>
Address	DARTMOUTH- HITCHCOCK, 14 TSIENNETO ROAD STE 200DERRY, NH, 03038
Specialty	AI
Board Certified	AI
School and Year of Graduation	CORNELL UNIVERSITY MEDICAL COLLEGE USA 2000
Internship and Year	NEW YORK & PRESBYTERIAN HOSPITAL-NY,NY 2001
Residency and Year	NEW YORK & PRESBYTERIAN HOSPITAL-NY,NY 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10814
License Date	1/5/2000
Name	<b>SAKELLARIS, LEANDER D MD</b>
Address	NEWARK BETH ISREAL MEDICAL CTR, 201 LYONS AVENUE NEWARK, NJ, 07112
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV OF INNSBRUCK - INNSBRUCK, AUSTRIA AUSTRIA 1986
Internship and Year	ALBERT EINSTEIN COLLEGE OF MEDICINE - BRONX, NY 1989
Residency and Year	MONTEFIORE MEDICAL CENTER - BRONX, NY 1992
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	12761
License Date	6/1/2005
Name	<b>SAKKINEN, PAMELA A MD</b>
Address	DHMC-PATHOLOGY, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSITY OF MINNESOTA, ST PAUL MN US 1994
Internship and Year	UNIVERSITY OF VERMONT, BURLINGTON VT 1996
Residency and Year	UNIVERSITY OF VERMONT, BURLINGTON VT 2000
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	6762
License Date	8/4/1983
Name	<b>SAKR, OSSAMA E MD</b>
Address	NORTHEAST UROLOGIC SURGERY, 231 SUTTON ST UNIT 1DN ANDOVER, MA, 01845-1620
Specialty	U
Board Certified	U
School and Year of Graduation	FAC MED ALEXANDRIA UNIV ALEXANDER EGYPT 1974
Internship and Year	MONMOUTH MED CTR-LONG BRANCH,NJ 1978
Residency and Year	BOSTON CITY HOSPITAL- BOSTON,MA 1981
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11390
License Date	9/5/2001
Name	<b>SAKS, ELISE E MD</b>
Address	ANDOVER OB/GYN, 323 LOWELL STREET ANDOVER, MA, 01810
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF PENNSYLVANIA SCH OF MED- PHILIA, PA USA 1997
Internship and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1998
Residency and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13180
License Date	7/5/2006
Name	<b>SAKSENA, SACHIN D MD</b>
Address	FRISBIE MEDICAL BUILDING, 21 WHITEHALL RD STE 301ROCHESTER, NH, 03867
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIV OF MUMBAI USA 1999
Internship and Year	CARITAS ST ELIZABETHS MED CTR-BOSTON, MA 2003
Residency and Year	CARITAS ST ELIZABETHS MED CTR-BOSTON, MA 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16844
License Date	11/6/2014
Name	<b>SALAS, STEPHANIE A MD</b>
Address	2859 MIDDLETOWN RD, BRONX, NY, 10461
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE USA 1999
Internship and Year	UNIVERSITY OF TEXAS MEDICAL BRANCH - GALVESTON, TX 2000
Residency and Year	UNIVERSITY OF TEXAS MEDICAL BRANCH - GALVESTON, TX 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7782
License Date	2/3/1988
Name	<b>SALCHUNAS, RICHARD S MD</b>
Address	CONCORD OB/GYN, 189 N MAIN STCONCORD, NH, 03301-5047
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	DARTMOUTH MED SCHOOL HANOVER NH USA 1984
Internship and Year	MAINE MED CTR PORTLAND ME 1985
Residency and Year	MAINE MED CTR PORTLAND ME 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14941
License Date	7/7/2010
Name	<b>SALCONE, ERIN M MD</b>
Address	DHMC-OPHTHALMOLOGY DEPT, 1 MED CTR DRLEBANON, NH, 03756
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2005
Internship and Year	CARITAS ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 2006
Residency and Year	MASSACHUSETTS EYE & EAR INFIRMARY - BOSTON, MA 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14599
License Date	9/2/2009
Name	<b>SALDIN, KAMALDEEN R MD</b>
Address	1108 ST CHARLES ST, CHARLOTTESVILLE, VA, 22901
Specialty	N
Board Certified	N
School and Year of Graduation	UNIVERSITY OF SZEGED HUNGARY 1998
Internship and Year	CLEVELAND CLINIC FOUNDATION-WESTON, FL 2005
Residency and Year	CLEVELAND CLINIC FOUNDATION-WESTON, FL 2006
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	5617
License Date	9/21/1976
Name	<b>SALEEM, SHUJA U MD</b>
Address	23 STILES RD STE 217, SALEM, NH, 03079-2854
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	NISHTAR MEDICAL COLLEGE PAKISTAN 1967
Internship and Year	NASSAU COLLEGE MEDICAL CENTER - EAST MEADOW, NY 1969
Residency and Year	PONDVILLE HOSPITAL - NORFOLK,MA 1975
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17188
License Date	7/1/2015
Name	<b>SALEH, FABIAN M MD</b>
Address	125 MOUNT AUBURN ST, CAMBRIDGE, MA, 02238
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITA DI FIRENZE ITALY 1994
Internship and Year	UNIVERSITY HOSPITALS CASE MEDICAL CENTER-CLEVELAND, OH 1997
Residency and Year	UNIVERSITY HOSPITALS OF CLEVELAND - CLEVELAND, OH 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17232
License Date	8/5/2015
Name	<b>SALEH, OMAR M MD</b>
Address	463 BENITO ST, EAST MEADOW, NY, 11554-3806
Specialty	IM
Board Certified	
School and Year of Graduation	ROSS UNIV SCH OF MED - ROSEAU DOMINICA 2012
Internship and Year	NASSAU UNIV MED CTR -EAST MEADOW, NY 2013
Residency and Year	NASSAU UNIV MED CTR -EAST MEADOW, NY 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 14600  
 License Date 9/2/2009  
 Name **SALEM, ARAM N MD**  
 Address REMOTE IMAGING SOLUTIONS, PO BOX 133005SPRING, TX, 77393  
 Specialty R  
 Board Certified R  
 School and Year of Graduation RUSH UNIVERSITY USA 2000  
 Internship and Year ADVOCATE ILLINOIS MASONIC MEDICAL CENTER - CHICAGO, IL 2001  
 Residency and Year ADVOCATE ILLINOIS MASONIC MEDICAL CENTER - CHICAGO, IL 2005  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15595  
 License Date 3/7/2012  
 Name **SALEM, ELIE MD**  
 Address PORTSMOUTH HOSP, 333 BORTHWICK AVEPORTSMOUTH, NH, 03801  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation ST GEORGES UNIVERSITY GRENADA 2007  
 Internship and Year ST MICHAELS HOSPITAL - NEWARK, NJ 2008  
 Residency and Year ST MICHAELS HOSPITAL - NEWARK, NJ 2010  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 8177  
 License Date 7/12/1989  
 Name **SALERNI, ANTHONY A MD**  
 Address ORTHOPEADIC PROF PA, 14 MAPLE ST STE 100GILFORD, NH, 03249  
 Specialty NS  
 Board Certified NS  
 School and Year of Graduation UNIV OF VT COLL OF MED BURLINGTON VT USA 1982  
 Internship and Year FRAMINGHAM UNION HOSP- FRAMINGHAM, MA 1983  
 Residency and Year MED CTR HOSP VT- BURLINGTON, VT 1989  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15201  
 License Date 4/6/2011  
 Name **SALESKY, JOEL S MD**  
 Address GEISINGER WYOMING VALLEY MED CENTER, 1000 E MOUNTAIN BLVDWILKES BARRE, PA, 18711  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation UNIV OF MED & DENTISTRY NEW JERSEY USA 2005  
 Internship and Year ST PETERS UNIVERSITY HOSPITAL - NEW BRUNSWICK, NJ 2006  
 Residency and Year UNIVERSITY OF VERMONT COLLEGE OF MEDICINE - BURLINGTON, VT 2010  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15490  
 License Date 12/7/2011  
 Name **SALHAB, ALADIN F MD**  
 Address PORTSMOUTH REG HOSP, 333 BORTHWICK AVEPORTSMOUTH, NH, 03801  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation ST GEORGES UNIVERSITY GRENADA 2007  
 Internship and Year STONY BROOK UNIVERSITY HOSPITAL - STONY BROOK, NY 2008  
 Residency and Year STONY BROOK UNIVERSITY HOSPITAL - STONY BROOK, NY 2010  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14897  
 License Date 6/2/2010  
 Name **SALINAS, PEDRO D MD**  
 Address DHMC-HOSPITAL MED - 3B, ONE MED CTR DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV DE MONTERREY, FACULTAD DE MEDICINA MEXICO 2002  
 Internship and Year RUSH UNIVERSITY MEDICAL CENTER - CHICAGO, IL 2005  
 Residency and Year RUSH UNIVERSITY MEDICAL CENTER - CHICAGO, IL 2007  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 17030  
 License Date 4/1/2015  
 Name **SALIS, ARI I MD**  
 Address 7 CHAMPAGNE TERR, BEDFORD, NH, 03110  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation UNIV OF MED & DENTISTRY NJ ROBERT WOOD JOHNSON MED USA 1995  
 Internship and Year UNIVERSITY OF MARYLAND MEDICAL SYSTEM - BALTIMORE, MD 1996  
 Residency and Year UNIVERSITY OF MARYLAND MEDICAL SYSTEM - BALTIMORE, MD 1999  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10881  
 License Date 4/5/2000  
 Name **SALISBURY, PATRICIA A MD**  
 Address CAPITAL REGION FAMILY HEALTH, 250 PLEASANT STCONCORD, NH, 03301  
 Specialty FP  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MEDICINE-VT USA 1997  
 Internship and Year DARTMOUTH HITCHCOCK MEDICAL CTR-LEBANON,NH 1999  
 Residency and Year DARTMOUTH HITCHCOCK MEDICAL CTR-LEBANON,NH 1999  
 License Expiration Date **6/30/2002**  
 Remarks

License Number	11137
License Date	12/6/2000
Name	<b>SALMAN, ROBERT M MD</b>
Address	29 RIVERWAY PLACE BLDG 7, BEDFORD, NH, 03110-6745
Specialty	R
Board Certified	R
School and Year of Graduation	ALBANY MED COLL - ALBANY, NY USA 1987
Internship and Year	ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1988
Residency and Year	LAHEY CLINIC MEDICAL CENTER - BURLINGTON, MA 1992
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	16050
License Date	3/6/2013
Name	<b>SALMANULLAH, MUHAMMAD MD</b>
Address	1200 ELM ST, APT #916MANCHESTER, NH, 03101
Specialty	IM
Board Certified	
School and Year of Graduation	UNIVERSITY OF KARACHI PAKISTAN 1994
Internship and Year	CHILDRENS HOSPITAL - BOSTON, MA 2002
Residency and Year	BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6912
License Date	7/2/1984
Name	<b>SALMON, RICHARD B MD</b>
Address	900 COTTAGE GROVE RD, B227HARTFORD, CT, 06152
Specialty	FP
Board Certified	FP
School and Year of Graduation	CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE USA 1979
Internship and Year	UNIVERSITY HOSPITALS - CLEVELAND OH 1982
Residency and Year	UNIVERSITY HOSPITALS - CLEVELAND OH 1982
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	15637
License Date	4/4/2012
Name	<b>SALTER, BENJAMIN S MD</b>
Address	DHMC/DEPT OF RADIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	R
Board Certified	R
School and Year of Graduation	TULANE UNIVERSITY SCHOOL OF MEDICINE USA 2005
Internship and Year	UNIVERSITY OF WISCONSIN - MADISON, WI 2006
Residency and Year	UNIVERSITY OF WISCONSIN - MADISON, WI 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number 13303  
 License Date 10/4/2006  
 Name **SALTER, BRENDA H MD**  
 Address 120 INTERNAT'L PKWY, STE 216LAKE MARY, FL, 32746  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIV OF KENTUCKY USA 1986  
 Internship and Year JOHN HOPKINS UNIV SCHOOL OF MEDICINE - BALTIMORE, MD 1987  
 Residency and Year JOHN HOPKINS UNIV SCHOOL OF MEDICINE - BALTIMORE, MD 1989  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 2548  
 License Date 1/31/1947  
 Name **SALTONSTALL, HENRY MD**  
 Address 7 RIVERWOODS DR #F119, EXETER, NH, 03833-4376  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation COLUMBIA UNIVERSITY USA 1939  
 Internship and Year PENNSYLVANIA HOSPITAL - PHILADELPHIA, PA 1941  
 Residency and Year PENNSYLVANIA HOSPITAL - PHILADELPHIA, PA 1943  
 License Expiration Date **6/30/1999**  
 Remarks **DECEASED 2/24/2008**

License Number 12131  
 License Date 11/5/2003  
 Name **SALUJA, LAURA A MD**  
 Address 30 TANGLEWOOD DR, NASHUA, NH, 03062  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation MCP HAHNEMANN SCHOOL OF MED, PHILADELPHIA PA US 1999  
 Internship and Year YALE-NEW HAVEN HOSPITAL, NEW HAVEN CT 2000  
 Residency and Year YALE-NEW HAVEN HOSPITAL, NEW HAVEN CT 2003  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15676  
 License Date 5/2/2012  
 Name **SALVANI, JEROME KEITH T MD**  
 Address SUNY DOWNSTATE MED CTR, 450 CLARKSON AVE BOX 50BROOKLYN, NY, 11203  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF THE PHILIPPINES PHILIPPINES 2001  
 Internship and Year SUNY HEALTH SCIENCE CENTER @ BROOKLYN DOWNSTATE - BROOKLYN, NY 2005  
 Residency and Year SUNY HEALTH SCIENCE CENTER @ BROOKLYN DOWNSTATE - BROOKLYN, NY 2007  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	9171
License Date	5/4/1994
Name	<b>SALVATORE, DONALD E MD</b>
Address	DOCTORS PARK PEDIATRICS, 275 MAMMOTH RD STE 2MANCHESTER, NH, 03109
Specialty	PD
Board Certified	PD
School and Year of Graduation	SUNY-HLTH SCIENCE CENTER AT BROOKLYN USA 1990
Internship and Year	ST CHRISTOPHERS HOSPITAL - PHILADELPHIA PA 1994
Residency and Year	ST CHRISTOPHERS HOSPITAL - PHILADELPHIA PA 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9630
License Date	1/3/1996
Name	<b>SALVO, ANTHONY F MD</b>
Address	74 GRANDVIEW DR, WESTBROOK, ME, 04092
Specialty	DR
Board Certified	R
School and Year of Graduation	TUFTS UNIV SCHOOL OF MEDICINE -BOSTON, MA USA 1967
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1968
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1974
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	10970
License Date	6/7/2000
Name	<b>SALYAPONGSE, AIMEE W MD</b>
Address	47 SEA MARSH RD, CENTERVILLE, MA, 02632
Specialty	PD
Board Certified	PD
School and Year of Graduation	ALBERT EINSTEIN COLL OF MED - BRONX, NY USA 1997
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1998
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12891
License Date	9/7/2005
Name	<b>SAMALE, JILL M MD</b>
Address	WOMEN'S CARE CENTER, 141 MASCOMA STLEBANON, NH, 03755
Specialty	OBG
Board Certified	
School and Year of Graduation	UNIVERSITY OF VERMONT, BURLINGTON VT US 2000
Internship and Year	BAYSTATE MEDICAL CTR, SPRINGFIELD MA 2001
Residency and Year	BAYSTATE MEDICAL CTR, SPRINGFIELD MA 2004
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	11391
License Date	9/5/2001
Name	<b>SAMELSON, RENEE MD</b>
Address	CENTER FOR REPRODUCTIVE CARE, 118 PORTSMOUTH AVE STE102STRATHAM, NH, 03885
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF CINCINNATI COLL OF MED - CINCINNATI, OH USA 1976
Internship and Year	SUNY -BUFFALO - BUFFALO, NY 1977
Residency and Year	SOUTHERN ILLINOIS UNIV SCH OF MED - SPRINGFIELD, IL 1987
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	11544
License Date	3/6/2002
Name	<b>SAMET, LAURENCE M MD</b>
Address	93 UNION ST STE 303B, NEWTON CENTRE, MA, 02481
Specialty	P
Board Certified	P
School and Year of Graduation	WAYNE STATE UNIV - DETROIT, MI USA 1976
Internship and Year	MASSACHUSETTS MENTAL HLTH CTR - BOSTON, MA 1977
Residency and Year	MASSACHUSETTS MENTAL HLTH CTR - BOSTON, MA 1980
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14976
License Date	8/4/2010
Name	<b>SAMI, FAISAL A MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	DR
Board Certified	DR
School and Year of Graduation	ST GEORGE'S UNIVERSITY WEST INDIES 1997
Internship and Year	ST JOSEPH MERCY OAKLAND - PONTIAC, MI 1998
Residency and Year	MICHAEL REESE HOSPITAL - EULESS, TX 2002
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	15491
License Date	12/7/2011
Name	<b>SAMIE, FARAMARZ H MD</b>
Address	DHMC/DERMATOLOGY SECTION, 1 MED CTR DRLEBANON, NH, 03756
Specialty	D
Board Certified	D
School and Year of Graduation	STATE UNIVERSITY OF NY UPSTATE MED UNIV USA 2002
Internship and Year	SUNY UPSTATE MEDICAL UNIVERSITY - SYRACUSE, NY 2003
Residency and Year	UNIVERSITY OF ROCHESTER- ROCHESTER, NY 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11430
License Date	10/3/2001
Name	<b>SAMNOTRA, VIVEK MD</b>
Address	40 HIGHLAND ST, CONCORD, MA, 01742
Specialty	ON
Board Certified	ON
School and Year of Graduation	MCGILL UNIV - MONTREAL QUEBEC CANADA 1989
Internship and Year	ST ELIZABETH MEDICAL CENTER - BOSTON, MA 1992
Residency and Year	ST ELIZABETH MEDICAL CENTER - BOSTON, MA 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12537
License Date	11/3/2004
Name	<b>SAMPSON JR, ROBERT C MD</b>
Address	HKD TREATMENT OPTIONS, 21 GEORGE ST FIRST FLOORLOWELL, MA, 01852
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA PA US 1974
Internship and Year	BRYN MAWR HOSPITAL, BRYN MAWR PA 1975
Residency and Year	UNIVERSITY OF MICHIGAN HOSPITALS, ANN ARBOR MI 1977
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16136
License Date	5/1/2013
Name	<b>SAMSON, GREGORY MD</b>
Address	6175 SW 192ND AVE, PEMBROKE PINES, FL, 33332
Specialty	PM
Board Certified	PM
School and Year of Graduation	STATE UNIVERSITY OF NEW YORK USA 2002
Internship and Year	UNIVERSITY OF NORTH CAROLINA HOSPITALS - CHAPEL HILL, NC 2003
Residency and Year	UNIVERSITY OF NORTH CAROLINA HOSPITALS - CHAPEL HILL, NC 2006
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	16383
License Date	11/6/2013
Name	<b>SAMUEL, ERIC B MD</b>
Address	FAMILIES FIRST HEALTH & SUPPORT CTR, 100 CAMPUS DR, SUITE 2PORTSMOUTH, NH, 03801
Specialty	FP
Board Certified	FP
School and Year of Graduation	MEHARRY MEDICAL COLLEGE SCHOOL OF MEDICINE USA 1998
Internship and Year	BAYFRONT MEDICAL CENTER - ST PETERSBURG, FL 1999
Residency and Year	BAYFRONT MEDICAL CENTER - ST PETERSBURG, FL 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5432
License Date	9/11/1975
Name	<b>SAMUELS, BRUCE S MD</b>
Address	SEACOAST ARTHRITIS&OSTEOPORSIS, 10 MEMBERS WAY STE 403DOVER, NH, 03820-5933
Specialty	RHU
Board Certified	IM
School and Year of Graduation	JEFFERSON MEDICAL COLLEGE USA 1967
Internship and Year	PHILADELPHIA GENERAL HOSPITAL - PHILA, PA 1968
Residency and Year	JEFFERSON MEDICAL COLLEGE - PHILA, PA 1972
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	10004
License Date	5/7/1997
Name	<b>SAMUELS, JESSE D MD</b>
Address	MEDICAL DIRECTOR OXFORD ON-CAL, 48 MONROE TURNPIKETRUMBULL, CT, 06611
Specialty	EM
Board Certified	EM
School and Year of Graduation	DUKE UNIV SCH MED-DURHAM,NC USA 1967
Internship and Year	UNIV OF NC HOSP-NC 1968
Residency and Year	U CONN HEALTH CTR-CT 1972
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	10762
License Date	11/3/1999
Name	<b>SAN VICENTE, JOSHUA G MD</b>
Address	HITCHCOCK CLINIC-INDIAN STREAM, 141 CORLISS LNCOLEBROOK, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	RAMON MAGSAYSAY MEMORIAL MEDICAL CENTER PHILIPPINES 1990
Internship and Year	BRIDGEPORT HOSPITAL - BRIDGEPORT CT 1996
Residency and Year	BRIDGEPORT HOSPITAL - BRIDGEPORT CT 1998
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	13412
License Date	2/7/2007
Name	<b>SANA, WAJEEH MD</b>
Address	4413 WINDING CREEK RD, MANLIUS, NY, 13104
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF PUNJAB PAKISTAN 1996
Internship and Year	MERCY HEALTH PARTNERS ST VINCENT MERCY MEDICAL CTR - TOLEDO, OH 2005
Residency and Year	MERCY HEALTH PARTNERS ST VINCENT MERCY MEDICAL CTR - TOLEDO, OH 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 13055  
 License Date 4/5/2006  
 Name **SANCHEZ, ANA C MD**  
 Address LACONIA CLINIC, 724 MAIN ST LACONIA, NH, 03246  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIV DE COSTA RICA-SAN JOSE, COSTA RICA COSTA RICA 1993  
 Internship and Year UNIV OF KANSAS MEDICAL CTR-KANSAS CITY KS 2001  
 Residency and Year UNIV OF KANSAS MEDICAL CTR-KANSAS CITY KS 2003  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 8136  
 License Date 6/7/1989  
 Name **SANCHEZ, MANUEL G MD**  
 Address INTERVENTIONAL SPINE MEDICINE, 944 CALEF HWY BARRINGTON, NH, 03825  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation NATL AUTONOMUS UNIV AT MEXICO CITY MEXICO 1969  
 Internship and Year NORTHWESTERN GEN HOSP TORONTO ONT CANADA 1967  
 Residency and Year NORTHWESTERN GENERAL HOSPITAL - TORONTO ONTARIO, CANADA 1967  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16524  
 License Date 3/5/2014  
 Name **SANCHEZ, WILLIAM MD**  
 Address 200 1ST ST SW, ROCHESTER, MN, 55905  
 Specialty GE  
 Board Certified GE  
 School and Year of Graduation UNIVERSITY OF MEDICINE AND DENTISTRY OF NJ USA 1999  
 Internship and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION- ROCHESTER, MN 2000  
 Residency and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION- ROCHESTER, MN 2002  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11666  
 License Date 7/3/2002  
 Name **SANDBERG, BETSY B MD**  
 Address MG FOR CHILDREN AT N SHORE MED CTR, 57 HIGHLAND AVE SALEM, MA, 01970  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation DARTMOUTH MEDICAL SCH - LEBANON, NH USA 2000  
 Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2001  
 Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2002  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9503  
 License Date 7/5/1995  
 Name **SANDERS JR, JOHN H MD**  
 Address JOHN H SANDERS JR MD, 96 FRANKLIN HILL RDLYME, NH, 03768  
 Specialty CDS  
 Board Certified TS  
 School and Year of Graduation UNIVERSITY OF MICHIGAN MEDICAL SCHOOL USA 1963  
 Internship and Year BRIGHAM & WOMEN'S HOSPITAL - BOSTON MA 1968  
 Residency and Year BRIGHAM & WOMEN'S HOSPITAL - BOSTON MA 1973  
 License Expiration Date **6/30/2017**  
 Remarks

License Number D0014  
 License Date  
 Name **SANDERS, CHARLENE G MD**  
 Address NY PRESBYTERIAN HOSPITAL, 168TH AND BROADWAYNEW YORK, NY, 10032  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE USA 1984  
 Internship and Year CHILDRENS HOSPITAL - BOSTON, MA 1985  
 Residency and Year CHILDRENS HOSPITAL - BOSTON, MA 1986  
 License Expiration Date  
 Remarks

License Number 9102  
 License Date 1/5/1994  
 Name **SANDERS, ELIZABETH A MD**  
 Address SANDERS FAMILY MEDICINE, 2 PILLSBURY ST STE 401CONCORD, NH, 03301  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF MINNESOTA USA 1985  
 Internship and Year UNIVERSITY OF NEW YORK AT BUFFALO - BUFFALO NY 1986  
 Residency and Year UNIVERSITY OF NEW YORK AT BUFFALO - BUFFALO NY 1990  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15324  
 License Date 7/6/2011  
 Name **SANDERS, HEATHER A MD**  
 Address PO BOX 1574, PORTSMOUTH, NH, 03802  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIVERSITY OF PITTSBURGH USA 2007  
 Internship and Year BAYLOR COLLEGE OF MEDICINE - HOUSTON, TX 2008  
 Residency and Year RAINBOW BABIES & CHILDRENS HOSPITAL - CLEVELAND, OH 2010  
 License Expiration Date **6/30/2017**  
 Remarks **LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/2/15**

License Number	14209
License Date	10/1/2008
Name	<b>SANDERS, JILL DO</b>
Address	COLONY MILL, 222 WEST ST - STE 23KEENE, NH, 03431
Specialty	OMM
Board Certified	OMM
School and Year of Graduation	NEW YORK COLLEGE USA 1991
Internship and Year	NYCOM-ST BARNABAS HOSPITAL - BRONX, NY 1992
Residency and Year	
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6132
License Date	10/26/1979
Name	<b>SANDERS, LAWRENCE T MD</b>
Address	RIVERSIDE REST HOME, COUNTY FARM RDDOVER, NH, 03820
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV. OF COLORADO SCH OF MED. DENVER, CO USA 1966
Internship and Year	WILFORD HALL USAF MED. CTR LACKLAND AFB,TX 1967
Residency and Year	WILFORD HALL USAF MED. CTR.LACKLAND AFB,TX 1970
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12986
License Date	1/4/2006
Name	<b>SANDICK, JUDITH E MD</b>
Address	MILES INTERNAL MEDICINE ASSOC, 5 MILES WAYDAMARISCOTTA, ME, 04543
Specialty	IM
Board Certified	IM
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 1982
Internship and Year	ALBANY MEDICAL CTR, ALBANY NY 1983
Residency and Year	PENNSYLVANIA HOSPITAL, PHILADELPHIA PA 1984
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	8328
License Date	5/9/1990
Name	<b>SANDLAND, HELEN MD</b>
Address	, , ,
Specialty	OBG
Board Certified	
School and Year of Graduation	MEMORIAL UNIVERSITYIN NEWFOUDLAND CANADA 1984
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1996</b>
Remarks	



License Number	6991
License Date	10/4/1984
Name	<b>SANDLER, LUCY ANN W MD</b>
Address	NASHUA MEDICAL GROUP, 173 DW HIGHWAY SOUTH NASHUA, NH, 03060
Specialty	IM
Board Certified	IM
School and Year of Graduation	ALBANY MED COLL OF UNION UNIV- ALBANY,NY USA 1967
Internship and Year	ALBERT EINSTEIN MED CTR-PHIL,PA 1968
Residency and Year	ALBERT EINSTEIN MED CTR-PHIL,PA 1971
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	5752
License Date	6/13/1977
Name	<b>SANDLER, MICHAEL F MD</b>
Address	1079 VANCE TRAIL, THE VILLEGES, FL, 32162
Specialty	IM
Board Certified	
School and Year of Graduation	NEW YORK UNIVERSITY-NEW YORK CITY NY USA 1965
Internship and Year	BELLEVUE HOSPITAL-NEW YORK NY 1966
Residency and Year	PASSAVANT MEMORIAL HOSPITAL-CHICAGO IL 1967
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	10591
License Date	6/2/1999
Name	<b>SAND-LOUD, NINA MD</b>
Address	DHMC/PEDIATRICS, 1 MED CTR DR LEBANON, NH, 03756
Specialty	PD
Board Certified	PD
School and Year of Graduation	MCGILL UNIV FAC OF MED - MONTREAL QUEBEC CANADA 1996
Internship and Year	MCGILL UNIV - MONTREAL QUEBEC, CANADA 1997
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>lapsed for non-renewal 6/30/05 reinstated 9/1/10</b>

License Number	9229
License Date	7/6/1994
Name	<b>SANDS, PETER J MD</b>
Address	HITCHCOCK CLINIC, 253 PLEASANT ST CONCORD, NH, 03301-
Specialty	D
Board Certified	D
School and Year of Graduation	NEW YORK UNIVERSITY SCHOOL OF MEDICINE USA 1990
Internship and Year	YALE NEW HAVEN CHILDREN CENTER - NEW HAVEN CT 1991
Residency and Year	EMORY UNIVERSITY SCHOOL OF MEDICINE - ATLANTA GA 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 10288  
 License Date 5/6/1998  
 Name **SANFORD, WELDON W MD**  
 Address PATHOLOGY SPECIALISTS OF NE, ONE ELLIOT WAYMANCHESTER, NH, 03103  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation ST LOUIS UNIVERSITY USA 1994  
 Internship and Year WILLIAM BEAUMONT HOSPITAL-ROYAL OAKS MI 1998  
 Residency and Year WILLIAM BEAUMONT HOSPITAL, ROYAL OAK MI 1998  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13642  
 License Date 8/1/2007  
 Name **SANGHA, RAJBIR S MD**  
 Address DHMC, ONE MEDICAL CTR DRLEBANON, NH, 03756  
 Specialty ICE  
 Board Certified ICE  
 School and Year of Graduation UNIV OF EDINBURGH UNITED KINGDOM 1993  
 Internship and Year KAISER PERMANENTE MEDICAL CENTER - SAN FRANCISCO, CA 2000  
 Residency and Year KAISER PERMANENTE MEDICAL CENTER - SAN FRANCISCO, CA 2002  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15728  
 License Date 6/6/2012  
 Name **SANGHVI, AMIT N MD**  
 Address SUMMIT RADIOLOGY PC, PO BOX 80070FORT WAYNE, IN, 46898-0070  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation INDIANA UNIVERSITY SCHOOL OF MEDICINE USA 2000  
 Internship and Year WESTERN PENNSYLVANIA HOSPITAL - PITTSBURGH, PA 2001  
 Residency and Year WESTERN PENNSYLVANIA HOSPITAL - PITTSBURGH, PA 2005  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14898  
 License Date 6/2/2010  
 Name **SANGKHARAT, ANINCHANA DO**  
 Address HOLY FAMILY HOSPITAL, 70 EAST STMETHUEN, MA, 01844  
 Specialty R  
 Board Certified R  
 School and Year of Graduation WESTERN UNIVERSITY OF HEALTH SCIENCES USA 1997  
 Internship and Year BOTSFORD GENERAL HOSPITAL - FARMINGTON HILLS, MI 1998  
 Residency and Year BOTSFORD GENERAL HOSPITAL - FARMINGTON HILLS, MI 2002  
 License Expiration Date **6/30/2012**  
 Remarks

License Number	11545
License Date	3/6/2002
Name	<b>SANSONE, PAUL MD</b>
Address	ALICE PECK DAY MEMORIAL HOSPITAL, 17 ALICE PECK DAY DRIVELEBANON, NH, 03766
Specialty	AN
Board Certified	AN
School and Year of Graduation	STATE UNIV OF NEW YORK- BUFFALO, NY USA 1994
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1995
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15677
License Date	5/2/2012
Name	<b>SANTA MARIA, JED A MD</b>
Address	VIRTUAL RADIOLOGIC PROF LLC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF CALIFORNIA LOS ANGELES USA 2006
Internship and Year	KAISER PERMANENTE MEDICAL CENTER - SANTA CLARA, CA 2007
Residency and Year	UNIVERSITY OF CALIFORNIA IRVINE MEDICAL CENTER - ORANGE, CA 2011
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12474
License Date	9/1/2004
Name	<b>SANTANGELO, STEVEN F DO</b>
Address	807 HADDON AVE, STE 206HADDONFIELD, NJ, 08033
Specialty	FP
Board Certified	FP
School and Year of Graduation	PHILADELPHIA COLLEGE, PHILADELPHIA PA US 2001
Internship and Year	UMDNJ/SOM/KENNEDY MEM HOSP, STRATFORD NJ 2002
Residency and Year	UMDNJ/SOM/KENNEDY MEM HOSP, STRATFORD NJ 2004
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	14045
License Date	6/4/2008
Name	<b>SANTARSIERI, VITO A MD</b>
Address	CBL PATH INC, 760 WESTCHESTER AVERYE BROOK, NY, 10573
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV DI ROMA LA SAPIENZA ITALY 1983
Internship and Year	NORTH SHORE UNIV HOSPITAL - MANHASSET, NY 1988
Residency and Year	NORTH SHORE UNIV HOSPITAL - MANHASSET, NH 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 13780  
 License Date 12/5/2007  
 Name **SANTERRE, DEAN H MD**  
 Address 11 WHITEHALL RD, ROCHESTER, NH, 03867  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF MASSACHUSETTS USA 2005  
 Internship and Year MAINE MEDICAL CENTER-PORTLAND, ME 2006  
 Residency and Year MAINE MEDICAL CENTER-PORTLAND, ME 2007  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 7693  
 License Date 8/5/1987  
 Name **SANTIAGO, MARCOSA J MD**  
 Address 376 STINSON LAKE RD, PO BOX 95RUMNEY, NH, 03266-0095  
 Specialty P  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF SANTO TOMAS MANILA 1965  
 Internship and Year MT SINAI HOSPITAL - WALTHAM MA 1968  
 Residency and Year GAEBLER CHILDRENS CENTER - WALTHAM MA 1975  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 11934  
 License Date 5/7/2003  
 Name **SANTIAGO, MARLENE A MD**  
 Address NASHUA ANESTHESIA PARTNERS, 8 PROSPECT STNASHUA, NH, 03061  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation SABA UNIV SCH OF MED - SABA NETHERLANDS ANTILLES NETHERLANDS 1999  
 Internship and Year HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 2000  
 Residency and Year UNIV OF CONNECTICUT SCH OF MEDICINE - FARMINGTON, CT 2003  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15638  
 License Date 4/4/2012  
 Name **SANTIAGO, PATRICK MD**  
 Address 38 SHORELAND DR, BELFAST, ME, 04915  
 Specialty CD  
 Board Certified CD  
 School and Year of Graduation UNIV AUTONOMA DE GUADALAJARA MEXICO 1985  
 Internship and Year HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 1988  
 Residency and Year HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 1990  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 10882  
 License Date 4/5/2000  
 Name **SANTIS, WILLIAM F MD**  
 Address CONCORD HOSP CNTR FOR UROLOGIC, 246 PLEASANT ST STE G2CONCORD, NH, 03301  
 Specialty U  
 Board Certified U  
 School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE-BOSTON,MA USA 1994  
 Internship and Year BRIGHAM AND WOMENS HOSPITAL-BOSTON,MA 1996  
 Residency and Year BRIGHAM AND WOMENS HOSPITAL-BOSTON,MA 1999  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 8207  
 License Date 8/9/1989  
 Name **SANTORA, PHILIP J MD**  
 Address RIVERBEND MENTAL HEALTH CENTER, 40 PLEASANT STCONCORD, NH, 03301  
 Specialty P  
 Board Certified P  
 School and Year of Graduation ST LOUIS UNIV SCH OF MED - ST LOUIS, MO USA 1970  
 Internship and Year SAN JOAQUIN GENERAL HOSPITAL - STOCKTON, CA 1971  
 Residency and Year GEORGE WASHINGTON HOSPITAL - WASHINGTON, DC 1976  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16137  
 License Date 5/1/2013  
 Name **SANTOS ALEMAN, BYRON F MD**  
 Address VA MEDICAL CENTER, 215 N MAIN STREETWHITE RIVER JUNCTION, VT, 05009  
 Specialty GS  
 Board Certified  
 School and Year of Graduation NORTHWESTERN UNIVERSITY MEDICAL SCHOOL USA 2006  
 Internship and Year NORTHWESTERN UNIVERSITY FEINBERG SCHOOL MEDICAL - CHICAGO, IL 2007  
 Residency and Year NORTHWESTERN UNIVERSITY FEINBERG SCHOOL MEDICAL - CHICAGO, IL 2013  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16326  
 License Date 9/4/2013  
 Name **SANTOS, AMELIA L MD**  
 Address HANOVER PSYCHIATRY, 23 MAIN STREET 2BHANOVER, NH, 03755  
 Specialty P  
 Board Certified P  
 School and Year of Graduation NORTHWESTERN UNIVERSITY MEDICAL SCHOOL USA 2008  
 Internship and Year NORTHWESTERN UNIVERSITY MEDICAL CENTER - CHICAGO, IL 2009  
 Residency and Year NORTHWESTERN UNIVERSITY MEDICAL CENTER - CHICAGO, IL 2012  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	15939
License Date	11/7/2012
Name	<b>SANTOS, JOSE RAMIL O MD</b>
Address	835 LENOX AVE #308, MIAMI BEACH, FL, 33139
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF THE EAST RAMON MAGSAYSAY MEMORIAL MED CTR PHILIPPINES 2003
Internship and Year	TRUMAN MEDICAL CENTER - KANSAS CITY, MO 2009
Residency and Year	JACKSON MEMORIAL HOSPITAL - MIAMI, FL 2012
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	16983
License Date	3/4/2015
Name	<b>SANTOS-PINHEIRO, FERNANDO MD</b>
Address	DHMC - NEUROLOGY, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	N
Board Certified	
School and Year of Graduation	FUNDACAO UNIVERSITARIA DO ABC BRAZIL 2010
Internship and Year	THE CLEVELAND CLINIC - CLEVELAND, OH 2012
Residency and Year	THE CLEVELAND CLINIC - CLEVELAND, OH 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8289
License Date	3/7/1990
Name	<b>SANTULLI, ROBERT B MD</b>
Address	DHMC - DEPT OF PSYCHIATRY, 1 MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty	P
Board Certified	P
School and Year of Graduation	COLUMBIA UNIV COLL OF PHYSICIANS - NY, NY USA 1973
Internship and Year	NY STATE PSYCHATRIC INSTITUTE - NE, NY 1976
Residency and Year	NY HOSPITAL =COARNELL MC WESTCESTER - WHITE PLAINS, NY 1977
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10238
License Date	2/4/1998
Name	<b>SANZ-ALTAMIRA, PEDRO M MD</b>
Address	DANA FARBER COMMUNITY CANCER CARE, 25 MARSTON ST STE 301LAWRENCE, MA, 01841
Specialty	HO
Board Certified	IM
School and Year of Graduation	UNIV DE CADIZ FAC DE MED-SPAIN SPAIN 1988
Internship and Year	NEWTON WESLEY HOSP-MASS 1995
Residency and Year	NEW ENGLAND DEACONESS HOSP-MASS 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5808
License Date	8/15/1977
Name	<b>SANZENBACHER, KARL E MD</b>
Address	, , ,
Specialty	P
Board Certified	
School and Year of Graduation	LOYOLA UNIVERSITY CANADA 1964
Internship and Year	
Residency and Year	
License Expiration Date	<b>5/2/1990</b>
Remarks	

License Number	3664
License Date	10/23/1963
Name	<b>SAPIR, PAUL E MD</b>
Address	112 PROSPECT ST, PROVIDENCE, RI, 02906-1445
Specialty	P
Board Certified	
School and Year of Graduation	HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1959
Internship and Year	JOHN HOPKINS HOSPITAL - BALTIMORE, MD 1960
Residency and Year	MASS MENTAL HEALTH CENTER - BOSTON, MA 1962
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7756
License Date	12/2/1987
Name	<b>SARACINO, ANTHONY MD</b>
Address	802 SANDERLING DR, INDIALANTIC, FL, 32903-4760
Specialty	U
Board Certified	U
School and Year of Graduation	FAC DI MED E CHIRURGIA UNIV DI ROMA ITALY 1984
Internship and Year	NEW ROCHELLE HOSP-MED CTR-NEW ROCHELLE,NY 1986
Residency and Year	NEW ROCHELLE HOSP MED CTR-NEW ROCHELLE,NY 1990
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	12176
License Date	12/3/2003
Name	<b>SARANGLAO JR, ALEJANDRO S MD</b>
Address	CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty	PUD
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF PHILIPPINES, MANILA PHILIPPINES PHILIPPINES 1996
Internship and Year	SUNY, BROOKLYN NY 1999
Residency and Year	SUNY, BROOKLYN NY 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13758
License Date	11/7/2007
Name	<b>SARDELLA, GERALD L MD</b>
Address	246 PLEASANT ST STE 103, CONCORD, NH, 03301
Specialty	GS
Board Certified	GS
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1989
Internship and Year	UNIV OF CONNECTICUT SCHOOL OF MEDICINE-FARMINGTON, CT 1990
Residency and Year	UNIV OF CONNECTICUT SCHOOL OF MEDICINE-FARMINGTON, CT 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16090
License Date	4/3/2013
Name	<b>SARETT, RENEE M MD</b>
Address	YORK HOSPITAL, 15 HOSPITAL DRYORK, ME, 03903
Specialty	EM
Board Certified	EM
School and Year of Graduation	JEFFERSON MEDICAL COLLEGE USA 2006
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2007
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>Lapsed for non renewal 6/30/2015 and renewed 8/19/15.</b>

License Number	8178
License Date	7/12/1989
Name	<b>SARGENT, JAMES D MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PD
Board Certified	PD
School and Year of Graduation	TUFTS UNIV SCH OF MED-BOSTON,MA USA 1984
Internship and Year	BOSTON CITY HOSP-BOSTON,MA 1985
Residency and Year	BOSTON CITY HOSP-BOSTON,MA 1989
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	14899
License Date	6/2/2010
Name	<b>SARGENT, PATRICIA L DO</b>
Address	NICU/ SNHMC, 8 PROSPECT STNASHUA, NH, 03060
Specialty	PD
Board Certified	PD
School and Year of Graduation	NEW YORK COLLEGE USA 2003
Internship and Year	WINTHROP UNIVERSITY HOSPITAL, MINEOLA,NY 2008
Residency and Year	WINTHROP UNIVERSITY HOSPITAL, MINEOLA,NY 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	6718
License Date	6/2/1983
Name	<b>SARGENT, STEVEN K MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	DR
Board Certified	DR
School and Year of Graduation	GEORGETOWNWASHINGTON UNIV SCH MED USA 1980
Internship and Year	MED CTR HOSP-BURLINGTON,VT 1981
Residency and Year	MED CTR HOSP-BURLINGTON,VT 1981
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9072
License Date	10/6/1993
Name	<b>SARGENT, WILLIAM A MD</b>
Address	NORTHEASTERN VT REGIONAL HOSP, ST JOHNSBURY, VT, 05819
Specialty	EM
Board Certified	
School and Year of Graduation	UNIV OF VT COLL OF MED - BURLINGTON, VT USA 1974
Internship and Year	FLETCHER ALLEN HEALTH CARE - VT 1975
Residency and Year	FLETCHER ALLEN HEALTH CARE - VT 1979
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10665
License Date	8/4/1999
Name	<b>SARKIS, MARLENE S MD</b>
Address	79 SWIFTWATER RD STE 2, WOODSVILLE, NH, 03785
Specialty	IM
Board Certified	IM
School and Year of Graduation	FAC OF MED AMERICAN UNIV OF BEIRUT - NY, NY USA 1996
Internship and Year	UNIV OF CONNECTICUT HLTH CTR - FARMINGTON, CT 1997
Residency and Year	UNIV OF CONNECTICUT HLTH CTR - FARMINGTON,CT 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13515
License Date	5/9/2007
Name	<b>SARMA, UMESH C MD</b>
Address	SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200SOUTH PORTLAND, ME, 04106
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF EDINBURGH UNITED KINGDOM 1989
Internship and Year	BERSHIRE MEDICAL CENTER - PITTSFIELD, MA 1998
Residency and Year	BAYSTATE MEDICAL CENTER-SPRINGFIELD, MA 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10221
License Date	1/7/1998
Name	<b>SARNI, JAMES L MD</b>
Address	NEW ENGLAND MED CTR, 750 WASHINGTON STBOSTON, MA, 02111
Specialty	PM
Board Certified	PM
School and Year of Graduation	MT SINAI SCH OF MED UNIV OF NY, NY USA 1986
Internship and Year	MT SINAI MEDICAL CENTER - NY 1987
Residency and Year	MONTEFIORE M C H & L MOSES DIVISION - NY 1990
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	14097
License Date	7/9/2008
Name	<b>SARNO, CHRISTOPHER M MD</b>
Address	FAMILY EAR, NOSE & THROAT LLC, 35 WALKER ST SUITE 200KITTERY, ME, 03904
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	UNIV OF IOWA USA 2003
Internship and Year	UNIV OF FLORIDA COLLEGE OF MEDICINE - GAINESVILLE, FL 2004
Residency and Year	UNIV OF FLORIDA HEALTH SCIENCES CENTER - GAINESVILLE, FL 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16051
License Date	3/6/2013
Name	<b>SAROYAN, JOHN M MD</b>
Address	BAYADA HOSPICE, PO BOX 1590, 316 MAIN STNORWICH, VT, 05055
Specialty	PD
Board Certified	PD
School and Year of Graduation	TULANE UNIVERSITY SCHOOL OF MEDICINE USA 1999
Internship and Year	CHILDRENS HOSPITAL-CENTRAL CALIFORNIA - MADERA, CA 2000
Residency and Year	CHILDRENS HOSPITAL-CENTRAL CALIFORNIA - MADERA, CA 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8329
License Date	5/9/1990
Name	<b>SARSON, MICHAEL F MD</b>
Address	36 NIMS RD, KEENE, NH, 03431-
Specialty	DR
Board Certified	DR
School and Year of Graduation	HAHNEMANN UNIV SCH OF MED-PHIL,PA USA 1984
Internship and Year	MT CARMEL MERCY HOSP-DETROIT,MI 1985
Residency and Year	MT CARMEL MERCY HOSP-DETROIT,MI 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 16024  
 License Date 2/6/2013  
 Name **SARVER, RUSSELL G MD**  
 Address UROLOGICAL ASSOCIATES, 580 ST JOHNSBURY ROADLITTLETON, NH, 03561  
 Specialty U  
 Board Certified U  
 School and Year of Graduation UNIV OF MEDICINE & DENTISTRY NEW JERSEY USA 1990  
 Internship and Year ARIZONA HEALTH SCIENCE CENTER - TUCSON, AZ 1992  
 Residency and Year ARIZONA HEALTH SCIENCE CENTER - TUCSON, AZ 1996  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 8370  
 License Date 6/6/1990  
 Name **SASMOR, MICHELE T MD**  
 Address RIVER SONG PLASTIC SURG, 21 HIGHLAND AVE STE 3-4ANEWBURYPORT, MA, 01950  
 Specialty PS  
 Board Certified PS  
 School and Year of Graduation UNIV OF UTAH SCH OF MED-SALT LAKE CITY,UT USA 1988  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1989  
 Residency and Year DARTMOUTH-HITCHCOCK MED SCH-HANOVER,NH 1990  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11459  
 License Date 11/7/2001  
 Name **SASSMANNSHAUSEN, GREGORY M MD**  
 Address DARTMOUTH-HITHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty ORS  
 Board Certified  
 School and Year of Graduation INDIANA UNIV SCH OF MED- INDIANAPOLIS, IN USA 1997  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1998  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000  
 License Expiration Date **6/30/2002**  
 Remarks

License Number 8298  
 License Date 4/4/1990  
 Name **SASSO, ROBERT A MD**  
 Address 630 US HWY 1 STE 500, N BRUNSWICK, NJ, 08902  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation DUKE UNIV SCH OF MED - DURHAM, NC USA 1982  
 Internship and Year UNIV UTRAH MEDICAL CENTER - SALT LAKE CITY, UT 1983  
 Residency and Year UNIV UTAH MEDICAL CENTER - SALT LAKE CITY, UT 1986  
 License Expiration Date **6/30/2012**  
 Remarks

License Number	14818
License Date	4/7/2010
Name	<b>SASTRY, AKHILESH MD</b>
Address	SPORT MEDICINE ALANTIC ORTHO, 150 US HWY 1 BYPASSPORTSMOUTH, NH, 03801
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	NORTHEASTERN OHIO UNIVERSITY USA 2003
Internship and Year	NEW YORK MEDICAL COLLEGE - VALHALLA, NY 2004
Residency and Year	DREXEL UNIV COLLEGE OF MEDICINE/HAHNEMANN UNIV-PHILADELPHIA, PA 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15044
License Date	10/6/2010
Name	<b>SASTRY, DEEPTHA N MD</b>
Address	HARBOUR WOMENS HEALTH, 155 GRIFFIN RDPORTSMOUTH, NH, 03801
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	ST GEORGE'S UNIVERSITY GRENADA 2003
Internship and Year	SANTA BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 2004
Residency and Year	COOPER UNIVERSITY HOSPITAL - CAMDEN, NJ 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6080
License Date	6/26/1979
Name	<b>SATEIA, MICHAEL J MD</b>
Address	5 BRADLEY HILL RD, NORWICH, VT, 05055
Specialty	P
Board Certified	P
School and Year of Graduation	DUKE UNIV SCHOOL MEDICINE - DURHAM, NC USA 1974
Internship and Year	DARTMOUTH MEDICAL SCHOOL HOSPITALS - HANOVER, NH 1975
Residency and Year	DARTMOUTH MEDICAL SCHOOL HOSPITALS - HANOVER, NH 1979
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11138
License Date	12/6/2000
Name	<b>SATERIALE, MARK MD</b>
Address	258 REA ST, N ANDOVER, MA, 01845
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF MASS MED SCH - WORCESTER, MA USA 1984
Internship and Year	UNIV OF MASS MED SCH - WORCESTER, MA 1985
Residency and Year	ST VINCENT HOSPITAL - WORCESTER, MA 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 12818  
 License Date 7/6/2005  
 Name **SATHYAMOORTHY, MADHANKUMAR MD**  
 Address GRANITE STATE ANESTHESIA, 168 KINSLEY ST STE 4 NASHUA, NH, 03060  
 Specialty AN  
 Board Certified  
 School and Year of Graduation KILPAUK MEDICAL COLLEGE, CHENNAI INDIA 1999  
 Internship and Year GRACE HOSPITAL OF WAYNE STATE/DETROIT MEDICAL CENTER, DETROIT MI 2002  
 Residency and Year BROOKDALE UNIVERSITY HOSPITAL AND MEDICAL CENTER, BROOKLYN NY 2005  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 15771  
 License Date 7/11/2012  
 Name **SATHYANARAYANAGOWDA, RAVI G MD**  
 Address DARTMOUTH HITCHCOCK - HUDSON, 208 ROBINSON RD HUDSON, NH, 03051  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation ADICHUNCHANAGIRI INSTITUED OFF MEDICAL SCIENCES INDIA 1997  
 Internship and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 04240 2011  
 Residency and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 04240 2012  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15639  
 License Date 4/4/2012  
 Name **SATTAR, ABDUL MD**  
 Address LRGHEALTHCARE - HOSPITALIST PROGRAM, 80 HIGHLAND ST LACONIA, NH, 03246  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation CHANDKA MEDICAL COLLEGE-UNIVERSITY OF SIND PAKISTAN 2005  
 Internship and Year QUEENS HOSPITAL CENTER - JAMAICA, NY 2010  
 Residency and Year QUEENS HOSPITAL CENTER - JAMAICA, NY 2012  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11140  
 License Date 12/6/2000  
 Name **SATTERFIELD, SHARON B MD**  
 Address MIDCOAST MENTAL HLTH-PENBAY OUTPATIENT PSYCHIATRY, 15 MIDCOAST DR BELFAST, ME, 0491  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIV OF MICHIGAN MED SCH - ANN ARBOR, MI USA 1970  
 Internship and Year UNIV OF MARYLAND MEDICAL SYSTEM - BALTIMORE, MD 1971  
 Residency and Year UNIV OF MARYLAND - BALTIMORE, MD 1973  
 License Expiration Date **6/30/2012**  
 Remarks **Deceased 9/15/2012**

License Number 17189  
 License Date 7/1/2015  
 Name **SATUR, NANCY M MD**  
 Address 6020 CORNERSTONE CT W STE 340, SAN DIEGO, CA, 92121  
 Specialty D  
 Board Certified D  
 School and Year of Graduation JEFFERSON MED COLLEGE OF THOMAS JEFFERSON UNIV USA 1976  
 Internship and Year THE ALLENTOWN HOSPITAL - ALLENTOWN, PA 1977  
 Residency and Year UNIVERSITY OF ILLINOIS @ CHICAGO - CHICAGO, IL 1979  
 License Expiration Date **6/30/2017**  
 Remarks

License Number L1800  
 License Date 1/6/2003  
 Name **SAUER, CURTIS M MD**  
 Address FOUNDATION NEUROLOGY, 19 TYLER ST STE 303 NASHUA, NH, 03060  
 Specialty N  
 Board Certified  
 School and Year of Graduation TUFTS UNIVERSITY- BOSTON, MA USA 1968  
 Internship and Year ERIE COUNTY MEDICAL CENTER - BUFFALO, NY 1970  
 Residency and Year UNIVERSITY HOSPITAL OF CLEVELAND, OH 1975  
 License Expiration Date **4/15/2003**  
 Remarks

License Number 13881  
 License Date 3/5/2008  
 Name **SAUNDERS, JAMES E MD**  
 Address DHMC - OTOLARYNGOLOGY, ONE MED CTR DR , CLINIC 4 FLEBANON, NH, 03756  
 Specialty OTO  
 Board Certified OTO  
 School and Year of Graduation UNIV OF OKLAHOMA OK 1987  
 Internship and Year DUKE UNIV MEDICAL CENTER - DURHAM, NC 1989  
 Residency and Year DUKE UNIV MEDICAL CENTER - DURHAM, NC 1993  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13989  
 License Date 5/7/2008  
 Name **SAUNDERS, KRISTI M MD**  
 Address 107 NEWPORT RD, NEW LONDON, NH, 03257  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIV OF CALIFORNIA USA 1989  
 Internship and Year UNIV OF CALIFORNIA IRVINE MEDICAL CENTER-ORANGE, CA 1990  
 Residency and Year UNIV OF CALIFORNIA IRVINE MEDICAL CENTER-ORANGE, CA 1993  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9555  
 License Date 9/6/1995  
 Name **SAUNDERS, LISA M MD**  
 Address SNHMC, 8 PROSPECT STNASHUA, NH, 03060  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation UNIVERSITY OF VERMONT - BURLINGTON, VT USA 1990  
 Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1991  
 Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1994  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 3931  
 License Date 8/17/1966  
 Name **SAUNDERS, RICHARD L MD**  
 Address UPPER VALLEY NEUROLOGY, 106 HANOVER STLEBANON, NH, 03766  
 Specialty NS  
 Board Certified NS  
 School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1962  
 Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1963  
 Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1964  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12948  
 License Date 11/2/2005  
 Name **SAURBORN, DANIEL P MD**  
 Address 1770 IOWA AVE STE 280, RIVERSIDE, CA, 92507  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIVERSITY OF ROCHESTER, ROCHESTER NY US 1998  
 Internship and Year STRONG MEMORIAL HOSPITAL, ROCHESTER NY 1999  
 Residency and Year BETH ISRAEL DEACONESS MED CTR, BOSTON MA 2003  
 License Expiration Date **6/30/2017**  
 Remarks **LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/6/15**

License Number 10763  
 License Date 11/3/1999  
 Name **SAURIS, EDWARD V MD**  
 Address ELLIOT HOSP, ONE ELLIOT WAYMANCHESTER, NH, 03103  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation TUFTS UNIVERSITY USA 1988  
 Internship and Year GEISINGER MEDICAL CENTER - DANVILLE PA 1989  
 Residency and Year MANHATTAN EYE, EAR AND THROAT HOSPITAL - NEW YORK NY 1992  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 6103  
 License Date 8/9/1979  
 Name **SAUTER, JOHN P MD**  
 Address 188 COTTAGE ST, LITTLETON, NH, 03561-4204  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIV OF NY UPSTATE COLL MED,SYRACUSE,NY USA 1974  
 Internship and Year MARY I BASSETT HOSPITAL - COOPERSTOWN, NY 1975  
 Residency and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1979  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 5489  
 License Date 3/4/1976  
 Name **SAUVIGNE, ARTHUR E MD**  
 Address VA MEDICAL CENTER, 215 N MAIN STWHITE RIVER JCT, VT, 05009  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation COLUMBIA UNIV. COLLAGE OF PHYSICIAN AND SURGEONS USA 1972  
 Internship and Year DARTMOUTH MED SCH AFFIL HOSPS 1973  
 Residency and Year DARTMOUTH MED SCH ALLIL HOSPITAL 1973  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 6425  
 License Date 7/2/1981  
 Name **SAVAGE, JOSEPH B MD**  
 Address 35 KOSCIUSKO ST, MANCHESTER, NH, 03101  
 Specialty IM  
 Board Certified  
 School and Year of Graduation LOYOLA UNIV STRITCH SCH OF MED-MAYWOOD,IL USA 1975  
 Internship and Year CARNEY HOSP- BOSTON,MA 1977  
 Residency and Year CARNEY HOSP-BOSTON,MA 1979  
 License Expiration Date **6/30/2017**  
 Remarks 9/21/12 - Order of Emergency License Suspension & Notice of Hearing.  
 10/11/12- Order  
 2/12/14 - Settlement Agreement. 6/4/14 - License Reinstated.

License Number 7219  
 License Date 10/3/1985  
 Name **SAVAGE, SEDDON R MD**  
 Address DCARE, 37 DEWEY FIELD RD RM 448HANOVER, NH, 03255  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation DARTMOUTH MEDICAL SCH - HANOVER, NH USA 1980  
 Internship and Year VA MEDICAL CENTER - BOSTON, MA 1981  
 Residency and Year DARTMOUTH-HITHCOCK MEDICAL CENTER - HANOVER, NH 1985  
 License Expiration Date **6/30/2017**  
 Remarks



License Number	11856
License Date	3/5/2003
Name	<b>SAVANI, BIPIN N MD</b>
Address	NIH-NHLBI BLDG 10, 10 CENTER DRBETHESDA, MD, 20892-1652
Specialty	IM
Board Certified	
School and Year of Graduation	GUJARAT UNIV - AHMEDABAD, GUJARAT INDIA INDIA 1989
Internship and Year	MYELOMA INSTITUTE FOR RESEARCH AND THERAPY - LITTLE ROCK, AR 2001
Residency and Year	UNIV OF MASSACHUSETTS MEDICAL CENTER - WORCESTER, MA 2002
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	10189
License Date	12/3/1997
Name	<b>SAVANIN, WILLIAM D MD</b>
Address	67 UNION ST #205, NATICK, MA, 01760
Specialty	P
Board Certified	P
School and Year of Graduation	ASTRAHANSKIY MED INST-ASTRAHAN RUSSIA 1986
Internship and Year	BOSTON UNIV MED CTR-MA 1998
Residency and Year	BOSTON UNIV MED CTR-MA 1998
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	15072
License Date	11/3/2010
Name	<b>SAVGAN GUROL, ERAY MD</b>
Address	MGH - PEDIATRIC ENDOCRINOLOGY, 55 FRUIT ST YAWKEY 6800BOSTON, MA, 02114
Specialty	PDE
Board Certified	PDE
School and Year of Graduation	ISTANBUL UNIVERSITY TURKEY 1994
Internship and Year	UNIVERSITY OF IOWA HOSPITALS - IOWA CITY, IA 2006
Residency and Year	UNIVERSITY OF IOWA HOSPITALS - IOWA CITY, IA 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14235
License Date	11/5/2008
Name	<b>SAVIA JR, PHILIP V MD</b>
Address	LACONIA CLINIC, 724 MAIN STLACONIA, NH, 03246
Specialty	N
Board Certified	N
School and Year of Graduation	ST GEORGE'S UNIV GRENADA 1984
Internship and Year	JERSEY SHORE UNIV MEDICAL CENTER - NEPTUNE, NJ 1987
Residency and Year	PRIMARY CHILDREN'S MEDICAL CENTER - SALT LAKE CITY, UT 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10634
License Date	7/7/1999
Name	<b>SAVIDGE, TODD O MD</b>
Address	NEW CREATION HEALING CENTER, 148 PLAISTOW RDPLAISTOW, NH, 03865
Specialty	FP
Board Certified	FP
School and Year of Graduation	MEDICAL COLLEGE OF OHIO - TOLEDO, OH USA 1989
Internship and Year	NAVAL HOSPITAL - JACKSONVILLE, FL 1990
Residency and Year	PUGET SOUND FAMILY MED RES - BREMERTON, WA 1992
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	12177
License Date	12/3/2003
Name	<b>SAVIT, RUSS M MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	STATE UNIVERSITY OF NY, BROOKLYN NY US 1980
Internship and Year	NASSAU COUNTY MED CTR, EAST MEADOW NY 1981
Residency and Year	NASSAU COUNTY MED CTR, EAST MEADOW NY 1984
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	7529
License Date	3/4/1987
Name	<b>SAVITEER, PETER L MD</b>
Address	418 ROLLINS RD, HOPKINTON, NH, 03229
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF CONNECTICUT SCH MED-FRAMINGTON,CT USA 1980
Internship and Year	NORTH CAROLINA MEM HOSP-CHAPEL HILL 1981
Residency and Year	DUKE UNIV MED CTR-DURHAM,NC 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7589
License Date	5/6/1987
Name	<b>SAVITEER, SUSAN M MD</b>
Address	418 ROLLINS RD, HOPKINTON, NH, 03229
Specialty	ID
Board Certified	ID
School and Year of Graduation	UNIVERSITY OF CONNECTICUT - FARMINGTON, CT USA 1980
Internship and Year	MEDICAL COLLEGE OF VIRGINIA HOSPITAL - RICHMOND, VA 1981
Residency and Year	NORTH CAROLINA MEMORIAL HOSPITAL - CHAPEL HILL, NC 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 5283  
 License Date 1/14/1975  
 Name **SAVITZ, DAVID MD**  
 Address 294 WASHINGTON ST, BOSTON, MA, 02108-4608  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation HARVARD MEDICAL SCHOOL - MA USA 1961  
 Internship and Year BETH ISREAL HOSPITAL - BOSTON, MA 1964  
 Residency and Year BETH ISREAL HOSPITAL - BOSTON, MA 1967  
 License Expiration Date **6/30/1999**  
 Remarks

License Number 7695  
 License Date 8/5/1987  
 Name **SAVOY, JOHN A MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty NS  
 Board Certified NS  
 School and Year of Graduation ALBANY MED COLL OF UNION UNIV ALBANY, NY USA 1964  
 Internship and Year RIVERSIDE METHODIST HOSPITAL - COLUMBUS, OH 1965  
 Residency and Year UNIV CINCINNATI HOSPITAL MEDICAL CENTER - CINCINNATI, OH 1971  
 License Expiration Date **6/30/2001**  
 Remarks **11/12/99 - SETTLEMENT AGREEMENT  
 DECEASED 6/1/09**

License Number 12762  
 License Date 6/1/2005  
 Name **SAWHNEY, HARINDER S MD**  
 Address 6 ROANOKE CT, COMMACK, NY, 11725  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation DAYANAND MED COLLEGE, INDIA INDIA 1995  
 Internship and Year STATE UNIVERSITY OF NEW YORK, BROOKLYN NY 1997  
 Residency and Year STATE UNIVERSITY OF NEW YORK, BROOKLYN NY 1999  
 License Expiration Date **6/30/2007**  
 Remarks

License Number 10883  
 License Date 4/5/2000  
 Name **SAWTELLE, ANNA K MD**  
 Address MIDCOAST HOSPITAL, 123 MEDICAL CENTER DRBRUNSWICK, ME, 04011  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation COLUMBIA UNIVERSITY COLLEGE OF PHYSICIANS-NY USA 1990  
 Internship and Year BASSETT HEALTHCARE-COOPERTOWN,NY 1991  
 Residency and Year UNIVERSITY OF CALIFORNIA-SAN FRANCISCO,CA 1994  
 License Expiration Date **6/30/2010**  
 Remarks

License Number	8642
License Date	10/2/1991
Name	<b>SAWYER JR, RICHARD F MD</b>
Address	25 MARSTON ST, SUITE 402LAWRENCE, MA, 01844
Specialty	IM
Board Certified	GE
School and Year of Graduation	ROYAL COLLEGE OF SURGEONS IN IRELAND IRELAND 1989
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - HANOVER NH 1990
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - HANOVER NH 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10346
License Date	7/1/1998
Name	<b>SAWYER, CHARLES M MD</b>
Address	VALLEY REGIONAL HOSPITAL, 243 ELM STCLAREMONT, NH, 03743
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF TEXAS MEDICAL SCHOOL - SAN ANTONIO USA 1984
Internship and Year	UNIV HOSP OF TEXAS HEALTH SCIENCE CTR - SAN ANTONIO, TX 1985
Residency and Year	UNIV HOSP OF TEXAS HEALTH SCIENCE CTR - SAN ANTONIO, TX 1987
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8689
License Date	3/4/1992
Name	<b>SAWYER, JAMES D MD</b>
Address	43 BOCK DR, FULTON, NY, 13069
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF BRUSSELS BELGIUM 1979
Internship and Year	MAINE MEDICAL CENTER PORTLAND - MAINE 1980
Residency and Year	MAINE MEDICAL CENTER PORTLAND - MAINE 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13228
License Date	8/2/2006
Name	<b>SAWYER, MATHEW M MD</b>
Address	CAPITAL REGION FAM HEALTH CTR, 250 PLEASANT STCONCORD, NH, 03301
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF VERMONT USA 2003
Internship and Year	CONCORD HOSPITAL-CONCORD, NH 2005
Residency and Year	CONCORD HOSPITAL-CONCORD, NH 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8446
License Date	10/10/1990
Name	<b>SAWYER, PHYLLIS R MD</b>
Address	PATHWAYS PROF ASSN, 194 PLEASANT STCONCORD, NH, 03301-
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	MED UNIV OF S CAROLINA COLL OF MED - SC USA 1983
Internship and Year	UNIV HOSPITAL - SEATTLE, WA 1984
Residency and Year	UNIV HOSPITAL - SEATTLE, WA 1987
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	16459
License Date	1/8/2014
Name	<b>SAX, ERIC J MD</b>
Address	9 OLD SUDBURY RD, LINCOLN, MA, 01773
Specialty	DR
Board Certified	DR
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1989
Internship and Year	NEWTON WELLESLEY HOSPITAL - NEWTON,MA 1990
Residency and Year	BOSTON MEDICAL CENTER - BOSTON, MA 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12763
License Date	6/1/2005
Name	<b>SAXENA, JAYA B MD</b>
Address	172 KINSLEY ST, NASHUA, NH, 03061
Specialty	IM
Board Certified	IM
School and Year of Graduation	ALBANY MEDICAL COLLEGE, ALBANY NY US 2001
Internship and Year	UNIVERSITY OF SOUTHERN CALIFORNIA, LOS ANGELES CA 2002
Residency and Year	UNIVERSITY OF SOUTHERN CALIFORNIA, LOS ANGELES CA 2004
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	10435
License Date	10/7/1998
Name	<b>SAYEGH, RAOUF MD</b>
Address	50 PROSPECT ST, #301LAWRENCE, MA, 01842
Specialty	IM
Board Certified	IM
School and Year of Graduation	FAC OF MED UNIV OF ALEPPO - SYRIA SYRIA 1988
Internship and Year	HOSPITAL OF ST RAPHAEL PROGRAM - NEW HAVEN, CT 1994
Residency and Year	HOSPITAL OF ST RAPHAEL PROGRAM - NEW HAVEN, CT 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14145
License Date	8/6/2008
Name	<b>SAYESS, POLINA Y MD</b>
Address	IMMEDIATE CARE OF SO NH-SO NASHUA, 112 SPIT BROOK RD NASHUA, NH, 03063
Specialty	FP
Board Certified	FP
School and Year of Graduation	DNIEPROPETROVSK STATE MEDICAL ACADEMY UKRAINE 2000
Internship and Year	FAMILY MEDICINE OF SOUTHWEST WASHINGTON - VANCOUVER, WA 2006
Residency and Year	FAMILY MEDICINE OF SOUTHWEST WASHINGTON - VANCOUVER, WA 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15596
License Date	3/7/2012
Name	<b>SBARRA, THOMAS MD</b>
Address	338 ELM RD, FALMOUTH, MA, 02540
Specialty	CD
Board Certified	CD
School and Year of Graduation	MICHIGAN STATE UNIVERSITY USA 1975
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1976
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1978
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	10313
License Date	6/3/1998
Name	<b>SCALICE, ROBERT A MD</b>
Address	36 GRAPEVINE RD, GLOUCESTER, MA, 01930
Specialty	IM
Board Certified	
School and Year of Graduation	NEW YORK MEDICAL COLL - VALHALLA, NY USA 1967
Internship and Year	SAINT VINCENT'S HOSPITAL - NEW YORK, NY 1968
Residency and Year	SAINT VINCENT'S HOSPITAL - NEW YORK, NY 1972
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	16426
License Date	12/4/2013
Name	<b>SCANLON, PATRICK E DO</b>
Address	87 MCGREGOR STREET, MANCHESTER, NH, 03102
Specialty	IM
Board Certified	IM
School and Year of Graduation	NEW YORK COLLEGE OF OSTEOPATHIC MED - NY USA 2008
Internship and Year	LAHEY CLINIC - BURLINGTON, MA 2009
Residency and Year	LAHEY CLINIC - BURLINGTON, MA 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 16733  
 License Date 8/6/2014  
 Name **SCANNELL, MARGARET A MD**  
 Address 78 KING RD, ETNA, NH, 03750-3504  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE - BOSTON , MA US 1999  
 Internship and Year DUKE UNIVERSITY HOSPITAL - DURHAM, NC 2000  
 Residency and Year DUKE UNIVERSITY HOSPITAL - DURHAM, NC 2003  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13643  
 License Date 8/1/2007  
 Name **SCANNELL, RYAN B MD**  
 Address NEW ENGLAND ENT/FACIAL PLASTIC, 198 MASSACHUSETTS AVEN ANDOVER, MA, 01845  
 Specialty OTO  
 Board Certified OTO  
 School and Year of Graduation DUKE UNIV USA 2001  
 Internship and Year UNIV OF MICHIGAN HOSPITALS-ANN ARBOR, MI 2002  
 Residency and Year UNIV OF MICHIGAN HOSPITALS-ANN ARBOR, MI 2006  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 4260  
 License Date 6/27/1968  
 Name **SCARAMELLA, ALBERT F MD**  
 Address NASHUA AREA HLTH CTR, 10 PROSPECT STNASHUA, NH, 03063  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation NORTHWESTERN UNIV - CHICAGO, IL USA 1963  
 Internship and Year CLEVELAND METROPOLITAN GENERAL HOSPITAL - CLEVELAND, OH 1964  
 Residency and Year CHILDRENS MEMORIAL HOSPITAL - COOK COUNTY, IL 1966  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 16384  
 License Date 11/6/2013  
 Name **SCARSELLA, ANTHONY J MD**  
 Address CONSOLIDATED LABORATORY SER, 7855 HASKELL AVE STE 302VAN NUYS, CA, 91406  
 Specialty FP  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF CA SAN FRANCISCO SCHOOL OF MED USA 1975  
 Internship and Year KAISER PERMANENTE LA FAMILY MEDICINE CENTER - LOS ANGELES, CA 1976  
 Residency and Year KAISER PERMANENTE LA FAMILY MEDICINE CENTER - LOS ANGELES, CA 1978  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	9631
License Date	1/3/1996
Name	<b>SCELFO, RONALD J MD</b>
Address	253 US HWY ONE, TEQUESTA, FL, 33469
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	GEORGE WASHINGTON UNIV SCH OF MED & HEALTH SCIENCE USA 1969
Internship and Year	HARTFORD HOSPITAL - HARTFORD, CT 1970
Residency and Year	UNIV MIAMI JACKSON MEMORIAL MC - MIAMI, FL 1975
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	12247
License Date	3/3/2004
Name	<b>SCHAEFER, CHRISTINE N DO</b>
Address	, 222 JACKSON AVEFORT COLLINS, CO, 80521
Specialty	GS
Board Certified	GS
School and Year of Graduation	MIDWESTERN UNIVERSITY, DOWNERS GROVE IL US 1978
Internship and Year	UNION HOSPITAL, UNION NJ 1979
Residency and Year	OUCOM DOCTORS HOSPITAL, COLUMBUS OH 1983
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	7966
License Date	8/10/1988
Name	<b>SCHAEFER, OREN P MD</b>
Address	S6-719 UMASS-MEM HLTH CARE, 55 LAKE AVE NWORCESTER, MA, 01655
Specialty	IM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MEDICAL SCH - LEBANON, NH USA 1986
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1987
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1989
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	15729
License Date	6/6/2012
Name	<b>SCHAEFER, REBECCA J MD</b>
Address	BELMAR FAMILY MEDICINE, 325 S TELLER ST SUITE 250LAKEWOOD, CO, 80226
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF MEDICINE & DENTISTRY NEW JERSEY USA 2004
Internship and Year	EXEMPLA ST JOSEPH HOSPITAL - DENVER, CO 2005
Residency and Year	EXEMPLA ST JOSEPH HOSPITAL - DENVER, CO 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	14669
License Date	11/4/2009
Name	<b>SCHAEFER, SUSAN A MD</b>
Address	DARTMOUTH-HITCHCOCK, 5 WASHINGTON PLACE BEDFORD, NH, 03110
Specialty	A
Board Certified	A
School and Year of Graduation	GEORGETOWN UNIVERSITY USA 2001
Internship and Year	LOUISIANA STATE UNIVERSITY MEDICAL CENTER - NEW ORLEANS, LA 2002
Residency and Year	LOUISIANA STATE UNIVERSITY MEDICAL CENTER - NEW ORLEANS, LA 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14266
License Date	12/3/2008
Name	<b>SCHAEFFER, COLIN S MD</b>
Address	46 EISENHOWER CIR, WELLESLEY, MA, 02482
Specialty	R
Board Certified	R
School and Year of Graduation	NEW YORK UNIV USA 1975
Internship and Year	TUFTS MEDICAL CENTER - BOSTON, MA 1976
Residency and Year	TUFTS MEDICAL CENTER, BOSTON, MA 1979
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	7798
License Date	3/9/1988
Name	<b>SCHAFER, RICK A MD</b>
Address	LAWRENCE GENERAL HOSP, 1 GENERAL ST LAWRENCE, MA, 01841-2997
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	INDIANA UNIV SCH MED - INDIANAPOLIS, IN USA 1978
Internship and Year	ST JOHN HOSPITAL - DETROIT, MI 1979
Residency and Year	ST JOHN HOSPITAL - DETROIT, MI 1983
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	14723
License Date	1/6/2010
Name	<b>SCHAFFER, MICHAEL B MD</b>
Address	CORE PHYS-HOSP MED OF EXETER, 5 ALUMNI DREXETER, NH, 03833
Specialty	IM
Board Certified	IM
School and Year of Graduation	THOMAS JEFFERSON UNIVERSITY USA 2002
Internship and Year	UNIVERSITY OF COLORADO MEDICAL SCHOOL - AURORA, CO 2003
Residency and Year	UNIVERSITY OF COLORADO MEDICAL SCHOOL - AURORA, CO 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9954
License Date	3/5/1997
Name	<b>SCHAFFNER, NANCEE L DO</b>
Address	, PO BOX 129N CLARENDON, VT, 05759
Specialty	FP
Board Certified	
School and Year of Graduation	UNIV OF HLTH SCI COLL OF OSTEO MED KANSAS,MO USA 1976
Internship and Year	INTERBORO GENERAL HOSPITAL - BOOKLYN , NY 1977
Residency and Year	METROPOLITAN GENERAL SURGERY - PHILA, PA 1984
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	5545
License Date	7/1/1976
Name	<b>SCHALL, ROBERT S MD</b>
Address	SALEM RADIOLOGY, 23 STILES RDSALEM, NH, 03079-
Specialty	R
Board Certified	R
School and Year of Graduation	JEFFERSON MED COLLEGE OF THOMAS JEFFERSON UNIV USA 1965
Internship and Year	ATLANTIC CITY MED CENTER ATLANTIC CITY 1966
Residency and Year	BOSTON CITY HOSPITAL BOSTON 1969
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	12438
License Date	8/4/2004
Name	<b>SCHALOCK, PETER C MD</b>
Address	81 MASCOMA ST, #2LEBANON, NH, 03766
Specialty	D
Board Certified	
School and Year of Graduation	OREGON UNIVERSITY, PORTLAND OR US 2002
Internship and Year	GOOD SAMARITAN HOSP, PORTLAND OR 2003
Residency and Year	DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2004
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	15004
License Date	9/1/2010
Name	<b>SCHANER, PHILIP E MD</b>
Address	MHMH - RADIATION ONCOLOGY, 1 MED CTR DRLEBANON, NH, 03756
Specialty	RO
Board Certified	RO
School and Year of Graduation	UNIVERSITY OF MICHIGAN USA 2005
Internship and Year	ST JOSEPH MERCY HOSPITAL - ANN ARBOR, MI 2006
Residency and Year	UNIVERSITY OF ALABAMA @ BIRMINGHAM - BIRMINGHAM, AL 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11460
License Date	11/7/2001
Name	<b>SCHAT, KATHRYN M MD</b>
Address	NEW ENGLAND FAMILY HEALTH ASSO, 85 HIGHLAND STLACONIA, NH, 03246
Specialty	FP
Board Certified	FP
School and Year of Graduation	MCGILL UNIV - MONTREAL QUEBEC CANADA CANADA 1994
Internship and Year	UNIV OF CALIFORNIA - FRESNO, CA 1995
Residency and Year	UNIV OF CALIFORNIA DAVIS REDDING- REDDING, CA 1997
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	11337
License Date	7/11/2001
Name	<b>SCHECHTER, AMY B MD</b>
Address	LOUIS STOKES DVA MED CTR, 1071 EST BLVDCLEVELAND, OH, 44106
Specialty	IM
Board Certified	IM
School and Year of Graduation	CASE WESTERN RESERVE UNIVERSITY USA 1998
Internship and Year	METROHEALTH MEDICAL CENTER CLEVELAND OH 1999
Residency and Year	METROHEALTH MEDICAL CENTER CLEVELAND OH 2001
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	11975
License Date	6/4/2003
Name	<b>SCHECODNIC, GARY J MD</b>
Address	FLORIDA POWER AND LIGHT, 700 UNIVERSE BLVD (JNS/JB)JUNO BEACH, FL, 33408
Specialty	PH
Board Certified	PH
School and Year of Graduation	MEDICAL COLLEGE OF OHIO - TOLEDO OH USA 1980
Internship and Year	DARNALL ARMY COMMUNITY HOSPITAL - FORT HOOD TX 1981
Residency and Year	UCLA/VA GREATER LOS ANGELES HEALTHCARE SYSTEM - LOS ANGELES CA 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10453
License Date	11/4/1998
Name	<b>SCHEFFER, MARK M MD</b>
Address	MARTHAS VINEYARD HOSPITAL, ONE HOSPITAL RDOAK BLUFFS, MA, 02557
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	VANDERBILT UNIV SCH OF MED - NASHVILLE, TN USA 1989
Internship and Year	MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1990
Residency and Year	MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10916
License Date	5/3/2000
Name	<b>SCHEIB, LISA M MD</b>
Address	NASHUA WEST ADULT MEDICINE, 5 DOW JONES AVENASHUA, NH, 03060
Specialty	IM
Board Certified	IM
School and Year of Graduation	HAHNEMANN MEDICAL COLLEGE OF PHIL-PHIL,PA USA 1992
Internship and Year	MEDICAL COLLEGE OF PENNSYLVANIA HOSPITAL-PHIL,PA 1992
Residency and Year	MEDICAL COLLEGE OF PENNSYLVANIA HOSPITAL-PHIL,PA 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14360
License Date	3/4/2009
Name	<b>SCHELL, AMY M MD</b>
Address	WASHINGTON UNIV SCHOOL OF MED - DEPT OF ONCOLOGY, 660 S EUCLID AVE - CAMPUS BOX 805
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF KENTUCKY USA 2006
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year	DARTMOUGH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	10454
License Date	11/4/1998
Name	<b>SCHELL, FRANK C MD</b>
Address	, PO BOX 357CORNISH FLAT, , 03746-0357
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF MED DENTISTRY NJ - NEWARK, NJ USA 1974
Internship and Year	SETON HALL UNIV SCH OF GRADUATE MED EDUCATION - NEWARK, NJ 1975
Residency and Year	SETON HALL UNIV SCH OF GRADUATE MED EDUCATION - NEWARK, NJ 1977
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8835
License Date	10/7/1992
Name	<b>SCHELLER JR, ARNOLD D MD</b>
Address	PRO SPORTS ORTHOPEDICS, 840 WINTER STWALTHAM, MA, 02451
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	RUSH MEDICAL COLLEGE USA 1973
Internship and Year	NEW ENGLAND MEDICAL CENTER HOSPITALS BOSTON - MASSACHUSETTS 1974
Residency and Year	NEW ENGLAND MEDICAL CENTER HOSPITALS BOSTON - MASSACHUSETTS 1975
License Expiration Date	<b>6/30/2014</b>
Remarks	11/12/13 - Settlement Agreement 5/6/15 - Settlement Agreement

License Number	10476
License Date	12/2/1998
Name	<b>SCHERCZINGER, RICHARD MD</b>
Address	THE SANGER CLINIC, 134 MEDICAL PARK RD STE 111MOORESVILLE, NC, 28117
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF NORTH CAROLINA - CHAPEL HILL, NC USA 1994
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1995
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1996
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	10971
License Date	6/7/2000
Name	<b>SCHERER, MAGDALENA J MD</b>
Address	SKYHAVEN INTERNAL MEDICINE, 6 HEALTHCARE DR STE 2ROCHESTER, NH, 03867
Specialty	IM
Board Certified	IM
School and Year of Graduation	POMORXE GEN K SWIERCZEWSKIEGO MEMORIAL POLAND 1992
Internship and Year	OHIO VALLEY MEDICAL CENTER - WHEELING, WV 1999
Residency and Year	OHIO VALLEY MEDICAL CENTER - WHEELING, WV 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10522
License Date	3/3/1999
Name	<b>SCHERER, TIMOTHY D MD</b>
Address	DARTMOUTH HITCHCOCK-NASHUA, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty	GE
Board Certified	GE
School and Year of Graduation	STATE UNIV OF NEW YORK - BROOKLYN, NY USA 1996
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1997
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5682
License Date	3/7/1977
Name	<b>SCHERMERHORN, JOHN J MD</b>
Address	PAINCARE CENTER, 255 ROUTE 108SOMERSWORTH, NH, 03878
Specialty	AN
Board Certified	
School and Year of Graduation	COLUMBIA COLL OF PHYSICIANS-NEW YORK CITY NY USA 1971
Internship and Year	UPSTATE MEDICAL CENTER-SYRACUSE NY 1972
Residency and Year	UPSTATE MEDICAL CENTER-SYRACUSE NY 1975
License Expiration Date	<b>6/30/2017</b>
Remarks	9/4/14 - Prehearing Conference Order 1/7/15 - Settlement Agreement

License Number	11074
License Date	9/6/2000
Name	<b>SCHERMERHORN, MARC L MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	GS
Board Certified	GS
School and Year of Graduation	GEORGETOWN UNIV SCH - WASHINGTON, DC USA 1991
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1992
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1998
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	14046
License Date	6/4/2008
Name	<b>SCHERPA, MALINDA J MD</b>
Address	CHESHIRE MED CTR/DHMC-KEENE, 590 COURT STKEENE, NH, 03431
Specialty	PD
Board Certified	PD
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2005
Internship and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD,MA 2006
Residency and Year	BAYSTATE MEDICAL CENTER-SPRINGFIELD,MA 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9260
License Date	8/3/1994
Name	<b>SCHERTZER, ROBERT M MD</b>
Address	DHMC OPHTHALMOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	DALHOUSIE UNIVERSITY CANADA 1988
Internship and Year	DALHOUSIE UNIVERSITY - NOVA SCOTIA CANADA 1989
Residency and Year	MCGILL UNIVERSITY ROYAL VICTORIA HOSPITAL - MONTREAL QUEBEC CANADA 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14267
License Date	12/3/2008
Name	<b>SCHERZER, ROBERT E MD</b>
Address	VA HOSPITAL, 13000 BRUCE B DAVIS DOWN BLVDTAMPA, FL, 33612
Specialty	R
Board Certified	
School and Year of Graduation	ROSALIND FRANKLIN UNIV USA 1977
Internship and Year	MILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 1978
Residency and Year	UNIV OF SOUTH FLORIDA COLLEGE OF MEDICINE - TAMPA, FL 1981
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	8939
License Date	5/5/1993
Name	<b>SCHIAVONI JR, EDMUND S MD</b>
Address	SO NH INTERNAL MEDICINE, 6 TSIENNETO RD STE 300DERRY, NH, 03038-1584
Specialty	IM
Board Certified	IM
School and Year of Graduation	GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 1983
Internship and Year	GEORGETOWN UNIVERSITY HOSPITAL - WASHINGTON DC 1989
Residency and Year	GEORGETOWN UNIVERSITY HOSPITAL - WASHINGTON DC 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9605
License Date	12/6/1995
Name	<b>SCHICK, EDGAR C MD</b>
Address	LAHEY HITCHCOCK CLINIC, 41 MALL RDBURLINGTON, MA, 01805-
Specialty	CD
Board Certified	IM
School and Year of Graduation	CORNELL UNIV MEDICAL COLLEGE - NEW YORK, NY USA 1970
Internship and Year	BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1971
Residency and Year	BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1978
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	7102
License Date	5/2/1985
Name	<b>SCHIELE JR, HERBERT S MD</b>
Address	RR 2 BOX 176, S ROYALTON, VT, 05068-9117
Specialty	CHP
Board Certified	P
School and Year of Graduation	WASH UNIV MED SCHL ST LOUIS MO USA 1949
Internship and Year	ROBT PACKER HOSP SAYRE PA 1949
Residency and Year	ST LOUIS CITY HOSPITAL ST LOUIS MO BARNES HOSP ST LOUIS MO 1953
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	15598
License Date	3/7/2012
Name	<b>SCHIERMER, DONALD C MD</b>
Address	29 GREENOUGH AVE #2, JAMAICA PLAIN, MA, 02130
Specialty	FP
Board Certified	FP
School and Year of Graduation	MEDICAL COLLEGE OF PENNSYLVANIA USA 1996
Internship and Year	BETH ISRAEL MEDICAL CENTER - NY, NY 1997
Residency and Year	BETH ISRAEL MEDICAL CENTER - NY, NY 1999
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	3666
License Date	10/29/1963
Name	<b>SCHIFF, MICHAEL MD</b>
Address	129 WASHINGTON ST, TOPSFIELD, MA, 01983
Specialty	D
Board Certified	D
School and Year of Graduation	BOSTON UNIVERSITY USA 1956
Internship and Year	TRIPLER US ARMY HOSPITAL- HAWAII 1957
Residency and Year	MARY HITCHCOCK MEMORIAL HOSPITAL      VETERANS HOSPITAL WHITE RIVER JUNCTION 1959
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	8179
License Date	7/12/1989
Name	<b>SCHISSEL, LAWRENCE A MD</b>
Address	11 JOHN STARK HWY, NEWPORT, NH, 03773-1212
Specialty	FP
Board Certified	FP
School and Year of Graduation	BOSTON UNIV SCH OF MED - BOSTON, MA USA 1985
Internship and Year	EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1986
Residency and Year	EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8137
License Date	6/7/1989
Name	<b>SCHLACHTER, JEROME T MD</b>
Address	HITCHCOCK CLINIC, 100 HITCHCOCK WAYMANCHESTER, NH, 03104-4125
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF CINCINNATI COLL OF MED-CINCINNATI,OH USA 1984
Internship and Year	THE JEWISH HOSP-CINCINNATI,OH 1985
Residency and Year	BETHESDA HOSP-CINCINNATI,OH 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14478
License Date	6/3/2009
Name	<b>SCHLAMOWITZ, ROBERT A MD</b>
Address	ROBERT SCHLAMOWITZ MD, 4160 6TH LANE SWVERO BEACH, FL, 32968
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF CALIFORNIA USA 1978
Internship and Year	SCRIPPS MERCY HOSPITAL - SAN DIEGO, CA 1979
Residency and Year	SCRIPPS MERCY HOSPITAL - SAN DIEGO, CA 1981
License Expiration Date	<b>6/30/2011</b>
Remarks	



License Number	14571
License Date	8/5/2009
Name	<b>SCHLAUDER, SCOTT M MD</b>
Address	DERMPATH DIAGNOSTICS, 10500 UNIV CENTER DR STE 200TAMPA, FL, 33612
Specialty	D
Board Certified	ATP
School and Year of Graduation	OHIO STATE UNIVERSITY USA 2005
Internship and Year	UNIVERSITY OF SOUTH FLORIDA COLLEGE OF MEDICINE - TAMPA, FL 2006
Residency and Year	UNIVERSITY OF SOUTH FLORIDA COLLEGE OF MEDICINE - TAMPA, FL 2008
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	9933
License Date	2/5/1997
Name	<b>SCHLEFER, ELLEN K MD</b>
Address	20 LADD ST, STE 408PORTSMOUTH, NH, 03801
Specialty	P
Board Certified	CHP
School and Year of Graduation	UNIV OF ALABAMA SCHOOL OF MEDICINE USA 1985
Internship and Year	NEW YORK HOSPITAL- WESTCHESTER DIVISION - NY 1986
Residency and Year	NEW YORK HOSPITAL P WHITNEY PSYCHIATRY CLINIC - NY 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5925
License Date	6/12/1978
Name	<b>SCHLEGELMILCH, JOHN G MD</b>
Address	CHIEF MED OFFICER - MONADNOCK COMM HOSPITAL, 425 OLD STREET RDPETERBOROUGH, NH, 0
Specialty	IM
Board Certified	RHU
School and Year of Graduation	STATE UNIV OF NY DOWNSTATE MED CTR BROOKLYN NY USA 1975
Internship and Year	LI JEWISH HILLSIDE MEDICAL CENTER - NEW HYDE PARK, NY 1976
Residency and Year	LI JEWISH HILLSIDE MEDICAL CENTER - NEW HYDE PARK, NY 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7658
License Date	7/8/1987
Name	<b>SCHLEPPHORST, LAWRENCE E MD</b>
Address	1257 BRIAR HILL RD, HOPKINTON, NH, 03229
Specialty	NEP
Board Certified	NEP
School and Year of Graduation	SOUTHERN ILLINOIS UNIV SCHOOL OF MEDICINE USA 1981
Internship and Year	THE JEWISH HOSPITAL - ST LOUIS MO 1982
Residency and Year	MOFFIT UNIVERSITY OF CALIFORNIA HOSPITALS - SAN FRANCISCO CA 1987
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number 8682  
 License Date 2/5/1992  
 Name **SCHLESSEL, JOSHUA M MD**  
 Address CHARTER BROOKSIDE, 29 NORTHWEST BLVD NASHUA, NH, 03063-4068  
 Specialty P  
 Board Certified  
 School and Year of Graduation ROSS UNIVERSITY SCHOOL OF MEDICINE USA 1985  
 Internship and Year CONNECTICUT VALLEY HOSPITAL MIDDLETOWN - CT 1986  
 Residency and Year CONNECTICUT VALLEY HOSPITAL MIDDLETOWN - CT 1988  
 License Expiration Date **6/30/2000**  
 Remarks

License Number 11857  
 License Date 3/5/2003  
 Name **SCHLOTT, HEATHER A MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DR LEBANON, NH, 03756  
 Specialty PD  
 Board Certified  
 School and Year of Graduation BROWN UNIV SCH OF MED - PROVIDENCE, RI USA 2000  
 Internship and Year CHILDRENS HOSPITAL AT DARTMOUTH - LEBANON, NH 2001  
 Residency and Year CHILDRENS HOSPITAL AT DARTMOUTH - LEBANON, NH 2002  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 15640  
 License Date 4/4/2012  
 Name **SCHLOTTMAN III, RICHARD H MD**  
 Address DEPT OF VA - MYRTLE BEACH PRIMARY CLINIC, 3381 PHILLIS BOULEVARD MYRTLE BEACH, SC, 2957  
 Specialty ADM  
 Board Certified ADM  
 School and Year of Graduation UNIVERSIDAD DEL NORESTE MEXICO 1979  
 Internship and Year MARYLAND GENERAL HOSPITAL - BALTIMORE, MD 1982  
 Residency and Year UNIVERSITY OF MARYLAND MEDICAL SYSTEM - BALTIMORE, MD 1983  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11935  
 License Date 5/7/2003  
 Name **SCHMALZER, EMILY A MD**  
 Address 335 MIDDLE RD, BRENTWOOD, NH, 03833-6012  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation NEW YORK UNIV SCH OF MED - NEW YORK, NY USA 1970  
 Internship and Year NEW YORK PRESBYTERIAN HOSPITAL - NEW YORK, NY 1971  
 Residency and Year NEW YORK PRESBYTERIAN HOSPITAL - NEW YORK, NY 1972  
 License Expiration Date **6/30/2015**  
 Remarks

License Number	11139
License Date	12/6/2000
Name	<b>SCHMIDEK, HENRY H MD</b>
Address	DEPT OF NEUROSURGERY DHMC, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	NS
Board Certified	NS
School and Year of Graduation	UNIV OF WESTERN ONTARIO FAC- LONDON ONTARIO CANADA 1963
Internship and Year	ROYAL VICTORIA HOSPITAL - MONTREAL QUEBEC, CANADA 1964
Residency and Year	ROYAL VICTORIA HOSPITAL - MONTREAL QUEBEC, CANADA 1965
License Expiration Date	<b>6/30/2006</b>
Remarks	DECEASED 10/26/2008

License Number	15812
License Date	8/1/2012
Name	<b>SCHMIDT, AMBER R DO</b>
Address	WEEKS MEDICAL CENTER, 170 MIDDLE STLANCASTER, NH, 03584
Specialty	FP
Board Certified	
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND USA 2009
Internship and Year	MAINE-DARTMOUTH FAMILY MEDICINE RESIDENCY - AUGUSTA, ME 2010
Residency and Year	MAINE-DARTMOUTH FAMILY MEDICINE RESIDENCY - AUGUSTA, ME 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9606
License Date	12/6/1995
Name	<b>SCHMIDT, DAVID A MD</b>
Address	, 16 FIFTH STDOVER, NH, 03824
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF NEBRASKA USA 1993
Internship and Year	TIMBERLAWN PSYCHIATRIC HOSPITAL - TX 1993
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	lapsed for non-renewal 6/30/97 - reinstated on 6/2/10.

License Number	7506
License Date	2/5/1987
Name	<b>SCHMITZ, JAMES M MD</b>
Address	SCOTT & WHITE MEMORIAL HOSP, 2401 S 31ST STTEMPLE, TX, 76508
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIV OF WISCONSIN MED SCH - MADISON, WI USA 1980
Internship and Year	UNIV OF TEXAS SW MEDICAL SCHOOL - DALLAS, TX 1981
Residency and Year	UNIV OF TEXAS SW MEDICAL SCHOOL - DALLAS, TX 1982
License Expiration Date	<b>6/30/2005</b>
Remarks	1/24/95 Settlement Agreement 4/11/06 Settlement Agreement

License Number	8864
License Date	12/2/1992
Name	<b>SCHMITZ, STEPHEN M MD</b>
Address	121 DAVIS RD, BEDFORD, MA, 01730-1507
Specialty	OM
Board Certified	OM
School and Year of Graduation	ROBERT JOHNSON MEDICAL SCHOOL USA 1982
Internship and Year	MIDDLESEX MEMORIAL HOSPITAL - MIDDLETOWN CT 1983
Residency and Year	MIDDLESEX MEMORIAL HOSPITAL - MIDDLETOWN CT 1985
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	6165
License Date	2/22/1980
Name	<b>SCHNED, ALAN R MD</b>
Address	DHMC - DEPT OF PATHOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	COLUMBIA UNIV. COLL.OF PHY&SURGEONS,NY USA 1975
Internship and Year	UNIV. OF CHICAGO CLINICS,CHICAGO,IL 1976
Residency and Year	HARTFORD HOSP. HARFORD,CT 1979
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11519
License Date	2/6/2002
Name	<b>SCHNEEBAUM, RONALD J MD</b>
Address	DHMC, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty	PD
Board Certified	PD
School and Year of Graduation	SACKLER FAC OF MED TEL AVIV UNIV- TEL AVIV-YAFO ISRAEL 1981
Internship and Year	UNIV OF CONNECTICUT SCH OF MEDICINE - FARMINGTON, CT 1982
Residency and Year	UNIV OF CONNECTICUT SCH OF MEDICINE - FARMINGTON, CT 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>lapsed for non-renewal 6/30/04-reinstated 6/7/06</b>

License Number	6500
License Date	2/8/1982
Name	<b>SCHNEIDER, AMY MD</b>
Address	8 LAWRENCE ST, PO BOX 120ANDOVER, NH, 03216
Specialty	FP
Board Certified	FP
School and Year of Graduation	HARVARD MED SCH-BOSTON,MA USA 1978
Internship and Year	U MASS COORD PROG-WORCHESTER,MA 1979
Residency and Year	U MASS COORD PROG-WORCHESTER,MA 1981
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11117
License Date	11/1/2000
Name	<b>SCHNEIDER, CATHERINE A MD</b>
Address	MT ASCUTNEY HOSPITAL, 289 COUNTRY ROADWINDSOR, VT, 05089
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF MED NEW JERSEY- NEWARK, NJ USA 1989
Internship and Year	UMDNJ-NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 1990
Residency and Year	UMDNJ-NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9822
License Date	8/7/1996
Name	<b>SCHNEIDER, DONALD S MD</b>
Address	GEISINGER, 100 N ACADEMY AVE MC 21-11DANVILLE, PA, 17822
Specialty	GE
Board Certified	GE
School and Year of Graduation	SUNY-HLTH SCIENCE CENTER AT BROOKLYN COLL OF MED USA 1991
Internship and Year	PRESBYTERIAN HOSPITAL NY,NY 1994
Residency and Year	MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1997
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	15005
License Date	9/1/2010
Name	<b>SCHNEIDER, ELIZABETH S MD</b>
Address	2859 LINCOLN HILL RD, HINESBURG, VT, 05461
Specialty	FP
Board Certified	FP
School and Year of Graduation	MT SINAI SCHOOL OF MEDICINE USA 1991
Internship and Year	UNIVERSITY OF VERMONT COLLEGE OF MEDICINE - MILTON, VT 1992
Residency and Year	UNIVERSITY OF VERMONT COLLEGE OF MEDICINE - MILTON, VT 1994
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	17079
License Date	5/6/2015
Name	<b>SCHNEIDER, KELLI M MD</b>
Address	1733 OAKMOUNT RD, SOUTH EUCLID, OH, 44121
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	OREGON HEALTH & SCIENCE UNIV SCHOOL OF MEDICINE USA 2010
Internship and Year	FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2011
Residency and Year	FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2014
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12319
License Date	5/5/2004
Name	<b>SCHNEIDERMAN, ROY MD</b>
Address	ALERE, 3200 WINDY HILL RD STE B100ATLANTA, GA, 30339
Specialty	NPM
Board Certified	NPM
School and Year of Graduation	TEL AVIV UNIVERSITY, TEL AVIV-YAFO ISRAEL ISRAEL 1986
Internship and Year	UNIVERSITY OF CONNECTICUT, FARMINGTON CT 1989
Residency and Year	CHILDRENS HOSP OF PHILADELPHIA, PHILADELPHIA PA 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12608
License Date	2/2/2005
Name	<b>SCHNEIDERMAN, STUART MD</b>
Address	102 SMITHFIELD AVE, PAWTUCKET, RI, 02860
Specialty	AN
Board Certified	AN
School and Year of Graduation	TUFTS UNIVERSITY, BOSTON MA US 1976
Internship and Year	HOSPITAL OF ST RAPHAEL, NEW HAVEN CT 1977
Residency and Year	YALE-NEW HAVEN MED CTR, NEW HAVEN CT 1978
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8101
License Date	5/10/1989
Name	<b>SCHNELLER, PAUL MD</b>
Address	51 BACON ST, WINCHESTER, MA, 01890-
Specialty	P
Board Certified	
School and Year of Graduation	UNIV OF WESTERN ONT LONDON ONT CANADA 1949
Internship and Year	HAMOT MED CTR 1950
Residency and Year	NORWICH HOSP NORWICH CT 1954
License Expiration Date	<b>6/30/1999</b>
Remarks	<b>DECEASED 9/22/03</b>

License Number	13384
License Date	1/3/2007
Name	<b>SCHOECK, ANDREAS P MD</b>
Address	NEW ENGLAND NEUROLOGICAL ASSOC, 354 MERRIMACK ST BLDG 1LAWRENCE, MA, 01843
Specialty	N
Board Certified	N
School and Year of Graduation	UNIV OF INNSBRUCK AUSTRIA 1996
Internship and Year	FAULKNER HOSPITAL-BOSTON, MA 1998
Residency and Year	BOSTON MEDICAL CENTER-BOSTON, MA 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10972
License Date	6/7/2000
Name	<b>SCHOEL, SUZANNE M MD</b>
Address	MONADNOCK REGIONAL PEDIATRICS, 454 OLD ST RDPETERBOROUGH, NH, 03458
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE USA 1996
Internship and Year	CONNECTICUT CHILDRENS MEDICAL CTR-HARTFORD,CT 1997
Residency and Year	CONNECTICUT CHILDRENS MEDICAL CTR- HARTFORD,CT 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8805
License Date	9/2/1992
Name	<b>SCHOEN, MATTHEW S MD</b>
Address	, , ,
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF NEW YORK USA 1983
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1997</b>
Remarks	

License Number	12554
License Date	12/1/2004
Name	<b>SCHOENBAUM, DAVID R MD</b>
Address	590 COURT ST, KEENE, NH, 03431
Specialty	FP
Board Certified	
School and Year of Graduation	UNIVERSITY OF NEW JERSEY, NEWARK NJ US 2001
Internship and Year	HUNTERDON MED CTR, FLEMINGTON NJ 2002
Residency and Year	HUNTERDON MED CTR, FLEMINGTON NJ 2003
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	15164
License Date	3/2/2011
Name	<b>SCHOENGOLD, JEFFREY D MD</b>
Address	WENTWORTH-DOUGLASS HOSP, 789 CENTRAL AVEDOVER, NH, 03820
Specialty	EM
Board Certified	EM
School and Year of Graduation	GEORGETOWN UNIVERSITY USA 2008
Internship and Year	MAINE MEDICAL CENTER-PORTLAND, ME 2009
Residency and Year	MAINE MEDICAL CENTER-PORTLAND, ME 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	3184	
License Date	3/13/1957	
Name	<b>SCHOFIELD, CHARLES E MD</b>	
Address	69C ISLAND ST, KEENE, NH, 03431-3529	
Specialty	GS	
Board Certified	GS	
School and Year of Graduation	NEW YORK UNIVERSITY USA 1950	
Internship and Year	GRASSLANDS HOSPITAL	VALHALLA - NEW YORK 1951
Residency and Year	GRASSLANDS HOSPITAL	VALHALLA - NEW YORK 1952
License Expiration Date	<b>6/30/1999</b>	
Remarks		

License Number	11204
License Date	3/7/2001
Name	<b>SCHOOLWERTH, ANTON C MD</b>
Address	ONE MEDICAL CENTER DR, 2M HYPERTENSION/NEPHROLOGYLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	HARVARD MED SCH - BOSTON, MA USA 1967
Internship and Year	BOSTON MEDICAL CENTER - BOSTON, MA 1969
Residency and Year	RUSH-PRESBYTERIAN-ST LUKE'S MEDICAL CENTER - CHICAGO, IL 1970
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7853
License Date	5/4/1988
Name	<b>SCHOPICK, DAVID J MD</b>
Address	118 MAPLEWOOD AVE, PORTSMOUTH, NH, 03801-4639
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF CONNECTICUT SCH MED- FARMINGTON,CT USA 1983
Internship and Year	UNIV OF CHICAGO MEDICAL CENTER - CHICAGO, IL 1984
Residency and Year	HOSPITAL UNIV HEALTH CENTER PITTSBURGH - PITTSBURGH, PA 1987
License Expiration Date	<b>6/30/2016</b>
Remarks	6/6/05 - Settlement Agreement

License Number	14268
License Date	12/3/2008
Name	<b>SCHORGE, JOHN O MD</b>
Address	MGH-GYN ONC YAWKEY CTR-9E, 55 FRUIT STBOSTON, MA, 02114
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	VANDERBILT UNIV USA 1993
Internship and Year	BRIGHAM & WOMENS HOSPITAL-BOSTON, MA 1994
Residency and Year	BRIGHAM & WOMENS HOSPITAL-BOSTON, MA 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	6680
License Date	4/7/1983
Name	<b>SCHORSCH, MICHAEL E MD</b>
Address	18 ON THE COMMON, PO BOX 344LYME, NH, 03768
Specialty	PD
Board Certified	
School and Year of Graduation	ALBERT EINSTEIN COLL YESHIVA UNIV BRONX, NY USA 1979
Internship and Year	UNIV MASS HOSPITAL COORDINATE PROGRAM - WORCESTER, MA 1980
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1982
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>6/15/95 "SETTLEMENT AGREEMENT" 9/18/97 "ORDER" LICENSE UNRESTRICTED AND IN GOOD STANDING</b>

License Number	9053
License Date	9/1/1993
Name	<b>SCHORSCHINSKY, ROBERT W DO</b>
Address	PENN FAMILY MEDICINE, 1500 PENN AVEWYOMISSING, PA, 19610
Specialty	FP
Board Certified	FP
School and Year of Graduation	NEW YORK COLLEGE OF OSTEOPATHIC MEDICINE USA 1985
Internship and Year	WOMACK ARMY MEDICAL CENTER - FT BRAGG NC 1986
Residency and Year	BOOTH MEMORIAL MEDICAL CENTER - FLUSHING NY 1989
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	15597
License Date	3/7/2012
Name	<b>SCHREIBER CHERVENAK, RENEE E MD</b>
Address	UNUM BENEFITS CENTER C310, 2211 CONGRESS STPORTLAND, ME, 04122
Specialty	IM
Board Certified	IM
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1980
Internship and Year	OVERLOOK HOSPITAL - SUMMIT, NJ 1981
Residency and Year	OVERLOOK HOSPITAL - SUMMIT, NJ 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15492
License Date	12/7/2011
Name	<b>SCHREIBER, PAUL C MD</b>
Address	HEALTHY IMPERATIVES, 942 W CHESTNUT STBROCKTON, MA, 02301
Specialty	PD
Board Certified	PD
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 1966
Internship and Year	TUFTS MEDICAL CENTER - BOSTON, MA 1967
Residency and Year	TUFTS MEDICAL CENTER - BOSTON, MA 1969
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number 6979  
 License Date 9/6/1984  
 Name **SCHREINER, ELIZABETH J MD**  
 Address 204 MC COLLUM DR, LARAMIE, WY, 82070  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation DUKE UNIV MED CTR-DURHAM,NC USA 1980  
 Internship and Year DUKE UNIV MED CTR 1981  
 Residency and Year DUKE UNIV MED CTR-DURHAM,NC 1983  
 License Expiration Date **6/30/2001**  
 Remarks

License Number 16609  
 License Date 5/7/2014  
 Name **SCHROECK, FLORIAN R MD**  
 Address DHMC - UROLOGY, ONE MEDICAL CTR DRLEBANON, NH, 03756  
 Specialty U  
 Board Certified  
 School and Year of Graduation FACULTY OF MED, TECHNICAL UNIV OF MUNICH GERMANY 2004  
 Internship and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 2006  
 Residency and Year DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 2011  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16563  
 License Date 4/2/2014  
 Name **SCHROECK, HEDWIG MD**  
 Address DARTMOUTH- HITCHCOCK MED CTR, ONE MEDICAL CTR DRLEBANON, NH, 03756  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation FACULTY OF MED TECHNICAL UNIVERSITY OF MUNICH GERMANY 2004  
 Internship and Year THE UNIVERSITY OF NORTH CAROLINA HOSPITALS - CHAPEL HILL, NC 2006  
 Residency and Year THE UNIVERSITY OF NORTH CAROLINA HOSPITALS - CHAPEL HILL, NC 2009  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 6005  
 License Date 12/11/1978  
 Name **SCHROER, PETER J MD**  
 Address ANDROSCOGGIN VALLEY HOSP, 59 PAGE HILL RDBERLIN, NH, 03583  
 Specialty EM  
 Board Certified  
 School and Year of Graduation FAC DE MED DE LA UNIV AUTONOMA DE GUADALAJARA JALUSCO 1972  
 Internship and Year ST VINCENT HOSPITAL - WORCESTER, MA 1976  
 Residency and Year UNIV MASS COORDINATED PROGRAM - WORCESTER, MA 1978  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 10884  
 License Date 4/5/2000  
 Name **SCHROETER, KENNETH A DO**  
 Address NH HOSP FOR CHILDREN, ONE ELLIOT WAYMANCHESTER, NH, 03103  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC USA 1993  
 Internship and Year NAVAL MEDICAL CENTER-SAN DIEGO,CA 1994  
 Residency and Year NAVAL MEDICAL CENTER-SAN DIEGO,CA 1996  
 License Expiration Date **6/30/2016**  
 Remarks **lapsed 6/30/06 - reinstated 4/5/00**

License Number 10103  
 License Date 8/6/1997  
 Name **SCHULMAN, JOSEPH MD**  
 Address SHERIDAN CHILDRENS HLTH, 4651 SHERIDAN ST 2ND FLHOLLYWOOD, FL, 330221  
 Specialty NPM  
 Board Certified PD  
 School and Year of Graduation UNIV OF PA SCH OF MED - PHILA, PA USA 1976  
 Internship and Year ALBANY MEDICAL CENTER HOSPITAL - NY 1977  
 Residency and Year DUKE UNIV MEDICAL CENTER - NC 1981  
 License Expiration Date **6/30/1998**  
 Remarks

License Number 9711  
 License Date 5/1/1996  
 Name **SCHULTZ, PHILIP A MD**  
 Address AMOSKEAG PEDIATRICS, 207 DANIEL WEBSTER HWYMANCHESTER, NH, 03104  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIVERSITY OF VIRGINIA-CHARLOTTESVILLE VA USA 1991  
 Internship and Year UNIV OF ALABAMA - BIRMINGHAM, AL 1994  
 Residency and Year UNIV OF ALABAMA - BIRMINGHAM, AL 1994  
 License Expiration Date **6/30/1999**  
 Remarks

License Number 11461  
 License Date 11/7/2001  
 Name **SCHULTZ, WILLIAM R MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty ORS  
 Board Certified  
 School and Year of Graduation BAYLOR COLL OF MED - HOUSTON, TX USA 1998  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR- LEBANON, NH 1999  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR- LEBANON, NH 2000  
 License Expiration Date **6/30/2003**  
 Remarks

License Number	9461
License Date	6/7/1995
Name	<b>SCHULTZE, PAMELA R MD</b>
Address	STRAFFORD MEDICAL ASSOC, 10 MEMBERS WAY STE 302DOVER, NH, 03820-
Specialty	IM
Board Certified	IM
School and Year of Graduation	SUNY HEALTH SCIENCE CENTER AT BROOKLYN USA 1989
Internship and Year	VA MEDICAL CENTER - NEW YORK, NY 1991
Residency and Year	VA MEDICAL CENTER - NEW YORK, NY 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6218
License Date	6/9/1980
Name	<b>SCHUMACHER, ROBERT M MD</b>
Address	SOUTHERN SIERRA MED CLINIC, 1041 N CHINA LAKE BLVD STE BRIDGECREST, CA, 93555
Specialty	PD
Board Certified	PD
School and Year of Graduation	CMDNJ NEW JERSEYMED SCH-NEWMARK,NJ USA 1962
Internship and Year	JERSEY CITY MED CTR 1963
Residency and Year	JOHNSHOPKINS HOSP-BALTIMORE,MD 1965
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	7367
License Date	6/12/1986
Name	<b>SCHUMAN, ANDREW J MD</b>
Address	DARTMOUTH-HITCHCOCK NASHUA, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty	PD
Board Certified	PD
School and Year of Graduation	NY UNIVERSITY - NY NYQ USA 1979
Internship and Year	RHODE ISLAND HOSPITAL - PROVIDENCE 1980
Residency and Year	RHODE ISLAND HOSITAL - PROVIDENCE 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15940
License Date	11/7/2012
Name	<b>SCHUMAN, GAIL I DO</b>
Address	ELLIOT PEDIATRIC NEUROLOGY, 275 MAMMOTH RD, , SUITE 1MANCHESTER, NH, 03109
Specialty	CHN
Board Certified	CHN
School and Year of Graduation	NY COLLEGE OF OSTEOPATHIC MEDICINE USA 2002
Internship and Year	NYCOM/GOOD SAMARITAN HOSPITAL MEDICAL CENTER - WEST ISLIP, NY 2004
Residency and Year	SUNY @ STONY BROOK - STONY BROOK, NY 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 15678  
 License Date 5/2/2012  
 Name **SCHUMAN-OLIVIER, ZEV D MD**  
 Address WESTBRIDGE COMMUNITY SVC, 275 MYSTIC AVE STE CMEDFORD, MA, 02155  
 Specialty P  
 Board Certified P  
 School and Year of Graduation TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 2005  
 Internship and Year CAMBRIDGE HOSPITAL-CAMBRIDGE HEALTH ALLIANCE - CAMBRIDGE, MA 2006  
 Residency and Year CAMBRIDGE HOSPITAL-CAMBRIDGE HEALTH ALLIANCE - CAMBRIDGE, MA 2009  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 8847  
 License Date 11/4/1992  
 Name **SCHUR, SAMUEL MD**  
 Address YALE STATION, PO BOX 206578NEW HAVEN, CT, 06520-6578  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIVERSITY OF VIENNA AUSTRIA 1965  
 Internship and Year UNIV OF ILLINOIS HOSPITAL AND CLINIC - CHICAGO, IL 1972  
 Residency and Year UNIV OF ILLINOIS HOSPITAL AND CLINIC CHICAGO - ILLINOIS 1972  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 16385  
 License Date 11/6/2013  
 Name **SCHUSTER, NANCY A MD**  
 Address SOUTHWESTERN VT MEDICAL CENTER, 100 HOSPITAL DRIVEBENNINGTON, VT, 05201  
 Specialty IM  
 Board Certified  
 School and Year of Graduation WRIGHT STATE UNIVERSITY SCHOOL OF MEDICINE USA 1999  
 Internship and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2000  
 Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2003  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15941  
 License Date 11/7/2012  
 Name **SCHUTZBANK, ANDREW M MD**  
 Address IORA HEALTH, 222 3RD ST STE 3100CAMBRIDGE, MA, 02142  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation TULANE UNIVERSITY SCHOOL OF MEDICINE USA 2008  
 Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2009  
 Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2011  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	15045
License Date	10/6/2010
Name	<b>SCHUYLER, THYE M MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	N
Board Certified	
School and Year of Graduation	LOMA LINDA UNIVERSITY USA 2006
Internship and Year	BANNER GOOD SAMARITAN MEDICAL CENTER - PHOENIX, AZ 2007
Residency and Year	UNIVERSITY OF ARIZONA HEALTH SCIENCE CENTER - TUCSON, AZ 2010
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	13229
License Date	8/2/2006
Name	<b>SCHWAAB, THOMAS MD</b>
Address	CONCORD UROLOGY, 246 PLEASANT STCONCORD, NH, 03301
Specialty	U
Board Certified	
School and Year of Graduation	MEDICAL UPPER SCHOOL OF HANNOVER GERMANY 1999
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CTR-LEBANON, NH 2001
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CTR-LEBANON, NH 2002
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	16877
License Date	12/3/2014
Name	<b>SCHWAB, JOSEPH H MD</b>
Address	37 CHESTNUT ST, BOSTON, MA, 02108
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	FINCH UNIVERSITY OF HEALTH SCIENCES USA 1999
Internship and Year	MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 2000
Residency and Year	MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8102
License Date	5/10/1989
Name	<b>SCHWAEGERLE, SONYA M MD</b>
Address	PORTSMOUTH REGIONAL HOSP, 333 BORTHWICK AVEPORTSMOUTH, NH, 03801
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	MED COLL OF OHIO @ TOLEDO USA 1984
Internship and Year	UNIVERSITY HOSPS CLEVELAND OH 1985
Residency and Year	CLEVELAND CLINIC FNDN CLEVELAND OH 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13781
License Date	12/5/2007
Name	<b>SCHWAMM, LEE H MD</b>
Address	MASSACHUSETTS GEN HOSP, 15 PARKMAN ST WAC 729JBOSTON, MA, 02114
Specialty	N
Board Certified	N
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 1991
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1992
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6866
License Date	5/10/1984
Name	<b>SCHWARTZ, EUGENE MD</b>
Address	4 SYCAMORE KNOLLS, SOUTH HADLEY, MA, 01075
Specialty	OMO
Board Certified	OM
School and Year of Graduation	STATE UNIV OF NEW YORK AT BUFFALOSCH MED-NY USA 1975
Internship and Year	MT SINAI HOSP-NEW YORK,NY 1983
Residency and Year	MT SINAI HOSP-NEW YORY, NY 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11008
License Date	7/5/2000
Name	<b>SCHWARTZ, GARY N MD</b>
Address	DARTMOUTH HITCHCOCK MEDICAL, ONE MEDICAL CTR DRLEBANON, NH, 03765
Specialty	IM
Board Certified	IM
School and Year of Graduation	STANFORD UNIV SCH OF MED - STANFORD, CA USA 1985
Internship and Year	NEW YORK PRESBYTERIAN HOSPITAL - NY, NY 1988
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6334
License Date	1/8/1981
Name	<b>SCHWARTZ, IRA S MD</b>
Address	PORTSMOUTH INTERNAL MEDICINE, 330 BORTHWICK AVE SUITE 205PORTSMOUTH, NH, 03801-41
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF LOUISVILLE SCH OF MED-LOUISVILLE, KY USA 1974
Internship and Year	SUNY UPSTATE MED CTR-SYRACUSE,NY 1975
Residency and Year	SUNY UPSTATE MED CTR-SYRACUSE,NY 1978
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15235
License Date	5/4/2011
Name	<b>SCHWARTZ, JOANNA E MD</b>
Address	DHMC, 1 MED CTR DDRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	UNIVERSITY MASSACHUSETTS MED SCHOOL USA 2008
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	16564
License Date	4/2/2014
Name	<b>SCHWARTZ, JOEL H MD</b>
Address	MGH/B SGIRE CANTER CTR, 102 ENDICOTT STDANVERS, MA, 01923
Specialty	ON
Board Certified	ON
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 1971
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1972
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1973
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11431
License Date	10/3/2001
Name	<b>SCHWARTZ, JONATHAN C MD</b>
Address	VA MEDICAL CTR-PSYCHIATRY DEPT, WHITE RIVER JCT, VT, 05055
Specialty	P
Board Certified	P
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1999
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8848
License Date	11/4/1992
Name	<b>SCHWARTZ, JONATHAN R MD</b>
Address	GENERATIONS, PO BOX 3300MANCHESTER, NH, 03105
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF PITTSBURGH USA 1972
Internship and Year	UNIVERSITY OF WISCONSIN HOSPITAL AND CLINIC      MADISON - WISCONSIN 1973
Residency and Year	MT SINAI MEDICAL CENTER                      NEW YORK - NEW YORK 1980
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	3314
License Date	9/9/1959
Name	<b>SCHWARTZ, LEO H MD</b>
Address	407 RIVERVIEW, DOVER, NH, 03820-3404
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	NEW YORK MEDICAL COLLEGE USA 1941
Internship and Year	CEDARS OF LEBANON- LOS ANGELES, CA 1942
Residency and Year	ILLINOIS EYE AND EAR INFIRMARY 1949
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	11075
License Date	9/6/2000
Name	<b>SCHWARTZ, LYNN S MD</b>
Address	8 WREN LANE, HANOVER, NH, 03755
Specialty	IM
Board Certified	IM
School and Year of Graduation	ALBERT EINSTEIN COLL OF MED - BRONX, NY USA 1984
Internship and Year	MOUNT AUBURN HOSPITAL - CAMBRIDGE, MA 1985
Residency and Year	MOUNT AUBURN HOSPITAL - CAMBRIDGE, MA 1987
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6462
License Date	10/6/1981
Name	<b>SCHWARTZ, MITCHELL E MD</b>
Address	50 TIMBER LN, BURLINGTON, VT, 05403
Specialty	D
Board Certified	D
School and Year of Graduation	HAHNEMANN MED COLL OF PHILADELPHIA-PA USA 1977
Internship and Year	ST MARYS HOSP-WATERBURY,CT 1978
Residency and Year	ST MARYS HOSP-WATERBURY,CT 1979
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	11392
License Date	9/5/2001
Name	<b>SCHWARTZ, SHELDON E MD</b>
Address	5 ABERNATHY RD, LEXINGTON, MA, 02420
Specialty	IM
Board Certified	IM
School and Year of Graduation	NEW YORK UNIV SCH OF MED- NEW YORK, NY USA 1970
Internship and Year	SUNY AT BUFFALO GRADUATE MEDICAL- BUFFALO, NY 1972
Residency and Year	UNIV OF TEXAS SOUTHWESTERN MEDICAL CENTER - DALLAS, TX 975
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number 6357  
 License Date 3/16/1981  
 Name **SCHWARTZ, STEVEN B MD**  
 Address 121 MADELINE RD, MANCHESTER, NH, 03104  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation BOSTON UNIV SCH OF MED USA 1977  
 Internship and Year UNIV OF MARYLAND HOSP-BALTIMORE,MD 1978  
 Residency and Year UNIV OF MARYLAND HOSP-BALTIMORE,MD 1981  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9859  
 License Date 10/2/1996  
 Name **SCHWARTZ, STEVEN L MD**  
 Address LAHEY CARDIOLOGY, PO BOX 1184 NASHUA, NH, 03060-  
 Specialty CD  
 Board Certified IM  
 School and Year of Graduation SUNY-HLTH SCU CTR AT BROOKLYN COLL OF MED , NY USA 1984  
 Internship and Year RHODE ISLAND HOSPITAL - RI 1987  
 Residency and Year VET AFFAIRS MEDICAL CENTER - MA 1992  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 8742  
 License Date 6/3/1992  
 Name **SCHWARTZBERG, MARTIN E MD**  
 Address RIVER ROAD PEDIATRICS, 58 HAWTHORNE DR BEDFORD, NH, 03110  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIVERSITY OF ROCHESTER USA 1988  
 Internship and Year NEW ENGLAND MEDICAL CENTER HOSPITALS BOSTON - MASSACHUSETTS 1991  
 Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON, MA 1991  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 8786  
 License Date 8/5/1992  
 Name **SCHWARTZMAN, JOSEPH D MD**  
 Address DHMC - DEPT OF PATHOLOGY, 1 MEDICAL CENTER DR LEBANON, NH, 03756  
 Specialty ATP  
 Board Certified PTH  
 School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1974  
 Internship and Year UNIVERSITY COLORADO HEALTH SCIENCE CENTER DENVER - COLORADO 1975  
 Residency and Year UNIVERSITY COLORADO HEALTH SCIENCE CENTER DENVER - COLORADO 1978  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	10169
License Date	11/5/1997
Name	<b>SCHWARZ, ADAM J MD</b>
Address	HANOVER COMMUNITY CLINIC, 45 LYME RD SUITE 104HANOVER, NH, 03755
Specialty	IM
Board Certified	IM
School and Year of Graduation	CASE WESTERN RESERVE UNIV - CLEVELAND, OH USA 1993
Internship and Year	BOSTON MEDICAL CENTER - MA 1996
Residency and Year	BOSTON MEDICAL CENTER - MA 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11676
License Date	7/3/2002
Name	<b>SCHWARZENBERGER, KATHRYN MD</b>
Address	FLECTCHER ALLEN HEATHCARE, 14 COLCHESTER AVEBURLINGTON, VT, 05401
Specialty	D
Board Certified	D
School and Year of Graduation	UNIV OF TEXAS MED SCH - GALVESTON, TX USA 1987
Internship and Year	DUKE UNIV MED CTR - DURHAM, NC 1988
Residency and Year	DUKE UNIV MED CTR - DURHAM, NC 1990
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	10436
License Date	10/7/1998
Name	<b>SCHWEIDT, SILKE H MD</b>
Address	HIGHLAND HOSPITAL, 1000 SOUTH AVE STE 309ROCHESTER, NY, 14620
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF CINCINNATI COLL OF MED - CINCINNATI,OH USA 1986
Internship and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1987
Residency and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12078
License Date	9/3/2003
Name	<b>SCHWENDER, CATHERINE E MD</b>
Address	DHMC - SURGERY DEPT, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	GS
Board Certified	
School and Year of Graduation	MEDICAL COLLEGE OF GEORGIA, AUGUSTA GA US 2001
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CTR, LEBANON NH 2002
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CTR, LEBANON NH 2003
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number 4956  
 License Date 2/12/1973  
 Name **SCHWENKER, DAVID W MD**  
 Address 90 SOUTH ST BOX 2174, GLENS FALLS, NY, 12801  
 Specialty CD  
 Board Certified CD  
 School and Year of Graduation CORNELL UNIV MEDICAL COLLEGE, NY USA 1971  
 Internship and Year MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1972  
 Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1972  
 License Expiration Date **6/30/2003**  
 Remarks

License Number 9435  
 License Date 5/3/1995  
 Name **SCIBETTA JR, PAUL J DO**  
 Address ELLIOT ORTHOPAEDIC SURGERY SP, 85 QUEEN CITY AVENUE MANCHESTER, NH, 03101-7100  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY USA 1989  
 Internship and Year UNION HOSPITAL/OSTEOPATHIC, UNION NJ 1991  
 Residency and Year UNDNJ SCHOOL OF OSTEOPATHIC MEDICINE, STRATFORD NJ 1995  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16687  
 License Date 7/2/2014  
 Name **SCOLLAN, JOEY M DO**  
 Address 2 BELMONT ST, LOWELL, MA, 01850  
 Specialty PD  
 Board Certified  
 School and Year of Graduation LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE USA 2009  
 Internship and Year UNIVERSITY OF MARYLAND - BALTIMORE, MD 2010  
 Residency and Year UNIVERSITY OF MARYLAND - BALTIMORE, MD 2014  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15730  
 License Date 6/6/2012  
 Name **SCOONES, CAROLINE N MD**  
 Address HARBOUR WOMEN'S HEALTH, 155 GRIFFIN RD PORTSMOUTH, NH, 03801  
 Specialty OBG  
 Board Certified  
 School and Year of Graduation GEORGETOWN UNIVERSITY USA 2008  
 Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2009  
 Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2012  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	8764	
License Date	7/1/1992	
Name	<b>SCOTT, DEBORAH J MD</b>	
Address	MT ASCUTNEY HOSPITAL, 289 COUNTY RDWINDSOR, VT, 05089	
Specialty	IM	
Board Certified	IM	
School and Year of Graduation	GEORGE WASHINGTON UNIVERSITY USA 1989	
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER	HANOVER - NEW HAMPSHIRE 1990
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER	HANOVER - NEW HAMPSHIRE 1992
License Expiration Date	<b>6/30/2016</b>	
Remarks		

License Number	8400
License Date	7/11/1990
Name	<b>SCOTT, DOUGLAS R MD</b>
Address	LACONIA EYE & LASER CENTER, PO BOX 7625GILFORD, NH, 03247-7625
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIV OF CHICAGO PRITZKER SCH MED - IL USA 1985
Internship and Year	NEWTON WELLESLEY HOSPITAL - NEWTON , MA 1986
Residency and Year	JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1989
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9386
License Date	3/1/1995
Name	<b>SCOTT, JEFFREY A MD</b>
Address	TRI-COUNTY MEDICAL ASSOC, 94 MENDON STHOPEDALE, MA, 01747
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF MA MEDICAL SCHOOL USA 1989
Internship and Year	UNIVERRSIY OF MA MEDICAL CENTER - WORCESTER MA 1992
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1996
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	13782
License Date	12/5/2007
Name	<b>SCOTT, JINEL A MD</b>
Address	RADISPHERE NATIONAL RADIOLOGY, 3700 PARK EAST 3RD FLBEACHWOOD, OH, 44122
Specialty	R
Board Certified	R
School and Year of Graduation	HOWARD UNIV USA 2001
Internship and Year	WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 2002
Residency and Year	MONMOUTH MEDICAL CENTER - LONG BRANCH, NJ 2003
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number 9411  
License Date 5/3/1995  
Name **SCOTT, JUDITH P MD**  
Address 6047 EASTWOOD TERRACE, NORFOLK, VA, 23508  
Specialty IM  
Board Certified IM  
School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1992  
Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL 1995  
Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL 1995  
License Expiration Date **6/30/1998**  
Remarks

License Number 6715  
License Date 6/2/1983  
Name **SCOTT, MARTHA B MD**  
Address 10 GROVE CT, EXETER, NH, 03833-  
Specialty IM  
Board Certified IM  
School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1974  
Internship and Year UNIVERSITY HOSPITAL - BOSTON MA 1975  
Residency and Year UNIVERSITY HOSPITAL - BOSTON MA 1976  
License Expiration Date **6/30/1998**  
Remarks

License Number 16734  
License Date 8/6/2014  
Name **SCOTT, ROBERT C MD**  
Address 1 MEDICAL CENTER DR, LEBANON, NH, 03756-1000  
Specialty P  
Board Certified  
School and Year of Graduation E TENN STATE UNIVERSITY - JOHNSON CITY, TN US 2012  
Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013  
Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014  
License Expiration Date **6/30/2016**  
Remarks

License Number 13022  
License Date 3/1/2006  
Name **SCOTT, SARAH M MD**  
Address 111 JERICO RD, WESTON, MA, 02493  
Specialty IM  
Board Certified  
School and Year of Graduation UNIVERSITY OF MASSACHUSETTS, WORCESTER MA US 2003  
Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2004  
Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2006  
License Expiration Date **6/30/2008**  
Remarks

License Number	7182
License Date	8/1/1985
Name	<b>SCOTT, THOMAS B MD</b>
Address	LAKES REGION GENERAL HOSP, HIGH STLA CONIA, NH, 03246
Specialty	EM
Board Certified	EM
School and Year of Graduation	JEFFERSON MED COLL OF THOMAS JEFFERSON UNIV USA 1978
Internship and Year	UNITED HOSPITAL CTR-CLARKSBURG WV 1979
Residency and Year	UNITED HOSP CTR -CLARKSBURG WV 1981
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11677
License Date	7/3/2002
Name	<b>SCOTT, THOMAS H DO</b>
Address	PARKLAND MEDICAL CTR, ONE PARKLAND DR DERRY, NH, 03038
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF NEW ENGLAND COLL - BIDDEFORD, ME USA 1998
Internship and Year	NYCOM-UNION HOSPITAL - UNION, NJ 1999
Residency and Year	NEWARK BETH ISRAEL MEDICAL CENTER - NEWARK, NJ 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12949
License Date	11/2/2005
Name	<b>SCRIVEN, KIMBERLY A MD</b>
Address	857 MACAW CIR, VENICE, FL, 84285
Specialty	GS
Board Certified	GS
School and Year of Graduation	CASE WESTERN RESERVE UNIVERSITY, CLEVELAND OH US 1995
Internship and Year	CASE WESTERN RESERVE UNIVERSITY, CLEVELAND OH 1996
Residency and Year	WEST VIRGINIA UNIVERSITY, MORGANTOWN WV 2000
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	4819
License Date	8/20/1971
Name	<b>SCRIVEN, PETER C MD</b>
Address	, PO BOX 1514 MEREDITH, NH, 03253-1514
Specialty	R
Board Certified	
School and Year of Graduation	ST BARTHOLOMEW'S HOSPITAL LONDON 1963
Internship and Year	ROYAL BERKSHIRE HOSPITAL - READING, ENGLAND 1964
Residency and Year	UNIV HOSPITAL - EDMONTON, ALBERTA 1971
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	16688
License Date	7/2/2014
Name	<b>SCULL, MELISSA L MD</b>
Address	QUEEN CITY MED ASSOC - CATHOLIC MEDICAL CTR, 775 S MAIN ST.MANCHESTER, NH, 03102
Specialty	IM
Board Certified	
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2011
Internship and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2012
Residency and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12717
License Date	5/4/2005
Name	<b>SCULLY, EDWARD H MD</b>
Address	NASHUA AREA HEALTH CTR, 10 PROSPECT ST STE 102NASHUA, NH, 03060
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF MASS, WORCESTER MA US 1994
Internship and Year	LAWRENCE FAMILY PRACTICE, LAWRENCE MA 1995
Residency and Year	LAWRENCE FAMILY PRACTICE, LAWRENCE MA 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4912
License Date	8/31/1972
Name	<b>SCULLY, STEPHEN J MD</b>
Address	451 ANDOVER ST, N ANDOVER, MA, 01845-5044
Specialty	PS
Board Certified	PS
School and Year of Graduation	GEORGETOWN UNIV SCHOOL OF MEDICINE, WASHINGTON, DC USA 1962
Internship and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1963
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1967
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>REQUESTED INACTIVE 6/30/14 RENEWED 10/22/14</b>

License Number	17130
License Date	6/3/2015
Name	<b>SEABORG, BARBARA J MD</b>
Address	DHMC - PRIMARY CARE, 1 MEDICAL CTR DRLEBANON, NH, 03766
Specialty	IM
Board Certified	
School and Year of Graduation	VIRGINIA COMMONWEALTH UNIVERSITY USA 1990
Internship and Year	UNIVERSITY OF IOWA HOSPITALS AND CLINICS, IOWA CITY IA 1991
Residency and Year	UNIVERSITY OF IOWA HOSPITALS AND CLINICS, IOWA CITY IA 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number	7933
License Date	7/6/1988
Name	<b>SEARLE, RYAN S MD</b>
Address	CONVENIENT MD, 125 INDIAN ROCK RD WINDHAM, NH, 03087
Specialty	EM
Board Certified	
School and Year of Graduation	WEILL CORNELL UNIVERSITY USA 1972
Internship and Year	UNIVERSITY OF NC HOSPITALS - NC 1974
Residency and Year	UNIVERSITY OF UT MEDICAL CENTER - UT 1975
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>lapsed 6/30/91- reinstated 8/7/13</b>

License Number	16525
License Date	3/5/2014
Name	<b>SEAY, THOMAS M MD</b>
Address	WAYS, 13737 NOEL RD STE 1600 DALLAS, TX, 75240-1374
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF KENTUCKY COLLEGE OF MEDICINE USA 1987
Internship and Year	WILFORD HALL MEDICAL CENTER - LACKLAND AFB, TX 1988
Residency and Year	WILFORD HALL MEDICAL CENTER - LACKLAND AFB, TX 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14327
License Date	2/4/2009
Name	<b>SEBASTYAN, ANDREW J MD</b>
Address	SJ FAMILY MEDICAL CENTER, 173 DANIEL WEBSTER HWY NASHUA, NH, 03060
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF OTTAWA CANADA 1985
Internship and Year	UNIV OF OTTAWA-OTTAWA, ONTARIO CANADA 1986
Residency and Year	UNIV OF OTTAWA-OTTAWA, ONTARIO CANADA 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15813
License Date	8/1/2012
Name	<b>SEBENY, PETER J MD</b>
Address	PARKLAND PHYS SVS, 44 BIRCH ST STE 200 - ENTRANCE B DERRY, NH, 03038
Specialty	ID
Board Certified	IM
School and Year of Graduation	GEORGE WASHINGTON UNIVERSITY USA 2003
Internship and Year	WALTER REED NATIONAL MILITARY MEDICAL CENTER - BETHESDA, MA 2004
Residency and Year	WALTER REED NATIONAL MILITARY MEDICAL CENTER - BETHESDA, MA 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12222
License Date	2/4/2004
Name	<b>SEBESTYEN, CHRISTINA E MD</b>
Address	CARING PARTNERS OB/GN, 235 ROCHESTER HILL RD ROCHESTER, NH, 03867
Specialty	OBG
Board Certified	
School and Year of Graduation	UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA PA US 1999
Internship and Year	BRIGHAM & WOMENS HOSP, BOSTON MA 2000
Residency and Year	BRIGHAM & WOMENS HOSP, BOSTON MA 2003
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	10347
License Date	7/1/1998
Name	<b>SECAUR, ROBERT E MD</b>
Address	VALLEY REGIONAL MED CTR, 23 STILES RD #210 SALEM, NH, 03079
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF CINCINNATI COLL OF MED - CINCINNATI, OH USA 1971
Internship and Year	UNIV OF MICHIGAN MEDICAL CENTER - ANN ARBOR, MI 1972
Residency and Year	UNIV OF MICHIGAN MEDICAL CENTER - ANN ARBOR, MI 1974
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	12013
License Date	7/2/2003
Name	<b>SEDLACEK, MARTIN MD</b>
Address	D H M C NEPHROLOGY DIV, ONE MEDICAL CENTER DR LEBANON, NH, 03756-0001
Specialty	NEP
Board Certified	IM
School and Year of Graduation	UNIV OF BRUSSELS - BRUXELLES, BELGIUM BELGIUM 1991
Internship and Year	CABRINI MEDICAL CENTER - NEW YORK, NY 1994
Residency and Year	CABRINI MEDICAL CENTER - NEW YORK, NY 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7207
License Date	9/10/1985
Name	<b>SEE, TE MD</b>
Address	4 TROCHA ST, NASHUA, NH, 03063
Specialty	FP
Board Certified	
School and Year of Graduation	FAC OF MED AND SURG UNIV OF SANTO THOMAS PHILIPPINES 1961
Internship and Year	NORWEGIAN AMERICAN HOSPITAL- CHICAGO, IL 1976
Residency and Year	NORWEGIAN AMERICAN HOSPITAL - CHICAGO, IL 1977
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	17233
License Date	8/5/2015
Name	<b>SEEFELD, ANDREW W MD</b>
Address	3240 IRIS AVE - UNIT 106, BOULDER, CO, 80301-1969
Specialty	EM
Board Certified	
School and Year of Graduation	PA STATE UNIV COLL OF MEDICINE, HERSEY, PA USA 2005
Internship and Year	LOS ANGELES COUNTY HARBOR - UCLA MEDICAL CENTER - TORRANCE CA 2006
Residency and Year	UNIV OF CALIFORNIA LOS ANGELES MEDICAL CENTER - LOS ANGELES, CA 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11205
License Date	3/7/2001
Name	<b>SEGAL, SAMANTHA MD</b>
Address	221 MERIDEN RD, LEBANON, NH, 03766
Specialty	D
Board Certified	
School and Year of Graduation	UNIV OF CONNECTICUT -FARMINGTON, CT USA 1997
Internship and Year	YALE PRIMARY CARE PROGRAM - NEW HAVEN, CT 1998
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1999
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	13990
License Date	5/7/2008
Name	<b>SEGARCEANU, MIRUNA O MD</b>
Address	DH @ NOTRE DAME PAVILION, 87 MCGREGOR ST STE 1300MANCHESTER, NH, 03102
Specialty	N
Board Certified	N
School and Year of Graduation	UNIV DE MEDICINA SI FARMACIE CAROL DAVILE ROMANIA
Internship and Year	DANBURY HOSPITAL-DANBURY, CT 2004
Residency and Year	LONG ISLAND JEWISH MEDICAL CENTER - NEW HYDE PARK, NY 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10036
License Date	6/4/1997
Name	<b>SEGIL, JEFFREY M MD</b>
Address	DOVER WOMEN'S HEALTH PA, 700 CENTRAL AVEDOVER, NH, 03820
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	CASE WESTERN RESERVE UNIVERSITY-OH USA 1993
Internship and Year	UNIV HOSPITALS-OH 1997
Residency and Year	UNIVERSITY HOSPITALS-OH 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 3728  
 License Date 9/14/1964  
 Name **SEIBERT, DEAN J MD**  
 Address 386 MAIN ST, NORWICH, VT, 05055  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation ALBANY MEDICAL COLLEGE- NY USA 1958  
 Internship and Year ALBANY HOSPITAL 1959  
 Residency and Year ALBANY HOSPITAL 1961  
 License Expiration Date **6/30/1998**  
 Remarks

License Number 3582  
 License Date 12/19/1962  
 Name **SEIBERT, LARRY W MD**  
 Address 30 TIDEWATER FARM RD, GREENLAND, NH, 03840-  
 Specialty R  
 Board Certified R  
 School and Year of Graduation WAYNE STATE UNIV COLLEGE OF MEDICINE - DETROIT, MI USA 1956  
 Internship and Year CLEVELAND METROPOLITAN HOSPITAL - CLEVELAND, OH 1957  
 Residency and Year UNIV OF VERMONT - BURLINGTON, VT 1964  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 15325  
 License Date 7/6/2011  
 Name **SEICHEPINE, KELLY J MD**  
 Address 7 ACROPOLIS AVE, LONDONDERRY, NH, 03053  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation HARVARD MEDICAL SCHOOL USA 2008  
 Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2009  
 Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2011  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14900  
 License Date 6/2/2010  
 Name **SEIDEL, GREGORY D MD**  
 Address DHMC - DEPT OF PATHOLOGY, ONE MED CTR DRLEBANON, NH, 03756  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation UNIVERSITY OF TOLEDO USA 2000  
 Internship and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 2001  
 Residency and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 2003  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	9746
License Date	6/5/1996
Name	<b>SEIDELMANN, FRANK E DO</b>
Address	RADISPHERE NATIONAL RADIOLOGY, 3700 PARK EAST 3RD FLBEACHWOOD, OH, 44122
Specialty	DR
Board Certified	DR
School and Year of Graduation	PHILA COLLEGE OF OSTEO MED - PHILA, PA USA 1972
Internship and Year	CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 1973
Residency and Year	CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 1976
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6034
License Date	4/5/1979
Name	<b>SEIDEN, MARGARET R MD</b>
Address	NEW HAMPSHIRE HOSP, 105 PLEASANT STCONCORD, NH, 03301
Specialty	N
Board Certified	N
School and Year of Graduation	ROYAL FREE HOSPITAL SCHOOL OF MEDICINE ENGLAND 1949
Internship and Year	ROYAL FRE HOSPITAL - LONDON 1950
Residency and Year	LONDON CHEST HOSPITAL - LONDON 1951
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	11338
License Date	7/11/2001
Name	<b>SEIDNER, JOHN D MD</b>
Address	ELLIOT EMERGENCY MEDICINE SPECIALIST, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1998
Internship and Year	HEALTH PARTNERS INSTITUTE FOR MED ED 2000
Residency and Year	HEALTH PARTNERS INSTITUTE FOR MED ED 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16240
License Date	7/3/2013
Name	<b>SEIFFERT, ELLEN A MD</b>
Address	DARTMOUTH HITCHCOCK MEDICAL CENTER, ONE MEDICAL CENTER DR.LEBANON, NH, 03756
Specialty	AN
Board Certified	
School and Year of Graduation	INDIANA UNIVERSITY SCHOOL OF MEDICINE USA 2009
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4992
License Date	5/22/1973
Name	<b>SEIGEL, CHARLES J MD</b>
Address	MONADNOCK HOSP, 454 OLD STREET RDPETERBOROUGH, NH, 03458-1295
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF PITTSBURGH SCHOOL OF MEDICINE USA 1967
Internship and Year	NEWARK BETH ISRAEL MEDICAL CENTER - NEWARK, NJ 1968
Residency and Year	NEWARK BETH ISRAEL MEDICAL CENTER - NEWARK, NJ 1973
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12223
License Date	2/4/2004
Name	<b>SEIGNE, JOHN D MD</b>
Address	DHMC - UROLOGICAL SURGERY, ONE MEDICAL CENTER DRLEBANON, NH, 03756-0001
Specialty	U
Board Certified	U
School and Year of Graduation	UNIVERSITY OF DUBLIN, DUBLIN 2 IRELAND` IRELAND 1986
Internship and Year	MASS GENERAL HOSP, BOSTON MA 1989
Residency and Year	MASS GENERAL HOSP, BOSTON MA 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11721
License Date	8/7/2002
Name	<b>SEILER, ELEANOR C MD</b>
Address	ANTHEM BLUE CROSS& BLUE SHEILD, 370 BASSETT RDNORTH HAVEN, CT, 06473
Specialty	PD
Board Certified	PD
School and Year of Graduation	HAHNEMANN MED COL OF PHILADELPHIA-PHILADELPHIA,PA USA 1972
Internship and Year	BAYSTATE MEDICAL CENTER-SPRINGFIELD,MA 1973
Residency and Year	BAYSTATE MEDICAL CENTER- SPRINGFIELD,MA 1978
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	15266
License Date	6/1/2011
Name	<b>SEIXAS-MIKELUS, STEFANIE A MD</b>
Address	ANDOVER UROLOGY, 140 HAVERHILL ST, DOCTORS PARK IANDOVER, MA, 01810
Specialty	U
Board Certified	U
School and Year of Graduation	TUFTS UNIVERSITY USA 2003
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2004
Residency and Year	SUNY @ BUFFALO - BUFFALO, NY 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13413
License Date	2/7/2007
Name	<b>SEKHON, HARMANJATINDER S MD</b>
Address	4610 119 PL SE, EVERETT, WA, 98208
Specialty	PTH
Board Certified	
School and Year of Graduation	MAGADH UNIV INDIA 1982
Internship and Year	OREGON HEALTH SCIENCES UNIV - PORTLAND, OR 2002
Residency and Year	OREGON HEALTH SCIENCES UNIV - PORTLAND, OR 2004
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	8277
License Date	2/7/1990
Name	<b>SEKKAL, ABOU-EL-KACEM MD</b>
Address	ST LUKES MED CTR, 7 PAGE HILL RDBERLIN, NH, 03570
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV D'ALGER FACUALTY MEDICAL & PHARMACY ALGERIA 1976
Internship and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1980
Residency and Year	BRIDGEPORT HOSPITAL - BRIDGEPORT, CT 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6606
License Date	8/12/1982
Name	<b>SELBST, RICHARD G MD</b>
Address	MANCHESTER VA, 718 SMYTH RDMANCHESTER, NH, 03104
Specialty	N
Board Certified	N
School and Year of Graduation	TEMPLE UNIV SCHOOL MED PHILADELPHIA, PA USA 1977
Internship and Year	JACKSON MEMORIAL HOSPITAL - MIAMI, FL 1978
Residency and Year	JACKSON MEMORIAL HOSPITAL - MIAMI, FL 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9955
License Date	3/5/1997
Name	<b>SELDIN, DAVID W MD</b>
Address	41 MALL RD, BURLINGTON, MA, 01805
Specialty	NM
Board Certified	NM
School and Year of Graduation	NEW YORK UNIV SCH OF MEDICINE USA 1975
Internship and Year	NEW YORK MEDICAL CTR- NY 1978
Residency and Year	NEW YORK MEDICAL CTR- NY 1979
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number 6231  
 License Date 6/26/1980  
 Name **SELESNICK, MARK H MD**  
 Address HARBOR MEDICAL ASSOC, 28 RIVERSIDE DRPEMBROKE, MA, 02359  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation MICHIGAN STATE UNIV COLLEGE OF HUMAN MED LANSING USA 1977  
 Internship and Year MALDEN HOSPITAL - MALDEN, MA 1978  
 Residency and Year U MSS COORDINATED PROGRAM - WORCESTER, MA 1980  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10917  
 License Date 5/3/2000  
 Name **SELIG, YOOKYUNG K MD**  
 Address NEW ENGLAND EAR NOSE & THROAT/FACIAL PLASTIC SURG, 198 MASSACHUSETTS AVE STE 103NO  
 Specialty OTO  
 Board Certified OTO  
 School and Year of Graduation JOHN HOPKINS UNIVERSITY SCHOOL OF MED-BALTIMORE,MD USA 1995  
 Internship and Year NEW ENGLAND MEDICAL CTR-BOSTON,MA 1996  
 Residency and Year NEW ENGLAND MEDICAL CTR-BOSTON,MA 2000  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 5244  
 License Date 9/12/1974  
 Name **SELIKOWITZ, STUART M MD**  
 Address PO BOX 1187, WHITE RIVER JCT, VT, 05001-1187  
 Specialty U  
 Board Certified U  
 School and Year of Graduation STATE UNIV OF NY USA 1963  
 Internship and Year COOK COUNTY HOSPITAL - CHICAGO, IL 1963  
 Residency and Year UNIV OF OREGON MEDICAL SCHOOL - PORTLAND, OR 1971  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 11936  
 License Date 5/7/2003  
 Name **SELLECK, MEREDITH J MD**  
 Address NH ONCOLOGY-HEMOTOLOGY, 200 TECHNOLOGY DRHOOKSETT, NH, 03106  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation NEW YORK MEDICAL COLLEGE - VALHALLA, NY USA 1997  
 Internship and Year NEW YORK PRESBYTERIAN MEDICAL CENTER - NEW YORK, NY 1998  
 Residency and Year NEW YORK PRESBYTERIAN MEDICAL CENTER - NEW YORK, NY 2000  
 License Expiration Date **6/30/2017**  
 Remarks



License Number	11976
License Date	6/4/2003
Name	<b>SELLECK, WILLIAM A MD</b>
Address	MANCHESTER UROLOGY, 4 ELLIOT WAY STE 200MANCHESTER, NH, 03103
Specialty	U
Board Certified	U
School and Year of Graduation	NEW YORK MEDICAL COLLEGE - VALHALLA NY USA 1997
Internship and Year	MT SINAI MEDICAL CENTER - NEW YORK NY 1998
Residency and Year	MT SINAI MEDICAL CENTER - NEW YORK NY 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12277
License Date	4/7/2004
Name	<b>SELTZER, MARC A MD</b>
Address	DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	NM
Board Certified	NM
School and Year of Graduation	YALE UNIVERSITY, NEW HAVEN CT US 1991
Internship and Year	UNIVERSITY OF CALIFORNIA, SAN FRANCISCO CA 1992
Residency and Year	UNIVERSITY OF CALIFORNIA, SAN FRANCISCO CA 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16327
License Date	9/4/2013
Name	<b>SEMAAN, ELIE S MD</b>
Address	NYC SURGICAL, 555 PASSAIC AVE #10WEST CALDWELL, NJ, 07006
Specialty	GS
Board Certified	
School and Year of Graduation	ST GEORGES UNIVERSITY GRENADA 2002
Internship and Year	MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 2003
Residency and Year	MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8425
License Date	8/8/1990
Name	<b>SEMAN JR, LEO J MD</b>
Address	NEW ENGLAND MEDICAL CTR, 750 WASHINGTON STBOSTON, MA, 02111
Specialty	END
Board Certified	
School and Year of Graduation	DALHOUSE UNIV FAC OF MED-CANADA CANADA 1987
Internship and Year	DALHOUSIE UNIV FAC DE MED-HALIFAX NS CANADA 1988
Residency and Year	NORTH CAROLINA BAPTIST HOSP-WINSTON-SALEM,NC 1989
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	10222
License Date	1/7/1998
Name	<b>SEMMES III, BENEDICT J MD</b>
Address	MERCY HOSP-EMERGENCY MED, 144 STATE STPORTLAND, ME, 04101
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF CINCINNATI COLL OF MED -CINCINNATI,OH USA 1978
Internship and Year	ST VINCENT'S HOSPITAL -NY 1979
Residency and Year	ST LUKES- ROOSEVELT - NY 1981
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>lapsed for non-renewal 6/30/04...</b> <b>Reinstated on 10/4/06</b>

License Number	12405
License Date	7/7/2004
Name	<b>SENGUPTA, DILIP K MD</b>
Address	DHMC-ORTHO-THE SPINE CENTER, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	ORS
Board Certified	
School and Year of Graduation	UNIVERSITY OF CALCUTTA - WEST BENGAL INDIA INDIA 1981
Internship and Year	TEXAS BACK INSTITUTE - PLANO, TX 1998
Residency and Year	WILLIAM BEAUMONT HOSPITAL - ROYAL OAK, MI 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13991
License Date	5/7/2008
Name	<b>SENGUPTA, PAPIYA MD</b>
Address	METROPOLITAN ANESTHESIA LLC, 585 LEBANON STMELROSE, MA, 02176
Specialty	AN
Board Certified	
School and Year of Graduation	UNIV OF CALCUTTA INDIA 1984
Internship and Year	CARITAS ST ELIZABETHS CENTER-BOSTON,MA 2005
Residency and Year	CARITAS ST ELIZABETHS CENTER-BOSTON,MA 2007
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	14908
License Date	6/2/2010
Name	<b>SENS, ASHLEY E MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	PD
Board Certified	
School and Year of Graduation	UNIVERSITY OF IOWA USA 2007
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	9846
License Date	9/4/1996
Name	<b>SENTY, LYNNE M DO</b>
Address	COMPHEALTH, 4021 S 700 ESALT LAKE CITY, UT, 84107-
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV STEO MED & HLTH SCI COLL OSTEO MED DES MOINES USA 1989
Internship and Year	CENTRAL MAINE MEDICAL CENTER - ME 1992
Residency and Year	CENTRAL MAINE MEDICAL CENTER - ME 1992
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	13930
License Date	4/2/2008
Name	<b>SEPIC, JEROME MD</b>
Address	PO BOX 990997, BOSTON, MA, 02199
Specialty	PS
Board Certified	GS
School and Year of Graduation	VIRGINIA COMMONWEALTH UNIV USA 1998
Internship and Year	BRIGHAM AND WOMEN'S HOSPITAL - BOSTON, MA 1999
Residency and Year	BRIGHAM AND WOMEN'S HOSPITAL - BOSTON, MA 2000
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	16957
License Date	2/4/2015
Name	<b>SERAFINI, SARAH B MD</b>
Address	260 CRESCENT RD, BURLINGTON, VT, 05401
Specialty	EM
Board Certified	EM
School and Year of Graduation	WEST VIRGINIA UNIV SCHOOL OF MEDICINE USA 2006
Internship and Year	UNIVERSITY OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 2007
Residency and Year	UNIVERSITY OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9596
License Date	12/4/1995
Name	<b>SEREDOWYCH, MARK G MD</b>
Address	92 FAIRFIELD ST, ST ALBAUS, VT, 05478
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV AUTO DE GUADALAJARA, FAC MED, GUADALAJARA MEXICO 1982
Internship and Year	ELMHURST HOSPITAL CENTER - ELMHURST, NY 1984
Residency and Year	ELMHURST HOSPITAL CENTER- ELMHURST, NY 1986
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	15731
License Date	6/6/2012
Name	<b>SERRA, MARIAN E MD</b>
Address	MEDICAL REVIEW INSTITUTE, 2875 S DECKER LAKE DR #300SALT LAKE CITY, UT, 84119
Specialty	EM
Board Certified	EM
School and Year of Graduation	MT SINAI SCHOOL OF MEDICINE USA 1981
Internship and Year	EMORY UNIVERSITY SCHOOL OF MEDICINE - ATLANTA, GA 1982
Residency and Year	EMORY UNIVERSITY SCHOOL OF MEDICINE - ATLANTA, GA 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11007
License Date	7/5/2000
Name	<b>SERRA, STEVEN J MD</b>
Address	OCCUPATIONAL HEALTH & REHAB, 29 RIVERSIDE DR STE A&BNASHUA, NH, 03062
Specialty	OM
Board Certified	OM
School and Year of Graduation	SABA UNIV SCH OF MED - SABA NETHERLANDS NETHERLANDS 1997
Internship and Year	MERCY HOSPITAL AND MEDICAL CENTER - CHICAGO, IL 1998
Residency and Year	UNIV OF UTAH HEALTH SCI CENTER - SALT LAKE CITY, UT 1999
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	13356
License Date	12/6/2006
Name	<b>SERRANO II, FELICIANO A MD</b>
Address	268 MAIN ST, NASHUA, NH, 03060
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF SO CALIFORNIA USA 2002
Internship and Year	WHITE MEMORIAL MEDICAL CTR-LOS ANGELES, CA 2003
Residency and Year	WHITE MEMORIAL MEDICAL CTR-LOS ANGELES, CA 2004
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	9592
License Date	11/1/1995
Name	<b>SERRO, ROBERT J MD</b>
Address	FARNUM REHAB CTR AT CHESHIRE, 580 COURT STKEENE, NH, 03431-
Specialty	PM
Board Certified	PM
School and Year of Graduation	-UMDNJ ROBT W JOHNSON MED SCH, PISCATAWAY NJ USA 1988
Internship and Year	UMDNJ-R W JOHNSON MED SCH PISCATAWAY NJ 1989
Residency and Year	NEW ENGLAND MEDICAL CENTER HOSPITAL BOSTON, MA 1992
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number 14178  
 License Date 9/3/2008  
 Name **SESSELBERG, HENRY W MD**  
 Address MMP - MAINEHEALTH CARDIOLOGY, 96 CAMPUS DR, STE 1SCARBOROUGH, ME, 04074  
 Specialty CD  
 Board Certified CD  
 School and Year of Graduation UNIV OF CONNECTICUT USA 1998  
 Internship and Year UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1999  
 Residency and Year UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2002  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12555  
 License Date 12/1/2004  
 Name **SESTOKAS, ONILE V MD**  
 Address NEUROMONITORING MED SERVICES, 15 CHRISTINE LN MEDIA, PA, 19063  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation BOSTON UNIVERSITY, BOSTON MA US 1979  
 Internship and Year CARNEY HOSPITAL, BOSTON MA 1980  
 Residency and Year VETERANS ADMINISTRATION MED CTR, WEST ROXBURY MA 1983  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 14328  
 License Date 2/4/2009  
 Name **SETH, VINOD K MD**  
 Address 1800 MULBERRY ST, SCRANTON, PA, 18510  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation RAJASTHAN UNIVERSITY INDIA 1970  
 Internship and Year ADVOCATE ILLINOIS MASONIC MEDICAL CENTER-CHICAGO, IL 1972  
 Residency and Year WASHINGTON UNIV - ST LOUIS, MO 1974  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 14047  
 License Date 6/4/2008  
 Name **SETHI, HARNEET S MD**  
 Address CHESHIRE MED CTR/DH-KEENE, 580 COURT ST KEENE, NH, 03431  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation MCP HAHNEMANN SCHOOL OF MEDICINE-ALLEGHENY USA 2001  
 Internship and Year HAHNEMANN UNIV HOSPITAL-PHILADELPHIA, PA 2002  
 Residency and Year HAHNEMANN UNIV HOSPITAL-PHILADELPHIA, PA 2004  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	16386
License Date	11/6/2013
Name	<b>SETHI, KANWARDEEP S MD</b>
Address	GENESIS BEHAVIORAL HEALTH, 111 CHURCH ST LACONIA, NH, 03246
Specialty	P
Board Certified	
School and Year of Graduation	MATA GUJRI MEMORIAL MEDICAL COLLEGE INDIA 2004
Internship and Year	BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 2011
Residency and Year	BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13304
License Date	10/4/2006
Name	<b>SETNIK, LON J MD</b>
Address	CONCORD HOSP, 250 PLEASANT ST CONCORD, NH, 03301
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF MASSACHUSETTS USA 2002
Internship and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2003
Residency and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7237
License Date	12/5/1985
Name	<b>SEVERINGHAUS, JOHN M MD</b>
Address	, PO BOX 234 NORWICH, VT, 05055-0234
Specialty	IM
Board Certified	IM
School and Year of Graduation	COLUMBIA UNIV COLL OF PHYSICIANS,SURGENONS, NY USA 1972
Internship and Year	ST LUKES-ROOSEVELT HOSPITAL CENTER, NY 1973
Residency and Year	ST LUKES-ROOSEVELT HOSPITAL CENTER, NY 1974
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10005
License Date	5/7/1997
Name	<b>SEVERSON, KAREN J MD</b>
Address	405 DANIELLE RUN, FLORENCE, SC, 29505
Specialty	PYG
Board Certified	P
School and Year of Graduation	UNIV OF CT SCH MED-FARMINGTON,CT USA 1992
Internship and Year	BUTLER HOSP-RI 1996
Residency and Year	LONG ISLAND JEWISH MED CTR-NY 1997
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	4226
License Date	4/16/1968
Name	<b>SEVILLA, OSCAR P MD</b>
Address	1890 LIONS RIDGE LOOP C-8, VAIL, CO, 81657
Specialty	OTO
Board Certified	
School and Year of Graduation	SANTO TOMAS - MANILA, PHILIPPINES PHILIPPINES 1961
Internship and Year	THE MALDEN HOSPITAL - MALDEN, MA 1964
Residency and Year	THE LONG ISLAND JEWISH HOSPITAL - JAMAICA, NY 1967
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	10190
License Date	12/3/1997
Name	<b>SEVIOUR, EOIN P MD</b>
Address	HUDSON MEDICAL ASSOCIATES, 290 DERRY RDHUDSON, NH, 03051
Specialty	FP
Board Certified	FP
School and Year of Graduation	MEMORIAL UNIV OF NEWFOUNDLAND CANADA 1992
Internship and Year	MC GILL UNIV - CANADA 1994
Residency and Year	MC GILL UNIV - CANADA 1994
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	15772
License Date	7/11/2012
Name	<b>SEWARD, PAUL N MD</b>
Address	36 MUIRFIELD DR, STRATHAM, NH, 03885
Specialty	EM
Board Certified	
School and Year of Graduation	HARVARD MEDICAL SCHOOL - BOSTON MA USA 1968
Internship and Year	UNIVERSITY OF CALIFORNIA - SAN FRANCISCO, 94143-0110 1969
Residency and Year	UNIVERSITY OF CALIFORNIA - SAN FRANCISCO, 94143-0110 1970
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10542
License Date	4/7/1999
Name	<b>SEYMOUR, GREGORY P MD</b>
Address	HITCHCOCK CLINIC KEENE, 590 COURT STKEENE, NH, 03431
Specialty	D
Board Certified	D
School and Year of Graduation	STATE UNIV OF NY AT STONEY BROOK, NY USA 1995
Internship and Year	SUNY AT STONY BROOK HLTH SCI CTR - STONY BROOK, NY 1996
Residency and Year	SUNY AT STONY BROOK HLTH SCI CTR - STONY BROOK, NY 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15139
License Date	2/2/2011
Name	<b>SEYMOUR, PETER E MD</b>
Address	1 WALLACE BASHAW JR WAY #3002, NEWBURYPORT, MA, 01950
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 2003
Internship and Year	THOMAS JEFFERSON UNIVERSITY - PHILADELPHIA, PA 2004
Residency and Year	THOMAS JEFFERSON UNIVERSITY - PHILADELPHIA, PA 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6649
License Date	1/6/1983
Name	<b>SEYMOUR, PHILIP D MD</b>
Address	, PO BOX 70RANDOLPH, VT, 05060
Specialty	AN
Board Certified	AN
School and Year of Graduation	BOSOTN UNIV SCH MED -BOSTON,MA USA 1959
Internship and Year	SALEM HOSP-SALEM,MA 1960
Residency and Year	UNIV HOSP,BOSTON,MA 1963
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	15641
License Date	4/4/2012
Name	<b>SEYMOUR, ROBERT L MD</b>
Address	3102 COVE VIEW BLVD #B203, GALVESTON, TX, 77554
Specialty	PTH
Board Certified	
School and Year of Graduation	GEORGIA HEALTH SCIENCES UNIVERSITY USA 2004
Internship and Year	VANDERBILT UNIVERSITY MEDICAL CENTER - NASHVILLE, TN 2005
Residency and Year	VANDERBILT UNIVERSITY MEDICAL CENTER - NASHVILLE, TN 2008
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	12278
License Date	4/7/2004
Name	<b>SFAXI, MOHAMED MD</b>
Address	VRC, 5995 OPUS PKWY STE 200MINNETONKA, MN, 55343
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF REIMS, REIMS CEDEX FRANCE REIMS FRANCE 1995
Internship and Year	WAYNE STATE UNIVERSITY, DETROIT MI 1997
Residency and Year	WAYNE STATE UNIVERSITY, DETROIT ME 2000
License Expiration Date	<b>6/30/2010</b>
Remarks	



License Number 12609  
 License Date 2/2/2005  
 Name **SGRO, JOSEPH A MD**  
 Address ALACRON INC, 71 SPIT BROOK RD STE 200 NASHUA, NH, 03060  
 Specialty N  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF MIAMI, MIAMI FL US 1980  
 Internship and Year UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL NC 1981  
 Residency and Year NEW YORK AND PRESBYTERIAN HOSP, NEW YORK NY 1984  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16878  
 License Date 12/3/2014  
 Name **SHACKET, HEATHER MD**  
 Address DHMC, 1 MED CTR DR LEBANON, NH, 03756  
 Specialty P  
 Board Certified  
 School and Year of Graduation AMERICAN UNIV OF THE CARIBBEAN SAINT MAARTEN 2011  
 Internship and Year KERN MEDICAL CENTER - BAKERSFIELD, CA 2012  
 Residency and Year KERN MEDICAL CENTER - BAKERSFIELD, CA 2014  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14642  
 License Date 10/7/2009  
 Name **SHADZEKA, EDWIN MD**  
 Address 4314 RUSTLING LEAVES TER, BOWIE, MD, 20716  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITE DE YAOUNDE I CAMEROON 2000  
 Internship and Year MARYLAND GENERAL HOSPITAL-BALTIMORE, MD 2005  
 Residency and Year METROPOLITAN HOSPITAL CENTER - NY, NY 2007  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14977  
 License Date 8/4/2010  
 Name **SHAFEH, REEM I MD**  
 Address INTERNAL MEDICINE ASSOC OF NASHUA, 280 MAIN ST., STE 210 NASHUA, NH, 03060  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF ALEXANDRIA EGYPT 2000  
 Internship and Year BROOKDALE UNIVERSITY HOSPITAL & MEDICAL CENTER - BROOKLYN, NY 2002  
 Residency and Year SUNY UPSTATE MEDICAL UNIVERSITY - SYRACUSE, NY 2004  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	13329
License Date	11/1/2006
Name	<b>SHAHER, HEATHER I MD</b>
Address	DARTMOUTH HITCHCOCK-KEENE, 580-590 COURT STKEENE, NH, 03431
Specialty	FP
Board Certified	FP
School and Year of Graduation	LOMA LINDA UNIVERSITY, LOMA LINDA CA US 2003
Internship and Year	MAYO GRADUATE SCHOOL OF MED, ROCHESTER MN 2004
Residency and Year	MAYO GRADUATE SCHOOL OF MED, ROCHESTER MN 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12679
License Date	4/6/2005
Name	<b>SHAFFREY, JULIE K MD</b>
Address	VITUAL RADIOLOGIC PROFESSIONAL, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	JOHN HOPKINS UNIVERSITY, BALTIMORE MD US 1995
Internship and Year	SINAI HOSPITAL, BALTIMORE MD 1996
Residency and Year	JOHN HOPKINS HOSPITAL, BALTIMORE MD 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9747
License Date	6/5/1996
Name	<b>SHAFIQUE, TAJAMMUL MD</b>
Address	VILLAGE WEST, PO BOX 7133GILFORD, NH, 03247-
Specialty	GS
Board Certified	GS
School and Year of Graduation	KING EDWARD MEDICAL COLLEGE UNIV OF PUNJAB, PAHORE PAKISTAN 1983
Internship and Year	BETH ISRAEL HOSP - BOSTON, MA 1993
Residency and Year	UNIV OF MISSOURI KANSAS CITY SCHOOL OF MEDICINE 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11187
License Date	2/7/2001
Name	<b>SHAFIR, GLENN J MD</b>
Address	419 EAST MAIN STREET, MIDDLETOWN, NY, 10940
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF MED & DENTISTRY OF NJ - NEWARK, NJ USA 1986
Internship and Year	ST LUKES-ROOSEVELT HOSPITAL CENTER - NEW YORK, NY 1987
Residency and Year	ST LUKES-ROOSEVELT HOSPITAL CENTER - NEW YORK, NY 1989
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number 2530  
 License Date 11/2/1946  
 Name **SHAGOURY, CHARLES J MD**  
 Address 2 CRICKET HILL RD BOX 567, WOLFEBORO, NH, 03894  
 Specialty R  
 Board Certified R  
 School and Year of Graduation BOSTON UNIVERSITY USA 1943  
 Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1944  
 Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1944  
 License Expiration Date **6/30/2008**  
 Remarks **DECEASED 12/3/2014**

License Number 15236  
 License Date 5/4/2011  
 Name **SHAH, ANIMESH C MD**  
 Address VIRTUAL RADIOLOGIC, 1195 SINGLETREE LN STE 500 EDEN PRAIRIE, MN, 55344  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation SHIVAJI UNIVERSITY INDIA 1971  
 Internship and Year NORWALK HOSPITAL - NORWALK, CT 1974  
 Residency and Year SAINT VINCENTS MEDICAL CENTER - BRIDGEPORT, CT 1977  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 13330  
 License Date 11/1/2006  
 Name **SHAH, ANURADHA P MD**  
 Address ST JOSEPH HOSPITAL, 172 KINSLEY ST NASHUA, NH, 03061  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation AL-AMEEN MEDICAL COLLEGE, KARNATAKA INDIA INDIA 1999  
 Internship and Year ST FRANCIS HOSPITAL, EVANSTON IL 2002  
 Residency and Year ST FRANCIS HOSPITAL, EVANSTON IL 2003  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13181  
 License Date 7/5/2006  
 Name **SHAH, APARNA D MD**  
 Address BRIGHAM & WOMENS HOSPITAL, 75 FRANCIS ST BOSTON, MA, 02115  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIV OF MICHIGAN USA 2000  
 Internship and Year BRIGHAM & WOMENS HOSPITAL-BOSTON, MA 2001  
 Residency and Year BRIGHAM & WOMENS HOSPITAL-BOSTON, MA 2004  
 License Expiration Date **6/30/2008**  
 Remarks

License Number	12515
License Date	10/6/2004
Name	<b>SHAH, ARCHANA S MD</b>
Address	451 NO ANDOVER ST, ANDOVER, MA, 01845
Specialty	FP
Board Certified	FP
School and Year of Graduation	VALODARA UNIVERSITY, BARODA GUJARAT INDIA INDIA 1993
Internship and Year	RUSH-COPLEY FAMILY PRACTICE CTR, AURORA IL 1998
Residency and Year	RUSH-COPLEY FAMILY PRACTICE CTR, AURORA IL 2000
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	6650
License Date	1/6/1983
Name	<b>SHAH, ASHOK A MD</b>
Address	161 ROCHESTER HILL RD, ROCHESTER, NH, 03867-1728
Specialty	A
Board Certified	A
School and Year of Graduation	TOPIWALA NAT'L MED COLL-BOMBAY BOMBAY 1974
Internship and Year	UNIV MED CTR-LAYFAYETTEE,LA 1978
Residency and Year	LA STATE UNIV MED CTR-NEW ORLEANS 1979
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13689
License Date	9/5/2007
Name	<b>SHAH, BHAVISH J MD</b>
Address	85 SPRING ST, LACONIA, NH, 03246
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF TENNESSEE USA 2001
Internship and Year	DETROIT MEDICAL CENTER WAYNE STATE UNIV - DETROIT, MI 2002
Residency and Year	DETROIT MEDICAL CENTER WAYNE STATE UNIV - DETROIT, MI 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10223
License Date	1/7/1998
Name	<b>SHAH, JASMINE A MD</b>
Address	HITCHCOCK CLINIC, 253 PLEASANT STCONCORD, NH, 03301
Specialty	IM
Board Certified	IM
School and Year of Graduation	GRANT MEDICAL COLL UNIV OF BOMBAY - INDIA INDIA 1984
Internship and Year	ILLINOIS MASONIC MEDICAL CENTER - IL 1995
Residency and Year	ILLINOIS MASONIC MEDICAL CENTER - IL 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 13078  
 License Date 5/3/2006  
 Name **SHAH, MANZOOR A MD**  
 Address 18639 PERKINS RD UNIT#33, PRAIRIEVILLE, LA, 70769  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation KASHMIR UNIV INDIA 1980  
 Internship and Year MERCY CATHOLIC MEDICAL CTR-DARBY PA 2004  
 Residency and Year MERCY CATHOLIC MEDICAL CENTER-DARBY PA 2006  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 11882  
 License Date 4/2/2003  
 Name **SHAH, PRERAK D MD**  
 Address ANDOVER EAR NOSE THROAT, 198 MASSACHUSETTS AVENUE ANDOVER, MA, 01845  
 Specialty OTO  
 Board Certified OT  
 School and Year of Graduation UNIV OF FLORIDA - GAINESVILLE, FL USA 1996  
 Internship and Year CHILDRENS MEMORIAL HOSPITAL - CHICAGO, IL 1997  
 Residency and Year CHILDRENS MEMORIAL HOSPITAL - CHICAGO, IL 1998  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15326  
 License Date 7/6/2011  
 Name **SHAH, RAJIV R DO**  
 Address IMAGING ONCALL, 695 DUTCHESS TPKE #105POUGHKEEPSIE, NY, 12603  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation MICHIGAN STATE UNIVERSITY USA 2000  
 Internship and Year ST FRANCIS MEDICAL CENTER - PITTSBURGH, PA 2002  
 Residency and Year UNIVERSITY OF PITTSBURGH MEDICAL CENTER - PITTSBURGH, PA 2005  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 16461  
 License Date 1/8/2014  
 Name **SHAH, RAJVEE M MD**  
 Address RAYS, 13737 NOEL RD STE 1600DALLAS, TX, 75240  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation UNIVERSITY OF MISSOURI USA 2002  
 Internship and Year UNIVERSITY OF MISSOURI-KANSAS CITY SCHOOL OF MEDICINE - KANSAS CITY, MO 2003  
 Residency and Year UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER - SAN ANTONIO, TX 2007  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	14269
License Date	12/3/2008
Name	<b>SHAH, RUTA M MD</b>
Address	NORTHSHORE PHYS-INFECTIOUS DISEASE, 55 HIGHLAND AVE STE 102SALEM, MA, 01970
Specialty	IM
Board Certified	IM
School and Year of Graduation	NEW YORK MEDICAL COLLEGE USA 2003
Internship and Year	YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2004
Residency and Year	YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14572
License Date	8/5/2009
Name	<b>SHAH, SHRADHA P MD</b>
Address	1851 14TH AVE, SAN FRANCISCO, CA, 94122
Specialty	EM
Board Certified	EM
School and Year of Graduation	WAYNE STATE UNIVERSITY USA 2005
Internship and Year	WAYNE STATE UNIVERSITY DETROIT MEDICAL CENTER - DETROIT, MI 2006
Residency and Year	WAYNE STATE UNIVERSITY DETROIT MEDICAL CENTER - DETROIT, MI 2008
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	16427
License Date	12/4/2013
Name	<b>SHAH, SONALI M MD</b>
Address	THE CENTER FOR CANCER CARE AT EXETER HOSPITAL, 5 ALUMNI DREXETER, NH, 03833
Specialty	IM
Board Certified	IM
School and Year of Graduation	HARVARD MEDICAL SCHOOL - BOSTON MA USA 2008
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON MA 2009
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON MA 2010
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15552
License Date	2/1/2012
Name	<b>SHAH, SUJAL S MD</b>
Address	611 HOLT AVE, MANCHESTER, NH, 03109
Specialty	IM
Board Certified	IM
School and Year of Graduation	RUSH MEDICAL COLLEGE USA 2002
Internship and Year	TULANE UNIVERSITY SCHOOL OF MEDICINE - NEW ORLEANS, LA 2003
Residency and Year	TULANE UNIVERSITY SCHOOL OF MEDICINE - NEW ORLEANS, LA 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14602
License Date	9/2/2009
Name	<b>SHAH, VIKRAM N MD</b>
Address	CIGNA, 10490 LITTLE PATUXENT PKWY 4TH FLOORCOLUMBIA, MD, 21044
Specialty	P
Board Certified	P
School and Year of Graduation	LOKMANYA TILAK MUNICIPAL MEDICAL COLLEGE INDIA 1993
Internship and Year	MT SINAI SCHOOL OF MEDICINE-ELMHURST HOSPITAL CENTER - ELMHURST, NY 1995
Residency and Year	UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE - CINCINNATI, OH 1997
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	12819
License Date	7/6/2005
Name	<b>SHAHIN, KHALIL F MD</b>
Address	PO BOX 37, TOPSFIELD, MA, 01983
Specialty	FP
Board Certified	FP
School and Year of Graduation	SEMMELWEIS UNIVERSITY, BUDAPEST HUNGARY 2001
Internship and Year	WILLIAMSPORT HOSPITAL, WILLIAMSPORT PA 2004
Residency and Year	WILLIAMSPORT HOSPITAL, WILLIAMSPORT PA 2005
License Expiration Date	<b>6/30/2015</b>
Remarks	10/13/09 - Settlement Agreement

License Number	16526
License Date	3/5/2014
Name	<b>SHAHU KHAL, RAVI MD</b>
Address	HOSPITALIST PROGRAM - LRG HEALTHCARE, 80 HIGHLAND STLA CONIA, NH, 03246
Specialty	IM
Board Certified	
School and Year of Graduation	TRIBHUVAN UNIVERSITY-MAHARAJGUNJ KATHMANDU NEPAL 2009
Internship and Year	QUEENS HOSPITAL CENTER-JAMAICA, NY 2012
Residency and Year	QUEENS HOSPITAL CENTER-JAMAICA, NY 2013
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15732
License Date	6/6/2012
Name	<b>SHAIRS, MICHAEL S DO</b>
Address	SOUTH BAY MENTAL HEALTH, 360 MERRIMACK STLA WRENCE, MA, 03840
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND USA 2007
Internship and Year	ST SLIZABETHS MEDICAL CENTER - BOSTON, MA 2008
Residency and Year	ST SLIZABETHS MEDICAL CENTER - BOSTON, MA 2011
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 3548  
 License Date 9/12/1962  
 Name **SHAKA, GEORGE J MD**  
 Address 33 MCALLISTER RD, BEDFORD, NH, 03110-5327  
 Specialty P  
 Board Certified  
 School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1960  
 Internship and Year BOSTON CITY HOSPITAL- BOSTON,MA 1961  
 Residency and Year BOSTON CITY HOSPITAL- BOSTON, MA 1961  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 8902  
 License Date 3/3/1993  
 Name **SHAKER JR, GEORGE J MD**  
 Address 250 RIVER RD, MANCHESTER, NH, 03104-  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE USA 1989  
 Internship and Year ST MARY'S HOSPITAL - ROCHESTER NY 1990  
 Residency and Year UNIVERSITY OF CHICAGO HOSPITALS - CHICAGO IL 1993  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12538  
 License Date 11/3/2004  
 Name **SHAKER, MARCUS S MD**  
 Address DHMC - SECTION OF ALLERGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty AI  
 Board Certified AI  
 School and Year of Graduation UNIVERSITY OF VIRGINIA, CHARLOTTESVILLE VA US 1998  
 Internship and Year UNIVERSITY OF VIRGINIA, CHARLOTTESVILLE VA 1999  
 Residency and Year UNIVERSITY OF VIRGINIA, CHARLOTTESVILLE VA 2003  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 17080  
 License Date 5/6/2015  
 Name **SHAKHAU, ALIAKSANDR MD**  
 Address NHH, 36 CLINTON STCONCORD, NH, 03301  
 Specialty P  
 Board Certified  
 School and Year of Graduation VITEBSK MEDICAL INSTITUTE BELARUS 1999  
 Internship and Year ST LOUIS UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS, MO 2013  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2015  
 License Expiration Date **6/30/2017**  
 Remarks



License Number 13182  
 License Date 7/5/2006  
 Name **SHAMANSKY, ERIC M MD**  
 Address PLYMOUTH PEDIATRICS, 71 HIGHLAND STPLYMOUTH, NH, 03264  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation MEDICAL COLLEGE OF WISCONSIN USA 2003  
 Internship and Year CHILDRENS HOSPITAL @ DARTMOUTH-LEBANON, NH 2006  
 Residency and Year CHILDRENS HOSPITAL @ DARTMOUTH-LEBANON, NH 2006  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 17081  
 License Date 5/6/2015  
 Name **SHAMMA, HASSAN N MD**  
 Address AMERICAN DERMATOPATHOLOGY LABORATORY, 210A E SPRING VALLEY RDCENTERVILLE, OH, 454  
 Specialty D  
 Board Certified D  
 School and Year of Graduation AMERICAN UNIVERSITY OF BEIRUT LEBANON 1990  
 Internship and Year HOSPITAL OF SAINT RAPHAEL - NEW HAVEN, CT 1991  
 Residency and Year UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1995  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15493  
 License Date 12/7/2011  
 Name **SHAMSHAD, FAISAL MD**  
 Address WENTWORTH DOUGLASS HOSP-CARDIOLOGY GROUP, 789 CENTRAL AVEDOVER, NH, 03820  
 Specialty IC  
 Board Certified IC  
 School and Year of Graduation AGA KHAN MEDICAL COLLEGE PAKISTAN 1990  
 Internship and Year UMDNJ NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 1993  
 Residency and Year UMDNJ NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 1995  
 License Expiration Date **6/30/2017**  
 Remarks **lapsed 6/30/13 - reinstated 1/21/15**

License Number 16428  
 License Date 12/4/2013  
 Name **SHANAFELT, TAIT D MD**  
 Address MAYO CLINIC, 200 1ST ST SWROCHESTER, MN, 55905  
 Specialty ON  
 Board Certified ON  
 School and Year of Graduation UNIVERSITY OF COLORADO SCHOOL OF MEDICINE - DENVER USA 1998  
 Internship and Year UNIVERSITY OF WASHINGTON MEDICAL CENTER - SEATTLE WA 2001  
 Residency and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER MN 2005  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14819  
 License Date 4/7/2010  
 Name **SHANAHAN, CATHERINE MD**  
 Address FAMILY HEALTH & WELLNESS CTR, 188 RT 101BEDFORD, NH, 03110  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF MED & DENTISTRY NJ R W JOHNSON MED SCHOOL USA 1994  
 Internship and Year UNIVERSITY OF ARIZONA - TUCSON, AZ 1995  
 Residency and Year UNIVERSITY OF ARIZONA - TUCSON, AZ 1997  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 15992  
 License Date 1/9/2013  
 Name **SHANAHAN, MOIRA A MD**  
 Address DHMC, 1 MED CTR DRLEBANON, NH, 03756  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 1993  
 Internship and Year WOMEN & INFANTS HOSPITAL - BROWN UNIV - PROVIDENCE, RI 1994  
 Residency and Year WOMEN & INFANTS HOSPITAL - BROWN UNIV - PROVIDENCE, RI 1997  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13992  
 License Date 5/7/2008  
 Name **SHANKAR, PRASHANT MD**  
 Address NEW ENGLAND HEMATOLOGY-ONCOLOGY, 2014 WASHINGTON STREETNEWTON, MA, 02462  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF CHENNAI INDIA 1994  
 Internship and Year UNIV OF CONNECTICUT HEALTH CTR-FARMINGTON, CT 1997  
 Residency and Year UNIV OF CONNECTICUT HEALTH CTR-FARMINGTON, CT 2000  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16387  
 License Date 11/6/2013  
 Name **SHANKMAN, STEVEN MD**  
 Address RADISPHERE, 3700 PARK EAST DR #300BEACHWOOD, OH, 44122  
 Specialty DR  
 Board Certified  
 School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 1981  
 Internship and Year ST LUKES ROOSEVELT HOSPITAL CENTER - NEW YORK, NY 1982  
 Residency and Year ST LUKES ROOSEVELT HOSPITAL CENTER - NEW YORK, NY 1983  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11076  
 License Date 9/6/2000  
 Name **SHANNON, KAREN C MD**  
 Address HITCHCOCK CLINIC, ONE HITCHCOCK WAYMANCHESTER, NH, 03104  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF ILLINOIS COLL OF MED- CHICAGO, IL USA 1987  
 Internship and Year MEMORIAL HOSPITAL - BROWN UNIV - PAWTUCKET, RI 1988  
 Residency and Year MEMORIAL HOSPITAL- BROWN UNIV- PAWTUCKET, RI 1990  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 11096  
 License Date 10/4/2000  
 Name **SHANNON, KEVIN C MD**  
 Address DARTMOUTH HITCHCOCK CLINIC, ONE MEDICAL CTR DRLEBANON, NH, 03756  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF ILLINOIS COLL OF MED - CHICAGO,IL USA 1985  
 Internship and Year COOK COUNTY HOSPITAL - CHICAGO, IL 1986  
 Residency and Year MEMORIAL HOSPITAL OF RHODE ISLAND - BROWN UNIV - PAWTUCKET, RI 1990  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 12972  
 License Date 12/7/2005  
 Name **SHAPIR, JONATHAN MD**  
 Address 1565 NORTH PARK DR, STE 102WESTON, FL, 33326  
 Specialty R  
 Board Certified R  
 School and Year of Graduation MCGILL UNIVERSITY, MONTREAL, QUEBEC CANADA CANADA 1977  
 Internship and Year SIR MORTIMER B DAVIS JEWISH GEN HOSP, MONTREAL QUEBEC CANADA 1978  
 Residency and Year MCGILL UNIVERSITY, MONTREAL QUEBEC CANADA 1982  
 License Expiration Date **6/30/2007**  
 Remarks

License Number 9713  
 License Date 5/1/1996  
 Name **SHAPIRO, BERNARD S MD**  
 Address 55 KENT LN APT H321, NASHUA, NH, 03062  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation SUNY AT BUFFALO-BUFFALO NY USA 1957  
 Internship and Year MONTEFIORE HOSPITAL MED CTR-BRONX NY 1958  
 Residency and Year VETERANS AFFAIRS MED CTR-NEW YORK NY 1962  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	5636
License Date	10/18/1976
Name	<b>SHAPIRO, GARY M MD</b>
Address	590 COURT ST, KEENE, NH, 03431
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF MARYLAND SCHOOL OF MED BALTIMORE USA 1973
Internship and Year	MARY I BASSETT HOSP 1974
Residency and Year	MARY I BASSETT HOSP 1974
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9326
License Date	11/2/1994
Name	<b>SHAPIRO, GLEN D MD</b>
Address	5TH AVE SURGERY CLINIC, 128 5TH AVE WESTJEROME, ID, 83338
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	A EINSTEIN COLLEGE OF MEDICINE OF YESHIVA UNIV USA 1988
Internship and Year	MONTEFIORE MED CTR BRONX MUNIC HOSP - BRONX NY 1989
Residency and Year	MONTEFIORE MED CTR BRONX MUNIC HOSP - BRONX NY 1993
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	5867
License Date	3/2/1978
Name	<b>SHAPIRO, JEFFREY S MD</b>
Address	1538 TURNPIKE ST, N ANDOVER, MA, 01845
Specialty	P
Board Certified	P
School and Year of Graduation	STATE UNIV OF NY UPSTATE MED CTR SYRACUSE USA 1975
Internship and Year	BRONX MUNICIPAL HOSPITAL CENTER - BRONX, NY 1976
Residency and Year	BRONX MUNICIPAL HOSPITAL CENTER - BRONX, NY 1978
License Expiration Date	<b>6/30/1999</b>
Remarks	<b>2/10/99 - DECISION AND ORDER - LICENSE REVOKED</b>

License Number	9327
License Date	11/2/1994
Name	<b>SHAPIRO, VICKI W MD</b>
Address	5TH AVE SURGERY CLINIC, 128 5TH AVE WESTJEROME, ID, 83338
Specialty	EM
Board Certified	EM
School and Year of Graduation	A EINSTEIN COLLEGE OF MEDICINE OF YESHIVA UNIV USA 1988
Internship and Year	LONG ISLAND JEWISH MEDICAL CTR - NEW HYDE PARK NY 1989
Residency and Year	LONG ISLAND JEWISH MEDICAL CTR - NEW HYDE PARK NY 1992
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number 10105  
 License Date 8/6/1997  
 Name **SHAPTER, ANNE P MD**  
 Address 100 WAYLAND AVE. #7, PROVIDENCE, RI, 02906  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIV OF CT SCH OF MED -FARMINGTON, CT USA 1990  
 Internship and Year BRIGHAM & WOMEN'S HOSPITAL - MA 1994  
 Residency and Year UCLA SCHOOL OF MEDICINE - CA 1997  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16879  
 License Date 12/3/2014  
 Name **SHARDA, RADHIKA G MD**  
 Address 21044 TIOGA TERRACE, ASHBURN, VA, 20147  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE USA 2006  
 Internship and Year IOWA METHODIST MEDICAL CENTER - DES MOINES, IA 2007  
 Residency and Year UNIVERSITY OF CINCINNATI MEDICAL CENTER - CINCINNATI, OH 2011  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15733  
 License Date 6/6/2012  
 Name **SHARIFF, RAZA M MD**  
 Address WEIGHT INSTITUTE OF NH, 85 SPRING ST LACONIA, NH, 03246  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation BANGALORE MEDICAL COLLEGE INDIA 2004  
 Internship and Year CARITAS HEALTH CARE INC - ELMHURST, NH 2009  
 Residency and Year BROOKDALE UNIVERSITY HOSPITAL & MEDICAL CENTER, BROOKLYN, NY 2010  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13882  
 License Date 3/5/2008  
 Name **SHARMA, AJAY J MD**  
 Address LAMPREY HEALTH CARE, 22 PROSPECT ST NASHUA, NH, 03060  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation COLLEGE OF MEDICAL SCIENCE - NEPAL CHITWAN NEPAL 2002  
 Internship and Year E A CONWAY MEDICAL CENTER - MONROE, LA 2006  
 Residency and Year E A CONWAY MEDICAL CENTER - MONROE, LA 2007  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 16772  
 License Date 9/3/2014  
 Name **SHARMA, AMIT K MD**  
 Address 48 O'DONNELL AVE, SHREWSBURY, MA, 01545  
 Specialty IM  
 Board Certified  
 School and Year of Graduation VEER SURENDRA SAI MEDICAL COLLEGE INDIA 2000  
 Internship and Year PRINCE GEORGES HOSPITAL CENTER - CHEVERLY, MD 2011  
 Residency and Year PRINCE GEORGES HOSPITAL CENTER - CHEVERLY, MD 2013  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15359  
 License Date 8/3/2011  
 Name **SHARMA, ANUJA MD**  
 Address IM CARE, 1000 DEPALMA DRCOBOURG ON CANADA, , K9A 5W6  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation GANDHI MEDICAL COLLEGE INDIA 1991  
 Internship and Year WOODHULL MEDICAL & MENTAL HEALTH CENTER - BROOKLYN, NY 1994  
 Residency and Year JACOBI MEDICAL CENTER - BRONX, NY 1996  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 7183  
 License Date 8/1/1985  
 Name **SHARMA, DEEPAK MD**  
 Address 25 PELHAM RD, STE 103SALEM, NH, 03079-  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation GOVERMENT MEDICAL COLL-KASHMIR UNIV INDIA 1976  
 Internship and Year BAYSTATE MED CTR-SPRINGFIELD,MA 1983  
 Residency and Year BAYSTATE MED CTR-SPRINGFIELD,MA 1985  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13270  
 License Date 9/6/2006  
 Name **SHARMA, GEETIKA MD**  
 Address INFECT DISEASE ASSOC/TRAV MED, 399 DANIEL WEBSTER HWYMERRIMACK, NH, 03054  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation RAJASTHAN UNIVERSITY, INDIA INDIA 1989  
 Internship and Year NEWTON-WELLESLEY HOSPITAL, NEWTON LOWER FALLS MA 1991  
 Residency and Year NEWTON-WELLESLEY HOSPITAL, NEWTON LOWER FALLS MA 1993  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14305  
 License Date 1/7/2009  
 Name **SHARMA, GYANENDRA K MD**  
 Address 124 GRETCHENS WALK, W MONROE, LA, 71291  
 Specialty FP  
 Board Certified  
 School and Year of Graduation TRIBHUVAN UNIV NEPAL 1996  
 Internship and Year E A CONWAY MEDICAL CENTER - MONROE, LA 2007  
 Residency and Year E A CONWAY MEDICAL CENTER - MONROE, LA 2008  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 7184  
 License Date 8/1/1985  
 Name **SHARMA, MANORMA J MD**  
 Address 1 STILES RD, SALEM, NH, 03079-2859  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation GOVERMENT MED COLL-KASHMIR UNIV INDIA 1979  
 Internship and Year ST ELIZABETH HOSP-BOSTON,MA 1982  
 Residency and Year ST ELIZABETH HOSP-BOSTON,MA 1985  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 12320  
 License Date 5/5/2004  
 Name **SHARMA, NISHA MD**  
 Address NISHA SHARMA/WADHWANI, 1542 MAPLE RDWILLIAMSVILLE, NY, 14221  
 Specialty FP  
 Board Certified  
 School and Year of Graduation KARNATAK UNIVERSITY, BELGAUM KARNATAKA INDIA INDIA 1999  
 Internship and Year MERCY HEALTHCARE SYSTEM, TOLEDO OH 2002  
 Residency and Year SUNY-BUFFALO, BUFFALO NY 2003  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 17131  
 License Date 6/3/2015  
 Name **SHARMA, PREETI V MD**  
 Address 874 PURCHASE ST, NEW BEDFORD, MA, 02740  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation KASTURBA MEDICAL COLLEGE, MANGALORE INDIA INDIA 2006  
 Internship and Year ELMHURST HOSPITAL CENTER, ELMHURST NY 2010  
 Residency and Year ELMHURST HOSPITAL CENTER, ELMHURST NY 2012  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16805  
 License Date 10/1/2014  
 Name **SHARMA, SAMIN MD**  
 Address 33 EMERSON LN, HOLLIS, NH, 03049  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation B P KOIRALA INSTITUTE OF HEALTH SCIENCES NEPAL 2003  
 Internship and Year NEW YORK DOWNTOWN HOSPITAL - NY, NY 2007  
 Residency and Year NEW YORK DOWNTOWN HOSPITAL - NY, NY 2009  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16527  
 License Date 3/5/2014  
 Name **SHARMA, SHARAN P MD**  
 Address LAKES REGION GENERAL HOSPITAL, 80 HIGHLAND ST LACONIA, NH, 03246  
 Specialty IM  
 Board Certified  
 School and Year of Graduation TRIBHUVAN UNIVERSITY MAHARAJGUNJ KATHMANDU NEPAL 2008  
 Internship and Year ENGLEWOOD HOSPITAL - ENGLEWOOD NJ 2012  
 Residency and Year ENGLEWOOD HOSPITAL - ENGLEWOOD NJ 2014  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13516  
 License Date 5/9/2007  
 Name **SHARMA, SUNITA MD**  
 Address PORTSMOUTH REGIONAL HOSPITAL, 333 BORTHWICK AVE PORTSMOUTH, NH, 03801  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation PT. B.D.S. POSTGRADUATE INSTITUTE OF MED SCIENCES INDIA 1996  
 Internship and Year CREIGHTON UNIV-OMAHA, NE 2005  
 Residency and Year CREIGHTON UNIV-OMAHA, NE 2006  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15851  
 License Date 9/5/2012  
 Name **SHARMA, VIVEK K MD**  
 Address SUMMIT RADIOLOGY, PO BOX 80070 FORT WAYNE, IN, 46898-0070  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation INSTITUTE OF MEDICAL SCIENCES BANARAS HINDU UNIV INDIA 1994  
 Internship and Year WESTLAKE HOSPITAL - MELROSE PARK, IL 1998  
 Residency and Year WESTLAKE HOSPITAL - MELROSE PARK, IL 1999  
 License Expiration Date **6/30/2016**  
 Remarks



License Number 16921  
 License Date 1/21/2015  
 Name **SHARP, SUSAN C MD**  
 Address 650 MURPHY RD, BRAINTREE, VT, 05060  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation UNIVERSITY OF VERMONT USA 1987  
 Internship and Year UCSD MEDICAL CENTER - SAN DIEGO, CA 1990  
 Residency and Year UCSD MEDICAL CENTER - SAN DIEGO, CA 1993  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 6200  
 License Date 5/8/1980  
 Name **SHARPE, JOHN R MD**  
 Address MANCHESTER VA MED CTR, 718 SMYTH RD MANCHESTER, NH, 03104  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF CINCINNATI COLL MED-CINCINNATI, OH USA 1977  
 Internship and Year FRAMINGHAM UNION HOSPITAL - FRAMINGHAM, MA 1978  
 Residency and Year U MASS COORDINATED PROGRAM - WORCESTER, MA 1980  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 15360  
 License Date 8/3/2011  
 Name **SHASHIDHAR, HAROHALLI MD**  
 Address ELLIOT PEDIATRIC GASTROENTEROLOGY, 275 MAMMOTH RD STE 1 MANCHESTER, NH, 03109  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation BANGALORE MEDICAL COLLEGE INDIA 1986  
 Internship and Year CONNECTICUT CHILDRENS MEDICAL CENTER - HARTFORD, CT 1993  
 Residency and Year CONNECTICUT CHILDRENS MEDICAL CENTER - HARTFORD, CT 1994  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10314  
 License Date 6/3/1998  
 Name **SHAW, ANNE M MD**  
 Address 41 BUTTRICK RD, LONDON DERRY, NH, 03053  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF CINCINNATI COLL OF MED - OH USA 1995  
 Internship and Year UNIV OF ALABAMA AT BIRMINGHAM, AL 1996  
 Residency and Year UNIV OF ALABAMA AT BIRMINGHAM, AL 1998  
 License Expiration Date **6/30/2004**  
 Remarks

License Number	7696
License Date	8/5/1987
Name	<b>SHAW, FREDERIC E MD</b>
Address	TEXAS DEPT OF HEALTH, 1100 W 49TH STAUSTIN, TX, 78756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF VT COLL OF MED - BURLINGTON, VT USA 1977
Internship and Year	KINGS COUNTY HOSPITAL CENTER - NY 1978
Residency and Year	CENTER FOR DISEASE CONTROL & PREVENTIVE - GA 1988
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	5040
License Date	7/12/1973
Name	<b>SHAW, JENNIFER K MD</b>
Address	1345 FILMORE ST, APT 502SAN FRANCISCO, CA, 94115
Specialty	GS
Board Certified	GS
School and Year of Graduation	JEFFERSON UNIVERSITY-PHILADELPHIA PA USA 1966
Internship and Year	MOUNT SINAI HOSP-CLEVELAND OH 1967
Residency and Year	MOUNT SINAI HOSP-CLEVELAND OH 1971
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11359
License Date	8/1/2001
Name	<b>SHAY, ADILI L MD</b>
Address	5 WASHINGTON PL, BEDFORD, NH, 03110
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	FINCH UNIV OF HLTH SCI/CHICAGO MED SCH - IL USA 1996
Internship and Year	UNIV OF ILLINOIS HOSPITAL - CHICAGO, IL 1997
Residency and Year	UNIV OF ILLINOIS HOSPITAL - CHICAGO, IL 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16462
License Date	1/8/2014
Name	<b>SHEA, CONOR D MD</b>
Address	6 SKY COUNTRY DR, NASHUA, NH, 03062
Specialty	IM
Board Certified	IM
School and Year of Graduation	ROSALIND FRANKLIN UNIVERSITY OF MEDICINE USA 2004
Internship and Year	ADVOCATE LUTHERAN GENERAL HOSPITAL - PARK RIDGE, IL 2005
Residency and Year	ADVOCATE LUTHERAN GENERAL HOSPITAL - PARK RIDGE, IL 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>8/14/14 - Preliminary Agreement for Practice Restrictions.</b>

License Number	9714
License Date	5/1/1996
Name	<b>SHEA, D BRIAN MD</b>
Address	NEW ENGLAND HEART INSTITUTE, 100 MCGREGOR STMANCHESTER, NH, 03102-
Specialty	CD
Board Certified	IM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL-HANOVER NH USA 1989
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER-LEBANON NH 1993
Residency and Year	MARY HITCHCOCK MEMORIAL HOSPITAL-HANOVER NH 1996
License Expiration Date	<b>6/30/2010</b>
Remarks	11/09/94 - RT LICENSE WAS RESTRICTED. 05/01/96 - FULL LICENSE ISSUED IS CURRENT AND UNRESTRICTED. SETTLEMENT AGREEMENT 09/13/02.

License Number	5753
License Date	6/13/1977
Name	<b>SHEA, DENNIS X MD</b>
Address	168 KINSLEY ST STE 14, NASHUA, NH, 03060-3634
Specialty	GE
Board Certified	GE
School and Year of Graduation	ROYAL COLLEGE OF PHYSICIANS & SURG-DUBLIN IRELAND IRELAND 1972
Internship and Year	ST VINCENT HOSPITAL-WORCESTER MA 1973
Residency and Year	ST MARY MEDICAL CENTER-LONG BEACH CA 1975
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12079
License Date	9/3/2003
Name	<b>SHEA, ELIZABETH A MD</b>
Address	27 MASQUANIPI DR, ANTRIM, NH, 03440
Specialty	PD
Board Certified	
School and Year of Graduation	UNIVERSITY OF CONNECTICUT, FARMINGTON CT US 1996
Internship and Year	CHILDRENS HOSPITAL AT DARTMOUTH, LEBANON NH 1997
Residency and Year	CHILDRENS HOSPITAL AT DARTMOUTH, LEBANON NH 1999
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	3530
License Date	7/10/1962
Name	<b>SHEA, JAMES M MD</b>
Address	31 CORRIVEAU DR, HOOKSETT, NH, 03106
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	MCGILL UNIV - MONTREAL, CANADA CANADA 1961
Internship and Year	MILWAUKEE COUNTY HOSPITAL - MILWAUKEE, WI 1962
Residency and Year	MILWAUKEE COUNTY HOSPITAL- MILWAUKEE, WI 1962
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8104
License Date	5/10/1989
Name	<b>SHEA, SHAWN C MD</b>
Address	81 COURT ST, KEENE, NH, 03464
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV NC A CHAPEL HILL CHAPEL HILL NC USA 1980
Internship and Year	HOSPS UNIV HLTH CTR PITTSBURGH PA 1981
Residency and Year	HOSPS UNIV HLTH CTR PITTSBURGH PA 1984
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/2/15</b>

License Number	13439
License Date	3/7/2007
Name	<b>SHEA, WILLIAM M MD</b>
Address	1320 W 24TH ST, YUMA, AZ, 85364
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF UTAH USA
Internship and Year	NAVAL MEDICAL CENTER-SAN DIEGO, CA 1978
Residency and Year	NAVAL MEDICAL CENTER-SAN DIEGO, CA 1980
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	5354
License Date	6/30/1975
Name	<b>SHEARMAN, JOHN M MD</b>
Address	278 LAFAYETTE RD, PORTSMOUTH, NH, 03801-5430
Specialty	RHU
Board Certified	RHU
School and Year of Graduation	EMORY UNIV ATLANTA - GA USA 1973
Internship and Year	MONTREAL GENERAL HOSPITAL - MONTREAL, CANADA 1974
Residency and Year	MONTREAL GENERAL HOSPITAL - MONTREAL, CANADA 1975
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9024
License Date	8/4/1993
Name	<b>SHEDD, ANN C MD</b>
Address	80 WHEELER RD, HOLLIS, NH, 03049
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE USA 1980
Internship and Year	UNIVERSITY HEALTH CENTER OF PITTSBURGH - PITTSBURGH PA 1981
Residency and Year	UNIVERSITY HEALTH CENTER OF PITTSBURGH - PITTSBURGH PA 1984
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	11009
License Date	7/5/2000
Name	<b>SHEFFER, ERIC C MD</b>
Address	PATHOLOGY SPECILITS OF N E, 1 ELLIOTT WAYMANCHESTER, NH, 03103
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	TEMPLE UNIV SCH OF MED - PHILADELPHIA, PA USA 1991
Internship and Year	UNIV OF MISSOURI-COLUMBIA - COLUMBIA, MO 1992
Residency and Year	UNIV OF MISSOURI HOSPITALS AND CLINICS - COLUMBIA, MO 1996
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	10796
License Date	12/1/1999
Name	<b>SHEFFER, MILES L MD</b>
Address	VACHIHCS, 3600 30TH STDES MOINES, IA, 50310-5885
Specialty	IM
Board Certified	
School and Year of Graduation	MED COLL OF GEORGIA SCH OF MED - AUGUSTA, GA USA 1986
Internship and Year	UNIV OF VIRGINIA - ROANOKE, VA 1989
Residency and Year	UNIV OF VIRGINIA - ROANOKE, VA 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10693
License Date	9/1/1999
Name	<b>SHEFFIELD, JOHN C MD</b>
Address	EXETER FAMILY MEDICINE, 9 BUZZELL AVE STE 1EXETER, NH, 03833
Specialty	FP
Board Certified	FP
School and Year of Graduation	VIRGINIA COMM UNIV SCH OF MED-RICHMOND, VA USA 1993
Internship and Year	UPMC ST MARGARET- PITTSBURGH, PA 1994
Residency and Year	UPMC ST MARGARET- PITTSBURGH, PA 1995
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	11393
License Date	9/5/2001
Name	<b>SHEFFIELD, M KATHERINE MD</b>
Address	BRATTLEBORO PRIMARY CARE, 21 BELMONT AVEBRATTLEBORO, VT, 05301
Specialty	IM
Board Certified	IM
School and Year of Graduation	COLUMBIA UNIV COLL - NEW YORK, NY USA 1985
Internship and Year	ST FRANCIS HOSPITAL /MOUNT SINAI HOSPITAL - HARTFORD, CT 1986
Residency and Year	HARTFORD HOSPITAL - HARTFORD, CT 1987
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	16192
License Date	6/5/2013
Name	<b>SHEIBANI, SHIDEH MD</b>
Address	732 LILAC ST, FRUITLAND, ID, 83619-5026
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF TOLEDO COLLEGE OF MEDICINE USA 1998
Internship and Year	LOS ANGELES COUNTY USC MEDICAL CENTER - LOS ANGELES, CA 1999
Residency and Year	LOS ANGELES COUNTY USC MEDICAL CENTER - LOS ANGELES, CA 2001
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	5422
License Date	9/4/1975
Name	<b>SHEINBAUM, ALAN J MD</b>
Address	CONCORD GASTRONETEROLOGY, 246 PLEASANT ST STE 210CONCORD, NH, 03301
Specialty	GE
Board Certified	IM
School and Year of Graduation	TUFTS UNIV SCHOOL OF MEDICINE - MA USA 1971
Internship and Year	HARBOR GENERAL HOSPITAL - TORRANCE, CA 1972
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1975
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	10885
License Date	4/5/2000
Name	<b>SHELDON, LINDA M MD</b>
Address	SJ INTERNAL MEDICINE, 17 RIVERSIDE ST STE 202NASHUA, NH, 03062
Specialty	IM
Board Certified	IM
School and Year of Graduation	ST GEORGE UNIVERSITY SCHOOL OF MED-NY USA 1997
Internship and Year	ST JOSEPHS HOSPITAL AND MEDICAL CTR-PATERSON,NJ 1998
Residency and Year	ST JOSEPHS HOSPITAL; AND MEDICAL CTR-PATERSON,NJ 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7290
License Date	4/1/1986
Name	<b>SHELDON, THOMAS A MD</b>
Address	RAD ONCOLOGY, CONCORD HOSP, 250 PLEASANT STCONCORD, NH, 03301
Specialty	R
Board Certified	R
School and Year of Graduation	TUFTS UNIV SCH MED BOSTON MA USA 1980
Internship and Year	NEWTON WELLESLEY HOSP NEWTON MA 1981
Residency and Year	JOINT CTR-RAD THERAPY BOSTON MA 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12321
License Date	5/5/2004
Name	<b>SHEMIN, RICHARD J MD</b>
Address	BU CARDIAC & THORACIC SURGICAL, 88 EAST NEWTON STBOSTON, MA, 02118
Specialty	TS
Board Certified	TS
School and Year of Graduation	BOSTON UNIVERSITY, BOSTON MA US 1974
Internship and Year	BRIGHAM AND WOMENS HOSP, BOSTON MA 1976
Residency and Year	NATIONAL INSTITUTES OF HEALTH, BETHESDA MD 1978
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	13563
License Date	6/6/2007
Name	<b>SHEMMERI, NIDA MD</b>
Address	600 ROE AVE, ELMIRA, NY, 14905
Specialty	PTH
Board Certified	
School and Year of Graduation	UNIV OF BAGHDAD IRAQ 1978
Internship and Year	ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 2003
Residency and Year	BERSHIRE MEDICAL CENTER - PITTSFIELD, MA 2005
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	10144
License Date	10/1/1997
Name	<b>SHEN, EDRED V MD</b>
Address	ST JOSEPH INTERNAL MED, 380 W HOLLIS STNASHUA, NH, 03060
Specialty	IM
Board Certified	
School and Year of Graduation	UMDNJ-ROBERT W JOHNSON MED SCH - NJ USA 1994
Internship and Year	GENESEE HOSPITAL-NY 1997
Residency and Year	GENESEE HOSPITAL - NY 1997
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	9387
License Date	3/1/1995
Name	<b>SHEN, JOSEPH T MD</b>
Address	14 VANDERVENTER AVE, STE 138PORT WASHINGTON, NY, 11050
Specialty	PM
Board Certified	PM
School and Year of Graduation	UNIVERSITY OF CALIFORNIA IRVINE USA 1990
Internship and Year	ALBANY MEDICAL CENTER HOSPITAL - ALBANY NY 1991
Residency and Year	UNIVERSITY HOSPITAL HLTH SCI CTR - BROOKLYN NY 1994
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	11937
License Date	5/7/2003
Name	<b>SHEN, WEI MD</b>
Address	3601 S 6TH AVE 1-111A, TUCSON, AZ, 85723
Specialty	IM
Board Certified	IM
School and Year of Graduation	SUZHOU MEDICAL COLLEGE - SUZHOU, CHINA CHINA 1985
Internship and Year	ST JOHNS EPISCOPAL HOSPITAL - FAR ROCKAWAY, NY 2000
Residency and Year	SUNY HEALTH SCIENCE CENTER - BROOKLYN, NY 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11339
License Date	7/11/2001
Name	<b>SHENBERGER, JEFFREY S MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	PD
Board Certified	PD
School and Year of Graduation	PENNSYLVANIA STATE UNIVERSITY USA 1989
Internship and Year	UNIVERSITY OF MINNESOTA 1990
Residency and Year	UNIVERSITY OF MINNESOTA 1992
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	3937
License Date	8/31/1966
Name	<b>SHENEFELT, RAY E MD</b>
Address	U MISSISSIPPI MED SCHOOL, 2500 N STATE STJACKSON, MS, 39216-4505
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF WISCONSIN - MADISON, WI USA 1963
Internship and Year	UNIV HOSPITAL - MADISON, WI 1964
Residency and Year	UNIV OV IOWA - IOWA CITY, IA 1966
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	15267
License Date	6/1/2011
Name	<b>SHENKO, JAMES M MD</b>
Address	299 LINCOLN ST STE 201, WORCESTER, MA, 01605
Specialty	PS
Board Certified	PS
School and Year of Graduation	UNIVERSITY OF MED & DENTISTRY NJ USA 1991
Internship and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1992
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1994
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number	16845
License Date	11/6/2014
Name	<b>SHEPARD, ANGELA L MD</b>
Address	75 S MAIN ST UNIT 7, PMB 121CONCORD, NH, 03301
Specialty	MPH
Board Certified	MPH
School and Year of Graduation	UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE USA 2005
Internship and Year	CHRISTIANA CARE HEALTH SERVICES - NEWARK, DE 2006
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2011
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	11256
License Date	5/2/2001
Name	<b>SHEPPARD, LISA M MD</b>
Address	31 PARK HILL TERRACE, PRINCETON JCT, NJ, 08550
Specialty	R
Board Certified	R
School and Year of Graduation	JEFFERSON MEDICAL COLLEGE USA 1987
Internship and Year	HENRY FORD HOSPITAL - DETROIT MI 1988
Residency and Year	HENRY FORD HOSPITAL - DETROIT MI 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11394
License Date	9/5/2001
Name	<b>SHEPPARD, THOMAS D MD</b>
Address	55 38 PETACA RD, LAS VEGAS, NV, 89122
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	JEFFERSON MED COLL- PHILADELPHIA, PA USA 1965
Internship and Year	METHODIST HOSPITAL - PHILADELPHIA, PA 1966
Residency and Year	ALBERT EINSTEIN MEDICAL CENTER - PHILADELPHIA, PA 1969
License Expiration Date	<b>6/30/2003</b>
Remarks	<b>DECEASED 7/3/05</b>

License Number	12356
License Date	6/2/2004
Name	<b>SHERGILL, RAVINDER PS MD</b>
Address	13305 SE RIVERCREST DR, VANCOUVER, WA, 98683-6674
Specialty	PCC
Board Certified	PCC
School and Year of Graduation	PUNJAB UNIVERSITY, PATIALA, PUNJAB INDIA INDIA 1992
Internship and Year	ST VINCENT CATHOLIC MED CTR, JAMAICA NY 1995
Residency and Year	ST VINCENT CATHOLIC MED CTR, JAMAICA NY 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3313
License Date	5/27/1959
Name	<b>SHERK, HENRY H MD</b>
Address	MEDICAL COLLEGE OF PA, 3300 HENRY AVEPHILADELPHIA, PA, 19129-1191
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	JEFFERSON MEDICAL COLLEGE UNITED STATES 1956
Internship and Year	JEFFERSON MEDICAL COLLEGE 1957
Residency and Year	JEFFERSON MEDICAL COLLEGE 1959
License Expiration Date	<b>6/30/1998</b>
Remarks	<b>DECEASED 4/9/2012</b>

License Number	7039
License Date	1/10/1985
Name	<b>SHERKAT, REZA MD</b>
Address	NEW ENGLAND NEUROLOGICAL, 220 SUTTON STNORTH ANDOVER, MA, 01845-1640
Specialty	N
Board Certified	N
School and Year of Graduation	UNIV OF VIENNA SCH MED AUSTRIA 1971
Internship and Year	SANTA ROSA MED CTR- SAN ANTONIO,TX 1973
Residency and Year	BEXAR COUNTY HOSP-SAN ANTONIO,TX 1975
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	14330
License Date	2/4/2009
Name	<b>SHERMAN JR, WILLIAM M MD</b>
Address	8 EAST PEARL ST, NASHUA, NH, 03060
Specialty	R
Board Certified	R
School and Year of Graduation	STATE UNIV OF NEW YORK USA 2003
Internship and Year	FLETCHER ALLEN HEALTHCARE UNIV OF VERMONT - BURLINGTON, VT 2004
Residency and Year	UNIV OF VERMONT COLLEGE OF MEDICINE - BURLINGTON, VT 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10797
License Date	12/1/1999
Name	<b>SHERMAN, HOWARD B MD</b>
Address	CONCORD NEUROLOGIC ASSOC, 248 PLEASANT ST STE G-200CONCORD, NH, 03301
Specialty	N
Board Certified	N
School and Year of Graduation	ALBERT EINSTEIN COLL OF MED- BRONX, NY USA 1983
Internship and Year	METROPOLITAN HOSPITAL CENTER - NEW YORK, NY 1984
Residency and Year	UNIV OF MICHIGAN HOSPITAL - ANN ARBOR, MI 1987
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	13470
License Date	4/4/2007
Name	<b>SHERMAN, JANET H MD</b>
Address	JANET SHERMAN MD & ASSOCIATES PC, 72 NORTH MAIN STREETSHARON, MA, 02067
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF MASSACHUSETTS USA 1987
Internship and Year	NEWTON-WELLESLEY HOSPITAL - NEWTON LOWER FALLS, MA 1988
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14329
License Date	2/4/2009
Name	<b>SHERMAN, JESSICA F MD</b>
Address	PATHOLOGY SPEC OF NE, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty	ATP
Board Certified	PTH
School and Year of Graduation	STATE UNIV OF NEW YORK USA 2003
Internship and Year	FLETCHER ALLEN HEALTHCARE UNIV OF VERMONT - BURLINGTON, VT 2004
Residency and Year	FLETCHER ALLEN HEALTHCARE UNIV OF VERMONT - BURLINGTON, VT 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14048
License Date	6/4/2008
Name	<b>SHERMAN, LISA D MD</b>
Address	NORTHEAST DERMATOLOGY ASSOC, 155 BORTHWICK RD STE 201PORTSMOUTH, NH, 03801
Specialty	D
Board Certified	D
School and Year of Graduation	UNIV OF CONNECTICUT USA 1988
Internship and Year	ST JOHNS MERCY MEDICAL CENTER - ST LOUIS, MO 1989
Residency and Year	WASHINGTON UNIV SCHOOL OF MEDICINE - ST LOUIS, MO 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7697
License Date	8/5/1987
Name	<b>SHERMAN, LON G MD</b>
Address	400 MAIN ST, AMESBURY, MA, 01950-3873
Specialty	CD
Board Certified	CD
School and Year of Graduation	COLUMBIA UNIV COLLEGE OF PHYSICIANS AND SURGEONS USA 1974
Internship and Year	MASS GENERAL HOSPITAL - BOSTON MA 1982
Residency and Year	BOSTON CITY HOSPITAL - BOSTON MA 1976
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 7854  
 License Date 5/4/1988  
 Name **SHERMAN, MARC N MD**  
 Address 21 HIGHLAND AVE, NEWBURYPORT, MA, 01950-3873  
 Specialty CD  
 Board Certified IM  
 School and Year of Graduation STATE UNIV OF NY DOWNSTATE MED CTR - NY USA 1973  
 Internship and Year THE MIRIAM HOSPITAL - PROVIDENCE, RI 1974  
 Residency and Year ST VINCENTS HOSPITAL MEDICAL CENTER - NY, NY 1979  
 License Expiration Date **6/30/2004**  
 Remarks

License Number 9607  
 License Date 12/6/1995  
 Name **SHERMAN, MICHAEL S MD**  
 Address DOVER INTERNAL MEDICINE, 801 CENTRAL AVENUE, NH, 03820-  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV I UPPSALA MEDICAL FAK, UPPSALA, SWEDEN SWEDEN 1980  
 Internship and Year ST MARY'S HOSPITAL - WATERBURY, CT 1982  
 Residency and Year GREENWICH HOSPITAL - GREENWICH, CT 1984  
 License Expiration Date **6/30/2003**  
 Remarks

License Number 4500  
 License Date 10/14/1969  
 Name **SHERMAN, ROBERT MD**  
 Address 173 MINEOLA BLVD, MINEOLA, NY, 11501  
 Specialty P  
 Board Certified P  
 School and Year of Graduation KATH UNIVERSITY LEUVEN, LEUVEN BELGIUM BELGIUM 1966  
 Internship and Year WINTHROP-UNIVERSITY HOSP, NEW YORK 1967  
 Residency and Year KINGS COUNTY HOSP CTR, NEW YORK 1968  
 License Expiration Date **6/30/2007**  
 Remarks **REQUESTED INACTIVE 1979---REINSTATED 2/2/05**

License Number 14098  
 License Date 7/9/2008  
 Name **SHERMAN, THOMAS M MD**  
 Address CORE PHYSICIANS LLC, 3 ALUMNI DR STE 201 EXETER, NH, 03870  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF CONNECTICUT USA 1987  
 Internship and Year WASHINGTON UNIV - ST LOUIS, MO 1988  
 Residency and Year WASHINGTON UNIV - ST LOUIS, MO 1990  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9934  
 License Date 2/5/1997  
 Name **SHERRY, STUART J MD**  
 Address WOMANS HLTH CARE ASSOC, 6 HOLMES LN PO BOX 369GEORGES MILLS, NH, 03751  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIV OF NM SCH OF MED ALBUQUERQUE NEW MEXICO 1973  
 Internship and Year MEDICAL COLLEGE OF VIRGINIA HOSP - VA 1974  
 Residency and Year MEDICAL COLLEGE OF VIRGINIA HOSPITAL - VA 1977  
 License Expiration Date **6/30/2000**  
 Remarks

License Number 9748  
 License Date 6/5/1996  
 Name **SHERRY, TIMOTHY M MD**  
 Address SURGICAL ASSOC OF ROCHESTER, 21 WHITEHALL RD STE 204ROCHESTER, NH, 03867-  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation CASE WESTERN RESERVE UNIV SCHOOL OF MEDICINE OHIO USA 1985  
 Internship and Year ST FRANCIS HOSPITAL MEDICAL CENTER - HARTFORD, CT 1986  
 Residency and Year ST FRANCIS HOSPITAL MEDICAL CENTER - HARTFORD, CT 1990  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 3711  
 License Date 7/22/1964  
 Name **SHERWIN, JOHN M MD**  
 Address 246 NORTH GATE RD, MANCHESTER, NH, 03104  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation ALBANY MEDICAL COLLEGE - ALBANY, NY USA 1960  
 Internship and Year HARTFORD HOSPITAL - HARTFORD, CT 1961  
 Residency and Year GRACE-NEW HAVEN - NEW HAVEN, CT 1964  
 License Expiration Date **2/11/2004**  
 Remarks **DECEASED 2/11/2004**

License Number 14099  
 License Date 7/9/2008  
 Name **SHESSLER, ERIK M MD**  
 Address DH - MANCHESTER, 100 HITCHCOCK WAYMANCHESTER, NH, 03104  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation MCGILL UNIV CANADA 2005  
 Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007  
 Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	4969
License Date	4/27/1973
Name	<b>SHETTY, PRABHAKAR K MD</b>
Address	VILLAGE WEST II - 36 COUNTRY CLUB RD, PO BOX 7392 GILFORD, NH, 03247-7392
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	BOMBAY UNIVERSITY-BOMBAY INDIA INDIA 1966
Internship and Year	WORCESTER CITY HOSP-WORCESTER CITY MA 1968
Residency and Year	BROOKLYN EYE & EAR HOSP-BROOKLYN NY 1971
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14603
License Date	9/2/2009
Name	<b>SHEVY, LAURA E MD</b>
Address	DHMC-SECTION OF INFECTIOUS DISEASES, 1 MEDICAL CENTER DR LEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	STATE UNIVERSITY OF NEW YORK USA 2004
Internship and Year	UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE - ALBUQUERQUE, NM 2005
Residency and Year	UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE - ALBUQUERQUE, NM 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12918
License Date	10/5/2005
Name	<b>SHEWMAKE JR, FLOYD F MD</b>
Address	BLUE CROSS BLUE SHIELD OF AZ, 2444 W LAS PALMARITAS DR PHOENIX, AZ, 85021
Specialty	IM
Board Certified	IM
School and Year of Graduation	RUSH UNIVERSITY, CHICAGO IL US 1973
Internship and Year	RUSH-PRESBYTERIAN-ST LUKES MED CTR, CHICAGO IL 1974
Residency and Year	RUSH-PRESBYTERIAN-ST LUKES MED CTR, CHICAGO IL 1976
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	15420
License Date	10/5/2011
Name	<b>SHICK, LAWTON MD</b>
Address	D-H (GASTRO/HEP DEPT), 100 HITCHCOCK WAY MANCHESTER, NH, 03104
Specialty	GE
Board Certified	GE
School and Year of Graduation	THOMAS JEFFERSON UNIVERSITY USA 1991
Internship and Year	UNIVERSITY OF MICHIGAN HOSPITALS - ANN ARBOR, MI 1992
Residency and Year	UNIVERSITY OF MICHIGAN HOSPITALS - ANN ARBOR, MI 1994
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10543
License Date	4/7/1999
Name	<b>SHIEH, WILLIAM S MD</b>
Address	7 STILES RD, SALEM, NH, 03079
Specialty	FP
Board Certified	FP
School and Year of Graduation	BOSTON UNIV SCH OF MED - BOSTON, MA USA 1994
Internship and Year	MIDDLESEX HOSPITAL - MIDDLETOWN, CT 1995
Residency and Year	MIDDLESEX HOSPITAL - MIDDLETOWN, CT 1997
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	5588
License Date	8/12/1976
Name	<b>SHIELDS, GREGORY P MD</b>
Address	172 HAYDEN HILL RD, HADDAM, CT, 06438
Specialty	FP
Board Certified	FP
School and Year of Graduation	ST LOUIS UNIV SCHOOL OF MED ST LOUIS USA 1973
Internship and Year	HOSPITAL UNIV OF MINNESOTA HOSPITAL 1974
Residency and Year	HOSPITAL UNIV OF MINNESOTA HOSPITAL 1974
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	14146
License Date	8/6/2008
Name	<b>SHIELDS, JOSEPH T MD</b>
Address	FAHC-RADIOLOGY DEPT, 111 COLCHESTER AVEBURLINGTON, VT, 05401
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF VERMONT USA 1998
Internship and Year	BERKSHIRE MEDICAL CENTER - PITTSFIELD,MA 1999
Residency and Year	UNIV OF VERMONT COLLEGE OF MEDICINE - BURLINGTON, VT 2003
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	8427
License Date	8/8/1990
Name	<b>SHIELDS, LAWRENCE T MD</b>
Address	9 BEVERLY RD, NEWTON, MA, 02461-1112
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	JOHNS HOPKINS UNIV SCH OF MED BALTIMORE, MD USA 1961
Internship and Year	BARNES HOSPITAL - ST LOUIS, MO 1962
Residency and Year	MASS GENERAL HOSPITAL - BOSTON, MA 1968
License Expiration Date	<b>6/30/2012</b>
Remarks	<b>DECEASED 3/12/2015</b>

License Number 11608  
 License Date 5/1/2002  
 Name **SHIELDS, NAOMI N MD**  
 Address NH ORTHOPEDIC SURGERY, 700 LAKE AVE STE 1MANCHESTER, NH, 03103  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation ALBANY MEDICAL COLL - ALBANY, NY USA 1982  
 Internship and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1983  
 Residency and Year WILFORD HALL MEDICAL CENTER - LACKLAND AFB, TX 1989  
 License Expiration Date **6/30/2003**  
 Remarks

License Number 7334  
 License Date 5/8/1986  
 Name **SHIFFRIN, JEFFREY S MD**  
 Address UNIVERSITY OF CO/DENVER, 12401 E 17TH AVE ML STOP B113AURORA, CO, 80045  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation UMDNJ NEW JERSEY MED SCH - NEWMARK, NJ USA 1981  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1982  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1986  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15734  
 License Date 6/6/2012  
 Name **SHIH, EUGENE Y MD**  
 Address SUMMIT RADIOLOGY PC, PO BOX 80070FORT WAYNE, IN, 46898-0070  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation STATE UNIV OF NY HEALTH SCIENCE CENTER USA 1993  
 Internship and Year ST BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 1994  
 Residency and Year ST VINCENTS HOSPITAL & MEDICAL CENTER - NY, NY 1998  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15679  
 License Date 5/2/2012  
 Name **SHIH, SHIAO-ANG MD**  
 Address HAVERHILL FAMILY PRACTICE, 62 BROWN ST STE 404HAVERHILL, MA, 01830  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation MEDICAL COLLEGE OF JINAN UNIVERSITY USA 1986  
 Internship and Year ST BARNABAS HOSPITAL - BRONX, NY 1992  
 Residency and Year ST BARNABAS HOSPITAL - BRONX, NY 1994  
 License Expiration Date **6/30/2016**  
 Remarks



License Number 16735  
 License Date 8/6/2014  
 Name **SHIKHMAN, LANA MD**  
 Address ELLIOT at RIVERS EDGE, 185 QUEEN CITY AVEMANCHESTER, NH, 03101  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation ROSS UNIVERSITY - ROSEAU, DOMINICA 2008  
 Internship and Year GUTHRIE/ROBERT PACKER HOSPITAL - SAYRE, PA 2010  
 Residency and Year GUTHRIE/ROBERT PACKER HOSPITAL - SAYRE, PA 2013  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16922  
 License Date 1/21/2015  
 Name **SHILLING, TAMARA L DO**  
 Address BARRINGTON FAMILY PRACTICE, 426 CALEF HWYBARRINGTON, NH, 03825  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC USA 2003  
 Internship and Year ALBANY MEDICAL CENTER - ALBANY, NY 2004  
 Residency and Year ALBANY MEDICAL CENTER - ALBANY, NY 2006  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11938  
 License Date 5/7/2003  
 Name **SHIN, DAVID J MD**  
 Address STRAFFORD CARDIOLOGY ASSOC, 21 WHITEHALL RD STE 301ROCHESTER, NH, 03867  
 Specialty CD  
 Board Certified CD  
 School and Year of Graduation TULANE UNIV SCH OF MED - NEW ORLEANS, LA USA 1992  
 Internship and Year TULANE UNIV MEDICAL SCHOOL - NEW ORLEANS, LA 1993  
 Residency and Year TULANE UNIV MEDICAL SCHOOL - NEW ORLEANS, LA 1995  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 17031  
 License Date 4/1/2015  
 Name **SHIN, JOSEPH H MD**  
 Address 415 HUMPHREY ST, NEW HAVEN, CT, 06511  
 Specialty PS  
 Board Certified PS  
 School and Year of Graduation UNIVERSITY OF ALABAMA SCHOOL OF MEDICINE USA 1989  
 Internship and Year YALE UNIVERSITY SCHOOL OF MEDICINE - NEW HAVEN, CT 1990  
 Residency and Year YALE UNIVERSITY SCHOOL OF MEDICINE - NEW HAVEN, CT 1994  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11462  
 License Date 11/7/2001  
 Name **SHINE, KELLY A MD**  
 Address NASHUA SURGICAL ASSOC, 193 KINSLEY STNASHUA, NH, 03060-3687  
 Specialty GS  
 Board Certified  
 School and Year of Graduation YALE UNIV SCH OF MED - NEW HAVEN, CT USA 1995  
 Internship and Year UNIV OF NEW MEXICO- ALBUQUERQUE, NM 1996  
 Residency and Year UNIV OF NEW MEXICO- ALBUQUERQUE, NM 1998  
 License Expiration Date **6/30/2003**  
 Remarks

License Number 16610  
 License Date 5/7/2014  
 Name **SHIPLE, DAVID A MD**  
 Address 110 ELMERSTON RD, ROCHESTER, NY, 14620  
 Specialty OPH  
 Board Certified  
 School and Year of Graduation OHIO STATE UNIVERSITY COLLEGE OF MEDICINE USA 2009  
 Internship and Year THE COLORADO HEALTH FOUNDATION-PSLMC - DENVER, CO 2010  
 Residency and Year UNIVERSITY OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 2013  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12950  
 License Date 11/2/2005  
 Name **SHIPMAN, CULLEN F MD**  
 Address 27 MADISON CIRCLE, GREENFIELD, MA, 01301  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation PENNSYLVANIA STATE UNIVERSITY, UNIVERSITY PARK PA US 1975  
 Internship and Year EASTERN MAINE MED CTR, BANGOR ME 1976  
 Residency and Year EASTERN MAINE MED CTR, BANGOR ME 1978  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 9784  
 License Date 7/3/1996  
 Name **SHIPMAN, RUSSELL R DO**  
 Address PISCATUGUA PEDIATRICS, 155 GRIFFIN RDPORTSMOUTH, NH, 03801-  
 Specialty PD  
 Board Certified  
 School and Year of Graduation UNIV OF NEW ENGLAND COLLEGE OF OSTEO MED BIDDEFORD USA 1993  
 Internship and Year CHILDRENS HOSPITAL ORANGE COUNTY - CA 1996  
 Residency and Year CHILDRENS HOSPITAL ORANGE COUNTY - CA 1996  
 License Expiration Date **6/30/1998**  
 Remarks

License Number 10403  
 License Date 9/2/1998  
 Name **SHIPMAN, SCOTT A MD**  
 Address DHMC, ONE MED CTR DRLEBANON, NH, 03756  
 Specialty PD  
 Board Certified P  
 School and Year of Graduation UNIV OF NEBRASKA COLL OF MED - OMAHA, NE USA 1995  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1996  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1997  
 License Expiration Date **6/30/2016**  
 Remarks **lapsed for non-renewal 6/30/02-reinstated on 6/7/06**

License Number 12764  
 License Date 6/1/2005  
 Name **SHIPPEE, LUCAS D DO**  
 Address MONADNOCK INTERNAL MEDICINE, 454 OLD STREET RD STE 301PETERBOROUGH, NH, 03458  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME US 2001  
 Internship and Year NORTHSIDE HOSPITAL, ST PETERSBURG FL 2002  
 Residency and Year ALBANY MEDICAL CTR HOSP, ALBANY NY 2005  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 17280  
 License Date 9/2/2015  
 Name **SHIRAI, KEISUKE MD**  
 Address DHMC - NORRIS COTTON CANCER CTR, ONE MEDICAL CTR DRLEBANON, NH, 03766  
 Specialty ON  
 Board Certified ON  
 School and Year of Graduation KYOTO UNIVERSITY, KYOTO JAPAN 1997  
 Internship and Year UPMC SHADYSIDE HOSPITAL, PITTSBURGH, PA 2004  
 Residency and Year UPMC SHADYSIDE HOSPITAL, PITTSBURGH, PA 2005  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15006  
 License Date 9/1/2010  
 Name **SHIRANI, AFSHIN MD**  
 Address VA MED CTR - DEPT OF PSYCHIATRY, 650 E INDIAN SCHOOL RDPHOENIX, AZ, 85012  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIVERSITY OF WIEN AUSTRIA 1996  
 Internship and Year UNIVERSITY OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 2002  
 Residency and Year UNIVERSITY OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 2005  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 6931  
 License Date 7/5/1984  
 Name **SHIRAZI, DAVID M MD**  
 Address 10 RESEARCH PLACE 203, N CHELMSFORD, MA, 01863  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation FAC OF MED UNIV OF TEHERAN IRAN 1962  
 Internship and Year FRANKFORD HOSP-PHIL,PA 1964  
 Residency and Year HAMOT MED CTR-ERIE,PA 1968  
 License Expiration Date **6/30/2004**  
 Remarks

License Number 8378  
 License Date 7/6/1990  
 Name **SHIRLEY III, HOKE H MD**  
 Address CONCORD ORTHOPAEDICS, 264 PLEASANT STCONCORD, NH, 03301-7500  
 Specialty RHU  
 Board Certified IM  
 School and Year of Graduation TULANE UNIV SCH OF MED-NEW ORLEANS,LA USA 1982  
 Internship and Year MARICOPA MED CTR-PHOENIX,AZ 1983  
 Residency and Year MARICOPA MED CTR -PHOENIX,AZ 1984  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 5614  
 License Date 9/16/1976  
 Name **SHIRREFFS JR, THOMAS G MD**  
 Address DHMC-ORTHOPAEDICS, 1 MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation CASE WESTERN RESERVE UNIV SCHOOL OF MED USA 1969  
 Internship and Year UNIVERSITY HOSPITAL SEATTLE 1970  
 Residency and Year UNIV HOSPITAL CLEVELAND 1973  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 3057  
 License Date 3/9/1955  
 Name **SHOEMAKER JR, ROBERT C MD**  
 Address 241 ELM ST, CLAREMONT, NH, 03743-2016  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation BOSTON UNIVERSITY USA 1949  
 Internship and Year ST LUKE'S HOSPITAL 1950  
 Residency and Year UNIVERSITY OF PENNSYLVANIA HOSPITAL 1955  
 License Expiration Date **6/30/2002**  
 Remarks

License Number	10510
License Date	2/3/1999
Name	<b>SHOEMAKER, ANEEK R MD</b>
Address	MONADNOCK FAMILY SERVICES, 64 MAIN ST SUITE 3KEENE, NH, 03431
Specialty	P
Board Certified	P
School and Year of Graduation	MOUNT SINAI SCH OF MED - NEW YORK, NY USA 1989
Internship and Year	HILLSIDE HOSPITAL - HEW HYDE PARK, NY 1993
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1994
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>lapsed for non-renewal 6/30/02.. Reinstated 10/7/09</b>

License Number	13883
License Date	3/5/2008
Name	<b>SHOOR, RAJESH K DO</b>
Address	PARKLAND MEDICAL CTR, 1 PARKLAND DRDERRY, NH, 03038
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF NEW JERSEY USA 2002
Internship and Year	UMDNJ NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 2003
Residency and Year	UMDNJ NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16388
License Date	11/6/2013
Name	<b>SHORE, BENJAMIN J MD</b>
Address	BOSTON CHILDRENS HOSP, 300 LONGWOOD AVE HUN 2BOSTON, MA, 02115
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIVERSITY OF WESTERN ONTARIO CANADA 2003
Internship and Year	SCHULICH SCHOOL MEDICINE & DENTISTRY - LONDON, CANADA 2004
Residency and Year	SCHULICH SCHOOL MEDICINE & DENTISTRY - LONDON, CANADA 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16806
License Date	10/1/2014
Name	<b>SHORNICK, JEFFREY K MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	D
Board Certified	D
School and Year of Graduation	UNIV OF CALIFORNIA, SAN FRANCISCO, SCHOOL OF MEDIC USA 1976
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1977
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1980
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9339
License Date	12/7/1994
Name	<b>SHORT, CYNTHIA L MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756-0001
Specialty	NEP
Board Certified	NEP
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 1986
Internship and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER NY 1987
Residency and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER NY 1989
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	L2642
License Date	9/6/2007
Name	<b>SHORT, RANDE K MD</b>
Address	LAMPREY HEALTH CARE, 10 PROSPECT STNASHUA, NH, 03060
Specialty	FP
Board Certified	
School and Year of Graduation	UNIVERSITY OF COLORADO SCHOOL OF MEDICINE USA 1980
Internship and Year	MCKENNA HOSPITAL- SIOUX FALLS, SD 1981
Residency and Year	SIOUX FALLS FAMILY PRACTICE - SIOUX FALLS, SD 1983
License Expiration Date	
Remarks	

License Number	8630
License Date	9/4/1991
Name	<b>SHORTER, NICHOLAS A MD</b>
Address	SUNY-DOWNSTATE MED CTR, 450 CLARKSON AVEBROOKLYN, NY, 11203
Specialty	PDS
Board Certified	PDS
School and Year of Graduation	JOHNS HOPKINS UNIV SCH OF MED-BALTIMORE,MD USA 1979
Internship and Year	JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1981
Residency and Year	JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1985
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	11520
License Date	2/6/2002
Name	<b>SHRAKE II, ROBERT G MD</b>
Address	#400 ROOM 4E091, 9050 CENTRE POINTE DRWEST CHESTER, OH, 45069
Specialty	PD
Board Certified	PD
School and Year of Graduation	WRIGHT STATE UNIV SCH- DAYTON, OH USA 1984
Internship and Year	CHILDREN MEDICAL CENTER - DAYTON, OH 1985
Residency and Year	CHILDREN MEDICAL CENTER - DAYTON, OH 1987
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number 12178  
 License Date 12/3/2003  
 Name **SHRECK, GEOFFREY W MD**  
 Address ACCESS SPORTS MEDICINE, 1 HAMPTON RDEXETER, NH, 03833  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF OKLAHOMA, OKLAHOMA CITY OK US 1995  
 Internship and Year MAINE MEDICAL CTR, PORTLAND ME 1996  
 Residency and Year BERKSHIRE MEDICAL CTR, PITTSFIELD MA 1997  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13357  
 License Date 12/6/2006  
 Name **SHREEVE, DANIEL F MD**  
 Address KENNEBEC VALLEY MENTAL HEALTH, 67 EUSTIS PARKWAYWATERVILLE, ME, 04901  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIV OF CALIFORNIA USA 1984  
 Internship and Year WILFORD HALL MEDICAL CTR-LACKLAND AFB, TX 1985  
 Residency and Year WILFORD HALL MEDICAL CTR-LACKLAND AFB, TX 1987  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 16958  
 License Date 2/4/2015  
 Name **SHRESTHA, MONISHA MD**  
 Address LAKES REGION GENERAL HEALTHCARE, 80 HIGHLAND STLACONIA, NH, 03246  
 Specialty IM  
 Board Certified  
 School and Year of Graduation B.P. KOIRALA INSTITUTE OF HEALTH SCIENCES NEPAL 2008  
 Internship and Year ST THOMAS MIDTOWN HOSPITAL - NASHVILLE, TN 2013  
 Residency and Year ST THOMAS MIDTOWN HOSPITAL - NASHVILLE, TN 2015  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 5766  
 License Date 6/24/1977  
 Name **SHRESTHA, SURESH M MD**  
 Address , , ,  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation ST. MEDICAL INSTITUTE IN MOSCOW MOSCOW 1966  
 Internship and Year  
 Residency and Year  
 License Expiration Date **6/30/1994**  
 Remarks

License Number	11463
License Date	11/7/2001
Name	<b>SHRIKHANDE, SHUBHADA S MD</b>
Address	177 PORTSMOUTH AVE, UNIT BSTRATHAM, NH, 03885
Specialty	IM
Board Certified	IM
School and Year of Graduation	GOVERNMENT MED COLL - MAHARASHTRA, INDIA INDIA 1992
Internship and Year	MICHAEL REESE HOSPITAL & MEDICAL CENTER - CHICAGO, IL 1996
Residency and Year	MICHAEL REESE HOSPITAL & MEDICAL CENTER - CHICAGO, IL 1998
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	12556
License Date	12/1/2004
Name	<b>SHU, JENNIFER A MD</b>
Address	DARTMOUTH HITCHCOCK, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PD
Board Certified	PD
School and Year of Graduation	VIRGINIA COMMONWEALTH UNIVERSITY, RICHMOND VA US 1992
Internship and Year	UNIVERSITY OF CALIFORNIA, SAN FRANCISCO CA 1993
Residency and Year	UNIVERSITY OF CALIFORNIA, SAN FRANCISCO CA 1996
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	13993
License Date	5/7/2008
Name	<b>SHUBKIN, CATHERINE D MD</b>
Address	DHMC-PEDIATRICS, ONE MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty	PD
Board Certified	PD
School and Year of Graduation	GEORGE WASHINGTON UNIV USA 1995
Internship and Year	CHILDRENS HOSPITAL & REGIONAL MED CTR - SEATTLE, WA 1997
Residency and Year	BOSTON MEDICAL CENTER-BOSTON, MA 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13023
License Date	3/1/2006
Name	<b>SHUGOL, MARGARITA DO</b>
Address	PLEASANT STREET FAMILY MED, 280 PLEASANT STCONCORD, NH, 03301
Specialty	FP
Board Certified	FP
School and Year of Graduation	PHILADELPHIA COLLEGE OF OSTEOPATHIC MED, PHILADELP US 2002
Internship and Year	TUFTS UNIVERSITY, MALDEN MA 2002
Residency and Year	CENTRAL MAINE MED CTR, LEWISTON ME 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	14306
License Date	1/7/2009
Name	<b>SHULER, WILLIAM H MD</b>
Address	1300 ANNE ST., BEMIDJI, MN, 56601
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF NORTH DAKOTA USA 2001
Internship and Year	SUMMA HEALTH SYSTEM NEOUCOM PROGRAM - AKRON, OH 2002
Residency and Year	SUMMA HEALTH SYSTEM NEOUCOM PROGRAM - AKRON, OH 2004
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	17082
License Date	5/6/2015
Name	<b>SHULKOSKY, MARK J MD</b>
Address	68 S SERVICE RD STE 350, MELVILLE, NY, 11747
Specialty	AN
Board Certified	AN
School and Year of Graduation	TEMPLE UNIVERSITY SCHOOL OF MEDICINE USA 1986
Internship and Year	NAVAL MEDICAL CENTER-PORTSMOUTH, VA 1987
Residency and Year	UNIVERISTY OF PITTSBURGH SCHOOL OF MEDICINE - PITTSBURGH, PA 1990
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14100
License Date	7/9/2008
Name	<b>SHULMAN, ELIZA P DO</b>
Address	HARVARD VANGUARD MEDICAL ASSOC, 26 CITY HALL MALLMEDFORD, MA, 02155
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF NEW ENGLAND USA 2004
Internship and Year	CONCORD HOSPITAL - CONCORD, NH 2006
Residency and Year	CONCORD HOSPITAL - CONCORD, NH 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10666
License Date	8/4/1999
Name	<b>SHULMAN, ERIC A MD</b>
Address	253 PLEASANT ST, CONCORD, NH, 03301
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF MASS MED SCH - WORCHESTER, MA USA 1996
Internship and Year	TOD CHILDRENS HOSPITAL - YOUNGSTOWN, OH 1997
Residency and Year	TOD CHILDRENS HOSPITAL - YOUNGSTOWN, OH 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14901
License Date	6/2/2010
Name	<b>SHULMAN, LAWRENCE N MD</b>
Address	DANA-FARBER CANCER INSTITUTE, 450 BROOKLINE AVE D1608BOSTON, MA, 02215
Specialty	IM
Board Certified	IM
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 1975
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1977
Residency and Year	100 MIDLAND AVE 1980
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	L2912
License Date	1/6/2010
Name	<b>SHULMAN, NED I MD</b>
Address	HEALTHSOUTH REHAB HOSPITAL, 254 PLEASANT STREETCONCORD, NH, 03301
Specialty	IM
Board Certified	IM
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>4/15/2010</b>
Remarks	

License Number	7004
License Date	11/1/1984
Name	<b>SHULTZ, EDWARD K MD</b>
Address	VANDERBILT UNIV HOSPITAL, D 131 VUHNASHVILLE, TN, 37232-7330
Specialty	CLP
Board Certified	CLP
School and Year of Graduation	YALE UNIVSCH MED -NEW HAVEN,CT USA 1979
Internship and Year	BARNES HOSP-ST LOUIS,MO 1980
Residency and Year	BARNES HOSP-ST LOUIS,MO 1984
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	9556
License Date	9/6/1995
Name	<b>SHULTZ, KELLEY H MD</b>
Address	CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER, 3333 BURNET AVECINCINNATI, OH, 45229
Specialty	PD
Board Certified	PD
School and Year of Graduation	BOWMAN GRAY SCHOOL OF MED OF WAKE FOREST UNIV USA 1986
Internship and Year	CHILDRENS HOSPITAL COLUMBUS OH 1987
Residency and Year	CHILDRENS HOSPITAL COLUMBUS OH 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 12145  
 License Date 11/5/2003  
 Name **SHUMAN, JOLENE J MD**  
 Address 161 CORPORATE DRIVE, PORTSMOUTH, NH, 03801  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF KANSAS, KANSAS CITY KS US 1992  
 Internship and Year FORBES HEALTH SYSTEM, MONROEVILLE PA 1993  
 Residency and Year FORBES HEALTH SYSTEM, MONROEVILLE PA 1995  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11939  
 License Date 5/7/2003  
 Name **SHUMAN, KENNETH R MD**  
 Address DURHAM HEALTH CENTER, 36 MADBURY RDDURHAM, NH, 03824  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation GEORGETOWN UNIV SCH OF MED - WASHINGTON, DC USA 1992  
 Internship and Year FORBES HEALTH SYSTEM - MONROEVILLE, PA 1993  
 Residency and Year FORBES HEALTH SYSTEM - MONROEVILLE, PA 1994  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14395  
 License Date 4/1/2009  
 Name **SHUMWAY, ALLEGRA L MD**  
 Address PLANNED PARENTHOOD OF NORTH NE, 501 PORTLAND STST JOHNSBURY, VT, 05819  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF VERMONT USA 1988  
 Internship and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1989  
 Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1991  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 9083  
 License Date 11/3/1993  
 Name **SHUTE, KEITH M MD**  
 Address ANDROSCOGGIN VALLEY HOSP, 59 PAGE HILL RDBERLIN, NH, 03570-  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1989  
 Internship and Year LANCASTER GENERAL HOSPITAL - LANCASTER PA 1992  
 Residency and Year LANCASTER GENERAL HOSPITAL - LANCASTER PA 1992  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9073  
 License Date 10/6/1993  
 Name **SIBERSKI, JOHN R MD**  
 Address 35 CREIGHTON ST, JAMAICA PLAIN, MA, 02130  
 Specialty P  
 Board Certified P  
 School and Year of Graduation TEMPLE UNIV SCHO OF MED -PHILA, PA USA 1975  
 Internship and Year GEISINGER MEDICAL CENTER - DANVILLE, PA 1976  
 Residency and Year TEMPLE UNIV HOSP -PHILA, PA 1992  
 License Expiration Date **6/30/1999**  
 Remarks

License Number 15046  
 License Date 10/6/2010  
 Name **SIBLEY, ANJALI T MD**  
 Address THE CENTER FOR CANCER CARE, 11 WHITEHALL RD/FRISBIE HOSROCHESTER, NH, 03867  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF TENNESSEE USA 2003  
 Internship and Year MOUNT AUBURN HOSPITAL - CAMBRIDGE, MA 2005  
 Residency and Year MOUNT AUBURN HOSPITAL - CAMBRIDGE, MA 2007  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 3018  
 License Date 3/10/1954  
 Name **SIBLEY, JOHN R MD**  
 Address 40 HIGHLANDS RD, ETNA, NH, 03750  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation NORTHWESTERN UNIVERSITY USA 1952  
 Internship and Year WESLEY MEMORIAL HOSPITAL - CHICAGO, IL 1953  
 Residency and Year WESLEY MEMORIAL HOSPITAL - CHICAGO, IL 1953  
 License Expiration Date **6/30/2004**  
 Remarks **Deceased 6/24/2012**

License Number 16328  
 License Date 9/4/2013  
 Name **SIBLEY, RICHARD W MD**  
 Address SUMMIT RADIOLOGY, PO BOX 80070 FORT WAYNE, IN, 46898-0070  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation EMORY UNIVERSITY SCHOOL OF MEDICINE USA 1994  
 Internship and Year EMORY UNIVERSITY HOSPITAL - ATLANTA, GA 1995  
 Residency and Year EMORY UNIVERSITY HOSPITAL - ATLANTA, GA 1998  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	17249
License Date	8/5/2015
Name	<b>SICA, ROBBAN A MD</b>
Address	391 BOSTON POST RD, ORANGE, CT, 06477
Specialty	P
Board Certified	
School and Year of Graduation	THE UNIVERSITY OF TOLEDO, TOLEDO, OH USA 1982
Internship and Year	INSTITUTE OF LIVING/HARTFORD HOSPITAL'S MENTAL HLTH, HARTFORD, CT 1984
Residency and Year	INSTITUTE OF LIVING/HARTFORD HOSPITAL'S MENTAL HLTH, HARTFORD, CT 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14361
License Date	3/4/2009
Name	<b>SICILIA, VITALIANO MD</b>
Address	SPRINGFIELD HOSPITAL, SPRINGFIELD, VT, 05156
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV DI PISA ITALY 1999
Internship and Year	LENOX HILL HOSPITAL - NEW YORK, NY 2004
Residency and Year	LENOX HILL HOSPITAL - NEW YORK, NY 2006
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	14270
License Date	12/3/2008
Name	<b>SICKOREZ, GLEN J MD</b>
Address	SNHMC, PROSPECT STNASHUA, NH, 03061
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF NEW JERSEY USA 1985
Internship and Year	UNIV OF MASSACHUSETTS MEDICAL SCHOOL-WORCESTER, MA 1986
Residency and Year	WORCESTER CITY HOSPITAL-WORCESTER,MA 1987
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	10015
License Date	5/7/1997
Name	<b>SIDARI, JOSEPH N MD</b>
Address	DEPT OTOLARYNGOLOGY, 123 SUMMER ST STE 300WORCESTER, MA, 01608
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	BOSTON UNIV SCH MED-BOSTON,MA USA 1992
Internship and Year	TUFTS NEW ENGLAND MED CTR-BOSTON,MA 1993
Residency and Year	TUFTS NEW ENGLAND MED CTR-BOSTON,MA 1997
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number 16880  
 License Date 12/3/2014  
 Name **SIDDEN, CHRISTOPHER R MD**  
 Address 3620 PELHAM RD #149, GREENVILLE, SC, 29615-5044  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation EASTERN VIRGINIA MEDICAL SCHOOL USA 2001  
 Internship and Year MCGILL UNIVERSITY - MONTREAL, QUEBEC, CANADA 2002  
 Residency and Year MCGILL UNIVERSITY - MONTREAL, QUEBEC, CANADA 2006  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 7659  
 License Date 7/8/1987  
 Name **SIDDIQI, JAVED I MD**  
 Address 380 MERRIMACK ST, STE 2 CMETHUEN, MA, 01844-4600  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation NISHTAR MEDICAL COLLEGE PAKISTAN 1980  
 Internship and Year ST JOSEPH HOSPITAL - BALTIMORE MD 1983  
 Residency and Year ST JOSEPH HOSPITAL - BALTIMORE MD 1986  
 License Expiration Date **6/30/2017**  
 Remarks **Lapsed for non-renewal 6/30/15. Renewed 8/31/15.**

License Number 13603  
 License Date 7/11/2007  
 Name **SIDDIQUI, SOHAIB MD**  
 Address ANDROSCOGGIN VALLEY HOSPITAL, 59 PAGE HILL RD BERLIN, NH, 03570  
 Specialty FP  
 Board Certified  
 School and Year of Graduation ST JAMES SCHOOL NETHERLANDS 2003  
 Internship and Year SUNY @ STONY BROOK - STONY BROOK, NY 2005  
 Residency and Year SUNY @ STONY BROOK - STONY BROOK, NY 2007  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14902  
 License Date 6/2/2010  
 Name **SIDES, COREY N MD**  
 Address NE BAPTIST RADIOLOGY PC, 125 PARKER HILL AVE BOSTON, MA, 02120  
 Specialty R  
 Board Certified R  
 School and Year of Graduation TUFTS UNIVERSITY USA 2003  
 Internship and Year ST VINCENT HOSPITAL - WORCESTER, MA 2004  
 Residency and Year UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2008  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16773  
 License Date 9/3/2014  
 Name **SIDFORD, CHRISTOPHER F MD**  
 Address 29 WATER ST STE 206, NEWBURYPORT, MA, 01950  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1987  
 Internship and Year BASSETT MEDICAL CENTER - COOPERTOWN, NY 1988  
 Residency and Year BOSTON MEDICAL CENTER - BOSTON, MA 1991  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13994  
 License Date 5/7/2008  
 Name **SIDHU, MANDEEP MD**  
 Address DHMC - CARDIOLOGY CENTER, ONE MEDICAL CENTER DR LEBANON, NH, 03756  
 Specialty IM  
 Board Certified  
 School and Year of Graduation TUFTS UNIV USA 2003  
 Internship and Year NEW ENGLAND MEDICAL CENTER-BOSTON, MA 2004  
 Residency and Year NEW ENGLAND MEDICAL CENTER-BOSTON, MA 2006  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 7591  
 License Date 5/6/1987  
 Name **SIDLEY, NATHAN T MD**  
 Address 71 FERNCROFT RD, WONALANCET, NH, 03897  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIV OF MINNESOTA MED SCH - MN USA 1953  
 Internship and Year UNIV OF IL HOSPITAL - CHICAGO, IL 1954  
 Residency and Year MASS GENERAL HOSPITAL - BOSTON, MA 1962  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 11609  
 License Date 5/1/2002  
 Name **SIDWELL, ANN B MD**  
 Address 303 CATLIN ST, BUFFALO, MN, 55313  
 Specialty PD  
 Board Certified IM  
 School and Year of Graduation HARVARD MEDICAL SCH - BOSTON, MA USA 1994  
 Internship and Year UNIV OF MINNESOTA - MINNEAPOLIS, MN 1995  
 Residency and Year UNIV OF MINNESOTA - MINNEAPOLIS, MN 1998  
 License Expiration Date **6/30/2016**  
 Remarks **LAPSED FOR NONRENEWAL 6/30/14**  
**RENEWED 7/29/14**

License Number	9436
License Date	5/3/1995
Name	<b>SIEGART, WILLIAM R DO</b>
Address	ON CALL INTERNATIONAL, ONE DELAWAR DRIVESALEM, NH, 03079-4034
Specialty	EM
Board Certified	EM
School and Year of Graduation	NEW YORK COLLEGE OF OSTEOPATHIC MEDICINE USA 1984
Internship and Year	PONTIAC OSTEOPATHIC HOSPITAL - PONTIAC, MI 1987
Residency and Year	PONTIAC OSTEOPATHIC HOSPITAL, PONTIAC MI 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8765
License Date	7/1/1992
Name	<b>SIEGEL, ALAN H MD</b>
Address	DHMC - DEPT OF RADIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	DR
Board Certified	DR
School and Year of Graduation	MOUNT SINAI SCHOOL OF MEDICINE USA 1984
Internship and Year	MORRISTOWN MEMORIAL HOSPITAL MORRISTOWN - NEW JERSEY 1985
Residency and Year	BETH ISRAEL MEDICAL CENTER NEW YORK - NEW YORK 1989
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4741
License Date	7/25/1972
Name	<b>SIEGEL, ANDREW MD</b>
Address	196 BATTERY ST, BURLINGTON, VT, 05401-5280
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF PA SCHOOL OF MEDICINE - PHILA, PA USA 1968
Internship and Year	UNIF OF PA HOSPITAL - PHILA, PA 1969
Residency and Year	YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1972
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	14236
License Date	11/5/2008
Name	<b>SIEGEL, BONITA H MD</b>
Address	210 ST JAMES PLACE, BROOKLYN, NY, 11238
Specialty	N
Board Certified	N
School and Year of Graduation	UNIV OF WISCONSIN USA 1991
Internship and Year	HAHNEMANN UNIV HOSPITAL-PHILADELPHIA, PA 1992
Residency and Year	HAHNEMANN UNIV HOSPITAL-PHILADELPHIA, PA 1993
License Expiration Date	<b>6/30/2014</b>
Remarks	



License Number	11395
License Date	9/5/2001
Name	<b>SIEGEL, COREY A MD</b>
Address	DHMC-GI, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	TUFTS UNIV SCH OF MED- BOSTON, MA USA 1998
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1999
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17281
License Date	9/2/2015
Name	<b>SIEGEL, DAVID B DO</b>
Address	10914 S 91ST EAST AVE, TULSA, OK, 74133-7079
Specialty	AN
Board Certified	AN
School and Year of Graduation	COLLEGE OF OSTEOPATHIC MED, DES MOINES IA USA 1979
Internship and Year	CHICAGO OSTEOPATHIC HOSPITAL, CHICAGO, IL 1980
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER, WORCESTER, MA 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10374
License Date	8/5/1998
Name	<b>SIEGEL, JOSHUA A MD</b>
Address	ACCESS SPORTS MEDICINE, ONE HAMPTON RDEXETER, NH, 03833
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	STATE UNIV OF NY AT BUFFALO, NY USA 1992
Internship and Year	SUNY HLTH SCI CTR AT SYRACUSE, NY 1993
Residency and Year	SUNY HLTH SCI CTR AT SYRACUSE, NY 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12179
License Date	12/3/2003
Name	<b>SIEGEL, SHARON G MD</b>
Address	SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200SOUTH PORTLAND, ME, 04106
Specialty	R
Board Certified	R
School and Year of Graduation	TUFTS UNIVERSITY, BOSTON MA US 1991
Internship and Year	BOSTON UNIVERSITY MED CTR, BOSTON MA 1992
Residency and Year	UNIVERSITY OF PA, PHILADELPHIA PA 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15327
License Date	7/6/2011
Name	<b>SIEGEL, TIMOTHY R MD</b>
Address	DHMC - DEPT OF SURGERY, ONE MEDICAL CENTER DRIVELEBANON, NH, 03756-0001
Specialty	GS
Board Certified	GS
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1990
Internship and Year	UNIVERSITY OF ROCHESTER MEDICAL CENTER-ROCHESTER, NY 1991
Residency and Year	UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1995
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	9388
License Date	3/1/1995
Name	<b>SIEGFRIED, VIRGINIA A MD</b>
Address	PLANNED PARENTHOOD, 518 GARDEN STSANTA BARBARA, CA, 93101
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	COLUMBIA UNIVERSITY COLL OF PHYS & SURGEONS USA 1979
Internship and Year	UCLA MEDICAL CENTER - LOS ANGELES CA 1980
Residency and Year	UCLA MEDICAL CENTER - LOS ANGELES CA 1983
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	12146
License Date	11/5/2003
Name	<b>SIEPMANN, DAVID B MD</b>
Address	DHMC - DEPT OF RADIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	DR
Board Certified	
School and Year of Graduation	OREGON HEALTH & SCIENCE UNIVERSITY, PORTLAND OR US 2000
Internship and Year	PROVIDENCE/ST VIINCENT HOSP & MED CTR, PORTLAND OR 2001
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2005
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	9198
License Date	6/1/1994
Name	<b>SIEVERS, TIMOTHY M MD</b>
Address	AMOSKEAG ANESTHESIA, ONE ELLIOT WAY STE 200MANCHESTER, NH, 03103-0350
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF COLORADO SCHOOL OF MEDICINE USA 1990
Internship and Year	ST JOSEPH'S HOSPITAL - DEVENER, CO 1991
Residency and Year	UNIVERISTY OF MICHIGAN HOSPITALS - ANN ARBOR MI 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 4861  
 License Date 11/18/1971  
 Name **SIGALOS, GEORGE L MD**  
 Address 1 JADY HILL AVE, APT J-10EXETER, NH, 03833  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation GEORGE WASHINGTON UNIVERSITY-WASHINGTON DC USA 1959  
 Internship and Year GEORGE WASHINGTON UNIVERSITY-WASHINGTON DC 1960  
 Residency and Year UNIVERSITY HOSPITAL-COLUMBUS OH 1964  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 17083  
 License Date 5/6/2015  
 Name **SIGBJARNARSON, HERMANN P MD**  
 Address 48 CHURCH ST APT 1, LEBANON, NH, 03766  
 Specialty GS  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF ICELAND ICELAND 2005  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2015  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12038  
 License Date 8/6/2003  
 Name **SIGMAN, SCOTT A MD**  
 Address 14 RESEARCH PLACE, NORTH CHELMSFORD, MA, 01863  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation U OF MARYLAND, BALTIMORE MD US 1990  
 Internship and Year ST AGNES HEALTHCARE, BALTIMORE MD 1991  
 Residency and Year NEW ENGLAND MEDICAL CTR, BOSTON MA 1995  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 17234  
 License Date 8/5/2015  
 Name **SIGNALOV, MIKHAIL DO**  
 Address SO NH DIABETES & ENDOCRINOLOGY, 29 NORTHWEST BLVDNASHUA, NH, 03063  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation LAKE ERIE COLLEGE OF OSTEOPATHIC MED- ERIE PA USA 2005  
 Internship and Year ST LUKES HOSPITAL - BETHLEHEM, PA 2006  
 Residency and Year ST LUKES HOSPITAL - BETHLEHEM, PA 2008  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	9089
License Date	12/2/1993
Name	<b>SIGURDSSON, ALBERT P MD</b>
Address	401 WINDSOR RIDGE DR, WESTBOROUGH, MA, 01581
Specialty	N
Board Certified	
School and Year of Graduation	UNIVERSITY OF ICELAND ICELAND 1988
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1994
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1994
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	16429
License Date	12/4/2013
Name	<b>SIKKA, PANKAJ K MD</b>
Address	21 CANTERBURY HILL RD, ACTON, MA, 01720-4921
Specialty	AN
Board Certified	AN
School and Year of Graduation	GRANT MEDICAL COLLEGE - INDIA INDIA 1989
Internship and Year	YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1998
Residency and Year	YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11289
License Date	6/6/2001
Name	<b>SILANG, RIETA PURIFICACION T MD</b>
Address	INTERNAL MED & KIDNEY PARTNERS PA, 19 TYLER ST STE 203 NASHUA, NH, 03060
Specialty	IM
Board Certified	IM
School and Year of Graduation	FAC OF MED & SURGERY UNIV - MANILA PHILIPPINES PHILLIPPINES 1989
Internship and Year	ST MICHAEL'S MEDICAL CENTER - NEWARK, NJ 1994
Residency and Year	ST MICHAEL'S MEDICAL CENTER - NEWARK, NJ 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10918
License Date	5/3/2000
Name	<b>SILAS, ANNE M MD</b>
Address	DHMC-RADIOLOGY, ONE MEDICAL CTR DR LEBANON, NH, 03756
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF WESTERN ONTARIO FACULTY OF MEDICINE CANADA 1994
Internship and Year	UNIVERSITY OF BRISTISH COLUMBIA-VANCOUVER-BC CANADA 1995
Residency and Year	UNIVERSITY OF BRISTIH COLUMBIA-VANCOUVER, BC CANADA 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4867
License Date	12/6/1971
Name	<b>SILBERFARB, PETER M MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty	P
Board Certified	P
School and Year of Graduation	HAHNEMANN MEDICAL COLL-PHILADELPHIA PA USA 1965
Internship and Year	HAHNEMANN MEDICAL COLL-PHILADELPHIA PA 1966
Residency and Year	MARY HITCHCOCK MEM HOSP-HANOVER NH 1969
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10729
License Date	10/6/1999
Name	<b>SILBERSTEIN, TODD A DO</b>
Address	CHESHIRE MED CTR-CARDIOLOGY, 590 COURT STKEENE, NH, 033431
Specialty	CD
Board Certified	CD
School and Year of Graduation	SOUTHEASTERN COLL OF OSTEO MED - FT LAUDERDALE FL USA 1996
Internship and Year	LONG ISLAND JEWISH MED CTR - NEW HYDE PARK NY 1997
Residency and Year	LONG ISLAND JEWISH MED CTR - NEW HYDE PARK NY 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11257
License Date	5/2/2001
Name	<b>SILBEY, MARK B MD</b>
Address	DARTMOUTH-HITCHCOCK KEENE, 590 COURT STKEENE, NH, 03431
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	COLUMBIA UNIVERSITY USA 1985
Internship and Year	DUKE UNIVERSITY MEDICAL CENTER - DURHAM NC 1991
Residency and Year	UNIVERSITY HEALTH CENTER OF PITTSBURGH - PITTSBURGH PA 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11038
License Date	8/2/2000
Name	<b>SILISKI, JOHN M MD</b>
Address	ONE HAWTHORNE PL STE 105, BOSTON, MA, 02114
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	HARVARD MEDICAL SCHOOL - BOSTON MA USA 1977
Internship and Year	MASSACHUSETTS GENERAL HOSP - BOSTON MA 1983
Residency and Year	BRIGHAM & WOMENS HOSP - BOSTON MA 1984
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	16736
License Date	8/6/2014
Name	<b>SILKA, VAN R MD</b>
Address	41 DAVIS ST, NORTHBOROUGH, MA, 01532-2105
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF TOLEDO - TOLEDO, OH US 1988
Internship and Year	UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE - CINCINNATI, OH 1990
Residency and Year	UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE - CINCINNATI, OH 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13690
License Date	9/5/2007
Name	<b>SILKES, DEBRA S MD</b>
Address	85 COLONIAL DR WEST, TONAWANDA, NY, 14150
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF MIAMI USA 1987
Internship and Year	ST LUKES ROOSEVELT HOSPITAL CENTER - NEW YORK, NY 1988
Residency and Year	ST LUKES ROOSEVELT HOSPITAL CENTER- NEW YORK, NY 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>lapsed 6/30/09 - reinstated 8/3/11</b>

License Number	7799
License Date	3/9/1988
Name	<b>SILLS, RONALD S MD</b>
Address	, , ,
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS USA
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1993</b>
Remarks	

License Number	15073
License Date	11/3/2010
Name	<b>SILVA SAYAGO, ANTONIO J MD</b>
Address	NE NEUROLOGICAL ASSOC LLC, 354 MERRIMACK ST BLDG 1LAWRENCE, MA, 01843
Specialty	N
Board Certified	N
School and Year of Graduation	UNIV CENTRAL DE VENEZUELA-LUIS RAZETTI VENEZUELA 2002
Internship and Year	HOSPITAL OF ST RAPHAEL - NEW HAVEN , CT 2006
Residency and Year	BOSTON MEDICAL CENTER- BOSTON, MA 2009
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number 5315  
 License Date 4/3/1975  
 Name **SILVA, JOSE L MD**  
 Address 2 VALERIE COURT, SANDOWN, NH, 03873  
 Specialty OM  
 Board Certified  
 School and Year of Graduation GEORGE WASHINGTON UNIV - DC USA 1947  
 Internship and Year GEORGE WASHINGTON HOSPITAL - WASHINGTON, DC 1948  
 Residency and Year ST JOSEPH'S HOSPITAL - LEXINGTON, KY 1950  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 11883  
 License Date 4/2/2003  
 Name **SILVA, KEVIN A MD**  
 Address 580 ST JOHNSBURY RD, STE 11LITTLETON, NH, 03561  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF TEXAS MED SCH - GALVESTON, TX USA 2000  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2001  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2003  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16354  
 License Date 10/2/2013  
 Name **SILVER, JONATHAN S MD**  
 Address LAHEY HOSPITAL & MEDICAL CTR, 41 MALL RDBURLINGTON, MA, 01805  
 Specialty CD  
 Board Certified CD  
 School and Year of Graduation TEMPLE UNIVERSITY SCHOOL OF MEDICINE USA 2002  
 Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2003  
 Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2005  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12680  
 License Date 4/6/2005  
 Name **SILVER, ROBERT J MD**  
 Address SO. NH DIABETES & ENDOCRINOLOGY, 29 NORTHWEST BLVDNASHUA, NH, 03063-4068  
 Specialty END  
 Board Certified END  
 School and Year of Graduation UNIVERSITY OF MED & DENTISTRY OF NJ NEWARK NJ US 1999  
 Internship and Year THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA 2000  
 Residency and Year THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA 2002  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	10062
License Date	7/2/1997
Name	<b>SILVERBERG, STUART O MD</b>
Address	701 ELM CIRCLE, GOLDEN, CO, 80401-5819
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF COLORADO SCHOOL OF MED DENVER,CO USA 1955
Internship and Year	WOMEN'S HOSPITAL - PA 1956
Residency and Year	KINGS COUNTY HOSPITAL CENTER - NY 1962
License Expiration Date	<b>6/30/2000</b>
Remarks	<b>DECEASED 5/14/09</b>

License Number	8722
License Date	5/6/1992
Name	<b>SILVERMAN, ELAINE M MD</b>
Address	VALLEY REG HOSP-ASSOC IN MED, 241 ELM STCLAREMONT, NH, 03743
Specialty	IM
Board Certified	IM
School and Year of Graduation	SUNY - SYRACUSE USA 1989
Internship and Year	UNIVERSITY OF CONNECTICUT HOSPITAL - HARTFORD, CT 1990
Residency and Year	UNIVERSITY OF CONNECTICUT HOSPITAL - HARTFORD, CT 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5965
License Date	8/3/1978
Name	<b>SILVERMAN, GRETCHEN K MD</b>
Address	299 N BAY ST, MANCHESTER, NH, 03104-3019
Specialty	FP
Board Certified	EM
School and Year of Graduation	BOSTON UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1971
Internship and Year	ST VINCENT'S HOSPITAL - WORCESTER, MA 1972
Residency and Year	HOSPITAL MEDICAL COLLEGE OF PENNSYLVANIA - PHILA, PA 1975
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	5966
License Date	8/3/1978
Name	<b>SILVERMAN, HARVEY M MD</b>
Address	299 NO BAY, MANCHESTER, NH, 03104
Specialty	OM
Board Certified	OM
School and Year of Graduation	BOSTON UNIV SCHOOL OF MED - BOSTON, MA USA 1970
Internship and Year	ST VINCENT HOSPITAL - WORCESTER, MA 1971
Residency and Year	HOSPITAL MEDICAL COLLEGE OF PENNSYLVANIA - PHILA, PA 1975
License Expiration Date	<b>6/30/2012</b>
Remarks	



License Number	14210
License Date	10/1/2008
Name	<b>SILVERMAN, SCOTT B MD</b>
Address	MGH, 15 PARKMAN ST WAC 729JBOSTON, MA, 02114
Specialty	N
Board Certified	N
School and Year of Graduation	UNIV OF MASSACHUSETTS USA 2002
Internship and Year	MOUNT AUBURN HOSPITAL - CAMBRIDGE, MA 2003
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER - WORCESTER, MA 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11290
License Date	6/6/2001
Name	<b>SILVERMAN, STEPHANIE D MD</b>
Address	NEW BOSTON PRIMARY CARE, 52 HIGH STREETNEW BOSTON, NH, 03070
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF MARYLAND SCH OF MED - BALTIMORE, MD USA 1996
Internship and Year	LANCASTER GENERAL HOSP - LANCASTER, PA 1997
Residency and Year	LANCASTER GENERAL HOSP - LANCASTER, PA 1999
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	16430
License Date	12/4/2013
Name	<b>SILVERMAN, WARREN MD</b>
Address	776A WATERVLIT SHAKER RD, LATHAM, NY, 12110-2296
Specialty	OM
Board Certified	OM
School and Year of Graduation	ALBANY MEDICAL COLLEGE - NY USA 1978
Internship and Year	DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 1979
Residency and Year	DUKE UNIVERSITY MEDICAL CENTER - DURHAM, NC 1980
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6884
License Date	5/10/1984
Name	<b>SILVERS, DENNIS A MD</b>
Address	E.BOSTON NEIGHBORHOOD HLTH CTR, 10 GOVE STE. BOSTON, MA, 02128
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF PENNSYLVANIA - PHILA, PA USA 1974
Internship and Year	MEDICAL COLLEGE OF PENNSYLVANIA - PHILA, PA 1975
Residency and Year	WORCESTER CITY HOSPITAL - WORCESTER, MA 1980
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8633
License Date	9/23/1991
Name	<b>SILVERSMITH, MARK J MD</b>
Address	NH GASTROENTEROLOGY, 9 WASHINGTON PLACE SUITE 2BEDFORD, NH, 03110
Specialty	GE
Board Certified	GE
School and Year of Graduation	ST SINAI SCH OF MED - NY, NY USA 1983
Internship and Year	MONTEFIORE HOSPITAL - BRONX, NY 1984
Residency and Year	MONTEFIORE HOSPITAL - BRONX, NY 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12357
License Date	6/2/2004
Name	<b>SILVERSTEIN, MARNI A MD</b>
Address	DHK-PEDIATRICS, 580 COURT STKEENE, NH, 03431
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF MASS, WORCESTER MA US 2001
Internship and Year	CHILDRENS HOSP AT DARTMOUTH, LEBANON NH 2002
Residency and Year	CHILDRENS HOSP AT DARTMOUTH, LEBANON NH 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12919
License Date	10/5/2005
Name	<b>SILVERSTONE, DANIEL Z MD</b>
Address	CHEM CENTER FOR MRI, 48 MONTVALE AVESTONEHAM, MA, 02180
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF MASS., WORCESTER MA US 1984
Internship and Year	BETH ISRAEL DEACONESS MED CTR, BOSTON MA 1985
Residency and Year	BETH ISRAEL DEACONESS MED CTR, BOSTON MA 1989
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	17235
License Date	8/5/2015
Name	<b>SIMANGAN YOUSSEFI, LENORE REEVA C MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty	PD
Board Certified	PD
School and Year of Graduation	ST GEORGES UNIVERSITY - GRENADA GRENADA 2008
Internship and Year	UNIVERSITY OF NEVADA SCHOOL OF MEDICINE - LAS VEGAS, NV 2009
Residency and Year	UNIVERSITY OF NEVADA SCHOOL OF MEDICINE - LAS VEGAS, NV 2012
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10509
License Date	2/3/1999
Name	<b>SIMARD, CHRISTOPHER J MD</b>
Address	VERTEX PHARMACEUTICALS, 50 NORTHERN AVE BOSTON, MA, 02110
Specialty	AN
Board Certified	
School and Year of Graduation	TUFTS UNIV SCH OF MEDICINE - BOSTON, MA USA 1994
Internship and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1995
Residency and Year	BETH ISREAL DEACONESS MEDICAL CENTER - BOSTON, MA 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5068
License Date	8/31/1973
Name	<b>SIMINGTON, ARTHUR W MD</b>
Address	DARTMOUTH HITCHCOCK-KEENE, 590 COURT ST KEENE, NH, 03431-1798
Specialty	PD
Board Certified	PD
School and Year of Graduation	GEORGE WASHINGTON UNIVERSITY-WASHINGTON DC USA 1968
Internship and Year	THE YORK HOSP-YORK PA 1969
Residency and Year	THE CHILDREN'S HOSP-COLUMBUS OH 1970
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	17084
License Date	5/6/2015
Name	<b>SIMKIN, GALINA MD</b>
Address	227 ESTATE CT, NORTHBROOK, IL, 60062
Specialty	N
Board Certified	N
School and Year of Graduation	RUSSIAN STATE MEDICAL UNIVERSITY RUSSIA 1982
Internship and Year	PRESBYTERIAN MEDICAL CENTER - PHILADELPHIA, PA 1994
Residency and Year	UNIVERSITY OF ILLINOIS HOSPITAL & CLINICS - CHICAGO, IL 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16431
License Date	12/4/2013
Name	<b>SIMMONDS, VERONICA L DO</b>
Address	PO BOX 656, ELLSWORTH, ME, 04605-0656
Specialty	OBG
Board Certified	
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC USA 2005
Internship and Year	PCOM/ST JOSEPH MEDICAL CENTER - READING, PA 2006
Residency and Year	READING HOSPITAL AND MEDICAL CENTER - READING, PA 2007
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	5932
License Date	6/16/1978
Name	<b>SIMMONS, BARRY P MD</b>
Address	BRIGHAM&WOMENS HOSP/ ORTHOP, 75 FRANCIS STBOSTON, MA, 02115-6195
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	COLUMBIA UNIV COLLEGE OF PHYSICIAN SURGEONS, NY USA 1965
Internship and Year	NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON, MA 1966
Residency and Year	MASS GENERAL HOSPITAL - BOSTON, MA 1973
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10224
License Date	1/7/1998
Name	<b>SIMMONS, CHARLES M MD</b>
Address	MEMORIAL HOSPITAL, PO BOX 5001N CONWAY, NH, 03860
Specialty	EM
Board Certified	EM
School and Year of Graduation	LOMA LINDA UNIV SCH OF MED-LOMA LINDA, CA USA 1985
Internship and Year	LOMA LINDA UNIV MEDICAL CENTER - CA 1986
Residency and Year	LOMA LINDA UNIV MEDICAL CENTER - CA 1992
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	17132
License Date	6/3/2015
Name	<b>SIMMONS, MARC D MD</b>
Address	106 MAIN ST, BYFIELD, MA, 01922
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS MED SCHL, WORCESTER MA USA 1996
Internship and Year	BELLEVUE HOSPITAL CENTER, NEW YORK NY 1997
Residency and Year	BELLEVUE HOSPITAL CENTER, NEW YORK NY 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11820
License Date	1/8/2003
Name	<b>SIMMONS, NATHAN E MD</b>
Address	DHMC NEUROSURGERY, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	NS
Board Certified	NS
School and Year of Graduation	UNIV OF VIRGINIA SCH OF MED - CHARLOTTESVILLE, VA USA 1993
Internship and Year	UNIV OF VIRGINIA HOSPITALS - CHARLOTESVILLE, VA 1994
Residency and Year	UNIV OF VIRGINIA - CHARLOTESVILLE, VA 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14777
License Date	3/3/2010
Name	<b>SIMON, AVROM MD</b>
Address	, 128 S. ABERDEENCHICAGO, IL, 60607
Specialty	OM
Board Certified	OM
School and Year of Graduation	UNIVERSITY OF ILLINOIS USA 1987
Internship and Year	AURORA SINAI MEDICAL CENTER - MILWAUKEE, WI 1988
Residency and Year	UNIVERSITY OF ILLINOIS - CHICAGO, IL 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15642
License Date	4/4/2012
Name	<b>SIMON, GABRIEL P MD</b>
Address	133 SUDBURY RD, CONCORD, MA, 01742
Specialty	EM
Board Certified	EM
School and Year of Graduation	YALE UNIVERSITY SCHOOL OF MEDICINE USA 2003
Internship and Year	UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE - PITTSBURGH, PA 2004
Residency and Year	UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE - PITTSBURGH, PA 2006
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	7698
License Date	8/5/1987
Name	<b>SIMON, JULIUS H MD</b>
Address	F R H PEDIATRICS, 15 AIKEN AVEFRANKLIN, NH, 03235-1299
Specialty	PD
Board Certified	PD
School and Year of Graduation	JRIJE UNIV BRUSSEL BELGIUM 1981
Internship and Year	U OK-TULSA MED COLL AFFIL HOSP-TULSA.OK 1984
Residency and Year	ROSWELL PARK MEM INST-BUFFALO,NY 1987
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	10437
License Date	10/7/1998
Name	<b>SIMON, PEGGY M MD</b>
Address	AVH SURGICAL ASSOC, 59 PAGE HILL RDBERLIN, NH, 03570
Specialty	PUD
Board Certified	PUD
School and Year of Graduation	MEDICAL COLL OF WISCONSIN - MILWAUKEE, WI USA 1981
Internship and Year	BARNES JEWISH HOSPITAL - ST LOUIS, MO 1982
Residency and Year	BARNEW JEWISH HOSPITAL - ST LOUIS, MO 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6370
License Date	4/6/1981
Name	<b>SIMONDS, GAIL B MD</b>
Address	330 BORTHWICK AVE, PORTSMOUTH, NH, 03801-4174
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF VT COLL OF MED-BURLINGTON,VT USA 1978
Internship and Year	MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1979
Residency and Year	MEDICAL CENTER HOSPITAL - BURLINGTON, VT 0000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15094
License Date	12/1/2010
Name	<b>SIMONE, SAMUEL T MD</b>
Address	DHMC - SECTION 3V, ONE MED CTR DRLEBANON, NH, 03756
Specialty	VS
Board Certified	
School and Year of Graduation	THOMAS JEFFERSON UNIVERSITY 2008 2008
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	16290
License Date	8/7/2013
Name	<b>SIMONS, DANIELLE P MD</b>
Address	67 VICTORIA STREET, HAMILTON BERMUDA, , HM12
Specialty	FP
Board Certified	FP
School and Year of Graduation	ST GEORGES UNIVERSITY GRENADA 2008
Internship and Year	CONCORD HOSPITAL - CONCORD, NH 2011
Residency and Year	CONCORD HOSPITAL - CONCORD, NH 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11396
License Date	9/5/2001
Name	<b>SIMONS, MICHAEL MD</b>
Address	SECTION OF CARDIOLOGY, DHMC ONE MEDICAL CTR DRIVELEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	YALE UNIV SCH OF MED - NEW HAVEN, CT USA 1984
Internship and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1985
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1986
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number L2725  
 License Date  
 Name **SIMONS, PAMELA D MD**  
 Address 5001 STATEMAN DRIVE, IRVING, TX, 75063  
 Specialty OBG  
 Board Certified  
 School and Year of Graduation  
 Internship and Year  
 Residency and Year  
 License Expiration Date  
 Remarks

License Number 15852  
 License Date 9/5/2012  
 Name **SIMONS, RICHARD J MD**  
 Address GEISEL SCHOOL OF MED @ DARTMOUTH, 1 ROPE FERRY RDHANOVER, NH, 03755  
 Specialty IMG  
 Board Certified IMG  
 School and Year of Graduation PENNSYLVANIA STATE UNIV COLLEGE OF MEDICINE USA 1981  
 Internship and Year UNIVERSITY OF MICHIGAN HOSPITALS - ANN ARBOR, MI 1982  
 Residency and Year UNIVERSITY OF MICHIGAN HOSPITALS - ANN ARBOR, MI 1984  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16329  
 License Date 9/4/2013  
 Name **SIMPKINS JR, CUTHBERT O MD**  
 Address 3060 NOTTINGHAM DR, SHREVEPORT, LA, 71115  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1974  
 Internship and Year ST LUKES ROOSEVELT HOSP CENTER - NY,NY 1976  
 Residency and Year SUNY DOWNSTATE MEDICAL CENTER, BROOKLYN, NY 1980  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15393  
 License Date 9/7/2011  
 Name **SIMPKINS, CHRISTOPHER E MD**  
 Address DHMC - SECTION OF TRANSPLANT SURGERY, 1 MED CTR DRLEBANON, NH, 03756  
 Specialty GS  
 Board Certified  
 School and Year of Graduation JOHN HOPKINS UNIVERSITY USA 2000  
 Internship and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 2001  
 Residency and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 2003  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15853  
 License Date 9/5/2012  
 Name **SIMPSON, BRETT P MD**  
 Address ELLIOT HOSPITAL, 1 ELLIOT WAYMANCHESTER, NH, 03103  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation GEORGE WASHINGTON UNIVERSITY SCHOOL OF MED USA 2003  
 Internship and Year ALBANY MEDICAL CENTER - ALBANY, NY 2004  
 Residency and Year ALBANY MEDICAL CENTER - ALBANY, NY 2006  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13759  
 License Date 11/7/2007  
 Name **SIMS II, JOHN R MD**  
 Address MASSACHUSETTS GENERAL HOSP, 15 PARKMAN ST WAC 729 JBOSTON, MA, 02114  
 Specialty N  
 Board Certified N  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1994  
 Internship and Year NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1995  
 Residency and Year HARVARD MEDICAL SCHOOL - BOSTON, MA 2002  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 8723  
 License Date 5/6/1992  
 Name **SIMS, DANNY M MD**  
 Address NH ONCOLOGY-HEMATOLOGY, PA, 200 TECHNOLOGY DRHOOKSETT, NH, 03106-2505  
 Specialty HO  
 Board Certified HO  
 School and Year of Graduation EMORY UNIVERSITY USA 1985  
 Internship and Year MEDICAL COLLEGE OF VIRGINIA HOSPITAL 1986  
 Residency and Year MEDICAL COLLEGE OF VIRGINIA HOSPITAL 1991  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16193  
 License Date 6/5/2013  
 Name **SINADA, MUSADAG M MD**  
 Address MISSOURI DELTA MEDICAL CENTER C/O MEDICAL STAFF OF, 1008 N MAIN STSIKESTON, MO, 63801  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF KHARTOWN SUDAN 1991  
 Internship and Year MOUNT VERNON HOSPITAL - MT VERNON, NY 2001  
 Residency and Year MOUNT VERNON HOSPITAL - MT VERNON, NY 2003  
 License Expiration Date **6/30/2015**  
 Remarks



License Number	16138
License Date	5/1/2013
Name	<b>SINCO, STEFAN M DO</b>
Address	8400 VETERANS PKWY #127, COLUMBUS, GA, 31909
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	KANSAS CITY UNIVERSITY OF MED & BIOSCIENCES USA 1997
Internship and Year	MERCY SUBURBAN HOSPITAL - NORRISTOWN, PA 1998
Residency and Year	PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE - PHILADELPHIA, PA 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/2/15</b>

License Number	10694
License Date	9/1/1999
Name	<b>SINGARAYER, CHANDRAKUMAR MD</b>
Address	TAUNTON HEALTH CENTER, 1290 KEITH ROSS COURTO SHAWA ON, CA, L1H 7K4
Specialty	IM
Board Certified	IM
School and Year of Graduation	ROYAL FREE HOSP SCH OF MED- UNIV OF LONDON LONDON 1994
Internship and Year	MOUNT AUBURN HOSPITAL - CAMBRIDGE, MA 1997
Residency and Year	MOUNT AUBURN HOSPITAL - CAMBRIDGE, MA 1999
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	7185
License Date	8/1/1985
Name	<b>SINGER, JACK A MD</b>
Address	SINGER EYE CENTER, 40 SOUTH MAIN STRANDOLPH, VT, 05060-
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	SUNY DOWNSTATE-BROOKLYN, NY USA 1981
Internship and Year	LONG ISLAND COLLEGE HOSPITAL - BROOKLYN, NY 1982
Residency and Year	MARYLAND GENERAL HOSPITAL - BALTIMORE, MD 1985
License Expiration Date	<b>6/30/2005</b>
Remarks	<b>DECEASED1-6-11</b>

License Number	4714
License Date	6/12/1972
Name	<b>SINGER, KARL L MD</b>
Address	CORE PHYSICIANS, LLC, 19 HAMPTON RD., STE 6 EXETER, NH, 03833
Specialty	FP
Board Certified	FP
School and Year of Graduation	HARVARD MED SCHOOL-BOSTON MA USA 1967
Internship and Year	UNIVERSITY OF COLORADO-DENVER CO 1968
Residency and Year	BETH ISRAEL HOSP-BOSTON MA 1972
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 9557  
 License Date 9/6/1995  
 Name **SINGER, LINDA B MD**  
 Address 19 BREED POND DR, NELSON, NH, 03457  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation SUNY AT BUFFALO SCHOOL OF MED BIOMEDICAL SCIENCE USA 1979  
 Internship and Year LENOX HILL HOSPITAL NEW YORK, NY 1980  
 Residency and Year LENOX HILL HOSPITAL NEW YORY, NY 1981  
 License Expiration Date **6/30/2017**  
 Remarks **RETIRED**

License Number 10593  
 License Date 6/2/1999  
 Name **SINGER, MICHAEL I MD**  
 Address 143 PLACE FRONTENAC, POINTE CLAIREQUEBEC CANADA, , H9R 4Z1  
 Specialty D  
 Board Certified D  
 School and Year of Graduation UNIV OF TORONTO FAC OF MED - TORONTO CANADA 1991  
 Internship and Year UNIV OT TORONTO - TORONTO, CANADA 1992  
 Residency and Year MCGILL UNIV - MONTREAL QUEBEC, CANADA 1995  
 License Expiration Date **6/30/2000**  
 Remarks

License Number 13271  
 License Date 9/6/2006  
 Name **SINGER, MICHAEL S MD**  
 Address GLOBAL SAFETY OFFICE, 100 BOSTON SCIENTIFIC WAYMARLBOROUGH, MA, 01752-1234  
 Specialty OPH  
 Board Certified  
 School and Year of Graduation YALE UNIVERSITY, NEW HAVEN CT US 2002  
 Internship and Year BRIGHAM AND WOMENS HOSP, BOSTON MA 2003  
 Residency and Year MASSACHUSETTS EYE AND EAR INFIRMARY, BOSTON MA 2006  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 16389  
 License Date 11/6/2013  
 Name **SINGER, ROBERT J MD**  
 Address DHMC - NEUROSURGERY, 1 MEDICAL CENTER RDLEBANON, NH, 03756  
 Specialty NS  
 Board Certified NS  
 School and Year of Graduation UNIVERSITY OF NEBRASKA MEDICAL CENTER USA 1992  
 Internship and Year VANDERBILT UNIVERSITY MEDICAL CENTER - NASHVILLE, TN 1993  
 Residency and Year VANDERBILT UNIVERSITY MEDICAL CENTER - NASHVILLE, TN 1998  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12718  
 License Date 5/4/2005  
 Name **SINGER, ROBERT W MD**  
 Address 253 PLEASANT ST, CONCORD, NH, 03301  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation ALBERT EINSTEIN COLLEGE, BRONX NY US 1974  
 Internship and Year UNIVERSITY OF PITTSBURGH, PITTSBURGH PA 1975  
 Residency and Year UNIV OF PITTSBURGH , PITTSBURGH PA 1977  
 License Expiration Date **6/30/2007**  
 Remarks

License Number 14526  
 License Date 7/1/2009  
 Name **SINGERMAN, LINDA B MD**  
 Address MILITARY ENTRANCE PROCESSING STATION, 3520 W WATERS AVETAMPA, FL, 33614  
 Specialty IM  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF SOUTH ALABAMA USA 1986  
 Internship and Year TULANE UNIVERSITY MEDICAL SCHOOL - NEW ORLEANS, LA 1987  
 Residency and Year TULANE UNIVERSITY MEDICAL SCHOOL - NEW ORLEANS, LA 1989  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16330  
 License Date 9/4/2013  
 Name **SINGH, DEEPIKA MD**  
 Address EMERGENCY MEDICINE PHYSICIANS, 4535 DRESSLER RD NWCANTON, OH, 44718  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation STATE UNIVERSITY OF NY HEALTH SCIENCE CENTER USA 2005  
 Internship and Year SUNY DOWNSTATE MEDICAL CENTER - BROOKLYN, NY 2006  
 Residency and Year SUNY DOWNSTATE MEDICAL CENTER - BROOKLYN, NY 2007  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12441  
 License Date 8/4/2004  
 Name **SINGH, GIULIANA V DO**  
 Address U OF MARYLAND FAMILY MED, 29 S PACA STBALTIMORE, MD, 21201  
 Specialty FP  
 Board Certified  
 School and Year of Graduation NEW YORK COLLEGE, OLD WESTBURY NY US 2001  
 Internship and Year ST FRANCIS HOSP, WILMINGTON DE 2002  
 Residency and Year UNIVERSITY OF MARYLAND, BALTIMORE MD 2004  
 License Expiration Date **6/30/2006**  
 Remarks

License Number	17085
License Date	5/6/2015
Name	<b>SINGH, GURBAKSHISH MD</b>
Address	832 S CLAREMONT AVE #2RF, CHICAGO, IL, 60612
Specialty	IM
Board Certified	IM
School and Year of Graduation	GOVERNMENT MEDICAL COLLEGE INDIA 2005
Internship and Year	ROSALIND FRANKLIN UNIVERSITY-CHICAGO MEDICAL SCHOOL - CHICAGO, IL 2011
Residency and Year	ROSALIND FRANKLIN UNIVERSITY-CHICAGO MEDICAL SCHOOL - CHICAGO, IL 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16463
License Date	1/8/2014
Name	<b>SINGH, GURPINDER MD</b>
Address	LRG HEALTHCARE, 80 HIGHLAND STLA CONIA, NH, 03246
Specialty	IM
Board Certified	
School and Year of Graduation	MS RAMAIAH MEDICAL COLLEGE INDIA 2005
Internship and Year	QUEENS HOSPITAL CENTER - JAMAICA, NY 2012
Residency and Year	QUEENS HOSPITAL CENTER - JAMAICA, NY 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14438
License Date	5/6/2009
Name	<b>SINGH, HARINDER MD</b>
Address	HOSPITALISTS MANAGEMENT GRP, 1800 W CHARLESTON BLVD STE 511LAS VEGAS, NV, 89102
Specialty	IM
Board Certified	IM
School and Year of Graduation	RUSSIAN STATE MEDICAL UNIVERSITY RUSSIA 1999
Internship and Year	UNIVERSITY OF NEVADA SCHOOL OF MEDICINE - LAS VEGAS, NV 2005
Residency and Year	UNIVERSITY OF NEVADA SCHOOL OF MEDICINE - LAS VEGAS, NV 2007
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	10919
License Date	5/8/2000
Name	<b>SINGH, HIMANSHU MD</b>
Address	DEPT OF RADIATION ONCOLOGY, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty	RO
Board Certified	RO
School and Year of Graduation	UNIVERSITY OF CHICAGO SCHOOL OF MEDICINE USA 1995
Internship and Year	MOUNT AUBURN HOSPITAL-CAMBRIDGE,MA 1996
Residency and Year	MEMORIAL SLOAN KETTERING CANCER CENTER-NEW YORK,NY 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15599
License Date	3/7/2012
Name	<b>SINGH, MANDEEP MD</b>
Address	750 OLD LANCASTER RD, APT #C401BERWYN, PA, 19312
Specialty	IM
Board Certified	IM
School and Year of Graduation	SWAMI RAMANAND TEERTH RURAL MEDICAL COLLEGE INDIA 2003
Internship and Year	TEMPLE UNIVERSITY HOSPITAL - PHILADELPHIA, PA 2009
Residency and Year	TEMPLE UNIVERSITY HOSPITAL - PHILADELPHIA, PA 2011
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	13995
License Date	5/7/2008
Name	<b>SINGH, NEETU MD</b>
Address	DHMC/PEDIATRICS, ONE MEDICAL CENTERLEBANON, NH, 03756
Specialty	PD
Board Certified	PD
School and Year of Graduation	RANI DURGAVATI VISHWAVIDYALAYA MED COLLEGE INDIA 1999
Internship and Year	NEW YORK METHODIST HOSPITAL - BROOKLYN, NY 2006
Residency and Year	NEW YORK METHODIST HOSPITAL - BROOKLYN, NY 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	L2768
License Date	9/15/2008
Name	<b>SINGH, SURINDER K MD</b>
Address	SEA MAR COMMUNITY HEALTH CTR, PO BOX 9825VANCOUVER, WA, 98664
Specialty	FP
Board Certified	
School and Year of Graduation	UNIVERSITY CATOLICA NORDESTANA DOMINICAN REPUBLIC 1981
Internship and Year	
Residency and Year	
License Expiration Date	<b>12/23/2008</b>
Remarks	<b>LOCUM TENES DOCTOR LICENSED 09/15/08-12/23/08.</b>

License Number	10145
License Date	10/1/1997
Name	<b>SINGH, VIVEKANAND MD</b>
Address	9021 BROADWAY, OLIVE BRANCH, MS, 38654
Specialty	PTH
Board Certified	
School and Year of Graduation	OSMANIA MED COLL - OSMANIA UNIV HYDERABAD INDIA 1991
Internship and Year	UNIV OF TENNESSEE COLL OF MEDICINE - TN 2000
Residency and Year	UNIV OF TENNESSEE COLL OF MEDICINE - TN 2000
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	15268
License Date	6/1/2011
Name	<b>SINGHAL, ANEESH B MD</b>
Address	MGH TELENEUROLOGY, 55 FRUIT ST, BIGELOW 1206BOSTON, MA, 02114
Specialty	N
Board Certified	N
School and Year of Graduation	SETH GS MED COLLEGE INDIA 1994
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1996
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8894
License Date	2/3/1993
Name	<b>SINGLE, DONALD R MD</b>
Address	PO BOX 1499, NEW LONDON, NH, 03257
Specialty	EM
Board Certified	EM
School and Year of Graduation	DALHOUSIE UNIVERSITY FACILITY OF MEDICINE CANADA 1974
Internship and Year	DALHOUSIE UNIV FACILITY OF MEDICINE - CANADA 1974
Residency and Year	DALHOUSIE UNIV FACILITY OF MEDICINE - CANADA 1974
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14400
License Date	4/1/2009
Name	<b>SINHA, ALOK K MD</b>
Address	ST JOSEPH HOSP, 172 KINSLEY STNASHUA, NH, 03061
Specialty	FP
Board Certified	
School and Year of Graduation	RANGPUR MEDICAL COLLEGE BANGLADESH 1981
Internship and Year	LUTHERAN MEDICAL CENTER - BROOKLYN, NY 2007
Residency and Year	LUTHERAN MEDICAL CENTER - BROOKLYN, NY 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14778
License Date	3/3/2010
Name	<b>SINKOV, VLADIMIR A MD</b>
Address	NH ORTHOPEDIC CENTER, 9 WASHINGTON PLACE STE 101BEDFORD, NH, 03110
Specialty	ORS
Board Certified	
School and Year of Graduation	JOHN HOPKINS UNIVERSITY USA 2003
Internship and Year	UNION MEMORIAL HOSPITAL - BALTIMORE, MD 2004
Residency and Year	UNION MEMORIAL HOSPITAL - BALTIMORE, MD 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7855
License Date	5/4/1988
Name	<b>SIOUFFEY, ROGER A MD</b>
Address	KFMMC BLDG 70 APT 302 BOX 946, DHAHRANSAUDI ARABIA, , 31932
Specialty	P
Board Certified	P
School and Year of Graduation	FAC OF MED UNIV OF DAMASCUS SYRIA 1979
Internship and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1984
Residency and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1987
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	9199
License Date	6/1/1994
Name	<b>SIOUFFI, SAMER Y MD</b>
Address	, , ,
Specialty	CD
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1996</b>
Remarks	

License Number	16355
License Date	10/2/2013
Name	<b>SIOUFI, PHILIPPE J MD</b>
Address	333 BORTHWICK AVE, PORTSMOUTH, NH, 03802
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF ALEPPO SYRIA ARAB REPUBLIC 1985
Internship and Year	WEST ROXBURY VETERANS AFFAIRS CENTER-BROCKTON, MA 1994
Residency and Year	WEST ROXBURY VETERANS AFFAIRS CENTER-BROCKTON, MA 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14573
License Date	8/5/2009
Name	<b>SIPARSKY, NICOLE F MD</b>
Address	KAISER PERMANENTE, 9900 SE SUNNYSIDE RDCLACKAMAS, OR, 97015
Specialty	GS
Board Certified	GS
School and Year of Graduation	BOSTON UNIVERSITY USA 2001
Internship and Year	WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 2002
Residency and Year	WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 2007
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	14903
License Date	6/2/2010
Name	<b>SIRAM, AMULYA T MD</b>
Address	ENDOCRINOLOGY/DIABETES CONSULT, 10 MEMBERS WAY STE 400DOVER, NH, 03820
Specialty	END
Board Certified	IM
School and Year of Graduation	BOSTON UNIVERSITY USA 2005
Internship and Year	BOSTON UNIVERSITY MEDICAL CENTER UNIVERSITY HOSPITAL - BOSTON, MA 2006
Residency and Year	BOSTON UNIVERSITY MEDICAL CENTER UNIVERSITY HOSPITAL - BOSTON, MA 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11039
License Date	8/2/2000
Name	<b>SIROIS JR, JOSEPH L MD</b>
Address	MELROSE-WAKEFIELD HOSP, 585 LEBANON STMELROSE, MA, 02176
Specialty	R
Board Certified	R
School and Year of Graduation	TUFTS UNIVERSITY, BOSTON MA USA 1957
Internship and Year	US NAVAL HOSPITAL - CHELSEA MA 1958
Residency and Year	US NAVAL HOSPITAL - PHILADELPHIA PA 1962
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	16611
License Date	5/7/2014
Name	<b>SIROIS, JENNIFER N MD</b>
Address	188 ROUTE 101, BEDFORD, NH, 03110
Specialty	IM
Board Certified	
School and Year of Graduation	EASTERN VIRGINIA MEDICAL SCHOOL USA 2011
Internship and Year	SANTA CLARA VALLEY MEDICAL CENTER - SAN JOSE, CA 2012
Residency and Year	SANTA CLARA VALLEY MEDICAL CENTER - SAN JOSE, CA 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16091
License Date	4/3/2013
Name	<b>SIROKY, MIKE M MD</b>
Address	8702 E CAMINO VIVAZ, SCOTTSDALE, AZ, 85255
Specialty	U
Board Certified	U
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1970
Internship and Year	MONTEFIORE MEDICAL CENTER - BRONX, NY 1971
Residency and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 1973
License Expiration Date	<b>6/30/2015</b>
Remarks	



License Number	15553
License Date	2/1/2012
Name	<b>SIRONICH-KALKAN, GRACIELA- SILVIA MD</b>
Address	WILLIAM WINDLER MD, 102 BAY STMANCHESTER, NH, 03104
Specialty	GP
Board Certified	
School and Year of Graduation	UNIVERSIDAD DE BUENOX AIRES ARGENTINA 1980
Internship and Year	CARITAS ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 2005
Residency and Year	
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9230
License Date	7/6/1994
Name	<b>SIROTY, WILLIAM C MD</b>
Address	NASHUA MEDICAL GROUP, 173 DW H-WAY SOUTHASHUA, NH, 03060-
Specialty	IM
Board Certified	IM
School and Year of Graduation	GEORGETOWN UNIV SCHOOL OF MEDICINE USA 1977
Internship and Year	BETH ISRAEL MEDICAL CENTER - NEW YORK, NY 1980
Residency and Year	NEW YORK HOSPITAL - NEW YORK, NY 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17086
License Date	5/6/2015
Name	<b>SIRVEN, JOSEPH I MD</b>
Address	MAYO CLINIC, 5777 E MAYO BLVDPHOENIX, AZ, 85054
Specialty	N
Board Certified	N
School and Year of Graduation	LOUISIANA STATE UNIV SCHOOL OF MEDICINE USA 1990
Internship and Year	OCHSNER CLINIC FOUNDATION - NEW ORLEANS, LA 1991
Residency and Year	UNIVERSITY OF MINNESOTA - MINNEAPOLIS, MN 1994
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6075
License Date	6/11/1979
Name	<b>SISE, JAMES G MD</b>
Address	DARTMOUTH HITCHCOCK KEENE, 590 COURT STKEENE, NH, 03431-1798
Specialty	GS
Board Certified	GS
School and Year of Graduation	HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1971
Internship and Year	UNIV UTAH HOSPITAL - SALT LAKE CITY, UT 1972
Residency and Year	DARTMOUTH MEDICAL SCHOOL HOSPITAL - HANOVER, NH 1979
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	11464
License Date	11/7/2001
Name	<b>SISITSKY, MICHAEL H MD</b>
Address	WOMAN AND INFANTS HOSPITAL - DEPT OF OB/GYN, 101 DUDLEY ST PROVIDENCE, RI, 02905
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF MASSACHUSETTS MED SCH - WORCESTER, MA USA 1987
Internship and Year	UNIV HEALTH CENTER OF PITTSBURGH MAGEE-WOMEN'S HOSPITAL - PITTSBURGH, PA 1988
Residency and Year	UNIV HEALTH CENTER OF PITTSBURGH MAGEE-WOMEN'S HOSPITAL - PITTSBURGH, PA 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8024
License Date	1/4/1989
Name	<b>SISSON, LARRY A MD</b>
Address	41 MEDICAL VILLAGE DR, NEWPORT, VT, 05855-0807
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF WISCONSIN MED SCH - MADISON, WI USA 1982
Internship and Year	MED COLL WISCONSIN HOSPITAL - MILWAUKEE, WI 1983
Residency and Year	MED COLL WISCONSIN HOSPITAL - MILWAUKEE, WI 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10477
License Date	12/2/1998
Name	<b>SISTO, DONATO A MD</b>
Address	COASTAL CARDIOTHORACIC & VASCULAR SURGERY, 333 BORTHWICK AVE STE 402 PORTSMOUTH,
Specialty	TS
Board Certified	TS
School and Year of Graduation	FACULTY OF MED AND SURGERY UNIV OF PADUA ITALY 1975
Internship and Year	ALBERT EINSTEIN COLL OF MEDICINE - BRONX, NY 1977
Residency and Year	ALBERT EINSTEIN COLL OF MEDICINE - BRONX, NY 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10730
License Date	10/6/1999
Name	<b>SISTO, JOAN S MD</b>
Address	NORTHEAST DERMATOLOGY ASSOC, 401 ANDOVER ST STE 101 NO ANDOVER, MA, 01845
Specialty	D
Board Certified	D
School and Year of Graduation	ALBERT EINSTEIN COLLEGE OF MEDICINE USA 1995
Internship and Year	MONTEFIORE MEDICAL CENTER-BRONX, NY 1996
Residency and Year	ALBERT EINSTEIN COLLEGE OF MEDICINE-BRONX, NY 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11141
License Date	12/6/2000
Name	<b>SITES, BRIAN D MD</b>
Address	DHMC - ANESTHESIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	AN
Board Certified	AN
School and Year of Graduation	BROWN UNIV SCH OF MED - PROVIDENCE, RI USA 1996
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1999
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16241
License Date	7/3/2013
Name	<b>SIVAGNANAM, ROSHAN MD</b>
Address	RUTLAND RADIOLOGISTS INC, 160 ALLEN STRUTLAND, VT, 05701
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF COLOMBO SRI LANKA 1977
Internship and Year	ST LUKES ROOSEVELT HOSPITAL CENTER - NEW YORK, NY 1983
Residency and Year	ST LUKES ROOSEVELT HOSPITAL CENTER - NEW YORK, NY 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16881
License Date	12/3/2014
Name	<b>SIVAKUMAR, SIVA P MD</b>
Address	38 ERICKA CIR, E LONGMEADOW, MA, 01028
Specialty	CCM
Board Certified	CCM
School and Year of Graduation	THANJAVUR MEDICAL COLLEGE, UNIV OF CHENNAI INDIA 1991
Internship and Year	BROOKDALE UNIVERSITY HOSPITAL & MEDICAL CENTER - BROOKLYN, NY 1996
Residency and Year	BROOKDALE UNIVERSITY HOSPITAL & MEDICAL CENTER - BROOKLYN, NY 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13884
License Date	3/5/2008
Name	<b>SIVAKUMAR, THARSAN MD</b>
Address	300 ROSSLAND RD EAST SUITE 202, AJAX ON CANADA, , L1Z 0M1
Specialty	IM
Board Certified	IM
School and Year of Graduation	SABA UNIV NETHERLANDS 2005
Internship and Year	ENGLEWOOD HOSPITAL - ENGLEWOOD, NJ 2006
Residency and Year	ENGLEWOOD HOSPITAL - ENGLEWOOD, NJ 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16052
License Date	3/6/2013
Name	<b>SIVALINGAM, SENTHIL K MD</b>
Address	BAYSTATE MED CTR, 759 CHESTNUT STSPRINGFIELD, MA, 01199
Specialty	IM
Board Certified	IM
School and Year of Graduation	MADRAS MEDICAL COLLEGE INDIA 2005
Internship and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2008
Residency and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2010
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	12080
License Date	9/3/2003
Name	<b>SIXON, JONATHAN W MD</b>
Address	PRIMARY CARE OF MILFORD, 10 JONES RDMILFORD, NH, 03055
Specialty	FP
Board Certified	FP
School and Year of Graduation	STATE UNIVERSITY OF NY, SYRACUSE NY US 2000
Internship and Year	EAST CAROLINA UNIVERSITY, GREENVILLE NC 2001
Residency and Year	EAST CAROLINA UNIVERSITY, GREENVILLE NC 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13183
License Date	7/5/2006
Name	<b>SKAGGS, THOMAS R MD</b>
Address	VISTA STAFFING, 275 E 200 SOUTHSALT LAKE CITY, UT, 84111
Specialty	PD
Board Certified	PD
School and Year of Graduation	ST LOUIS UNIV USA 1958
Internship and Year	ST LOUIS CITY HOSPITAL 1959
Residency and Year	MEDICAL COLLEGE OF WISCONSIN 1961
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	16774
License Date	9/3/2014
Name	<b>SKELTON, SEAN C DO</b>
Address	6982 ZEBRINA PL, CARLSBAD, CA, 92011
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	MIDWESTERN UNIVERSITY USA 1998
Internship and Year	NAVAL MEDICAL CENTER - SAN DIEGO, CA 1999
Residency and Year	NAVAL MEDICAL CENTER - PORTSMOUTH, VA 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 13931  
 License Date 4/2/2008  
 Name **SKIADAS, NICHOLAS P MD**  
 Address DHMC-CARDIOLOGY DEPT, ONE MED CTR DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified  
 School and Year of Graduation THOMAS JEFFERSON UNIV USA 2004  
 Internship and Year HAHNEMANN UNIV HOSPITAL/DREXEL UNIV - PHILADELPHIA, PA 2005  
 Residency and Year HAHNEMANN UNIV HOSPITAL/DREXEL UNIV - PHILADELPHIA, PA 2007  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 4765  
 License Date 8/15/1972  
 Name **SKILLEN, RICHARD D MD**  
 Address 902 RICHARDSON/WESTON RD, GARNER, NC, 27529-2846  
 Specialty GP  
 Board Certified  
 School and Year of Graduation UNIV OF VERMONT USA 1971  
 Internship and Year NEW HANOVER MEMORIAL HOSPITAL - WILMINGTON, NC 1972  
 Residency and Year NEW HANOVER MEMORIAL HOSPITAL - WILMINGTON, NC 1972  
 License Expiration Date **6/30/2016**  
 Remarks **LAPSED FOR NONRENEWAL 6/30/14**  
**RENEWED 7/15/14**

License Number 13358  
 License Date 12/6/2006  
 Name **SKINNER, JOHN W MD**  
 Address 300 MAIN ST, LEWISTON, ME, 04105  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation UNIV OF TEXAS USA 1972  
 Internship and Year UNITED STATES PUBLIC HEALTH HOSPITAL-ST LOUIS, MO 1973  
 Residency and Year UNITED STATES PUBLIC HEALTH HOSPITAL-ST LOUIS, MO 1977  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16493  
 License Date 2/5/2014  
 Name **SKIPPER, KENT K MD**  
 Address ACUTE CARE SURGERY, 330 BORTHWICK AVEPORTSMOUTH, NH, 03801  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation TEXAS TECH UNIV HEALTH SCIENCES CTR USA 1993  
 Internship and Year METHODIST HOSPITALS OF DALLAS - DALLAS, TX 1994  
 Residency and Year METHODIST HOSPITALS OF DALLAS - DALLAS, TX 1998  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	9407
License Date	4/5/1995
Name	<b>SKOLNICK, ALAN E MD</b>
Address	ALASKA HEART INSTITUTE, 3841 PIPER ST STE TI-100ANCHORAGE, AK, 99508
Specialty	CD
Board Certified	CD
School and Year of Graduation	A EINSTEIN COLLEGE OF MEDICINE OF YESHIVA UNIV USA 1989
Internship and Year	BETH ISRAEL HOSPITAL - BOSTON MA 1992
Residency and Year	BOSTON CITY HOSPITAL - BOSTON MA 1995
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	4829
License Date	9/7/1971
Name	<b>SKOPEC, HOWARD M MD</b>
Address	, , ,
Specialty	P
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>5/5/1993</b>
Remarks	<b>5/5/93 - LICENSE REVOKED</b>

License Number	8611
License Date	7/17/1991
Name	<b>SKORUPKA, MIROSLAWA J MD</b>
Address	PENTUCKET MED ASSOC, 500 MERRIMACK STLAWRENCE, MA, 01841
Specialty	IM
Board Certified	im
School and Year of Graduation	ADAK MED LUBLIN POLAND POLAND 1976
Internship and Year	FLUSHING HOSPITAL MEDICAL CENTER 1988
Residency and Year	DANBURY HOSPITAL 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17282
License Date	9/2/2015
Name	<b>SKOW, BRIAN S MD</b>
Address	4500 N LEWIS AVE, SIOUX FALLS, SD, 57104
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF NORTH DAKOTA, GRAND FORKS, ND USA 1999
Internship and Year	MERCY ST VINCENT MEDICAL CENTER, TOLEDO, OH 2000
Residency and Year	MERCY ST VINCENT MEDICAL CENTER, TOLEDO, OH 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 4835  
 License Date 9/14/1971  
 Name **SKOWRON, RALPH A MD**  
 Address 803 LIBERTY PLACE, SICKLERVILLE, NJ, 08081  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation HAHNEMANN MEDICAL COLLEGE - PA USA 1956  
 Internship and Year WEST JERSEY HOSPITAL - CAMDEN, NJ 1957  
 Residency and Year TEMPLE UNIV - PHILADELPHIA, PA 1964  
 License Expiration Date **6/30/2011**  
 Remarks **Deceased 1/12/2013**

License Number 14978  
 License Date 8/4/2010  
 Name **SKRIPENOVA, SILVIA MD**  
 Address SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200S PORTLAND, ME, 04106  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation UNIVERSITY OF VERMONT USA 2005  
 Internship and Year UNIVERSITY OF UTAH MEDICAL CENTER - SALT LAKE CITY, UT 2007  
 Residency and Year UNIVERSITY OF UTAH MEDICAL CENTER - SALT LAKE CITY, UT 2009  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9025  
 License Date 8/4/1993  
 Name **SLATER, KENNETH C MD**  
 Address HARMONY FIRST LLC, 18 CONSTITUTION DR U 10BEDFORD, NH, 03110  
 Specialty P  
 Board Certified  
 School and Year of Graduation UNIV OF MIAMI SCHOOL OF MED MIAMI, FL USA 1972  
 Internship and Year RIVERSIDE GENERAL HOSPITAL - RIVERSIDE, CA 1973  
 Residency and Year RIVERSIDE GENERAL HOSPITAL - RIVERSIDE, CA 1973  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 16846  
 License Date 11/6/2014  
 Name **SLATER, NATHANAEL A DO**  
 Address ANESTHESIA ASSOCIATES, PA, 1 PILLSBURY ST., STE 202CONCORD, NH, 03301  
 Specialty AN  
 Board Certified  
 School and Year of Graduation UNIV OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MEDICIN USA 2005  
 Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2006  
 Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2008  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	10731
License Date	10/6/1999
Name	<b>SLATTERY, MICHAEL R MD</b>
Address	UHS SLEEP DISORDERS CENTER, 93 PENNSYLVANIA AVE BINGHAMTON, NY, 13903
Specialty	N
Board Certified	P
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1985
Internship and Year	EMORY UNIVERSITY HOSPITALS-ALANTA,GA 1986
Residency and Year	NEW ENGLAND MEDICAL CENTER-BOSTON,MA 1992
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	12610
License Date	2/2/2005
Name	<b>SLAYTON, JAMES M MD</b>
Address	NAT'L MEDICAL DIR FOR OUTPATIENT SVCS - OPTUM, 950 WINTER ST STE 3800 WALTHAM, MA, 02
Specialty	P
Board Certified	P
School and Year of Graduation	STANFORD UNIVERSITY, STANFORD CA US 1991
Internship and Year	METRO WEST MEDICAL CTR, FRAMINGHAM MA 1992
Residency and Year	CAMBRIDGE HOSPITAL, CAMBRIDGE MA 1994
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10846
License Date	3/1/2000
Name	<b>SLEDGE III, JOHN B MD</b>
Address	1103 KALISTE SALOOM RD SUITE 100, LAFAYETTE, LA, 70508
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIV OF ROCHESTER SCH OF MED - ROCHESTER,NY USA 1990
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1991
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>LAPSED 6/30/04 - REINSTATED 12/1/04</b>

License Number	6171
License Date	3/6/1980
Name	<b>SLEDGE, CLEMENT B MD</b>
Address	, , ,
Specialty	ORS
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1996</b>
Remarks	



License Number	10523
License Date	3/3/1999
Name	<b>SLESZYNSKI, RAYMOND A MD</b>
Address	601 CRYSTAL GROVE BLVD, LUTZ, FL, 33549
Specialty	P
Board Certified	P
School and Year of Graduation	GEORGETOWN UNIV SCH OF MED-WASHINGTON DC USA 1959
Internship and Year	NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1961
Residency and Year	PILGRIM PSYCHIATRIC CENTER - W BRENTWOOD, NY 1966
License Expiration Date	<b>6/30/2013</b>
Remarks	Lapsed for non-renewal 6/30/00... Reinstated 2/2/11

License Number	10063
License Date	7/2/1997
Name	<b>SLEZAK, JAN MD</b>
Address	INTERVENTIONAL SPINE MEDICINE, 944 CALEF HIGHWAYBARRINGTON, NH, 03825
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV KOMENSKEHO LEKARSKA FAK BRATISLAVA CZECHOSLOVAKIA 1986
Internship and Year	HENRY FORD HOSP - MI 1993
Residency and Year	HENRY FORD HOSP - MI 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16888
License Date	1/7/2015
Name	<b>SLEZINGER, ANELE MD</b>
Address	1276 FULTON AVE, BRONX, NY, 10456
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSIDAD DE LOS ANDES VENEZUELA 1992
Internship and Year	BRONX-LEBANON HOSPITAL CENTER - BRONX, NY 2006
Residency and Year	BRONX-LEBANON HOSPITAL CENTER - BRONX, NY 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13230
License Date	8/2/2006
Name	<b>SLOCUM, ROBERT E DO</b>
Address	GREATER LAWRENCE FAMILY HEALTH CTR, 73D WINTHROP AVELAWRENCE, MA, 01843
Specialty	FP
Board Certified	FP
School and Year of Graduation	TOURO UNIV USA 2002
Internship and Year	JAMAICA HOSPITAL MED CTR-JAMAICA, NY 2003
Residency and Year	JAMAICA HOSPITAL MED CTR-JAMAICA, NY 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4845
License Date	9/28/1971
Name	<b>SLOSBERG, RICHARD M MD</b>
Address	85 DARTMOUTH COLLEGE HWY, #101LYME, NH, 03768
Specialty	PD
Board Certified	PD
School and Year of Graduation	TUFTS MEDICAL SCHOOL, MA USA 1964
Internship and Year	BRONX MUNICIPAL HOSPITAL - BRONX, NY 1965
Residency and Year	BRONX MUNICIPAL HOSPITAL - BRONX, NY 1967
License Expiration Date	<b>6/30/2009</b>
Remarks	Retired 11/1/08

License Number	12279
License Date	4/7/2004
Name	<b>SLOVER, JAMES D MD</b>
Address	301 E FIFTH ST, STE 1616NEW YORK, NY, 10003
Specialty	ORS
Board Certified	
School and Year of Graduation	CORNELL UNIVERSITY, NEW YORK NY US 2001
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2002
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2004
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	15237
License Date	5/4/2011
Name	<b>SLOVES, JAMES H MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIV OF MED & DENTISTRY NJ ROBERT WOOD JOHNSON MED USA 1989
Internship and Year	WINTHROP UNIVERSITY HOSPITAL - MENEOLA, NY 1990
Residency and Year	NORTH SHORE UNIVERSITY HOSPITAL - MANHASSET, NY 1994
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	9529
License Date	8/2/1995
Name	<b>SLUSHER, CHRISTOPHER W MD</b>
Address	HITCHCOCK CLINIC, 100 HITCHCOCK WAYMANCHESTER, NH, 03104-4125
Specialty	EM
Board Certified	IM
School and Year of Graduation	LA STATE UNIV SCH OF MED IN NEW ORLEANS USA 1982
Internship and Year	LA STATE UNIV MEDICAL CENTER NEW ORLEANS, LA 1983
Residency and Year	LA STATE UNIV MECICAL CENTER NEW ORLEANS, LA 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11206
License Date	3/7/2001
Name	<b>SLUYTERS, ROMUALD N MD</b>
Address	PO BOX 124, MATTITUCK, NY, 11952
Specialty	ORS
Board Certified	
School and Year of Graduation	STATE UNIV OF NEW YORK - BUFFALO, NY USA 1995
Internship and Year	ERIE COUNTY MEDICAL CENTER - BUFFALO, NY 1996
Residency and Year	CHILDREN'S HOSPITAL - BUFFALO, NY 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	7/7/05 - Emergency Suspension and Notice of Hearing. 11/03/06 - Settlement Agreement 1/7/2009 - Order Lifting Suspension (with condition requiring mentor)

License Number	13996
License Date	5/7/2008
Name	<b>SMALL JR, ROBERT W MD</b>
Address	CONCORD HOSPITAL (M. SEERY), 250 PLEASANT STCONCORD, NH, 03301
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	LOYOLA UNIV OF CHICAGO USA 1988
Internship and Year	NAVAL HOSPITAL OAKLAND-BETHESDA, MD 1989
Residency and Year	NAVAL HOSPITAL OAKLAND-BETHESDA, MD 1992
License Expiration Date	<b>5/3/2009</b>
Remarks	DECEASED 5/3/2009

License Number	14527
License Date	7/1/2009
Name	<b>SMALL, ANDREW D DO</b>
Address	, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND USA 2006
Internship and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2008
Residency and Year	BAYSTATE MEDICAL CENTER-SPRINGFIELD, MA 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6040
License Date	4/16/1979
Name	<b>SMALL, LEONARD M MD</b>
Address	58 MENDUMS LANDING, BARRINGTON, NH, 03825
Specialty	PD
Board Certified	PD
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1976
Internship and Year	CHILDRENS HOSPITAL MEDICAL CENTER - BOSTON, MA 1977
Residency and Year	CHILDRENS HOSPITAL MEDICAL CENTER - BOSTON, MA 1979
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11291
License Date	6/6/2001
Name	<b>SMALL, REBECCA R MD</b>
Address	ELLIOT HOSPITAL, ONE ELLIOT WAY, 5TH FL, HOSPITALIST PROGRAMMANCHESTER, NH, 03103
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF CONNECTICUT SCH OF MED - FARMINGTON, CT USA 1998
Internship and Year	NEW HAMPSHIRE DARTMOUTH FAMILY- CONCORD, NH 1999
Residency and Year	NEW HAMPSHIRE DARTMOUTH FAMILY - CONCORD, NH 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>lapsed 6/30/07 reinstated 12/3/08</b> <b>lapsed 6/30/11 reinstated 1/21/15</b>

License Number	13231
License Date	8/2/2006
Name	<b>SMALLWOOD, JOHN T MD</b>
Address	2445 BROOKWOOD DR, FLOSSMOOR, IL, 60422
Specialty	IM
Board Certified	IM
School and Year of Graduation	THOMAS JEFFERSON UNIV USA 1973
Internship and Year	ABINGTON MEMORIAL HOSPITAL-ABINGTON, PA 1974
Residency and Year	ABINGTON MEMORIAL HOSPITAL-ABINGTON, PA 1975
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	11142
License Date	12/6/2000
Name	<b>SMART, KIERAN T MD</b>
Address	SARASOTA COUNTY HEALTH DEPT, 2200 RINGLING BLVDSARASOTA, FL, 34237
Specialty	US
Board Certified	FP
School and Year of Graduation	UNIV OF BRISTOL - BRISTOL, UNITED KINGDOM UNITED KINGDOM 1992
Internship and Year	UNIV OF WALES COLL OF MED - UNITED KINGDOM 1993
Residency and Year	UNIV OF WALES COLL OF MED - UNITED KINGDOM 1996
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	15814
License Date	8/1/2012
Name	<b>SMETHURST, MARK E MD</b>
Address	PATHOLOGY SPEC OF NE, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	STATE UNIVERSITY OF NEW YORK USA 2006
Internship and Year	MOUNT SINAI HOSPITAL - NEW YORK, NY 2007
Residency and Year	MOUNT SINAI HOSPITAL - NEW YORK, NY 2010
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number 14101  
 License Date 7/9/2008  
 Name **SMIGA, SUSAN M MD**  
 Address DHMC/PSYCHIATRY, ONE MEDICAL CENTER DRLEBANON, NH, 02766-9933  
 Specialty P  
 Board Certified P  
 School and Year of Graduation STANFORD UNIV USA 1987  
 Internship and Year TUFTS NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1988  
 Residency and Year TUFTS NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1992  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15047  
 License Date 10/6/2010  
 Name **SMILLIE, KENT MD**  
 Address PARKLAND PHYSICIAN SERVICES, 44 BIRCH ST STE 200DERRY, NH, 03038  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1997  
 Internship and Year ALBANY MEDICAL CENTER - ALBANY, NY 1998  
 Residency and Year ALBANY MEDICAL CENTER - ALBANY, NY 2002  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 14604  
 License Date 9/2/2009  
 Name **SMILOWICZ, ALICIA DO**  
 Address ADVANCED SKIN CARE CENTER, 24 REPORTER CTN CONWAY, NH, 03860  
 Specialty OS  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2001  
 Internship and Year UNITED HEALTH SERVICES HOSPITALS - JOHNSON CITY, NY 2002  
 Residency and Year UNITED HEALTH SERVICES HOSPITALS - JOHNSON CITY, NY 2004  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 13184  
 License Date 7/5/2006  
 Name **SMINK, DOUGLAS S MD**  
 Address BRIGHAM & WOMEN'S HOSPITAL, 75 FRANCIS STBOSTON, MA, 02115  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation UNIV OF PENNSYLVANIA USA 1999  
 Internship and Year BRIGHAM & WOMENS HOSPITAL-BOSTON, MA 2001  
 Residency and Year BRIGHAM & WOMENS HOSPITAL-BOSTON, MA 2003  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 13440  
 License Date 3/7/2007  
 Name **SMIRNOV, MAXIM A MD**  
 Address ADULT HOSPITALIST PROGRAM, 8 PROSPECT STNASHUA, NH, 03060  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation ST PETERSBURG STATE IP PAVLOV MED UNIV RUSSIA 1996  
 Internship and Year MT VERNON HOSPITAL-MT VERNON, NY 2005  
 Residency and Year MT VERNON HOSPITAL-MT VERNON, NY 2006  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12820  
 License Date 7/6/2005  
 Name **SMIT, LAUREN C DO**  
 Address CLEVELAND CLINIC - TWINSBURG FMLY HLTH & SURG CTR, 8701 DARROW RDTWINSBURG, OH, 44  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation KIRKSVILLE COLLEGE OF OSTEO, KIRKSVILLE MO USA 2002  
 Internship and Year CONCORD HOSPITAL, CONCORD NH 2003  
 Residency and Year CONCORD HOSPITAL, CONCORD NH 2005  
 License Expiration Date **6/30/2017**  
 Remarks **LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/6/15**

License Number 9201  
 License Date 6/1/1994  
 Name **SMITH III, FREDERICK R MD**  
 Address , PO BOX 742SUNAPEE, NH, 03782-0742  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation UNIVERSITY OF COLORADO SCHOOL OF MEDICINE USA 1989  
 Internship and Year AMI PRESBY DENVER HOSPITAL - DENVER, CO 1990  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1993  
 License Expiration Date **6/30/2001**  
 Remarks **DECEASED 4/11/01**

License Number 2894  
 License Date 10/10/1951  
 Name **SMITH, ALEXANDER C MD**  
 Address 178 ESTES RD, ROCHESTER, NH, 03867  
 Specialty GP  
 Board Certified  
 School and Year of Graduation COLUMBIA UNIVERSITY USA 1947  
 Internship and Year BELLEVUE HOSPITAL - NEW YORK CITY 1948  
 Residency and Year BELLEVUE HOSPITAL - NEW YORK CITY 1951  
 License Expiration Date **6/30/2011**  
 Remarks

License Number	15361
License Date	8/3/2011
Name	<b>SMITH, ARTHUR A MD</b>
Address	SHERIDAN HEALTHCORP, 1613 N HARRISON PARKWAYSUNRISE, FL, 33323
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE USA 1986
Internship and Year	GREATER BALTIMORE MEDICAL CENTER - BALTIMORE, MD 1987
Residency and Year	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE/JACKSON MEMORIAL HOSP-MIAMI,FL 1990
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	4114
License Date	8/1/1967
Name	<b>SMITH, BARRY D MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DR OB/GYNLEBANON, NH, 03756
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	CORNELL UNIV MEDICAL SCHOOL, NY USA 1962
Internship and Year	MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1963
Residency and Year	NEW YORK HOSPITAL - NEW YORK, NY 1967
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10544
License Date	4/7/1999
Name	<b>SMITH, CATHY S MD</b>
Address	MARIS GROVE, 100 MARIS GROVEWAYGLEN MILLS, PA, 19342
Specialty	IM
Board Certified	IM
School and Year of Graduation	AUTOMOMOUS SCH OF MED SCI CENTRAL AMERICA SAN JOSE COSTA RICA 1984
Internship and Year	MERCY CATHOLIC MEDICAL CENTER - DARBY, PA 1985
Residency and Year	MERCY CATHOLIC MEDICAL CENTER - DARBY, PA 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8105
License Date	5/10/1989
Name	<b>SMITH, CHARLES C MD</b>
Address	OTOLARYNGOLOGY, 885 UNION ST STE 145BANGOR, ME, 04401
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	TULANE UNIV SCH OF MED NEW ORLEANS LA USA 1979
Internship and Year	TULANE U SCH MED AFFIL HOSP NEW ORLEANS, LA 1984
Residency and Year	TULANE U SCH MED AFFIL HOSP NEW ORLEANS LA 1984
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number 7592  
 License Date 5/6/1987  
 Name **SMITH, CLYDE W MD**  
 Address GIFFORD HOSPITAL, 44 SOUTH MAIN STRANDOLPH, VT, 05060  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation BOSTON UINIVERSITY USA 1984  
 Internship and Year CARNEY HOSPITAL-BOSTON 1985  
 Residency and Year CARNEY HOSPITAL-BOSTON 1986  
 License Expiration Date **6/30/2011**  
 Remarks **LAPSED FOR NON-RENEWAL 6/30/02 REINSTATED 6/4/03**

License Number 14211  
 License Date 10/1/2008  
 Name **SMITH, CURTIS H MD**  
 Address WALDO COUNTY GENERAL HOSPITAL, 118 NORTHPORT AVEBELFAST, ME, 04915  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF LOUISVILLE USA 1979  
 Internship and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1980  
 Residency and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 1982  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9437  
 License Date 5/3/1995  
 Name **SMITH, DOUGLAS W MD**  
 Address HEALTH FIRST FAMILY CARE CTR, 841 CENTRAL STFRANKLIN, NH, 03235-  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF TORONTO CANADA 1992  
 Internship and Year UNIVERSITY OF CALGARY, CALGARY ALBERTA CANADA 1992  
 Residency and Year UNIVERSITY OF CALGARY, CALGARY ALBERTA CANADA 1994  
 License Expiration Date **6/30/2001**  
 Remarks

License Number 6116  
 License Date 9/6/1979  
 Name **SMITH, ELIOT J MD**  
 Address YORK HOSPITAL, 15 HOSPITAL DRYORK, ME, 03909  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1977  
 Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1978  
 Residency and Year BOSTON CITY HOSPITAL- BOSTON, MA 1980  
 License Expiration Date **6/30/2017**  
 Remarks **lapsed 11/19/80 - reinstated 5/1/13**



License Number	11821
License Date	1/8/2003
Name	<b>SMITH, ELIZABETH ANN R MD</b>
Address	ALLINA HEALTH, 2925 CHICAGO AVE, MAIL RT. 10307MINNEAPOLIS, MN, 55407-1321
Specialty	PD
Board Certified	PD
School and Year of Graduation	JOHNS HOPKINS UNIV SCH OF MED - BALTIMORE, MD USA 1985
Internship and Year	YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1986
Residency and Year	YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13783
License Date	12/5/2007
Name	<b>SMITH, ERIC E MD</b>
Address	MASSACHUSETTS GEN HOSP, 175 CAMBRIDGE ST CPT STE 300BOSTON, MA, 02114
Specialty	P
Board Certified	P
School and Year of Graduation	MCGILL UNIV CANADA 1998
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1999
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2002
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	7718
License Date	9/2/1987
Name	<b>SMITH, GAIL L MD</b>
Address	, , ,
Specialty	AN
Board Certified	
School and Year of Graduation	1982
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1996</b>
Remarks	

License Number	6076
License Date	6/11/1979
Name	<b>SMITH, GERARD V MD</b>
Address	X-RAY PROFESSIONAL ASSOC, 2 1/2 BEACON STCONCORD, NH, 03301-2952
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIV OF MARYLAND SCH MED - BALTIMORE, MD USA 1972
Internship and Year	Y9ORK HOSPITAL - YORK, PA 1973
Residency and Year	CHILDRENS HOSPITAL MEDICAL CENTER - BOSTON, MA 1979
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number 12611  
 License Date 2/2/2005  
 Name **SMITH, HEIDI L MD**  
 Address MASS BIOLOGICS, 460 WALKHILL STBOSTON, MA, 02126  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF CONNECTICUT, FARMINGTON CT US 2002  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2003  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2004  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 17190  
 License Date 7/1/2015  
 Name **SMITH, IRVING S DO**  
 Address 29 HOSPITAL HILL RD, SHARON, CT, 06069  
 Specialty IM  
 Board Certified  
 School and Year of Graduation NOVA SOUTHEASTERN UNIV COLLEGE OF OSTEOPATHIC MED USA 2004  
 Internship and Year MEDICAL UNIVERSITYOF SOUTH CAROLINA, CHARLESTON, SC 2005  
 Residency and Year MEDICAL UNIVERSITYOF SOUTH CAROLINA, CHARLESTON, SC 2006  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 7699  
 License Date 8/5/1987  
 Name **SMITH, JAY C MD**  
 Address 386 PEMBROKE STREET, PEMBROKE, NH, 03275  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF MICHIGAN MED SCH-ANN ARBOR,MI USA 1978  
 Internship and Year MIDDLESEX MEM HOSP-MIDDLETOWN,CT 1979  
 Residency and Year MIDDLESEX MEM HSOP-MIDDLETOWN,CT 1981  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12765  
 License Date 6/1/2005  
 Name **SMITH, JESSE B MD**  
 Address PORTSMOUTH RADIOLOGICAL PA, PO BOX 1849, 40 EAST AVE., UNIT 7LEWISTON, ME, 04241  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIVERSITY OF MASSACHUSETTS, WORCESTER MA US 1999  
 Internship and Year ST VINCENT HOSPITAL, WORCESTER MA 2000  
 Residency and Year BRIGHAM AND WOMENS HOSP, BOSTON MA 2004  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	11229
License Date	4/4/2001
Name	<b>SMITH, JOAN D MD</b>
Address	WENTWORTH DOUGLASS PHYSICIAN CORP, 787 CENTRAL AVEDOVER, NH, 03820
Specialty	FP
Board Certified	FP
School and Year of Graduation	DALHOUSIE UNIV - HALIFAX, NSNOVA SCOTIA CANADA CANADA 1996
Internship and Year	DALHOUSIE UNIV - HALIFAX, NSNOVA SCOTIA CANADA 1997
Residency and Year	DALHOUSIE UNIV - HALIFAX, NSNOVA SCOTIA CANADA 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8280
License Date	2/7/1990
Name	<b>SMITH, JOSEPH A MD</b>
Address	718 SMYTH RD, MANCHESTER, NH, 03104-
Specialty	DR
Board Certified	R
School and Year of Graduation	UNIV OF MICHIGAN MED SCH-ANN ARBOR,MI USA 1961
Internship and Year	WAYNE CO GEN HOSP-WESTLAND,MI 1962
Residency and Year	WAYNE CO GEN HOSP-WESTLAND,MI 1965
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	6828
License Date	1/5/1984
Name	<b>SMITH, KATHLEEN J MD</b>
Address	AMMONOOSUC COMMUNITY SERVICES, 25 MT EUSTIS RDLITTLETON, NH, 03561
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF WASHINGOTN SCH MED-SEATTLE,WA USA 1976
Internship and Year	A B CHANDLER MED CTR U HOSPITAL-LEXINGTON,KY 1977
Residency and Year	UNIV WA AFFIL HOSPITAL-SEATTLE,WA 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14479
License Date	6/3/2009
Name	<b>SMITH, KERRINGTON D MD</b>
Address	DHMC/GENERAL SURGERY, ONE MED CTR DRLEBANON, NH, 03756
Specialty	GS
Board Certified	GS
School and Year of Graduation	CORNELL UNIVERSITY USA 2000
Internship and Year	UNIVERSITY OF CHICAGO HOSPITALS - CHICAGO, IL 2001
Residency and Year	UNIVERSITY OF CHICAGO HOSPITALS - CHICAGO, IL 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10886
License Date	4/5/2000
Name	<b>SMITH, KOERT R MD</b>
Address	24528 S LAKEWAY CIR SW, SUN LAKES, AZ, 85248
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIVERSITY OF IOWA COLLEGE OF MEDICINE-IOWA CITY USA 1969
Internship and Year	COOK COUNTY HOSPITAL-CHICAGO,IL 1970
Residency and Year	UNIVERSITY IF IOWA HOSPITAL-IWOA CITY,IA 1976
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	12439
License Date	8/4/2004
Name	<b>SMITH, LANE F MD</b>
Address	PROVO CANYON SCHOOL, 1350 EAST 750 NORTHOREM, UT, 84097
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF UTAH, SALT LAKE CITY UT US 1965
Internship and Year	DAVID GRANT USAF MED CTR, TRAVIS AFB CA 1966
Residency and Year	UNIVERSITY OF UTAH, SALT LAKE CITY UT 1972
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	8208
License Date	8/9/1989
Name	<b>SMITH, M GEOFFREY MD</b>
Address	36 PITTSFIELD RD, LOUDON, NH, 03307-1603
Specialty	PH
Board Certified	PH
School and Year of Graduation	UNIV OF VERMONT COLL OF MED- BURLINGTON, VT USA 1967
Internship and Year	HOSPITAL UNIV HLTH CENTER -PITTSBURGH, PA 1968
Residency and Year	MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1969
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>RETIRED</b>

License Number	13079
License Date	5/3/2006
Name	<b>SMITH, MARK C MD</b>
Address	DHMC-PEDIATRIC OTOLARYNGOLOGY, ONE MEDICAL CENTER DR, CLINIC 4FLEBANON, NH, 03756
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	UNIV OF CALIFORNIA USA 1999
Internship and Year	UNIV OF CALIFORNIA DAVIS MEDICAL CTR- SACRAMENTO CA 2000
Residency and Year	UNIV OF CALIFORNIA DAVIS HEALTH SYSTEM-SACRAMENTO CA 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14942
License Date	7/7/2010
Name	<b>SMITH, MICHAEL D MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF ILLINOIS USA 1986
Internship and Year	ADVOCATE LUTHERAN GENERAL HOSPITAL - PARK RIDGE, IL 1987
Residency and Year	NORTHWESTERN UNIVERSITY MEDICAL SCHOOL - CHICAGO, IL 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11465
License Date	11/7/2001
Name	<b>SMITH, MURRAY D MD</b>
Address	800 E BROWARD BLVD, #507FT LAUDERDALE, FL, 33301
Specialty	D
Board Certified	D
School and Year of Graduation	UNIV OF MINNESOTA MED SCH - MINNEAPOLIS, MN USA 1973
Internship and Year	HENNEPIN COUNTY MEDICAL CENTER - MINNEAPOLIS, MN 1975
Residency and Year	UNIV OF MINNESOTA- MINNEAPOLIS, MN 1978
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15554
License Date	2/1/2012
Name	<b>SMITH, NICOLE A MD</b>
Address	MGH - OB/GYN DEPT, 75 FRANCIS STBOSTON, MA, 02115
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 2002
Internship and Year	YALE UNIVERSITY SCHOOL OF MEDICINE - NEW HAVEN, CT 2003
Residency and Year	BRIGHAM & WOMENS HOSPITAL - CHESTNUT HILL, MA 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17191
License Date	7/1/2015
Name	<b>SMITH, ORONDE A MD</b>
Address	4600 SPOTSYLVANIA AVE, FREDERICKSBURG, VA, 22408
Specialty	EM
Board Certified	EM
School and Year of Graduation	NEW YORK UNIVERSITY SCHOOL OF MEDICINE USA 1998
Internship and Year	BELLEVUE HOSPITAL CENTER - NY, NY 1999
Residency and Year	BELLEVUE HOSPITAL CENTER - NY, NY 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 12406  
 License Date 7/7/2004  
 Name **SMITH, PAMELA S MD**  
 Address 4115 E 900 N, ALEXANDRIA, IN, 46001  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIVERSITY OF CINCINNATI, CINCINNATI OH US 1984  
 Internship and Year CHILDRENS MEDICAL CTR, DAYTON OH 1985  
 Residency and Year CHILDRENS MEDICAL CTR, DAYTON HO 1987  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 5435  
 License Date 10/27/1975  
 Name **SMITH, PAUL C MD**  
 Address KAISER PERMANENTE, 280 W MAC ARTHUR BLVD OAKLAND, CA, 94611  
 Specialty GS  
 Board Certified  
 School and Year of Graduation GUYS HOSPITAL LONDON USA 1965  
 Internship and Year ROYAL SURRY HOSPITAL LONDON 1966  
 Residency and Year BRISTOL ROYAL INFIRMARY 1970  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 11763  
 License Date 10/2/2002  
 Name **SMITH, REBECCA G MD**  
 Address DHMC- PAIN CLINIC, ONE MEDICAL CENTER DR LEBANON, NH, 03766  
 Specialty PM  
 Board Certified  
 School and Year of Graduation ST GEORGE'S UNIVERSITY, GRENADA WEST INDIES WEST INDIES 1994  
 Internship and Year LOUISIANA STATE UNIVERSITY, NEW ORLEANS LA 1996  
 Residency and Year LOUISIANA STATE UNIVERSITY, NEW ORLEANS LA 1997  
 License Expiration Date **6/30/2004**  
 Remarks

License Number 12631  
 License Date 3/2/2005  
 Name **SMITH, RICHARD B MD**  
 Address 9815 S MONROE ST, SUITE 300 SANDY, UT, 84070  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF TEXAS, GALVESTON TX US 1983  
 Internship and Year SCRIPPS MERCY HOSPITAL, SAN DIEGO CA 1984  
 Residency and Year SCRIPPS MERCY HOSPITAL, SAN DIEGO CA 1986  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	7660
License Date	7/8/1987
Name	<b>SMITH, ROBERT E MD</b>
Address	HITCHCOCK CLINIC, 590 COURT STKEENE, NH, 03431
Specialty	GE
Board Certified	GE
School and Year of Graduation	TEMPLE UNIV SCHOOL OF MEDICINE PA 1982
Internship and Year	GEISINGER MEDICAL CENTER - DANVILLE PA 1983
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1987
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	15113
License Date	1/5/2011
Name	<b>SMITH, ROBERT S MD</b>
Address	ENDO CHOICE PATHOLOGY, 11390 OLD ROSWELL RD, SUITE 100ALPHARETTA, GA, 30009
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	EMORY UNIVERSITY USA 1972
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1973
Residency and Year	UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE - GAINESVILLE, FL 1976
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6035
License Date	4/5/1979
Name	<b>SMITH, ROBERT W MD</b>
Address	GI ASSOC OF NH, 60 COMMERCIAL ST STE 404CONCORD, NH, 03301
Specialty	GE
Board Certified	GE
School and Year of Graduation	UNIV OF ROCHESTER SCHOOL MEDICINE - ROCHESTER, NY USA 1972
Internship and Year	UNIV OF VIRGINIA HOSPITAL - CHARLOTTESVILLE, VA 1973
Residency and Year	MEDICAL COLLEGE OF VIRGINIA HOSPITAL - RICHMOND, VA 1978
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	9823
License Date	8/7/1996
Name	<b>SMITH, ROBIN L MD</b>
Address	VA MEDICAL CENTER, 215 N MAIN STWHITE RIVER JCT, VT, 05009-0001
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF MINNESOTA MEDICAL SCHOOL - MINNEAPOLIS, MN USA 1993
Internship and Year	MARY HITCHCOCK MEDICAL CENTER - HANOVER, NH 1996
Residency and Year	MARY HITCHCOCK MEDICAL CENTER - HANOVER, NH 1996
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number 12973  
 License Date 12/7/2005  
 Name **SMITH, ROMEO MD**  
 Address 8406 E HARRY ST #709, WICHITA, KS, 67207  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF OKLAHOMA, OKLAHOMA CITY OK US 1994  
 Internship and Year BROADLAWNS MED CTR, DE MOINES IA 1995  
 Residency and Year BROADLAWNS MED CTR, DE MOINES IA 1997  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 15773  
 License Date 7/11/2012  
 Name **SMITH, RYAN M DO**  
 Address NEW HAMPSHIRE HOSPITAL, 36 CLINTON STREETCONCORD, NH, 03301  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC USA 2010  
 Internship and Year BROCKTON-WEST ROXBURY VETERANS AFFAIRS MEDICAL CENTER- BROCKTON, MA 02301 2011  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 03756 2013  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 7368  
 License Date 6/12/1986  
 Name **SMITH, STEPHEN J MD**  
 Address 4 ELLIOT WAY STE 200, MANCHESTER, NH, 03103-2787  
 Specialty U  
 Board Certified U  
 School and Year of Graduation UNIVERSITY OF MA - WORCESTER MA USA 1981  
 Internship and Year UNIVERSITY OF MA HOSPITAL - WORCESTER MA 1982  
 Residency and Year UNIVERSITY OF MA - 1983 LAHEY CLINIC FOUNDATION - 1986 1986  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12612  
 License Date 2/2/2005  
 Name **SMITH, STEVEN B MD**  
 Address OTTAUQUECHEE HEALTH CTR, 32 PLEASANT STWOODSTOCK, VT, 05091  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF MICHIGAN, ANN ARBOR MI US 1984  
 Internship and Year UNIVERSITY OF VERMONT, BURLINGTON VT 1985  
 Residency and Year UNIVERSITY OF VERMONT, BURLINGTON VT 1987  
 License Expiration Date **6/30/2007**  
 Remarks



License Number 9340  
 License Date 12/7/1994  
 Name **SMITH, SUSAN F MD**  
 Address VERMONT GYNECOLOGY, 1775 WILLISTON RDSOUTH BURLINGTON, VT, 05403  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIVERSITY OF MI MEDICAL SCHOOL USA 1976  
 Internship and Year MEDICAL CENTER HOSPITAL VT - BURLINGTON VT 1977  
 Residency and Year MEDICAL CENTER HOSPITAL VT - BURLINGTON VT 1980  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 5457  
 License Date 12/9/1975  
 Name **SMITH, VICTOR B MD**  
 Address 2747 TUCKALEECHIE PIKE, MARYVILLE, TN, 37803  
 Specialty ORS  
 Board Certified  
 School and Year of Graduation UNIV OF GLASGOW FAC OF MED GLASGOW SCOTLAND SCOTLAND 1953  
 Internship and Year GLASGOW ROYAL INFIRMARY - GLASGOW 1954  
 Residency and Year MEDICAL OFFICER IN ROYAL AIR FORCE- GLASGOW 1956  
 License Expiration Date **6/30/2001**  
 Remarks **Deceased 2/17/2004**

License Number 10732  
 License Date 10/6/1999  
 Name **SMITH, VICTORIA C MD**  
 Address OKEMO REGIONAL MED CTR, RTE 103LUDLOW, VT, 05149  
 Specialty FOP  
 Board Certified FP  
 School and Year of Graduation WESTMINSTER MEDICAL SCHOOL-LONDON UNITED KINGSON LONDON 1992  
 Internship and Year IPSWICH HOSPITAL-IPSWICH ENGLAND 1995  
 Residency and Year WOOLPIT HEALTH CENTRE-WOOLPIT ENGLAND 1996  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 9506  
 License Date 7/5/1995  
 Name **SMITH, W KENT MD**  
 Address PENACOOK FAMILY PHYSICIANS, 4 CRESCENT STPENACOOK, NH, 03303-  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation PA STATE UNIVERSITY COLLEGE OF MEDICINE USA 1979  
 Internship and Year THOMAS JEFFERSON UNIVERSITY HOSPITAL - PHILADELPHIA PA 1980  
 Residency and Year THOMAS JEFFERSON UNIVERSITY HOSPITAL - PHILADELPHIA PA 1982  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 7234  
 License Date 11/7/1985  
 Name **SMITH, WILLIAM F MD**  
 Address BLOOMSBURG HOSP, 549 E FAIR STBLOOMSBURG, PA, 17815  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation LOMA LINDA UNIV SCH MED - LOS ANGELES,CA USA 1968  
 Internship and Year KETTERING MEDICAL CENTER - KETTERING, OH 1969  
 Residency and Year LOMA LINDA UNIV MEDICAL CENTER - LOMA LINDA, CA 1971  
 License Expiration Date **6/30/2002**  
 Remarks

License Number 15943  
 License Date 11/7/2012  
 Name **SMOCK, PATRICK H MD**  
 Address 180 THOROUGHbred TRACE, LIBERTY HILL, TX, 78642  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation UNIVERSITY OF MISSOURI-KANSAS CITY SCHOOL OF MEDIC USA 2002  
 Internship and Year WILLIAM BEAUMONT ARMY MEDICAL CENTER - EL PASO, TX 2003  
 Residency and Year WILLIAM BEAUMONT ARMY MEDICAL CENTER - EL PASO, TX 2007  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16494  
 License Date 2/5/2014  
 Name **SMOLARZ, ANGELA J MD**  
 Address 41 MONTGOMERY ST #1, JERSEY CITY, NJ, 07302  
 Specialty IM  
 Board Certified  
 School and Year of Graduation ST GEORGES UNIVERSITY GRENADA 2010  
 Internship and Year JERSEY CITY MEDICAL CENTER - JERSEY CITY, NJ 2011  
 Residency and Year JERSEY CITY MEDICAL CENTER - JERSEY CITY, NJ 2013  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 6172  
 License Date 3/6/1980  
 Name **SMOLEN, JAMIE R MD**  
 Address JAMES A HALEY HOSP, 13000 BRUCE B DOWNS BLVD TAMPA, FL, 33756  
 Specialty P  
 Board Certified P  
 School and Year of Graduation GEORGETOWN UNIV SCH MED WASHINGTON DC USA 1976  
 Internship and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1976  
 Residency and Year U MASS COORDINATED PROGRAM - WORCESTER, MA 1980  
 License Expiration Date **6/30/2004**  
 Remarks **6/10/96 - ORDER OF CONDITIONAL APPROVAL 1/14/98 RESTRICTIONS LIFTED FROM LICENSE**

License Number	10263
License Date	5/6/1998
Name	<b>SMOLIN, MARCIA M DO</b>
Address	VA MENTAL HEALTH SERVICES, 1 VA TOGUSAUGUSTA, ME, 01201
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF NEW ENGLAND COLL OF OSTEO-ME USA 1991
Internship and Year	UNIV OF MASS MEDICAL CTR-MA 1996
Residency and Year	UNIV OF MASS MEDICAL CTR-MA 1996
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	15362
License Date	8/3/2011
Name	<b>SMOLKIN, MATTHEW B MD</b>
Address	WEST VIRGINIA UNIVERSITY DEPT OF PATHOLOGY, PO BOX 9203MORGANTOWN, WV, 26506
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	STATE UNIVERSITY OF NEW YORK USA 2000
Internship and Year	ALBERT EINSTEIN COLLEGE OF MEDICINE - BRONX, NY 2002
Residency and Year	ALBERT EINSTEIN COLLEGE OF MEDICINE - BRONX, NY 2004
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	9750
License Date	6/5/1996
Name	<b>SMOOT, JAMES S MD</b>
Address	PATHOLOGY SPECIALISTS OF N E, PO BOX 5528MANCHESTER, NH, 03103-5528
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF WASHINGTON SCHOOL OF MEDICINE USA 1990
Internship and Year	MIRIAM HOSPITAL - PROVIDENCE, RI 1991
Residency and Year	UNIV OF CALIFORNIA SCHOOL OF MEDICINE - SAN FRANCISCO, CA 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13604
License Date	7/11/2007
Name	<b>SMOTKIN, JOSEPH MD</b>
Address	SYNERGY HOSPITALIST GROUP, 130 W PLEASANT AVEMAYWOOD, NJ, 07607
Specialty	IM
Board Certified	IM
School and Year of Graduation	AMERICAN UNIV OF THE CARIBBEAN NETHERLANDS 2001
Internship and Year	NEWARK BETH ISRAEL MEDICAL CENTER - NEWARK, NJ 2002
Residency and Year	NEWARK BETH ISRAEL MEDICAL CENTER - NEWARK, NJ 2004
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	11678
License Date	7/3/2002
Name	<b>SMULL, GREGORY J MD</b>
Address	44 BIRCH ST, DERRY, NH, 03038
Specialty	PCC
Board Certified	PCC
School and Year of Graduation	TEMPLE UNIV SCH OF MED - PHILADELPHIA, PA USA 1996
Internship and Year	HAHNEMANN UNIV - PHILADELPHIA, PA 1997
Residency and Year	HAHNEMANN UNIV - PHILADELPHIA, PA 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5491
License Date	3/4/1976
Name	<b>SMYTH, ALFRED C MD</b>
Address	, , ,
Specialty	ON
Board Certified	IM
School and Year of Graduation	JOHN HOPKINS SCHOOL OF MEDICINE USA 1971
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1997</b>
Remarks	

License Number	13331
License Date	11/1/2006
Name	<b>SNEAD III, MAXWELL A MD</b>
Address	THE EYE CENTER OF CONCORD, 2 PILLSBURY STCONCORD, NH, 03301
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL, LEBANON NH US 1997
Internship and Year	PRESBYTERIAN/ST LUKES HOSPITAL, DENVER CO 1998
Residency and Year	TUFTS UNIVERSITY, BOSTON MA 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13809
License Date	1/11/2008
Name	<b>SNEFF, HEATHER MD</b>
Address	173 BRACKETT ST #1, PORTLAND, ME, 04102
Specialty	FP
Board Certified	FP
School and Year of Graduation	MCP HAHNEMANN SCHOOL OF MEDICINE USA 1999
Internship and Year	THOMAS JEFFERSON UNIV HOSPITAL - PHILADELPHIA, PA 2000
Residency and Year	THOMAS JEFFERSON UNIV HOSPITAL - PHILADELPHIA, PA 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>lapsed 6/30/12 - reinstated 6/3/15</b>

License Number 9116  
 License Date 2/2/1994  
 Name **SNIDER, LESLIE M MD**  
 Address TULANE MEDICAL CENTER, 1440 CANAL ST NEW ORLEANS, LA, 70112-  
 Specialty P  
 Board Certified P  
 School and Year of Graduation HAHNEMANN UNIVERSITY SCHOOL OF MEDICINE USA 1990  
 Internship and Year DARTMOUTH-HITCHCOK MEDICAL CENTER - LEBANON NH 1992  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1995  
 License Expiration Date **6/30/2002**  
 Remarks

License Number 7739  
 License Date 11/4/1987  
 Name **SNIDER, REBECCA E MD**  
 Address HOSPITAL MEDICINE OF EXETER, 5 ALUMNI DREXETER, NH, 03833  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation BOSTON UNIV SCHL OF MED BOSTON MA USA 1984  
 Internship and Year BOSTON CITY HOSPITAL BOSTON MA 1985  
 Residency and Year BOSTON CITY HOSPITAL BOSTON MA 1987  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15735  
 License Date 6/6/2012  
 Name **SNIPES, SAMUEL T MD**  
 Address MANCHESTER UROLOGY ASSOC, 4 ELLIOT WAY STE 200 MANCHESTER, NH, 03103  
 Specialty U  
 Board Certified U  
 School and Year of Graduation UNIVERSITY OF ARKANSAS COLLEGE OF MEDICINE USA 2007  
 Internship and Year UNIVERSITY OF ARKANSAS MEDICAL CENTER-LITTLE ROCK, AR 2008  
 Residency and Year UNIVERSITY OF ARKANSAS MEDICAL CENTER-LITTLE ROCK, AR 2012  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16495  
 License Date 2/5/2014  
 Name **SNOOK, CURTIS P MD**  
 Address VAMC, 215 N MAIN ST WVRJ, VT, 05009  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation COLUMBIA UNIV COLLEGE OF PHYSICIANS USA 1987  
 Internship and Year UNIV OF CINCINNATI MEDICAL CENTER - CINCINNATI, OH 1988  
 Residency and Year UNIV OF CINCINNATI MEDICAL CENTER - CINCINNATI, OH 1991  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 2997  
 License Date 12/22/1953  
 Name **SNOW, DAVID B MD**  
 Address 245 LIBERTY HILL RD, BEDFORD, NH, 03110-5632  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1951  
 Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1952  
 Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1953  
 License Expiration Date **6/30/1999**  
 Remarks

License Number 10675  
 License Date 9/1/1999  
 Name **SNOW, DEBORAH D MD**  
 Address C/O FRAN GANNEY ADM OF THE HOSPITALIST PROGRAM, CMC - 100 MACGREGOR ST SUITE D510  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON,MA USA 1996  
 Internship and Year YALE PRIMARY CARE PROGRAM - NEW HAVEN, CT 1997  
 Residency and Year YALE PRIMARY CARE PROGRAM- NEW HAVEN, CT 1998  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 6401  
 License Date 6/4/1981  
 Name **SNOW, GAIL A MD**  
 Address 180 A WILLARD AVE, PORTSMOUTH, NH, 03801  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation FACOLTA DI MEDICINA E CHIRURGIA DELL UNIV, ITALY 1977  
 Internship and Year MOUNT SIANI HOSP,HARTFORD,CT 1979  
 Residency and Year STATE UNIV OF BUFFALO,NY 1981  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 7821  
 License Date 4/6/1988  
 Name **SNOW, JOSEPH R MD**  
 Address CONCORD HOSPITAL WOUND CTR, 250 PLEASANT ST STE 1350CONCORD, NH, 03301  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation DUKE UNIV SCH MED - DURHAM, NC USA 1976  
 Internship and Year UNIV HOSPITAL -SEATTLE, WA 1978  
 Residency and Year UNIV HOSPITAL - SEATTLE, WA 1982  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	13332
License Date	11/1/2006
Name	<b>SNOW, RENEE E MD</b>
Address	WELLSPRING ASSOCIATES, 11 CHESTNUT ST STE 5ANDOVER, MA, 01810
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA PA US 1997
Internship and Year	LAHEY CLINIC, BURLINGTON MA 1998
Residency and Year	MASSACHUSETTS GENERAL HOSP, BOSTON MA 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16737
License Date	8/6/2014
Name	<b>SNOWBALL, MARCIA L MD</b>
Address	133 PLEASANT STREET, BERLIN, NH, 03570
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	OHIO ST UNIV COL OF MED & PUB HEALTH - COLUMBUS OH US
Internship and Year	ST LUKE'S HOSPITAL - CLEVELAND, OH 1983
Residency and Year	HENRY FORD HOSPITAL - DETROIT, MI 1987
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16331
License Date	9/4/2013
Name	<b>SNOWDEN, CINDI A MD</b>
Address	THYROID CYTOPATHOLOGY PARTNERS, PA, PO BOX 2386ROUND ROCK, TX, 78664
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	TX TECH UNIV HEALTH SCIENCES CTR SCHOOL OF MED USA 2004
Internship and Year	UNIVERSITY OF TX MEDICAL BRANCH - GALVESTON, TX 2006
Residency and Year	BAYLOR UNIVERSITY MEDICAL CENTER - DALLAS, TX 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12539
License Date	11/3/2004
Name	<b>SNYDER, BRADLEY J MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	WASHINGTON UNIVERSITY, ST LOUIS MO US 1990
Internship and Year	MIRIAM HOSPITAL, PROVIDENCE RI 1992
Residency and Year	BROWN UNIVERSITY, PROVIDENCE RI 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6960
License Date	8/2/1984
Name	<b>SNYDER, DAVID J MD</b>
Address	ANESTHESIA ASSOC PA, 1 PILLSBURY ST STE 202CONCORD, NH, 03301
Specialty	AN
Board Certified	
School and Year of Graduation	JOHNS HOPKINS UNIV SCH MED-BALTIMORE,MD USA 1976
Internship and Year	BETH ISRAEL HOSP-BOSTON,MA 1977
Residency and Year	BETH ISRAEL HOSP-BOSTON,MA 1980
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8724
License Date	5/6/1992
Name	<b>SNYDER, JAMES E MD</b>
Address	6 BUTTRICK RD, STE 301LONDONDERRY, NH, 03053
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	PENNSYLVANIA STATE UNIVERSITY USA 1981
Internship and Year	DEPT OF NAVY - NATIONAL NAVAL MEDICAL CENTER    BETHESDA, MD 1982
Residency and Year	DEPT OF NAVY - NATIONAL NAVAL MEDICAL CENTER    BETHESDA, MD 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11641
License Date	6/5/2002
Name	<b>SNYDER, MARSHA MD</b>
Address	60 PRESIDENTIAL PLAZA, APT 1406SYRACUSE, NY, 13202
Specialty	FP
Board Certified	FP
School and Year of Graduation	ALBERT EINSTEIN COLL - BRONX, NY USA 1981
Internship and Year	FRANKLIN SQUARE HOSPITAL CENTER - BALTIMORE,MD 1982
Residency and Year	FRANKLIN SQUARE HOSPITAL CENTER - BALTIMORE,MD 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8269
License Date	1/10/1990
Name	<b>SNYDER, PAUL M MD</b>
Address	CONCORD UROLOGY, 246 PLEASANT ST STE G2CONCORD, NH, 03301
Specialty	U
Board Certified	U
School and Year of Graduation	YALE UNIV SCH OF MED-NEW HAVEN,CT USA 1984
Internship and Year	YALE NEW HAVEN MED CTR-NEW HAVEN,CT 1985
Residency and Year	YALE NEW HAVEN MED CTR-NEW HAVEN,CT 1989
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	13564
License Date	6/6/2007
Name	<b>SO, ALICE MD</b>
Address	175 WILLOUGHBY ST, APT#3EBROOKLYN, NY, 11207
Specialty	IM
Board Certified	IM
School and Year of Graduation	ST GEORGE'S UNIV GRENADA 2002
Internship and Year	CABRINI MEDICAL CENTER - NEW YORK, NY 2003
Residency and Year	CABRINI MEDICAL CENTER - NEW YORK, NY 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12039
License Date	8/6/2003
Name	<b>SO, CHONG S DO</b>
Address	1595 BRIDGE ST, STE 3DRACUT, MA, 01826
Specialty	FP
Board Certified	FP
School and Year of Graduation	U OF NEW ENGLAND, BIDDEFORD ME US 2000
Internship and Year	MID-HUDSON FAMILY HEALTH INSTITUTE, KINGSTON NY 2002
Residency and Year	MID-HUDSON FAMILY HEALTH INSTITUTE, KINGSTON NY 2003
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	15202
License Date	4/6/2011
Name	<b>SO, RAYMOND L MD</b>
Address	ELLIOT HOSPITAL, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF SANTO TOMAS PHILIPPINES 2004
Internship and Year	DANBURY HOSPITAL - DANBURY, CT 2009
Residency and Year	DANBURY HOSPITAL - DANBURY, CT 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9090
License Date	12/1/1993
Name	<b>SOARES, CHRISTOPHER J MD</b>
Address	124 MEADOW LANE, RANDOLPH, VT, 05060
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	TX TECH UNIVERSITY SCIENCE CTR SCHOOL OF MEDICINE USA 1988
Internship and Year	EMANUEL HOSPITAL HEALTH CENTER - PORTLAND OR 1989
Residency and Year	UNIVERSITY TX MEDICAL SCHOOL - HOUSTON TX 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7335
License Date	5/8/1986
Name	<b>SOARES, EUGENE R MD</b>
Address	THE CENTER FOR MEDICAL GENETICS, 15 OLD ROLLINSFORD RD DOVER, NH, 03820
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF N CAROLINA SCH MED- CHAPEL HILL, NC USA 1982
Internship and Year	NORTH CAROLINA MEMORAL HOSPITAL - CHAPEL HILL, NC 1983
Residency and Year	NORTH CAROLINA MEMORIAL HOSPITAL - CHAPEL HILL, NC 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7103
License Date	5/2/1985
Name	<b>SOBEL, JONATHAN W MD</b>
Address	49 SHEAFE ST, PORTSMOUTH, NH, 03801
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	CASE WESTERN RESERVE UNIV - CLEVELAND, OH USA 1980
Internship and Year	UNIVERSITY HOSPITALS-CLEVELAND, OH 1981
Residency and Year	UNIVERSITY HOSPITALS-CLEVELAND, OH 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12117
License Date	10/1/2003
Name	<b>SOBEL, MARK MD</b>
Address	434 1/2 EAST 75TH ST, NEW YORK, NY, 10021
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	CASE WESTERN RESERVE UNIVERSITY, CLEVELAND OH US 1987
Internship and Year	MT SINAI MEDICAL CTR, NEW YORK NY 1988
Residency and Year	HOSPITAL FOR SPECIAL SURGERY, NEW YORK NY 1992
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	6885
License Date	5/10/1984
Name	<b>SOBELSON, GARY A MD</b>
Address	CONCORD FAMILY MEDICINE, 18 FOUNDRY ST STE 201 CONCORD, NH, 03301-5465
Specialty	FP
Board Certified	FP
School and Year of Graduation	COLUMBIA UNIV COLL OF PHYSICIANS&SURGEONS, NY USA 1981
Internship and Year	DUKE UNIV MED CTR-DURHAM, NC 1982
Residency and Year	DUKE UNIV MED CTR-DURHAM, NC 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16432
License Date	12/4/2013
Name	<b>SOBOTA, KRISTI D MD</b>
Address	VIRTUAL RADIOLOGY, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344-5349
Specialty	DR
Board Certified	DR
School and Year of Graduation	CREIGHTON UNIVERSITY SCHOOL OF MEDICINE USA 2000
Internship and Year	CREIGHTON UNIVERSITY MEDICAL CENTER- OMAHA, NE 2002
Residency and Year	CREIGHTON UNIVERSITY MEDICAL CENTER- OMAHA, NE 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10455
License Date	11/4/1998
Name	<b>SOBTI, SANDEEP MD</b>
Address	SILVER BIRCH GERIATRICS, 84 CENTRAL AVEDOVER, NH, 03820
Specialty	P
Board Certified	P
School and Year of Graduation	MAULANA AZAD MED COLL UNIV OF DELHI INDIA 1991
Internship and Year	ST ELIZABETH'S MEDICAL CENTER - BOSTON, MA 1994
Residency and Year	ST ELIZABETH'S MEDICAL CENTER - BOSTON, MA 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9970
License Date	4/2/1997
Name	<b>SOCHAT, MICHAEL MD</b>
Address	VAMC FAYETTEVILLE, 2300 RAMSEY STFAYETTEVILLE, NC, 27606
Specialty	EM
Board Certified	EM
School and Year of Graduation	BOSTON UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1980
Internship and Year	VA MEDICAL CENTER WADSWORTH - LOS ANGELES, CA 1981
Residency and Year	CEDARS-SINAI MEDICAL CENTER - CA 1984
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13359
License Date	12/6/2006
Name	<b>SOCHAT, NATACHA V MD</b>
Address	SOC SEC DISABILITY DETERMINATION SERV., NHDDS, WALKER BLDG., 21 SO FRUIT ST., SUITE 30CO
Specialty	PH
Board Certified	
School and Year of Graduation	BOSTON UNIV SCHOOL OF MEDICINE USA 1981
Internship and Year	VA MEDICAL CENTER WEST LOS ANGELES, LOS ANGELES, CA 1982
Residency and Year	CEDARS-SINAI MEDICAL CENTER-LOS ANGELES, CA 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12821
License Date	7/6/2005
Name	<b>SODICKSON, AARON D MD</b>
Address	BRIGHAM & WOMEN'S HOSP, 75 FRANCIS STBOSTON, MA, 02115
Specialty	R
Board Certified	R
School and Year of Graduation	HARVARD MEDICAL SCHOOL, BOSTON MA USA 1999
Internship and Year	BRIGHAM AND WOMENS HOSPITAL, BOSTON MA 2000
Residency and Year	BRIGHAM AND WOMENS HOSPITAL, BOSTON MA 2004
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	4715
License Date	6/12/1972
Name	<b>SODLAPUR, MADHUKAR MD</b>
Address	Deceased, , ,
Specialty	OBG
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>5/15/1987</b>
Remarks	Deceased - 5/15/87

License Number	13644
License Date	8/1/2007
Name	<b>SOFAIR, DAVID R MD</b>
Address	NY WESTCHESTER SQ MED CTR, 2475 ST RAYMOND AVEBRONX, NY, 10461
Specialty	AN
Board Certified	AN
School and Year of Graduation	STATE UNIV OF NEW YORK USA 1987
Internship and Year	WESTCHESTER COUNTY MEDICAL CENTER - VALHALLA, NY 1988
Residency and Year	ALBERT EINSTEIN COLLEGE OF MEDICINE - MONTEFIORE MEDICAL CENTER-BRONX, NY 1991
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	13056
License Date	4/5/2006
Name	<b>SOFFA, DAVID J MD</b>
Address	540 LAKE COOK RD STE 300, DEERFIELD, IL, 60015
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF MICHIGAN-ANN ARBOR, MI USA 1968
Internship and Year	KAISER PERMANENTE MED CTR-SAN FRANCISCO, CA 1969
Residency and Year	UNIV OF MICHIGAN HEALTH SYSTEMS-ANN ARBOR ,MI 1972
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8940
License Date	5/5/1993
Name	<b>SOGHIKIAN, GREGORY W MD</b>
Address	NH ORTHOPAEDIC CENTER, 17 RIVERSIDE ST STE 101NASHUA, NH, 03052-1383
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIV OF TEXAS SW MEDI CENTER AT DALLAS, TX USA 1987
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON MA 1988
Residency and Year	GEORGE WASHINGTON UNIVERSITY HOSPITAL - WASHINGTON DC 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4716
License Date	6/12/1972
Name	<b>SOHN, JEUNG H MD</b>
Address	1533 DIMAGGIO PATH, HERMANDO, FL, 34442
Specialty	P
Board Certified	P
School and Year of Graduation	SEOUL NATIONAL UNIVERSITY-SEOUL KOREA KOREA 1959
Internship and Year	EPISCOPAL HOSP-PHILADELPHIA PA 1965
Residency and Year	DETROIT GENERAL HOSP-DETROIT MI 1968
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	11802
License Date	12/4/2002
Name	<b>SOHN, STEPHEN A MD</b>
Address	ONE BROOKLINE PL, BROOKLINE, MA, 02445
Specialty	PS
Board Certified	PS
School and Year of Graduation	DUKE UNIV SCH OF MED - DURHAM, NC USA 1970
Internship and Year	UNIV OF ILLINOIS HOSPITAL NAD CLINICS- CHICAGO, IL 1974
Residency and Year	BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 1976
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	15140
License Date	2/2/2011
Name	<b>SOKOL, LEVI O MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	DR
Board Certified	DR
School and Year of Graduation	COLUMBIA UNIVERSITY USA 2004
Internship and Year	QUEENS HOSPITAL CENTER - JAMAICA, NY 2005
Residency and Year	UNIVERSITY OF MICHIGAN HEALTH SYSTEMS - ANN ARBOR, MI 2009
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number 13720  
 License Date 10/3/2007  
 Name **SOKOLOW, JAY MD**  
 Address RADIOLOGY GROUP P C, 2447 WHITNEY AVEHAMDEN, CT, 06518  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIV OF VERMONT USA 1983  
 Internship and Year YALE NEW HAVEN MEDICAL CENTER(WATERBURY)-NEW HAVEN, CT 1984  
 Residency and Year YALE UNIV SCHOOL OF MEDICINE - NEW HAVEN, CT 1989  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12230  
 License Date 2/4/2004  
 Name **SOLANKI, JAYANT H MD**  
 Address NORTH AMERICAN PARTNERS IN AN, VASSAR RECOVERY MED CTRPOUGHKEEPSIE, NY, 12601  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation INDIRA GANDHI MED COLLEGE, NAGPUR U, INDIA INDIA 1973  
 Internship and Year CABRINI MEDICAL CTR, NEW YORK NY 1974  
 Residency and Year CABRINI MEDICAL CTR, NEW YORK NY 1976  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 9462  
 License Date 6/7/1995  
 Name **SOLANO, SIMON MD**  
 Address WOMEN'S HEALTH CENTER, 29 RIDGEWOOD RDSRINGFIELD, VT, 05156  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation GEORGETOWN UNIVERSITY USA 1962  
 Internship and Year DC GENERAL HOSPITAL, WASHINGTON DC 1963  
 Residency and Year GEORGETOWN UNIVERSITY HOSPITAL, WASHINGTON DC 1966  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12766  
 License Date 6/1/2005  
 Name **SOLBERG, PETER D MD**  
 Address DHMC-HOSPITAL MEDICINE, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF CALIFORNIA, SAN FRANCISCO CA US 1996  
 Internship and Year SAN FRANCISCO GENERAL HOSP, SAN FRANCISCO CA 1997  
 Residency and Year SAN FRANCISCO GENERAL HOSP, SAN FRANCISCO CA 1999  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	8183
License Date	7/12/1989
Name	<b>SOLE, MARY-LEE MD</b>
Address	ELLIOT ORTHOPAEDICS SURGERY SP, 185 QUEEN CITY AVEMANCHESTER, NH, 03101-7100
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIV OF CALIFORNIA -LOS ANGELES,CA USA 1984
Internship and Year	THE GRAD SCH MED AFFIL HOSP-PHIL,PA 1985
Residency and Year	E VA GRAD SCH MED AFFIL HOSP-NORFOLK,VA 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12224
License Date	2/4/2004
Name	<b>SOLIDUM, ARNELI A MD</b>
Address	GENESIS BEHAVIORAL HEALTH, 771 NORTH MAIN STLA CONIA, NH, 03246
Specialty	CHP
Board Certified	
School and Year of Graduation	LA SALLE UNIVERSITY, DASMARINAS CAVITE PHILIPPINES PHILIPPINES 1989
Internship and Year	NORTH SHORE UNIVERSITY HOSP, MANHASSET NY 1999
Residency and Year	NORTH SHORE UNIVERSITY HOSP, MANHASSET NY 2002
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	7968
License Date	8/10/1988
Name	<b>SOLLEE, ALISON M MD</b>
Address	PRIMARY CARE OF DOVER, 10 MEMBERS WAY STE 300DOVER, NH, 03820
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF MASS MED SCH-WORCHESTER,MA USA 1985
Internship and Year	NEWTON WELLESLEY HOSP-NEWTN LWR FALLS 1986
Residency and Year	NEWTON WELLESLEY HOSP-NEWTN LWR FALLS,MA 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9054
License Date	9/1/1993
Name	<b>SOLNIT, AARON D MD</b>
Address	ACHS, 79 SWIFTWATER RD STE 3WOODSVILLE, NH, 03785-
Specialty	FP
Board Certified	FP
School and Year of Graduation	MCGILL UNIVERSITY FACULTY OF MEDICINE CANADA 1989
Internship and Year	DUKE UNIVERSITY MEDICAL CENTER - DURHAM NC 1992
Residency and Year	TACOMA GENERAL HOSPITAL - TACOMA WA 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9055
License Date	9/1/1993
Name	<b>SOLNIT, LOREN L MD</b>
Address	ACHS-WOODSVILLE, 79 SWIFTWATER RD STE 3WOODSVILLE, NH, 03785-
Specialty	PD
Board Certified	PD
School and Year of Graduation	MCGILL UNIVERSITY FACULTY OF MEDICINE CANADA 1988
Internship and Year	DUKE UNIVERSITY MEDICAL CENTER - DURHAM NC 1992
Residency and Year	DUKE UNIVERSITY MEDICAL CENTER - DURHAM NC 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11574
License Date	4/3/2002
Name	<b>SOLOD, EUGENE A MD</b>
Address	1 CAMPFIRE LN, PO BOX 845WOLFEBORO, NH, 03894-8219
Specialty	AN
Board Certified	AN
School and Year of Graduation	TUFTS UNIV SCH OF MED - BOSTON, MA USA 1967
Internship and Year	BOATON UNIV MEDICAL CENTER - BOSTON, MA 1968
Residency and Year	BOSTON VA HEALTH CARE SYSTEM - JAMAICA PLAIN, MA 1972
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	7531
License Date	3/4/1987
Name	<b>SOLOMON, ABRAHAM MD</b>
Address	, , ,
Specialty	FP
Board Certified	
School and Year of Graduation	BELGIUM 1982
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1996</b>
Remarks	

License Number	6402
License Date	6/4/1981
Name	<b>SOLOMON, HAROLD S MD</b>
Address	25 BOYLSTON ST, STE 211CHESTNUT HILL, MA, 02467
Specialty	IM
Board Certified	IM
School and Year of Graduation	MED COLL OF GEORGIA -AUGUSTA,GA USA 1965
Internship and Year	VANDERBILT UNIV HOSP-NASHVILLE, TN 1966
Residency and Year	PETER B BRINGHAM HOSP-BOSTON,MA 1972
License Expiration Date	<b>6/30/2015</b>
Remarks	



License Number 16053  
 License Date 3/6/2013  
 Name **SOLORIO, JAY R MD**  
 Address 1174 US ROUTE 2, APT 1 RANDOLPH, NH, 03583  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation UNIVERSITY OF TENNESSEE MEMPHIS COLLEGE OF MED USA 1982  
 Internship and Year PALMETTO RICHLAND MEMORIAL HOSPITAL - COLUMBIA, SC 1983  
 Residency and Year PALMETTO RICHLAND MEMORIAL HOSPITAL - COLUMBIA, SC 1987  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 3917  
 License Date 7/1/1966  
 Name **SOLOW, CHARLES MD**  
 Address NH HOSPITAL, 36 CLINTON ST CONCORD, NH, 03301  
 Specialty P  
 Board Certified P  
 School and Year of Graduation HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1958  
 Internship and Year MARY IMOGENE BASSETT - COOPERTOWN, NY 1959  
 Residency and Year DARTMOUTH AFFILIATED HOSPITAL - HANOVER, NH 1963  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 10838  
 License Date 2/8/2000  
 Name **SOLTANIAN-ZADEH, HOOMAN MD**  
 Address DIVISION OF PLASTIC SURGERY, 47 NEW SCOTLAND AVE MAIL 61 ALBANY, NY, 12208  
 Specialty GS  
 Board Certified  
 School and Year of Graduation LUDWIG MAXIMILIANS UNIV OF MUNICH- GERMANY GERMANY 1993  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1996  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1998  
 License Expiration Date **6/30/2001**  
 Remarks

License Number 12081  
 License Date 9/3/2003  
 Name **SOLTIS-TYLER, KRISTEN A MD**  
 Address 302 NEWMARKET ST., NEWINGTON, NH, 03803  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation GEORGETOWN UNIVERSITY, WASHINGTON DC US 2001  
 Internship and Year DAVID GRANT MEDICAL CTR, TRAVIS AFB CA 2002  
 Residency and Year DAVID GRANT MEDICAL CTR, TRAVIS AFB CA 2004  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16291  
 License Date 8/7/2013  
 Name **SOLZHENITSYN, CAROLYN MD**  
 Address HANOVER PSYCHIATRY, 23 SOUTH MAIN STREET SUITE 2B HANOVER, NH, 03755  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIVERSITY OF PENNSYLVANIA USA 1999  
 Internship and Year UNIVERSITY OF PENNSYLVANIA - PHILADELPHIA, PA 2005  
 Residency and Year UNIVERSITY OF PENNSYLVANIA - PHILADELPHIA, PA 2007  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12974  
 License Date 12/7/2005  
 Name **SOMERS, SAMUEL C MD**  
 Address 60 COMMERCIAL ST, STE 404 CONCORD, NH, 03301  
 Specialty IM  
 Board Certified GE  
 School and Year of Graduation HARVARD MEDICAL SCHOOL, BOSTON MA US 1998  
 Internship and Year BRIGHAM AND WOMENS HOSP, BOSTON MA 1999  
 Residency and Year BRIGHAM AND WOMENS HOSP, BOSTON MA 2001  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15854  
 License Date 9/5/2012  
 Name **SOMESWARANANTHAN, JANARTHANAN MD**  
 Address NE INPATIENT SPEC, 70 EAST ST METHUEN, MA, 01844  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF SZEGED HUNGARY 1996  
 Internship and Year CONEY ISLAND HOSPITAL - BROOKLYN, NY 1999  
 Residency and Year CONEY ISLAND HOSPITAL - BROOKLYN, NY 2001  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16775  
 License Date 9/3/2014  
 Name **SOMMERS, KIMBERLY A MD**  
 Address 45 TEWKSBURY RD #1, HAMPSTEAD, NH, 03841  
 Specialty ID  
 Board Certified ID  
 School and Year of Graduation OHIO STATE UNIVERSITY COLLEGE OF MEDICINE USA 2006  
 Internship and Year RIVERSIDE METHODIST HOSPITAL - COLUMBUS, OH 2007  
 Residency and Year RIVERSIDE METHODIST HOSPITAL - COLUMBUS, OH 2009  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	14852
License Date	5/5/2010
Name	<b>SOMYREDDY, KISHORI V MD</b>
Address	750 CENTRAL AVE STE 2, DOVER, NH, 03820
Specialty	N
Board Certified	N
School and Year of Graduation	SRI DEVARAJ URS MEDICAL COLLEGE KARNATAKA 2002
Internship and Year	MILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 2004
Residency and Year	MILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14853
License Date	5/5/2010
Name	<b>SONG, ALBERT J MD</b>
Address	11460 PRESCOTT LN, WESTCHESTER, IL, 60154
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF ILLINOIS USA 2004
Internship and Year	ST FRANCIS HOSPITAL OF EVANSTON - EVANSTON, IL 2005
Residency and Year	INDIANA UNIVERSITY MEDICAL CENTER - INDIANAPOLIS, IN 2009
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	10375
License Date	8/5/1998
Name	<b>SONG, LIJUN MD</b>
Address	DARTMOUTH HITCHCOCK, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty	GP
Board Certified	IM
School and Year of Graduation	BEIJING MEDICAL UNIV - BEIJING, CHINA CHINA 1984
Internship and Year	NATIONAL INSTITUTES OF HLTH FOGHERTY INTERNATIONAL CTR - BETHESDA, MD 1995
Residency and Year	JOHNS HOPKINS UNIV BAYVIEW MED CTR - BALTIMORE, MD 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11040
License Date	8/2/2000
Name	<b>SONG, SONG MD</b>
Address	ANESTHETIC SOLUTIONS, 138 HAVERHILL STANDOVER, MA, 01810
Specialty	AN
Board Certified	AN
School and Year of Graduation	PEKING UNION UNIVERSITY - BEIJING CHINA 1987
Internship and Year	METROWEST MEDICAL CENTER - FRAMINGHAM MA 1996
Residency and Year	BETH ISRAEL DEACONESS MED CTR - BOSTON MA 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16390
License Date	11/6/2013
Name	<b>SONG, YOUNG S MD</b>
Address	VIRTUAL RADIOLOGY, 11995 SINGLETREE LANE STE 500EDEN PRAIRIE, MN, 55344
Specialty	DR
Board Certified	DR
School and Year of Graduation	SUNY DOWNSTATE MEDICAL CENTER USA 2006
Internship and Year	UNIVERSITY OF HAWAII JOHN A BURNS SCHOOL OF MEDICINE - HONOLULU, HI 2007
Residency and Year	LONG ISLAND COLLEGE HOSPITAL - BROOKLYN, NY 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17032
License Date	4/1/2015
Name	<b>SONI, DEEPA MD</b>
Address	108 LINCOLN ST #2A, BOSTON, MA, 02111
Specialty	N
Board Certified	N
School and Year of Graduation	HOWARD UNIVERSITY COLLEGE OF MEDICINE USA 1994
Internship and Year	BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 1999
Residency and Year	BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13760
License Date	11/7/2007
Name	<b>SONKEN, RONALD S MD</b>
Address	VIRTUAL RADIOLOGIC, 11955 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	UNIFORMED SERVICES UNIV USA 1989
Internship and Year	NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1990
Residency and Year	NAVAL MEDICAL CENTER SAN DIEGO - SAN DIEGO, CA 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6086
License Date	7/9/1979
Name	<b>SONNEBORN, HENRY L MD</b>
Address	WENTWORTH DOUGLASS PHYS CORP, 789 CENTRAL AVEDOVER, NH, 03820
Specialty	ON
Board Certified	ON
School and Year of Graduation	ALBANY MED COLL OF UNION UNIV - ALBANY, NY USA 1974
Internship and Year	ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1975
Residency and Year	UNIV OF UTAH HOSPITAL - SALT LAKE CITY, UT 1979
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 16882  
 License Date 12/3/2014  
 Name **SONNI, SMITHA MD**  
 Address RAYS, 13737 NOEL RD STE 1600 DALLAS, TX, 75240  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 2007  
 Internship and Year MOUNT SINAI MEDICAL CENTER OF FLORIDA - MIAMI BEACH, FL 2008  
 Residency and Year MONTEFIORE MEDICAL CENTER - BRONX, NY 2012  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16738  
 License Date 8/6/2014  
 Name **SONNIER, CHRISTOPHER S MD**  
 Address 1140 TRANQUILITY VIA, CHRISTIANSBURG, VA, 24073-1438  
 Specialty END  
 Board Certified END  
 School and Year of Graduation AMERICAN UNIV OF THE CARIBBEAN- CUPECOY ST MAARTEN NETHERLANDS 2000  
 Internship and Year CARILION CLINIC - ROANOKE, VA 2002  
 Residency and Year CARILION CLINIC - ROANOKE, VA 2004  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15892  
 License Date 10/3/2012  
 Name **SONNIER, GEORGE B MD**  
 Address DMP ALLIANCE OF KY, 839 SOUTH 2ND ST LOUISVILLE, KY, 40203  
 Specialty D  
 Board Certified D  
 School and Year of Graduation LOUISIANA STATE UNIVERSITY USA 1989  
 Internship and Year LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - SHREVEPORT, LA 1990  
 Residency and Year UNIVERSITY OF TX SOUTHWESTERN MEDICAL CENTER - DALLAS, TX 1993  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10006  
 License Date 5/7/1997  
 Name **SOOD, RAJAT MD**  
 Address 232 SUTTON ST, N ANDOVER, MA, 01845  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation COLL OF MED SCI UNIV OF DELHI INDIA 1988  
 Internship and Year SINAI HOSP OF BALTIMORE-MD 1992  
 Residency and Year HENRY FORD HOSP-MICHIGAN 1996  
 License Expiration Date **6/30/1998**  
 Remarks

License Number	8330
License Date	5/9/1990
Name	<b>SOPHER, MARC D MD</b>
Address	38 GROVE RD, RYE, NH, 03870
Specialty	FP
Board Certified	FP
School and Year of Graduation	TEMPLE UNIV SCH OF MED - PHILA, PA USA 1987
Internship and Year	MIDDLESEX MEMORIAL HOSPITAL - MIDDLETOWN, CT 1988
Residency and Year	MIDDLESEX MEMORIAL HOSPITAL - MIDDLETOWN, CT 1989
License Expiration Date	<b>6/30/2016</b>
Remarks	Not practicing - Request medical records from mdsophermd@comcast.net

License Number	14102
License Date	7/9/2008
Name	<b>SORENSEN, MEREDITH J MD</b>
Address	UNIVERSITY OF MICHIGAN HOSPITALS & HEALTH CTRS, 1500 E MEDICAL CTR DR, 2920 TAUBMAN C
Specialty	GS
Board Certified	GS
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2006
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17133
License Date	6/3/2015
Name	<b>SORENSEN, DAVID E MD</b>
Address	3P STREET, NEWBURYPORT, MA, 01950
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF NC, CHAPEL HILL NC USA 1984
Internship and Year	NORTH SHORE MEDICAL CENTER-SALEM HOSPITAL, SALEM MA 1985
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER, WORCESTER MA 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4767
License Date	8/15/1972
Name	<b>SORENSEN, GEORGE D MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PTH
Board Certified	
School and Year of Graduation	JEFFERSON MEDICAL COLLEGE - MO USA 1954
Internship and Year	UNIV HOSPITALS OF CLEVELAND - CLEVELAND, OH 1955
Residency and Year	UNIV HOSPITALS OF CLEVELAND - CLEVELAND, OH 1958
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	3424
License Date	3/8/1961
Name	<b>SORGE, DOMINICK V MD</b>
Address	ST VINCENT'S IMMEDIATE HEALTH, 4490 MAIN STBRIDGEPORT, CT, 06606-1800
Specialty	FP
Board Certified	
School and Year of Graduation	ST LOUIS UNIVERSITY USA 1959
Internship and Year	ST VINCENT'S HOSPITAL- WORCESTER, MA 1960
Residency and Year	ST VINCENT'S HOSPITAL - WORCESTER, MA 1960
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	9751
License Date	6/5/1996
Name	<b>SORSCHER, ADAM J MD</b>
Address	COMMUNITY HEALTH CENTER, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF CINCINNATI COLL OF MED - CINCINNATI,OH USA 1990
Internship and Year	ST PAUL REGIONS HOSPITAL - ST PAUL, MN 1991
Residency and Year	ST PAUL REGIONS HOSPITAL - ST PAUL, MN 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>LAPSED 6/30/2006----REINSTATED 12/6/2006</b>

License Number	14103
License Date	7/9/2008
Name	<b>SOSLOW, ARNOLD R MD</b>
Address	8 FOX MEADOW LANE, WAYLAND, MA, 01778
Specialty	PD
Board Certified	PD
School and Year of Graduation	HAHNEMANN UNIV USA 1970
Internship and Year	CHILDREN'S HOSPITAL OF PHILADELPHIA - PHILADELPHIA, PA 1972
Residency and Year	CHILDREN'S HOSPITAL - BOSTON, MA 1975
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	12854
License Date	8/3/2005
Name	<b>SOTIR, CATHERINE L MD</b>
Address	BRODY SCHOOL OF MEDICINE, 600 MOYE BLVDGREENVILLE, NC, 27858
Specialty	FP
Board Certified	
School and Year of Graduation	UNIVERSITY OF NEW MEXICO, ALBUQUERQUE NM US 1994
Internship and Year	MOUNTAIN AREA HEALTH EDUCATION FOUNDATION, ASHEVILLE NC 1995
Residency and Year	MOUNTAIN AREA HEALTH EDUCATION FOUNDATION, ASHEVILLE NC 1997
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	9438
License Date	5/3/1995
Name	<b>SOTIR, LISA W MD</b>
Address	SO NH MED CTR, PROSPECT STNASHUA, NH, 03061
Specialty	EM
Board Certified	EM
School and Year of Graduation	COLUMBIA UNIVERSITY USA 1992
Internship and Year	MEDICAL COLLEGE OF PENNSYLVANIA, PHILADELPHIA, PA 1995
Residency and Year	MEDICAL COLLEGE OF PENNSYLVANIA, PHILADELPHIA PA 1995
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	17236
License Date	8/5/2015
Name	<b>SOTIROVIC, SASHA MD</b>
Address	69 SUMMIT AVE, BANGOR, ME, 04401-5631
Specialty	GS
Board Certified	GS
School and Year of Graduation	ROYAL COLLEGE OF SURGEONS IN IRELAND IRELAND 2000
Internship and Year	NASSAU UNIVERSITY MEDICAL CENTER - EAST MEADOW, NY 2005
Residency and Year	NASSAU UNIVERSITY MEDICAL CENTER - EAST MEADOW, NY 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8182
License Date	7/12/1989
Name	<b>SOUCY JR, ROBERT G DO</b>
Address	ROBERT SOUCY DO INTEGRATIVE FAMILY MEDICINE, 9 PLEASANT ST., STE 1COLEBROOK, NH, 0357
Specialty	FP
Board Certified	
School and Year of Graduation	UNOV OF OSTEOPATHIC MED - DES MOINES, IA USA 1986
Internship and Year	MICHIGAN STATE UNIV HOSPITAL - EAST LANDING, MI 1987
Residency and Year	MICHIGAN STATE UNIV HOSPITAL - EAST LANDING, MI 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17237
License Date	8/5/2015
Name	<b>SOUCY, ZACHARY P DO</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03755
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND COLL OF OSTEOPATHIC MED USA 2008
Internship and Year	SAINT MARYS HOSPITAL - ROCHESTER, MN 2009
Residency and Year	SAINT MARYS HOSPITAL - ROCHESTER, MN 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number 16391  
 License Date 11/6/2013  
 Name **SOUKUP, ELIZABETH S MD**  
 Address ELLIOT HOSPITAL, NH HOSPITAL FOR CHILDREN, 1 ELLIOT WAYMANCHESTER, NH, 03103  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation UNIVERSITY OF CHICAGO PRITZKER SCHOOL OF MEDICINE USA 2003  
 Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2004  
 Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2010  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15944  
 License Date 11/7/2012  
 Name **SOULE, MATTHEW R MD**  
 Address 3725 29th AVE SO, #412MINNEAPOLIS, MN, 55406  
 Specialty GS  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF N DAKOTA SCHOOL OF MEDICINE USA 2009  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9715  
 License Date 5/1/1996  
 Name **SOUSA, ELIZABETH N MD**  
 Address MEDICAL DEPT CON-EDISON, INDIAN POINT NUCLEAR POWER STNBUCHANAN, NY, 10511-  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation NEW YORK MEDICAL COLLEGE-VALHALLA NY USA 1985  
 Internship and Year ST JOSEPH'S MEDICAL CENTER-YONKERS NY 1986  
 Residency and Year ST JOSEPH'S MEDICAL CENTER-YONKERS NY 1988  
 License Expiration Date **6/30/2000**  
 Remarks

License Number 10524  
 License Date 3/3/1999  
 Name **SOUTHARD III, JAMES B MD**  
 Address J & C NATIONWIDE, 1910 SEDWICH RD STE 300BDURHAM, NC, 27713  
 Specialty AN  
 Board Certified  
 School and Year of Graduation BOSTON UNIV SCH OF MED-BOSTON, MA USA 1974  
 Internship and Year HARTFORD HOSPITAL - HARTFORD, CT 1975  
 Residency and Year HARTFORD HOSPITAL - HARTFORD, CT 1978  
 License Expiration Date **6/30/2000**  
 Remarks

License Number	16292
License Date	8/7/2013
Name	<b>SOUTHGATE, GABRIELE MD</b>
Address	LAHEY ONCOLOGY & HEMATOLOGY AT PARKLAND SALEM, 31 STILES ROADSALEM, NH, 03079
Specialty	HO
Board Certified	HO
School and Year of Graduation	UNIVERSITY OF HAMBURG GERMANY 1987
Internship and Year	FRAMINGHAM UNION HOSPITAL - FRAMINGHAM, MA 1989
Residency and Year	FRAMINGHAM UNION HOSPITAL - FRAMINGHAM, MA 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7700
License Date	8/5/1987
Name	<b>SOUTHWORTH, DOUGLAS B MD</b>
Address	VA MEDICAL CENTER - 116A, 215 NORTH MAIN STWHITE RIVER JUNCTION, VT, 05009
Specialty	P
Board Certified	P
School and Year of Graduation	DARTMOUTH-HITCHCOCK MED CTR-HANOVER USA 1985
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1986
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8539
License Date	5/8/1991
Name	<b>SOUTHWORTH, MICHAEL MD</b>
Address	COASTAL CARDIOTHORACIC & VASCULAR SURGERY, 3 TERRASCAPE PKWYSOMERSWORTH, NH, 03
Specialty	VS
Board Certified	GS
School and Year of Graduation	BOSTON UNIV SCH OF MED - BOSTON, MA USA 1985
Internship and Year	NEW ROCHELLE HOSPITAL - NEW ROCHELLE, NY 1986
Residency and Year	NEW ROCHELLE HOSPITAL - NEW ROCHELLE, NY 1990
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17087
License Date	5/6/2015
Name	<b>SOWDEN, GILLIAN L MD</b>
Address	DHMC - DEPT OF PSYCHIATRY, 1 MEDICAL CTR DRLEBANON, NH, 03766
Specialty	P
Board Certified	
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 2011
Internship and Year	CAMBRIDGE HOSPITAL-CAMBRIDGE HEALTH ALLIANCE - CAMBRIDGE, MA 2012
Residency and Year	CAMBRIDGE HOSPITAL-CAMBRIDGE HEALTH ALLIANCE - CAMBRIDGE, MA 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4717
License Date	6/12/1972
Name	<b>SOX JR, HAROLD C MD</b>
Address	AMERICAN COLLEGE OF PHYSICIANS, 190 N INDEPENDENCE MALL WESTPHILADELPHIA, PA, 19106-
Specialty	IM
Board Certified	IM
School and Year of Graduation	HARVARD UNIV, MA USA 1966
Internship and Year	MASS GENERAL HOSPITAL - BOSTON, MA 1967
Residency and Year	MASS GENERAL HOSPITAL - BOSTON, MA 1968
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	12206
License Date	1/7/2004
Name	<b>SPADONE, SHERYL K MD</b>
Address	MID-HUDSON MEDICAL GROUP, 64 JACKSON ST FISHKILL, NY, 12524
Specialty	IM
Board Certified	IM
School and Year of Graduation	OHIO STATE UNIVERSITY, COLUMBUS OH US 1990
Internship and Year	LONG ISLAND JEWISH MED CTR, NEW HYDE PARK NY 1991
Residency and Year	NORTH SHORE UNIVERSITY HOSP, MANHASSET NY 1996
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	14943
License Date	7/7/2010
Name	<b>SPANGLER, CHAD C MD</b>
Address	DHMC, 1 MED CTR DR LEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	RUSH UNIVERSITY USA 2003
Internship and Year	RUSH UNIVERSITY MEDICAL CENTER - CHICAGO, IL 2004
Residency and Year	RUSH UNIVERSITY MEDICAL CENTER - CHICAGO, IL 2007
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	16464
License Date	1/8/2014
Name	<b>SPANGLER, EMILY L MD</b>
Address	DHMC - VASCULAR SURGERY, 3V, 1 MED CTR DR LEBANON, NH, 03756
Specialty	VS
Board Certified	
School and Year of Graduation	UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE USA 2010
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15643
License Date	4/4/2012
Name	<b>SPANIOLAS, KONSTANTINOS MD</b>
Address	DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty	GS
Board Certified	
School and Year of Graduation	UNIVERSITY OF ATHENS GREECE 2004
Internship and Year	UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2008
Residency and Year	UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2012
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	16776
License Date	9/3/2014
Name	<b>SPARGER, KATHERINE A MD</b>
Address	MASSACHUSETTS GENERAL HOSPITAL, 55 FRUIT STBOSTON, MA, 02114
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF CHICAGO PRITZKER SCHOOL OF MEDICINE USA 2006
Internship and Year	CHILDRENS HOSPITAL - BOSTON MEDICAL CENTER - BOSTON, MA 2007
Residency and Year	CHILDRENS HOSPITAL - BOSTON MEDICAL CENTER - BOSTON, MA 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14574
License Date	8/5/2009
Name	<b>SPARKS, DAWN A DO</b>
Address	911 CART RD, EDMONDS, WA, 98020
Specialty	AN
Board Certified	
School and Year of Graduation	OHIO UNIVERSITY USA 2004
Internship and Year	CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 2005
Residency and Year	CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10404
License Date	9/2/1998
Name	<b>SPARKS, MICHAEL B MD</b>
Address	DHMC-ORTHOPAEDICS, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	BAYLOR COLL OF MED - HOUSTON, TX USA 1989
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON ,NH 1990
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13024
License Date	3/1/2006
Name	<b>SPATOLA, ELIZABETH J MD</b>
Address	ST JOSEPH'S HOSPITAL, 172 KINSLEY STNASHUA, NH, 03060
Specialty	IM
Board Certified	END
School and Year of Graduation	STATE UNIVERSITY OF NEW YORK, BUFFALO NY US 1985
Internship and Year	STATE UNIVERSITY OF NEW YORK, STONY BROOK NY 1986
Residency and Year	STATE UNIVERSITY OF NEW YORK, STONY BROOK NY 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8402
License Date	7/11/1990
Name	<b>SPAULDING, RICHARD P MD</b>
Address	AMOSKEAG ANESTHESIOLOGISTS, ONE ELLIOT WAYMANCHESTER, NH, 03103-0350
Specialty	AN
Board Certified	AN
School and Year of Graduation	CASE WESTERN RESERVE UNIV SCH MED - OH USA 1982
Internship and Year	MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1983
Residency and Year	MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14605
License Date	9/2/2009
Name	<b>SPECHT, LINDA A MD</b>
Address	DHMC, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	CHN
Board Certified	CHN
School and Year of Graduation	CORNELL UNIVERSITY USA 1980
Internship and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1981
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1982
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12632
License Date	3/2/2005
Name	<b>SPECTOR, ANDREW R MD</b>
Address	EAR NOSE THROAT OF SO NH, 30 CANTON ST #2MANCHESTER, NH, 03103
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	OHIO STATE UNIVERSITY, COLUMBUS OH US 2000
Internship and Year	THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA 2001
Residency and Year	THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15945
License Date	11/7/2012
Name	<b>SPECTOR, JONATHAN M MD</b>
Address	34 AVON ST, CAMBRIDGE, MA, 02138
Specialty	PD
Board Certified	PD
School and Year of Graduation	NEW YORK MEDICAL COLLEGE USA 1997
Internship and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1999
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2002
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	10456
License Date	11/4/1998
Name	<b>SPECTOR, MICHAEL A MD</b>
Address	LOWELL ANESTHESIOLOGY SRVC INC, 60 EAST STMETHUEN, MA, 01844-4597
Specialty	AN
Board Certified	AN
School and Year of Graduation	MEDICAL COLL OF WISCONSIN - MILWAUKEE,WI USA 1975
Internship and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1976
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7894
License Date	6/8/1988
Name	<b>SPELLER, JEFFREY L MD</b>
Address	SIX COURTHOUSE LN, UNIT 12CHELMSFORD, MA, 01824-1725
Specialty	P
Board Certified	P
School and Year of Graduation	HARVARD MED SCH - BOSTON, MA USA 1974
Internship and Year	HOSPITAL OF THE GOOD SAMARITAN - LOS ANGELES, CA 1975
Residency and Year	MC LEAN HOSPITAL - BELMONT, MA 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12118
License Date	10/1/2003
Name	<b>SPENCE, BRIAN C MD</b>
Address	DHMC-ANESTHESIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF ROCHESTER, ROCHESTER NY US 2000
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2001
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16496
License Date	2/5/2014
Name	<b>SPENCER JR, BYRON R MD</b>
Address	MAYO CLINIC, 5777 E MAYO BLVD PHOENIX, AZ, 85054
Specialty	N
Board Certified	N
School and Year of Graduation	MEHARRY MEDICAL COLLEGE SCHOOL OF MED USA 2004
Internship and Year	MAYO CLINIC - PHOENIX, AZ 2005
Residency and Year	MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - SCOTTSDALE, AZ 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15494
License Date	12/7/2011
Name	<b>SPENCER JR, LINDO TERRY MD</b>
Address	275 MAMMOTH ROAD, STE 1 MANCHESTER, NH, 03109
Specialty	PDP
Board Certified	PDP
School and Year of Graduation	CHAPEL HILL SCHOOL OF MEDICINE USA 1994
Internship and Year	SHANDS HOSPITAL ST THE UNIVESITY OF FLORIDA, GAINESVILLE, FL 32610 1994
Residency and Year	SHANDS HOSPITAL ST THE UNIVESITY OF FLORIDA, GAINESVILLE, FL 32610 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8494
License Date	2/6/1991
Name	<b>SPENCER, HAVEN T MD</b>
Address	MT ASCUTNEY HOSP AND HLTH CTR, 289 COUNTY RD WINDSOR, VT, 05089
Specialty	IM
Board Certified	IM
School and Year of Graduation	BOSTON UNIV SCH OF MED - BOSTON, MA USA 1984
Internship and Year	WORCESTER MEMORIAL HOSPITAL - WORCESTER, MA 1985
Residency and Year	WORCESTER MEMORIAL HOSPITAL - WORCESTER, MA 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17134
License Date	6/3/2015
Name	<b>SPENCER, HILLARY MD</b>
Address	ONE MEDICAL CENTER DR, LEBANON, NH, 03766
Specialty	PD
Board Certified	
School and Year of Graduation	INDIANA UNIVERSITY SCHOOL OF MED, INDIANAPOLIS IN USA 2012
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER, LEBANON NH 2014
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER, LEBANON NH 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15269
License Date	6/1/2011
Name	<b>SPENCER, JAMES B DO</b>
Address	90 SWIFTWATER ROAD, WOODSVILLE, NH, 03785
Specialty	IM
Board Certified	
School and Year of Graduation	KANSAS CITY UNIVERSITY USA 2008
Internship and Year	UNIVERSITY OF MISSOURI-DANSAS CITY SCHOOL OF MED - KANSAS CITY, MO 2009
Residency and Year	UNIVERSITY OF MISSOURI-DANSAS CITY SCHOOL OF MED - KANSAS CITY, MO 2011
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	10290
License Date	5/6/1998
Name	<b>SPENCER, MICHELLE T MD</b>
Address	PENACOOK FAMILY PHYSICIANS, 4 CRESCENT STPENACOOK, NH, 03303
Specialty	FP
Board Certified	FP
School and Year of Graduation	U OF NEW YORK HLTH SCIENCE CTR AT SYRACUSE USA 1995
Internship and Year	LATROBE AREA HOSPITAL, LATROBE, PA 1998
Residency and Year	LATROBE AREA HOSPITAL, LATROBE, PA 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16847
License Date	11/6/2014
Name	<b>SPENCER, REBECCA J MD</b>
Address	227 WINCHESTER ST #2, BROOKLINE, MA, 02446
Specialty	AN
Board Certified	
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 2010
Internship and Year	BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2011
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17192
License Date	7/1/2015
Name	<b>SPENCER, ROBERT D MD</b>
Address	736 CAMBRIDGE ST, BOSTON, MA, 02135
Specialty	IM
Board Certified	IM
School and Year of Graduation	NATIONAL UNIV OF IRELAND UNIV COLLEGE DUBLIN IRELAND 2008
Internship and Year	MOUNT AUBURN HOSPITAL - CAMBRIDGE, MA 2009
Residency and Year	MOUNT AUBURN HOSPITAL - CAMBRIDGE, MA 2012
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number	9752
License Date	6/5/1996
Name	<b>SPENCER, ROBERT F MD</b>
Address	CONCORD PAIN CONSULTATION SER, 130 PEMBROKE RD STE 250CONCORD, NH, 03301
Specialty	APM
Board Certified	AN
School and Year of Graduation	YALE UNIV SCHOOL OF MED - NEW HAVEN, CT USA 1990
Internship and Year	WILSON MEMORIAL REGIONAL MEDICAL CENTER JOHNSON CITY, NY 1991
Residency and Year	FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4579
License Date	6/30/1970
Name	<b>SPENCER, STEVEN K MD</b>
Address	RIVER RUN MEDICAL OFFICES, 63 SOUTH MAIN ST LOWER LEVELHANOVER, NH, 03755
Specialty	D
Board Certified	D
School and Year of Graduation	ALBANY MEDICAL COLLEGE, NY USA 1966
Internship and Year	GOOD SAMARITAN HOSPITAL - LOS ANGELES, CA 1967
Residency and Year	MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1970
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	8577
License Date	6/26/1991
Name	<b>SPENCER, SUSAN S MD</b>
Address	5 DOW JONES AVE, NASHUA, NH, 03062
Specialty	IM
Board Certified	IM
School and Year of Graduation	BOSTON UNIV SCH OF MED - BOSTON, MA USA 1984
Internship and Year	WORCESTER MEMORIAL HOSPITAL - WORCESTER, MA 1985
Residency and Year	WORCESTER MEMORIAL HOSPITAL - WORCESTER, MA 1987
License Expiration Date	<b>8/9/2007</b>
Remarks	<b>DECEASED 8/9/07</b>

License Number	7009
License Date	12/18/1984
Name	<b>SPENCER-GREEN, GEORGE T MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	RHU
Board Certified	RHU
School and Year of Graduation	COLUMBIA UNIV COLL OF PHYSICIANS-NY USA 1974
Internship and Year	UNIV OF CINNCINNATI HOSP MED CTR 1975
Residency and Year	UNIV OF CINNCINNATI HOSP-MED CTR 1976
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	12855
License Date	8/3/2005
Name	<b>SPENCER-SMITH, ELIZABETH M MD</b>
Address	599 SIR FRANCES DRAKE BLVD, STE 204GREENBARE, CA, 94904
Specialty	IM
Board Certified	IM
School and Year of Graduation	JOHN HOPKINS UNIVERSITY, BALTIMORE MD US 1970
Internship and Year	UNIVERSITY OF MISSOURI, COLUMBIA MO 1971
Residency and Year	UNIVERSITY OF MISSOURI, COLUMBIA MO 1972
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	5533
License Date	6/14/1976
Name	<b>SPENGLER JR, KENNETH C MD</b>
Address	CORE ORTHOPAEDICS, 3 ALUMNI DR STE 301EXETER, NH, 03833
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	BOSTON UNIVERSITY USA 1969
Internship and Year	BERNALILLO CO MEDICAL CENTER-ALBUQUERQUE NEW MEX 1970
Residency and Year	BERNALILLO CO MEDICAL CENTER-ALBUQUERQUE NEW MEX 1971
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12280
License Date	4/7/2004
Name	<b>SPENNY, MICHELLE L MD</b>
Address	DHMC-DERMATOLOGY 3D, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	D
Board Certified	
School and Year of Graduation	UNIVERSITY OF WASHINGTON, SEATTLE WA US 2001
Internship and Year	VIRGINIA MASON MED CTR, SEATTLE WA 2002
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2003
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	7800
License Date	3/9/1988
Name	<b>SPICER, JOHN H MD</b>
Address	580 ST JOHNSBURY RD, SUITE KLITTLETON, NH, 03561
Specialty	FP
Board Certified	FP
School and Year of Graduation	PENNSYLVANIA STATE UNIV COLL OF MED-HERSHEY,PA USA 1985
Internship and Year	ST VINCENT HLTH CTR-ERIE,PA 1986
Residency and Year	ST VINCENT HLTH CTR-ERIE,PA 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16923
License Date	1/21/2015
Name	<b>SPIEGEL, JEREMY A MD</b>
Address	377 FORE ST STE 300, PORTLAND, ME, 04101
Specialty	P
Board Certified	P
School and Year of Graduation	THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 1996
Internship and Year	UNIVERSITY OF NEW MEXICO HOSPITAL - ALBUQUERQUE, NM 1997
Residency and Year	UNIVERSITY OF NEW MEXICO HOSPITAL - ALBUQUERQUE, NM 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4173
License Date	1/18/1968
Name	<b>SPIEGEL, PETER K MD</b>
Address	DHMC - RADIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	R
Board Certified	R
School and Year of Graduation	HARVARD MEDICAL SCHOOL - CAMBRIDGE, MA USA 1961
Internship and Year	BOSTON CITY HOSPITAL - BOSTON, MA 1962
Residency and Year	PETER BENT BRIGHAM - BOSTON, MA 1965
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13333
License Date	11/1/2006
Name	<b>SPIEGEL, RONALD H MD</b>
Address	104 SOUTH 5TH ST, LEWISBURG, PA, 17837
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF IOWA, IOWA CITY IA US 1974
Internship and Year	UNIVERSITY OF MICHIGAN, ANN ARBOR MI 1975
Residency and Year	UNIVERSITY OF MICHIGAN, ANN ARBOR MI 1977
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	16332
License Date	9/4/2013
Name	<b>SPIEGELMAN, DAVID M MD</b>
Address	PEPPERELL FAMILY PRACTICE, 68 MAIN STREETPEPERELL, MA, 01463
Specialty	FP
Board Certified	FP
School and Year of Graduation	THOMAS JEFFERSON UNIVERSITY USA 1970
Internship and Year	ABINGTON MEMORIAL HOSPITAL - JENKINTOWN, PA 1971
Residency and Year	UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER - SACRAMENTO, CA 1976
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12119
License Date	10/1/2003
Name	<b>SPIELBERG, STEPHEN P MD</b>
Address	CHILDRIN MERCY HOSPITAL, 2400 GILLHAM RDKANSAS CITY, MO, 64108
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF CHICAGO, CHICAGO IL US 1973
Internship and Year	CHILDRENS HOSPITAL, BOSTON MA 1975
Residency and Year	NATIONAL INSTITUTES OF HEALTH, BETHESDA MD 1977
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	6162
License Date	2/15/1980
Name	<b>SPIELER, PAUL J MD</b>
Address	1079 BEACON ST, APT 2BROOKLINE, MA, 02446-5639
Specialty	HEM
Board Certified	HEM
School and Year of Graduation	NEW YORK UNIV. SCH OF MED. NY USA 1971
Internship and Year	NEW YORK UNIV. MED. CTR,NY 1972
Residency and Year	NEW YORK UNIV. MED. CTR,NY 1977
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6657
License Date	2/3/1983
Name	<b>SPIELER, PHYLLIS N MD</b>
Address	DOCTORS PARK II, 138 HAVERHILL STANDOVER, MA, 01810-1501
Specialty	RHU
Board Certified	RHU
School and Year of Graduation	NEW YORK UNIV SCHOOL MEDICAL - NY, NY USA 1972
Internship and Year	BETH ISRAEL MEDICAL CENTER - NEW YORK, NY 1973
Residency and Year	BETH ISRAEL MEDICAL CENTER -NEW YORK, NY 1976
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	12014
License Date	7/2/2003
Name	<b>SPIN, FREDERICK P MD</b>
Address	CHESHIRE MEDICAL CTR, 590 COURT STKEENE, NH, 03431
Specialty	IM
Board Certified	IM
School and Year of Graduation	CORNELL UNIV MED COLL - NEW YORK, NY USA 1967
Internship and Year	NEW YORK PRESBYTERIAN HOSPITAL - NEW YORK, NY 1968
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1971
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 7773  
 License Date 1/6/1988  
 Name **SPINA, WILLIAM J MD**  
 Address PO BOX 99, GUILDHALL, VT, 05905  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation UNIV OF VERMONT COLLEGE OF MEDICINE USA 1978  
 Internship and Year MONTREAL GENERAL HOSPITAL - MONTREAL QUEBEC CANADA 1979  
 Residency and Year RICHLAND MEMORIAL HOSPITAL - COLUMBIA, SC 1983  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 7104  
 License Date 5/2/1985  
 Name **SPINDEL, GERALD P MD**  
 Address 6 TSIENNETO RD STE 101, DERRY, NH, 03038-1584  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation BOSTON UNIVERSITY-BOSTON, MA USA 1981  
 Internship and Year CAMBRIDGE HOSP-CAMBRIDGE, MA 1982  
 Residency and Year CAMBRIDGE HOSP-CAMBRIDGE ,MA 1982  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10457  
 License Date 11/4/1998  
 Name **SPIRO, AMANDA J MD**  
 Address HITCHCOCK CLINIC, 25 S RIVER RDBEDFORD, NH, 03110  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation ALBERT EINSTEIN COLL OF MED YESHIVA - BRONX, NY USA 1991  
 Internship and Year MONTEFIORE MEDICAL CENTER - BRONX, NY 1992  
 Residency and Year MONTEFIORE MEDICAL CENTER - BRONX, NY 1993  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11466  
 License Date 11/7/2001  
 Name **SPIRO, RHONDA P MD**  
 Address 40 SECOND AVE 520, WALTHAM, MA, 02451  
 Specialty MG  
 Board Certified MG  
 School and Year of Graduation DUKE UNIV SCH OF MED- DURHAM, NC USA 1977  
 Internship and Year UNIV OF CHICAGO CHILDREN HOSPITAL - CHICAGO, IL 1978  
 Residency and Year UNIV OF CHICAGO CHILDREN HOSPITAL - CHICAGO, IL 1980  
 License Expiration Date **6/30/2007**  
 Remarks

License Number	7740
License Date	11/4/1987
Name	<b>SPIRO, RICHARD I MD</b>
Address	MILTON MEDICAL BLDG, 100 HIGHLAND ST STE 109MILTON, MA, 02186-0000
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV CATHDE LOUVAIN FAC DE MED-BRUXELLS BELGIUM 1983
Internship and Year	TEMPLE U-HLTH SCI CTR SCH MED-PA 1984
Residency and Year	UNIV HOSP-BOSTON,MA 1989
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	12322
License Date	5/5/2004
Name	<b>SPITZ, DAMON J MD</b>
Address	NE BAPTIST-DEPT OF RADIOLOGY, 125 PARKER HILL AVEBOSTON, MA, 02120
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF NEW YORK, SYRACUSE NY US 1994
Internship and Year	WINTHROP-UNIVERSITY HOSP, MINEOLA NY 1995
Residency and Year	BETH ISRAEL DEACONESS MED CTR, BOSTON MA 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8849
License Date	11/4/1992
Name	<b>SPITZER, ILENE B MD</b>
Address	230 LAFAYETTE RD BLDG C, PORTSMOUTH, NH, 03801-
Specialty	CHP
Board Certified	
School and Year of Graduation	NORTHWESTERN UNIVERSITY USA 1986
Internship and Year	CHILDRENS DIVISION MENNINGER CLINIC TOPEKA KS 1992
Residency and Year	CHILDRENS DIVISION MENNINGER CLINIC TOPEKA KS 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7629
License Date	6/3/1987
Name	<b>SPIVACK, PAUL S MD</b>
Address	HITCHCOCK CLINIC, 25 SOUTH RIVER RDBEDFORD, NH, 03110
Specialty	PD
Board Certified	PD
School and Year of Graduation	STATE UNIV OF NY DOWNSTATE MED CTR - NY USA 1975
Internship and Year	LOS ANGELES CO USC MEDICAL CENTER - LOS ANGELES, CA 1976
Residency and Year	LOS ANGELES CO USC MEDICAL CENTER - LOS ANGELES, CA 1978
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9131
License Date	3/2/1994
Name	<b>SPLAINE, MARK E MD</b>
Address	DARTMOUTH INST FOR HEALTH POLI, 30 LAFAYETTE ST(NOVELL3RD FL)LEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1991
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1994
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1994
License Expiration Date	<b>6/30/2012</b>
Remarks	3/7/11 - Settlement Agreement 5/3/13 - Settlement Agreement

License Number	14575
License Date	8/5/2009
Name	<b>SPONSELLER, BRIAN R MD</b>
Address	PRIMARY CARE @ MEMORIAL HOSP, 3073 WHITE MTN HWYN CONWAY, NH, 03860
Specialty	FP
Board Certified	FP
School and Year of Graduation	ROSS UNIVERSITY DOMINICA 2006
Internship and Year	MERCY HEALTH SYSTEM - JANESVILLE, WI 2007
Residency and Year	MERCY HEALTH SYSTEM - JANESVILLE, WI 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11397
License Date	9/5/2001
Name	<b>SPORER, SCOTT M MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	ORS
Board Certified	
School and Year of Graduation	UNIV OF IOWA COLL OF MED - IOWA CITY, IA USA 1997
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1998
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	5126
License Date	12/3/1973
Name	<b>SPRAGG, JANE N MD</b>
Address	56 N SPRING ST APT #1, CONCORD, NH, 03301
Specialty	GYN
Board Certified	
School and Year of Graduation	UNIVERSITY OF CHICAGO-CHICAGO IL USA 1948
Internship and Year	WOODLAWN HOSP-CHICAGO IL 1949
Residency and Year	WOODLAWN HOSPITAL - CHICAGO, IL 1949
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	16777
License Date	9/3/2014
Name	<b>SPRAGUE, ROBERT R MD</b>
Address	SO NH RADIOLOGY ASSOC, 703 RIVERWAY PLBEDFORD, NH, 03110-6745
Specialty	DR
Board Certified	DR
School and Year of Graduation	LOYOLA UNIVERSITY OF CHICAGO STRITCH SCHOOL OF MED USA 2004
Internship and Year	HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 2005
Residency and Year	HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13691
License Date	9/5/2007
Name	<b>SPRINKLE, ROBERT H MD</b>
Address	SCHOOL OF PUBLIC POLICY, UNIV OF MD COLLEGE PARK, MD, 20742
Specialty	PD
Board Certified	FP
School and Year of Graduation	UNIV OF CINCINNATI USA 1975
Internship and Year	UNIV OF VIRGINIA HEALTH SYSTEM - CHARLOTTESVILLE, VA 1978
Residency and Year	UNIV OF TEXAS SOUTHWESTERN MEDICAL SCHOOL - DALLAS, TX 1981
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15774
License Date	7/11/2012
Name	<b>SPROUL, KATHERIN A M MD</b>
Address	WV UNIVERSITY - DEPT OF ANESTHESIA, 1 MEDICAL CTR DR., PO BOX 8255MORGANTOWN, WV, 2
Specialty	AN
Board Certified	AN
School and Year of Graduation	THE GEISEL SCHOOL OF MEDICINE AT DARTMOUTH USA 2005
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 03756 2006
Residency and Year	STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER, NY 14642 2009
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	13605
License Date	7/11/2007
Name	<b>SPRUNGER, PHILIP D MD</b>
Address	CONCORD HOSPITAL, 250 PLEASANT STREETCONCORD, NH, 03301
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF SOUTH CAROLINA USA 2004
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number	12952
License Date	11/2/2005
Name	<b>SPURLOCK, BRUCE W MD</b>
Address	1750 HOWE AVE, #300SACRAMENTO, CA, 95825
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF CALIFORNIA, DAVIS CA US 1986
Internship and Year	KAISER PERMANENTE MED CTR, SANTA CLARA CA 1987
Residency and Year	KAISER PERMANENTE MED CTR, SANTA CLARA CA 1990
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	4883
License Date	1/19/1972
Name	<b>SQUIRES, E CHADWICK MD</b>
Address	17 HAVARD ST, LACONIA, NH, 03246-3055
Specialty	IM
Board Certified	
School and Year of Graduation	TEMPLE UNIVERSITY-PHILADELPHIA PA USA 1965
Internship and Year	LANKENAU HOSP-PHILADELPHIA PA 1966
Residency and Year	LANKENAU HOSP-PHILADELPHIA PA 1969
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4776
License Date	5/17/1971
Name	<b>SQUIRES, JAMES W MD</b>
Address	PO BOX 900, HOLLIS, NH, 03049
Specialty	GS
Board Certified	GS
School and Year of Graduation	MCGILL UNIV MEDICAL SCHOOL - MONTREAL CANADA 1963
Internship and Year	YALE-NEW HAVEN HOSPITAL - NEW HAVEN, CT 1964
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1970
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	10667
License Date	8/4/1999
Name	<b>SRAMCIK, JULIE L MD</b>
Address	DEPT OF ANESTHESIOLOGY, 333 CEDAR ST #TMP 3NEW HAVEN, CT, 06510
Specialty	AN
Board Certified	AN
School and Year of Graduation	NORTHEASTERN OHIO UNIV COL-ROOTSTOWN,OH USA 1994
Internship and Year	SUMMA HLTH SYSTEM AKRON CITY HOSP - AKRON,OH 1995
Residency and Year	YALE UNIV - NEW HAVEN, CT 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 12975  
 License Date 12/7/2005  
 Name **SREEKUMAR, BEENA MD**  
 Address 14200 RIDGE RD, NORTH ROYALTON, OH, 44133  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation KOTTAYAM MED COLLEGE, KERALA INDIA INDIA 1991  
 Internship and Year ERIE COUNTY MED CTR, BUFFALO NY 2002  
 Residency and Year ERIE COUNTY MED CTR, BUFFALO 2004  
 License Expiration Date **6/30/2007**  
 Remarks

License Number 16139  
 License Date 5/1/2013  
 Name **SREETHARAN, SREELAVANIYA L MD**  
 Address 1290 BRIDLETOWNE CIR, UNIT 50, SCARBOROUGH, ON, CA, M1W 2V4  
 Specialty FP  
 Board Certified  
 School and Year of Graduation MEDICAL UNIVERSITY OF THE AMERICAS NEVIS 2009  
 Internship and Year CONCORD HOSPITAL - CONCORD, NH 2011  
 Residency and Year CONCORD HOSPITAL - CONCORD, NH 2013  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 11940  
 License Date 5/7/2003  
 Name **SRINIVASAN, MELUKOTE MD**  
 Address 21 ORCHARD CROSSING, ANDOVER, MA, 01810  
 Specialty R  
 Board Certified R  
 School and Year of Graduation MYSORE MEDICAL COLLEGE - KARNATAKA STATE INDIA INDIA 1966  
 Internship and Year LAHEY CLINIC MEDICAL CENTER - BURLINGTON, MA 1980  
 Residency and Year NEW ENGLAND MEDICAL CENTER - TUFTS UNIV - BOSTON, MA 1981  
 License Expiration Date **11/8/2010**  
 Remarks **Deceased 11/8/2010**

License Number 13272  
 License Date 9/6/2006  
 Name **SRIVASTAVA, AMITABH MD**  
 Address BRIGHAM AND WOMEN'S HOSPITAL - DEPT OF PATHOLOGY, 75 FRANCIS ST BOSTON, MA, 02115  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation KING GEORGE MED UNIVERSITY, INDIA INDIA 1992  
 Internship and Year NEW ENGLAND MED CTR HOSPITALS, BOSTON MA 2001  
 Residency and Year NEW ENGLAND MED CTR HOSPITALS, BOSTON MA 2004  
 License Expiration Date **6/30/2012**  
 Remarks

License Number	14147
License Date	8/6/2008
Name	<b>SRIVASTAVA, GITANJALI MD</b>
Address	THE CENTER FOR OBESITY MEDICINE, 410 CELEBRATION PLACE SUITE 302ORLANDO, FL, 32827
Specialty	PD
Board Certified	PD
School and Year of Graduation	LOUISIANA STATE UNIV USA 2003
Internship and Year	MOUNT SINAI MED CENTER-NY, NY 2004
Residency and Year	MOUNT SINAI MED CENTER - NY, NY 2007
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	15421
License Date	10/5/2011
Name	<b>SRIVASTAVA, SWATI MD</b>
Address	DHMC-PATHOLOGY DEPT, 1 MED CTR DRLEBANON, NH, 03756
Specialty	PTH
Board Certified	
School and Year of Graduation	KING GEORGE MEDICAL UNIVERSITY INDIA 2005
Internship and Year	ST LUKES ROOSEVELT HOSPITAL CENTER - NEW YORK, NY 2008
Residency and Year	ST LUKES ROOSEVELT HOSPITAL CENTER - NEW YORK, NY 2011
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	15775
License Date	7/11/2012
Name	<b>SROKA, THOMAS C MD</b>
Address	NORRIS COTTON CANCER CTR, ONE MED CTR DRLEBANON, NH, 03756
Specialty	RO
Board Certified	RO
School and Year of Graduation	UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE USA 2007
Internship and Year	TUCSON HOSPITALS MEDICAL EDUCATION PROGRAM- TUSCON, AZ 85733 2008
Residency and Year	UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE - TUSCON, AZ 85724 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6809
License Date	10/6/1983
Name	<b>ST GERMAIN, DONALD L MD</b>
Address	DHMC-ENDO, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	END
Board Certified	END
School and Year of Graduation	JOHNS HOPKINS UNIV SCH MED-BALTIMORE MD USA 1976
Internship and Year	UNIV HOSPITAL-CLEVELAND,OH 1977
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1981
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12180
License Date	12/3/2003
Name	<b>ST JOHN, JEFFREY L MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	BOSTON UNIVERSITY, BOSTON MA US 2001
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2002
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2003
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	8503
License Date	3/6/1991
Name	<b>ST ONGE, RICHARD A MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	YALE UNIVERSITY USA 1970
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1997</b>
Remarks	

License Number	16924
License Date	1/21/2015
Name	<b>STABLEFORD, JENNIFER A MD</b>
Address	DHMC-SECTION OF VASCULAR SURG, 1 MED CTR DRLEBANON, NH, 03756
Specialty	GS
Board Certified	GS
School and Year of Graduation	LOYOLA UNIVERSITY CHICAGO STRITCH SCHOOL OF MEDICI USA 2002
Internship and Year	NEW YORK UNIVERSITY MEDICAL CENTER - NEW YORK, NY 2003
Residency and Year	NEW YORK UNIVERSITY MEDICAL CENTER - NEW YORK, NY 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11398
License Date	9/5/2001
Name	<b>STACEY, COOPER B MD</b>
Address	253 PLEASANT ST, CONCORD, NH, 03301
Specialty	FP
Board Certified	FP
School and Year of Graduation	MCGILL UNIV FAC OF MED - MONTEAL QUEBEC CANADA 1978
Internship and Year	DALHOUSIE UNIV FAC OF MEDICINE - HALIFAZ NOVA SCOTIA, CANADA 1979
Residency and Year	DALHOUSIE UNIV FAC OF MEDICINE - HALIFAZ NOVA SCOTIA, CANADA 1980
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number 10064  
 License Date 7/2/1997  
 Name **STACEY, SARA J DO**  
 Address FRISBIE MEMORIAL HOSP, 11 WHITEHALL RD ROCHESTER, NH, 03867  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UMDNJ SCHOOL OF OSTEO MED - STRATFORD, NJ USA 1987  
 Internship and Year SETON HALL UNIN SCHOOL GRAD MED ED-NJ 1990  
 Residency and Year SETON HALL UNIN SCHOOL GRAD MED ED - NJ 1990  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15394  
 License Date 9/7/2011  
 Name **STACK, LORI J MD**  
 Address PLYMOUTH OB-GYN, 16 HOSPITAL RD PLYMOUTH, NH, 03264  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation WAYNE STATE UNIVERSITY USA 1994  
 Internship and Year DETROIT MEDICAL CENTER / HUTZEL WOMENS HOSPITAL - DETROIT, MI 1995  
 Residency and Year DETROIT MEDICAL CENTER / HUTZEL WOMENS HOSPITAL - DETROIT, MI 1998  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 11822  
 License Date 1/8/2003  
 Name **STADELMANN, WAYNE K MD**  
 Address CENTER FOR PLASTIC SURGERY, 246 PLEASANT ST STE 210 CONCORD, NH, 03301  
 Specialty PS  
 Board Certified PS  
 School and Year of Graduation UNIV OF CHICAGO PRITZKER SCH OF MED- CHICAGO, IL USA 1990  
 Internship and Year UNIV OF CHICAGO HOSPITALS - CHICAGO, IL 1991  
 Residency and Year UNIV OF CHICAGO HOSPITALS - CHICAGO, IL 1994  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12147  
 License Date 11/5/2003  
 Name **STADLER, DANIEL S MD**  
 Address DHMC-GENERAL INTERNAL MED, ONE MEDICAL CTR DR LEBANON, NH, 03756  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation CASE WESTERN UNIVERSITY, CLEVELAND OH US 1998  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 1999  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2001  
 License Expiration Date **6/30/2017**  
 Remarks **Lapsed 6/30/09 - reinstated 8/4/10**

License Number	10887
License Date	4/5/2000
Name	<b>STAFFORD, EDWARD MD</b>
Address	REGIONAL PARTNERS IN OCC, 275 MAMMOTH RD MANCHESTER, NH, 03109
Specialty	OM
Board Certified	OM
School and Year of Graduation	ST LOUIS UNIVERSITY SCHOOL OF MEDICINE USA 1975
Internship and Year	DETROIT MEDICAL CTR DETROIT, MI 1976
Residency and Year	UNIVERSITY OF UTAH-SALT LAKE CITY, UT 1985
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	15095
License Date	12/1/2010
Name	<b>STAHL, BRANDON C MD</b>
Address	EASTERN CT UROLOGY, 330 WASHINGTON ST SUITE 350 NORWICH, CT, 06360
Specialty	U
Board Certified	U
School and Year of Graduation	BOSTON UNIVERSITY USA 2003
Internship and Year	UNIVERSITY OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 2004
Residency and Year	UNIVERSITY OF IOWA HOSPITALS & CLINICS - IOWA CITY, IA 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14854
License Date	5/5/2010
Name	<b>STAHL, GREGORY D MD</b>
Address	14 LAKE SHORE DR, WALES, ME, 04280
Specialty	IM
Board Certified	IM
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 1979
Internship and Year	ALBANY MEDICAL CENTER - ALBANY, NY 1980
Residency and Year	ALBANY MEDICAL CENTER - ALBANY, NY 1982
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	17238
License Date	8/5/2015
Name	<b>STAHL, JAMES E MD</b>
Address	100 GREENWOOD AVE, SWAMPSCOTT, MA, 01907-2166
Specialty	IM
Board Certified	IM
School and Year of Graduation	MCGILL UNIVERSITY FACULTY OF MEDICINE- CANADA CANADA 1992
Internship and Year	NORTH SHORE-LONG ISLAND JEWISH - MANHASSET, NY 1993
Residency and Year	NORTH SHORE-LONG ISLAND JEWISH - MANHASSET, NY 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 9145  
 License Date 4/6/1994  
 Name **STAHL, KEITH A MD**  
 Address FAMILY HEALTH & WELLNESS CTR, 188 ROUTE 101BEDFORD, NH, 03110  
 Specialty  
 Board Certified IM  
 School and Year of Graduation NORTHEASTERN OHIO COLLEGE OF MEDICINE USA 1989  
 Internship and Year METROHEALTH MEDICAL CENTER - CLEVELAND OH 1992  
 Residency and Year METROHEALTH MEDICAL CENTER - CLEVELAND OH 1992  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13360  
 License Date 12/6/2006  
 Name **STAHL, SIMONNE MD**  
 Address 9 JACK RABBIT RUN, HAMPSTEAD, NH, 03841  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV CLAUDE BERNARD FRANCE 1978  
 Internship and Year ST MARY HOSPITAL-HOBOKEN, NJ 1980  
 Residency and Year ST MICHAELS MEDICAL CTR-NEWARK, NJ 1983  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 16194  
 License Date 6/5/2013  
 Name **STAI, ANCA MD**  
 Address SO. NH DIABETES & ENDOCRINOLOGY, 29 NORTHWEST BLVDNASHUA, NH, 03063-4068  
 Specialty END  
 Board Certified END  
 School and Year of Graduation UNIVERSITATEA DE MEDICINA SI FARMACIE VICTOR BABES ROMANIA 1999  
 Internship and Year BASSETT MEDICAL CENTER - COOPERSTOWN, NY 2004  
 Residency and Year GRADUATE HOSPITAL TENET HEALTH SYSTEM-PHILADELPHIA, PA 2007  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16252  
 License Date 7/3/2013  
 Name **STALLINGS, RAYVELLE A MD**  
 Address 11525 N COMMUNITY HOUSE RD, SUITE 410CHARLOTTE, NC, 28277  
 Specialty FP  
 Board Certified  
 School and Year of Graduation GEORGETOWN UNIVERSITY, WASHINGTON DC USA 1992  
 Internship and Year GHSU MEDICAL COLLEGE OF GEORGIA, AUGUSTA GA 1995  
 Residency and Year GHSU MEDICAL COLLEGE OF GEORGIA, AUGUSTA GA 1995  
 License Expiration Date **6/30/2015**  
 Remarks **ADMINISTRATIVE LICENSE**

License Number 11010  
 License Date 7/5/2000  
 Name **STAM JR, ALLAN C MD**  
 Address 33 MESERVE HILL RD, N CONWAY, NH, 03860  
 Specialty EM  
 Board Certified  
 School and Year of Graduation UNIV OF ROCHESTER SCH OF MED- ROCHESTER, NY USA 1963  
 Internship and Year UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1965  
 Residency and Year UNITED STATES PULBIC HLTH SERVICES - ROCKVILLE, MD 1967  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 8903  
 License Date 3/3/1993  
 Name **STAMBOVSKY, MARSHALL K MD**  
 Address 1605 OSCEOLA ST, JOHNSON CITY, TN, 37604  
 Specialty FP  
 Board Certified  
 School and Year of Graduation ST GEORGE UNIVERSITY SCHOOL OF MEDICINE GRENADA 1988  
 Internship and Year EAST TENNESSEE STATE UNIVERSITY - BRISTOL, TN 1990  
 Residency and Year EAST TENNESSEE STATE UNIVERSITY - BRISTOL, TN 1993  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 5423  
 License Date 9/4/1975  
 Name **STAMMERS, THOMAS W MD**  
 Address PHYSICIANS PAIN CTRS OF GA, 3550 SUWANEE RD LAWRENCEVILLESUWANEE, GA, 30024  
 Specialty APM  
 Board Certified AN  
 School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 1966  
 Internship and Year GREENWICH HOSPITAL GREENWICH - CONNECTICUT 1967  
 Residency and Year NAVAL HOSPITAL CHELSEA - MASSACHUSETTS 1969  
 License Expiration Date **6/30/2003**  
 Remarks **DECEASED 2/7/2008**

License Number 10007  
 License Date 5/7/1997  
 Name **STAMPS, WILLIAM H MD**  
 Address 37966 S SPOON DR, TUCSON, AZ, 85739  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation HAHNEMANN UNIV SCH MED PHIL,PA USA 1963  
 Internship and Year ABINGTON MEM HOSP-PA 1964  
 Residency and Year ABINGTON MEM HOSP-PA 1968  
 License Expiration Date **6/30/2002**  
 Remarks



License Number	15515
License Date	1/4/2012
Name	<b>STANCOVEN, KEVIN M DO</b>
Address	BRAZOS VALLEY PATHOLOGY, PO BOX 2386ROUND ROCK, TX, 78664
Specialty	
Board Certified	PTH
School and Year of Graduation	UNIVERSITY OF NORTH TX HEALTH SCIENCE CTR USA 2006
Internship and Year	BAYLOR UNIVERSITY MEDICAL CENTER - DALLAS, TX 2007
Residency and Year	BAYLOR UNIVERSITY MEDICAL CENTER - DALLAS, TX 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3391
License Date	9/14/1960
Name	<b>STANDOW, HANS W MD</b>
Address	68 MINISTERIAL RD, BEDFORD, NH, 03110-5335
Specialty	P
Board Certified	P
School and Year of Graduation	JOG. W. GOETHE UNIVERSITY GERMANY 1952
Internship and Year	METHODIST HOSPITAL OF CENTRAL ILLINOIS 1955
Residency and Year	BRATTLEBORO RETREAT 1957
License Expiration Date	<b>11/26/2000</b>
Remarks	<b>DECEASED 11/26/2000</b>

License Number	15776
License Date	7/11/2012
Name	<b>STANHISER, DANIEL E MD</b>
Address	300 MAIN STREET, LEWISTON, ME, 04240
Specialty	FP
Board Certified	FP
School and Year of Graduation	LOMA LINDA UNIVERSITY SCHOOL OF MEDICINE USA 2001
Internship and Year	CENTRAL WASHINGTON FAMILY MEDICINE- YAKIMA, WA 2002
Residency and Year	CENTRAL WASHINGTON FAMILY MEDICINE- YAKIMA, WA 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16025
License Date	2/6/2013
Name	<b>STANITSKI SR, CARL L MD</b>
Address	2 WHARFSIDE ST 5C, CHARLESTON, SC, 29401
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	THOMAS JEFFERSON UNIVERSITY USA 1967
Internship and Year	UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE - PITTSBURGH, PA 1972
Residency and Year	UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE - PITTSBURGH, PA 1974
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	13997
License Date	5/7/2008
Name	<b>STANIZZI, MATTHEW A MD</b>
Address	NEW ENGLAND UROLOGY, 10 PROSPECT ST STE 302NASHUA, NH, 03060
Specialty	U
Board Certified	U
School and Year of Graduation	UNIV OF NEW YORK USA 2003
Internship and Year	MOUNT SINAI SCHOOL OF MEDICINE - NEW YORK, NY 2004
Residency and Year	MT SINAI MEDICAL CENTER - NEW YORK, NY 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13080
License Date	5/3/2006
Name	<b>STANKOVIC, ANA R MD</b>
Address	NEPHROLOGY AND HYPERTENSION, 31 STYLES RD STE 2100SALEM, NH, 03079
Specialty	NEP
Board Certified	NEP
School and Year of Graduation	BROWN UNIV USA 2001
Internship and Year	GEORGETOWN UNIV MEDICAL CTR-WASHINGTON DC 2002
Residency and Year	HARVARD MEDICAL SCHOOL/MT AUBURN HOSPITAL-CAMBRIDGE MA 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15993
License Date	1/9/2013
Name	<b>STANLEY, JOHN J MD</b>
Address	91 ROWELL HILL RD, NEW LONDON, NH, 03257
Specialty	DR
Board Certified	DR
School and Year of Graduation	WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE USA 1989
Internship and Year	SAINT JOHNS DETROIT HOSPITAL - DETROIT, MI 1990
Residency and Year	MEDICAL COLLEGE OF OHIO - TOLEDO, OH 1994
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11884
License Date	4/2/2003
Name	<b>STANNARD, VICTORIA A MD</b>
Address	REDINGTON FAIRFIEL GEN HOSPITA, 40 FAIRVIEW AVESHOWHEGAN, ME, 04976
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF NOTTINGHAM MED SCH - NOTTINGHAM UNITED KINGDOM 1982
Internship and Year	SUNY AT BUFFALO GRADUATE MEDICAL - DENTAL EDUCATION CONSORTIUM - BUFFALO, NY 1992
Residency and Year	SUNY AT BUFFALO - BUFFALO, NY 1994
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number 14779  
 License Date 3/3/2010  
 Name **STANTON, ASHTON L MD**  
 Address CORE PHYSICIANS, 3 ALUMNI DR STE 301 EXETER, NH, 03833  
 Specialty PM  
 Board Certified PM  
 School and Year of Graduation ST GEORGES UNIVERSITY GRENADA 2003  
 Internship and Year NORTH SHORE UNIVERSITY HOSPITAL - MANHASSET, NY 2004  
 Residency and Year MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 2005  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 17239  
 License Date 8/5/2015  
 Name **STANTON, EDWARD S MD**  
 Address 275 EAST 200 SOUTH, SALT LAKE CITY, UT, 84111  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation DUKE UNIVERSITY SCHOOL OF MEDICINE-DURHAM, NC USA 1979  
 Internship and Year HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA - PHILADELPHIA, PA 1980  
 Residency and Year HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA - PHILADELPHIA, PA 1981  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15680  
 License Date 5/2/2012  
 Name **STAPP, BRENN A C DO**  
 Address MANCHESTER OBGYN ASSOC, 150 TARRYTOWN RD MANCHESTER, NH, 03103  
 Specialty OBG  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF MEDICINE & DENTISTRY OF NJ USA 2008  
 Internship and Year UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON, CT 2009  
 Residency and Year UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE - FARMINGTON, CT 2012  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15681  
 License Date 5/2/2012  
 Name **STAPP, SHAWN W DO**  
 Address ELLIOT HOSP, ONE ELLIOTT WAY MANCHESTER, NH, 03103  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIVERSITY OF MEDICINE & DENTISTRY OF NJ USA 2009  
 Internship and Year HARTFORD HOSPITAL - HARTFORD, CT 2010  
 Residency and Year HARTFORD HOSPITAL - HARTFORD, CT 2012  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	16195
License Date	6/5/2013
Name	<b>STAR, KREMENA V MD</b>
Address	ELLIOT HOSPITAL, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	ALBERT EINSTEIN COLLEGE OF MEDICINE USA 2008
Internship and Year	BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 2009
Residency and Year	BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 2012
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16356
License Date	10/2/2013
Name	<b>STARK, ALEKSANDRA MD</b>
Address	DHMC - DEPT OF NEUROLOGY 3C, 1 MEDICAL CTR DRLEBANON, NH, 03766
Specialty	N
Board Certified	N
School and Year of Graduation	NEW YORK MEDICAL COLLEGE USA 2007
Internship and Year	UNIVERSITY OF NORTH CAROLINA HOSPITALS - CHAPEL HILL, NC 2009
Residency and Year	UNIVERSITY OF NORTH CAROLINA HOSPITALS - CHAPEL HILL, NC 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8107
License Date	5/10/1989
Name	<b>STARK, JAMES P MD</b>
Address	85 SPRING ST, LACONIA, NH, 03246-3113
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	UNIV OF N MEXICO SCHL OF MED ALBUQUERQUE USA 1984
Internship and Year	KAISER FOUND HOSP SAN FRANCISCO CA 1985
Residency and Year	THOS JEFFERSON UNIV HOSP PHILADELPHIA PA 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9824
License Date	8/7/1996
Name	<b>STARK, JOHN C D MD</b>
Address	MARTINS POINT HEALTH CENTER, 161 CORPORATE DRPORTSMOUTH, NH, 03801-
Specialty	FP
Board Certified	FP
School and Year of Graduation	MT SINAI SCH OF MED OF THE CITY UNIV OF NY USA 1983
Internship and Year	UNIV OF KANSAS MEDICAL CENTER - KANSAS CITY, KS 1984
Residency and Year	UNIV OF KANSAS MEDICAL CENTER - KANSAS CITY, KS 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3500
License Date	3/14/1962
Name	<b>STARKE, JAMES C MD</b>
Address	, , ,
Specialty	D
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1997</b>
Remarks	Deceased 7/6/14

License Number	15165
License Date	3/2/2011
Name	<b>STARLEY, JAMES W MD</b>
Address	1694 MARTINET LANE, OGDEN, UT, 84403
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	CREIGHTON UNIVERSITY USA 1972
Internship and Year	CREIGHTON UNIVERSITY MEDICAL CENTER - OMAHA, NE 1973
Residency and Year	UNIVERSITY OF UTAH MEDICAL CENTER - SALT LAKE CITY, UT 1976
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	16054
License Date	3/6/2013
Name	<b>STARLING, CHERRY E MD</b>
Address	THYROID CYTOPATHOLOGY PARTNERS, PA, PO BOX 2386ROUND ROCK, TX, 78664
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSITY OF ARKANSAS COLLEGE OF MED UKSA 2005
Internship and Year	BAYLOR UNIVERSITY MEDICAL CENTER - DALLAS, TX 2007
Residency and Year	BAYLOR UNIVERSITY MEDICAL CENTER - DALLAS, TX 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10259
License Date	4/1/1998
Name	<b>STARR, GEOFFREY E MD</b>
Address	CORE PHYSICIANS, LLC, 9 BUZELL AVEEXETER, NH, 03833
Specialty	N
Board Certified	N
School and Year of Graduation	UNIV OF VERMONT COLL OF MED - BURLINGTON,VT USA 1991
Internship and Year	MEDICAL CENTER HOSPITAL OF VERMONT - BURLINGTON, VT 1992
Residency and Year	MEDICAL CENTER HOSPITAL OF VERMONT - BURLINGTON, VT 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 3306  
 License Date 7/10/1957  
 Name **STARR, ISADORE MD**  
 Address , , ,  
 Specialty  
 Board Certified  
 School and Year of Graduation  
 Internship and Year  
 Residency and Year  
 License Expiration Date **1/16/1991**  
 Remarks **DECEASED 1/16/91**

License Number 16026  
 License Date 2/6/2013  
 Name **STARTZ, ROBERT F MD**  
 Address AURORA DIAGNOSTIC/SEACOAST PATHOLOGY, 1 HAMPTON ROAD EXETER, NH, 03833  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation UNIVERSITY OF NORTH DAKOTA SCHOOL OF MED USA 1981  
 Internship and Year UNIVERSITY OF NORTH DAKOTA SCHOOL OF MEDICINE & HEALTH - GRAND FORKS, ND 1982  
 Residency and Year UNIVERSITY OF NORTH DAKOTA SCHOOL OF MEDICINE & HEALTH - GRAND FORKS, ND 1985  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 6454  
 License Date 9/9/1981  
 Name **STASHWICK, CAROLE A MD**  
 Address DHMC-PEDIATRICS, 1 MEDICAL CENTER DR LEBANON, NH, 03756  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation YALE UNIV SCH MED-NEW HAVEN, CT USA 1973  
 Internship and Year YALE UNIV SCH MED-NEW HAVEN, CT 1974  
 Residency and Year HOSP OF ST RAPHAEL-NEW HAVEN, CT 1976  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 10695  
 License Date 9/1/1999  
 Name **STASNY, ELAINE V MD**  
 Address 97 SHERMAN DR, ST JOHNSBURY, VT, 05819  
 Specialty PD  
 Board Certified  
 School and Year of Graduation W VIRGINIA UNIV SCH OF MED - MORGANTOWN, WV USA 1985  
 Internship and Year UNIV OF VERMONT COLL OF MED - BURLINGTON, VT 1986  
 Residency and Year UNIV OF VERMONT COLL OF MED - BURLINGTON, VT 1978  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	6748
License Date	7/7/1983
Name	<b>STATUTO, DONALD T MD</b>
Address	429 SAND HILL RD, PETERBOROUGH, NH, 03458
Specialty	OM
Board Certified	OM
School and Year of Graduation	FACOLTA DI MEDICINA -BOLOGNA ITALY 1978
Internship and Year	LUTHERAN MEDICAL CENTER - BROOKLYN, NY 1980
Residency and Year	LUTHERAN MEDICAL CTR-BROOKLYN,NY 1980
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	11467
License Date	11/7/2001
Name	<b>STAUBER, JAMES A MD</b>
Address	CHESHIRE MEDICAL CTR / DHMC, 580-90 COURT STKEENE, NH, 03431
Specialty	IM
Board Certified	
School and Year of Graduation	STATE UNIV OF NEW YORK - BROOKLYN, NY USA 1997
Internship and Year	STATEN ISLAND UNIV HOSPITAL - STATEN ISLAND, NY 1998
Residency and Year	STATEN ISLAND UNIV HOSPITAL - STATEN ISLAND, NY 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15516
License Date	1/4/2012
Name	<b>STAUBER, ZIVA MD</b>
Address	SENTIENT MEDICAL, 11011 MCCORMICK RD STE 200HUNT VALLEY, MD, 21031
Specialty	N
Board Certified	N
School and Year of Graduation	TEMPLE UNIVERSITY SCHOOL OF MEDICINE USA 1995
Internship and Year	ALBERT EINSTEIN MEDICAL CENTER - PHILADELPHIA, PA 1996
Residency and Year	UNIVERSITY OF MARYLAND MEDICAL SYSTEM - BALTIMORE, MD 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5885
License Date	4/6/1978
Name	<b>STAUFFER, MARTHA E MD</b>
Address	31 PLEASNT ST, APT 50W LEBANON, NH, 03784-1442
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF MARYLAND SCHOOL OF MEDICINE - BALTIMORE,MD USA 1960
Internship and Year	UNIV OF MARYLAND HOSPITAL - BALTIMORE, MD 1961
Residency and Year	UNIV OF WASHINGTON AFFILIATED HOSPITAL - SEATTLE, WA 1972
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7507
License Date	2/5/1987
Name	<b>STEAD, DAVID A MD</b>
Address	74 GREENSBORO RD, HANOVER, NH, 03755
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF MINNESOTA MED SCH MINNEAPOLIS, MN USA 1968
Internship and Year	LINCOLN MEDICAL MENTAL HEALTH CENTER - BRONX, NY 1969
Residency and Year	KINGS COUNTY HOSPITAL CENTER - BROOKLYN, NY 1975
License Expiration Date	<b>6/30/1999</b>
Remarks	<b>5/17/90 - LICENSE SUSPENDED      8/31/90 - FURTHER DECISION AND ORDER - RESTRICTIONS PLACED ON LICENSE</b>

License Number	15328
License Date	7/6/2011
Name	<b>STEAD, JENNIFER A DO</b>
Address	DARTMOUTH-HITCHCOCK MANCHESTER, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty	D
Board Certified	D
School and Year of Graduation	PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE USA 2007
Internship and Year	PCOM/ARIA HEALTH - PHILADELPHIA, PA 2008
Residency and Year	ST JOSEPH MERCY LIVINGSTON HOSPITAL - CLINTON TOWNSHIP, MI 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6665
License Date	3/3/1983
Name	<b>STEARNS III, HARRY C MD</b>
Address	ANDROSCOGGIN VALLEY SURGICAL, 7 PAGE HILL RDBERLIN, NH, 03570
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIV OF ILLINOIS COLL MED CTR-CHICAGO,IL USA 1976
Internship and Year	UNIV OF IL HOSP-TAYLOR UNIT-CHICAGO,IL 1977
Residency and Year	UNIV OF IL HOSP-TAYLOR UNIT-CHICAGO,IL 1979
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12407
License Date	7/7/2004
Name	<b>STEARNS, BRENT A MD</b>
Address	6018 POWDER POINT DR, HICKORY, NC, 28601
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF ILLINOIS, CHICAGO IL US 1987
Internship and Year	LOUIS A WEISS MEMORIAL HOSP, CHICAGO IL 1988
Residency and Year	STATE UNIVERSITY OF NY, BUFFALO NY 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	11642
License Date	6/5/2002
Name	<b>STEBBING, JENNIFER K DO</b>
Address	1 GREENLEAF WOODS DRIVE SUITE 102, PORTSMOUTH, NH, 03801
Specialty	FP
Board Certified	FP
School and Year of Graduation	PHILADELPHIA COLL - PHILADELPHIA, PA USA 1995
Internship and Year	HEALTHONE PRESBYTERIAN- ST LUKES MEDICAL CENTER - DENVER, CO 1996
Residency and Year	HEALTHONE PRESBYTERIAN- ST LUKES MEDICAL CENTER - DENVER, CO 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6432
License Date	7/13/1981
Name	<b>STEBBINS, PHILIP C MD</b>
Address	19 MAIN ST, SALEM, NH, 03079
Specialty	FP
Board Certified	FP
School and Year of Graduation	DARTMOUTH MED SCH-HANOVER,NH USA 1978
Internship and Year	RIVERSIDE GEN HOSP MED CTR-RIVERSIDE,CA 1979
Residency and Year	RIVERSIDE GEN HOSP MED CTR-RIVERSIDE,CA 1980
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7135
License Date	6/6/1985
Name	<b>STECKOWYCH, JAYDE M MD</b>
Address	21 FRANKLIN TURNPIKE, STE 2111MAHWAH, NJ, 07430
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	FAR EASTERN UNIV DR NICANOR REYES MED INST PHILIPPINES 1981
Internship and Year	ST LUKES-ROOSEVELT HOSP CTR - NEW YORK 1985
Residency and Year	ST LUKES-ROOSEVELT HOSP CTR-NEW YORK 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8895
License Date	2/3/1993
Name	<b>STECKOWYCH, LEE N MD</b>
Address	ELLIOT HOSP, 1 ELLIOT WAYMANCHESTER, NH, 03103-
Specialty	EM
Board Certified	EM
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1989
Internship and Year	NORTHWESTERN MEMORIAL HOSPITAL - CHICAGO IL 1993
Residency and Year	NORTHWESTERN MEMORIAL HOSPITAL - CHICAGO IL 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15815
License Date	8/1/2012
Name	<b>STEELE, DANIEL P DO</b>
Address	FRISBIE MEMORIAL HOSP, 11 WHITEHALL RDROCHESTER, NH, 03867
Specialty	EM
Board Certified	
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND USA 2009
Internship and Year	YORK HOSPITAL - YORK, PA 2010
Residency and Year	YORK HOSPITAL - YORK, PA 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14780
License Date	3/3/2010
Name	<b>STEELE, RICHARD J MD</b>
Address	ANESTHIA ASSOCIATES PA, 1 PILLSBURY ST STE 202CONCORD, NH, 03301
Specialty	AN
Board Certified	AN
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 1993
Internship and Year	ALBERT EINSTEIN MEDICAL CENTER - PHILADELPHIA, PA 1994
Residency and Year	HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA - PHILADELPHIA, PA 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10594
License Date	6/2/1999
Name	<b>STEEVENS, CHRISTOPHER C MD</b>
Address	ONE PARKLAND DR, DERRY, NH, 03038
Specialty	IM
Board Certified	IM
School and Year of Graduation	YALE UNIV SCH OF MED - NEW HAVEN, CT USA 1991
Internship and Year	NAVAL MEDICAL CENTER - SAN DIEGO, CA 1992
Residency and Year	MIRIAM HOSPITAL - PROVIDENCE, RI 1997
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	12976
License Date	12/7/2005
Name	<b>STEEVES, GLEN L MD</b>
Address	ANESTHESIA CARE GROUP PC, 88 MCGREGOR ST STE 303MANCHESTER, NH, 03102
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF MANITOBA, CANADA CANADA 1994
Internship and Year	UNIVERSITY OF MANITOBA, WINNIPEG MANITOBA CANADA 1995
Residency and Year	UNIVERSITY OF MANITOBA, WINNIPEG MANITOBA CANADA 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 6681  
 License Date 4/7/1983  
 Name **STEFFEN, SUSAN MD**  
 Address UTAH VALLEY REG MED CTR, 1034 N 500 WPROVO, UT, 84605  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIV OF UTAH COLL MED -SALT LAKE CITY USA 1977  
 Internship and Year LDS HOSP-SALT LAKE CITY 1978  
 Residency and Year BETH ISREAL HOSP-BOSTON,MA 1981  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 14362  
 License Date 3/4/2009  
 Name **STEICHEN, JENNIFER L MD**  
 Address ELLIOT HOSP MEDICINE, 1 ELLIOT WAYMANCHESTER, NH, 03103  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation LOYOLA UNIV OF CHICAGO USA 2002  
 Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD,MA 2003  
 Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD,MA 2006  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11468  
 License Date 11/7/2001  
 Name **STEIMAN, ROY P MD**  
 Address 45 READE PL, POUGHKEEPSIE, NY, 12601  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIV OF OKLAHOMA HLTH SCI CTR - OKLAHOMA CITY, OK USA 1973  
 Internship and Year UNIV OF OKLAHOMA HEALTH SCIENCE CENTER - OKLAHOMA CITY, OK 1974  
 Residency and Year UNIV OF OKLAHOMA HEALTH SCIENCE CENTER - OKLAHOMA CITY, OK 1977  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 8139  
 License Date 6/7/1989  
 Name **STEIN, ALAN M MD**  
 Address ELLIOT PHYSICIAN NETWORK, PO BOX 9001, 50 PINWOOD RDALLENSTOWN, NH, 03275  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation ST UNIV OF NY @ BUFFALO SCH MED BUFFALONY USA 1986  
 Internship and Year MED CTR OF DELAWARE WILMINGTON DE 1987  
 Residency and Year MED CTR OF DELAWARE WILMINGTON DE 1988  
 License Expiration Date **6/30/2017**  
 Remarks **7/12/05 - Settlement Agreement**

License Number 14606  
 License Date 9/2/2009  
 Name **STEIN, BARRY S MD**  
 Address 113 HOLLAND AVE, ALBANY, NY, 12208  
 Specialty U  
 Board Certified U  
 School and Year of Graduation THOMAS JEFFERSON UNIVERSITY USA 1974  
 Internship and Year LANKENAU HOSPITAL - WYNNEWOOD, PA 1975  
 Residency and Year LANKENAU HOSPITAL - WYNNEWOOD, PA 1976  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 13692  
 License Date 9/5/2007  
 Name **STEIN, CARL S MD**  
 Address 10 MELOON RD, GREENLAND, NH, 03840  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation WAKE FOREST UNIV USA 1993  
 Internship and Year HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 1994  
 Residency and Year YALE-NEW HAVEN MEDICAL CENTER, NEW HAVEN, CT 1997  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15395  
 License Date 9/7/2011  
 Name **STEIN, ERIC H MD**  
 Address MASS ENT ASSOCIATES, 3 MEETING HOUSE RD CHELMSFORD, MA, 01824  
 Specialty OTO  
 Board Certified OTO  
 School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1986  
 Internship and Year STANFORD UNIVERSITY MEDICAL CENTER - STANFORD, CA 1987  
 Residency and Year MASSACHUSETTS EYE & EAR INFIRMARY - BOSTON, MA 1992  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 5778  
 License Date 7/7/1977  
 Name **STEIN, GEOFFREY P MD**  
 Address FRISBIE MEMORIAL HOSP, WHITEHALL RD ROCHESTER, NH, 03867  
 Specialty EM  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF BOLOGNA ITALY 1971  
 Internship and Year LONG ISLAND COLLEGE HOSPITAL BROOKLYN - NY 1973  
 Residency and Year LONG ISLAND COLLEGE HOSPITAL BROOKLYN - NY 1976  
 License Expiration Date **11/6/2011**  
 Remarks **DECEASED 11/6/11**

License Number	16392
License Date	11/6/2013
Name	<b>STEIN, GERALD S MD</b>
Address	645 COUNTY RD 235, EUREKA SPRINGS, AR, 72632
Specialty	P
Board Certified	P
School and Year of Graduation	NORTHWESTERN UNIVERSITY MEDICAL SCHOOL USA 1968
Internship and Year	ALTA BATES SUMMIT MEDICAL CENTER - BERKELEY, CA 1969
Residency and Year	UNIVERSITY OF COLORADO SCHOOL OF MEDICINE - AURORA, CO 1970
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	14643
License Date	10/7/2009
Name	<b>STEIN, JEFFREY MD</b>
Address	PO BOX 3, HAWTHORNE, NV, 89415
Specialty	OS
Board Certified	OS
School and Year of Graduation	SACKLER SCHOOL OF MEDICINE ISRAEL 1990
Internship and Year	LOUIS A WEISS MEMORIAL HOSPITAL - UNIVERSITY OF CHICAGO - CHICAGO, IL 1991
Residency and Year	UNITED HEALTH SERVICES HOSPITALS - JOHNSON CITY, NY 1994
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	9530
License Date	8/2/1995
Name	<b>STEIN, JOEL MD</b>
Address	, , ,
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	HAHNEMANN UNIVERSITY USA 1962
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1997</b>
Remarks	

License Number	7661
License Date	7/8/1987
Name	<b>STEIN, MICHAEL J MD</b>
Address	22 KEEWAYDIN DR, SALEM, NH, 03079
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF MIAMI SCHOOL OF MEDICINE USA 1981
Internship and Year	ST THOMAS HOSPITAL MEDICAL CENTER - AKRON OH 1982
Residency and Year	ST THOMAS HOSPITAL MEDICAL CENTER - AKRON OH 1984
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>6/24/03 - ORDER DISMISSING CHARGES</b>

License Number 5937  
 License Date 7/3/1978  
 Name **STEIN, RICHARD H MD**  
 Address 39 HARKNESS RD, JAFFREY, NH, 03452  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIV OF KANSAS SCH OF MED LAWRENCE KANSAS USA 1975  
 Internship and Year TULANE UNIV HOSPITAL - NEW ORLEANS, LA 1976  
 Residency and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1980  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11224  
 License Date 4/4/2001  
 Name **STEIN, SUSAN K DO**  
 Address 40 CLARKAVE, BRATTLEBORO, VT, 05301-6373  
 Specialty  
 Board Certified AN  
 School and Year of Graduation DES MOINES UNIV - DES MOINES, IA USA 1986  
 Internship and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1987  
 Residency and Year ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1988  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 8876  
 License Date 1/6/1993  
 Name **STEINBERG, DAVID I DO**  
 Address ORTHOPAEDICS INDIANAPOLIS, 8450 NORTHWEST BLVD INDIANAPOLIS, IN, 46278  
 Specialty PM  
 Board Certified PM  
 School and Year of Graduation UNIV OF OSTEOPATHIC MEDICINE & HEALTH SCI USA 1985  
 Internship and Year SINAI HOSPITAL - DETROIT MI 1990  
 Residency and Year SINAI HOSPITAL - DETROIT MI 1990  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13518  
 License Date 5/9/2007  
 Name **STEINBERG, JOSHUA A MD**  
 Address UNIVERSITY OF PENNSYLVANIA, 399 SOUTH 34TH ST PHILADELPHIA, PA, 19104  
 Specialty IM  
 Board Certified  
 School and Year of Graduation TUFTS UNIV USA 2002  
 Internship and Year DARTMOUTH HITCHCOCK MEDICAL CTR - LEBANON, NH 2005  
 Residency and Year DARTMOUTH HITCHCOCK MEDICAL CTR - LEBANON, NH 2006  
 License Expiration Date **6/30/2009**  
 Remarks **REQUESTED INACTIVE 6/30/09**

License Number 11610  
 License Date 5/1/2002  
 Name **STEINBERG, PAUL DO**  
 Address 1711 S 8TH ST, PHILADELPHIA, PA, 19148  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation KIRKSVILLE COLL OF OSTEOPATHIC MED-KIRKSVILLE, MO USA 1960  
 Internship and Year METROPOLITAN HOSPITAL - PHILADELPHIA, PA 1961  
 Residency and Year NONE  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 13273  
 License Date 9/6/2006  
 Name **STEINBERG, PETER L MD**  
 Address DHMC-DEPT OF UROLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty U  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA PA US 2003  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2004  
 Residency and Year NEW ENGLAND MED CTR, BOSTON MA 2005  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 11400  
 License Date 9/5/2001  
 Name **STEINBRECHER, BARBARA L DO**  
 Address 22 1/2 BAKER ST, DOVER, NH, 03820  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF NEW ENGLAND COLL - BIDDEFORD, ME USA 1997  
 Internship and Year CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 1998  
 Residency and Year MAINE-DARTMOUTH FAMILY PRACTICE - AUGUSTA, ME 2000  
 License Expiration Date **6/30/2015**  
 Remarks **lapsed 6/30/09 - reinstated 8/7/13**

License Number 11885  
 License Date 4/2/2003  
 Name **STEINER, PAUL R MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CTR DRLEBANON, NH, 03756-0001  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF CINCINNATI COLL OF MED - CINCINNATI, OH USA 1985  
 Internship and Year UNIV OF VERMONT - FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1986  
 Residency and Year UNIV OF VERMONT - FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1988  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 6527  
 License Date 4/1/1982  
 Name **STEINGISSER, LEE J MD**  
 Address BLUE CROSS BLUE SHIELD OF MA, ONE ENTERPRISE DRQUINCY, MA, 02171  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation TUFTS UNIV SCH MED - BOSTON, MA USA 1979  
 Internship and Year BOSTON VA HOSPITAL - BOSTON, MA 1980  
 Residency and Year BOSTON VA HOSPITAL - BOSTON, MA 1982  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10065  
 License Date 7/2/1997  
 Name **STEINHILBER, E JOHN III MD**  
 Address 103 ENCLAVE LN, ST SIMONS ISLAND, GA, 31522  
 Specialty P  
 Board Certified  
 School and Year of Graduation NEW YORK MEDICAL COLLEGE VALHALLA, NY USA 1957  
 Internship and Year HENRY FORD HOSPITAL - DETROIT, MI 1958  
 Residency and Year WEST ROS PARK MENTAL HEALTH CENTER - MA 1962  
 License Expiration Date **6/30/2000**  
 Remarks

License Number 5054  
 License Date 7/20/1973  
 Name **STEINMULLER, STEPHEN R MD**  
 Address , PO BOX 53SUGARLOAF SHORES, FL, 33044  
 Specialty NEP  
 Board Certified NEP  
 School and Year of Graduation TUFTS UNIVERSITY-MEDFORD MA USA 1966  
 Internship and Year MAIMONIDES HOSP-BROOKLYN NY 1967  
 Residency and Year MAIMONIDES HOSP-BROOKLYN NY 1968  
 License Expiration Date **1/28/2002**  
 Remarks **DECEASED 1/28/02**

License Number 12856  
 License Date 8/3/2005  
 Name **STELLA, MICHAEL H MD**  
 Address BRIGHAM & WOMENS HOSPITAL, 75 FRANCIS STBOSTON, MA, 02115  
 Specialty R  
 Board Certified R  
 School and Year of Graduation TEL AVIV UNIVERSITY, TEL AVIV-YAFO ISRAEL ISRAEL 1999  
 Internship and Year NEWTON-WELLESLEY HOSPITAL, NEWTON LOWER FALLS MA 2000  
 Residency and Year BETH ISRAEL DEACONISS MED CTR, BOSTON MA 2004  
 License Expiration Date **6/30/2007**  
 Remarks



License Number	15644
License Date	4/4/2012
Name	<b>STENSBY, JAMES D MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	DR
Board Certified	DR
School and Year of Graduation	EMORY UNIVERSITY SCHOOL OF MEDICINE USA 2008
Internship and Year	EMORY UNIVERSITY - ATLANTA, GA 2009
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	5927
License Date	6/12/1978
Name	<b>STEPHAN, WILLIAM C MD</b>
Address	PULMONARY ASSOC, 166 KINSLEY ST STE 101NASHUA, NH, 03060-
Specialty	PUD
Board Certified	PUD
School and Year of Graduation	UNIV OF ALABAMA SCHOOL OF MEDICINE USA 1973
Internship and Year	UNIV OF WASHINGTON - SEATTLE, WA 1974
Residency and Year	UNIV OF WASHINGTON - SEATTLE, WA 1976
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6798
License Date	9/8/1983
Name	<b>STEPHENS, FREDERICK P MD</b>
Address	169 PORTSMOUTH ST NO 3, CONCORD, NH, 03301-5806
Specialty	P
Board Certified	
School and Year of Graduation	CHARING CROSS HOSPITAL LONDON ENGLAND 1950
Internship and Year	CHARING CROSS HOSPITAL - ENGLAND 1952
Residency and Year	ROYAL AIR FORCE MEDICAL BRANCH - ENGLAND 1968
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	11838
License Date	2/5/2003
Name	<b>STEPHENS, MARGARET D MD</b>
Address	ROBERT A MESROPIAN CTR COMMUN, 125 MASCOMA STLEBANON, NH, 03766
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF MASSACHUSETTS MED SCH - WORCESTER, MA USA 1988
Internship and Year	UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1989
Residency and Year	UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 7983  
 License Date 10/5/1988  
 Name **STEPRO, DENNIS C MD**  
 Address DARTMOUTH-HITCHCOCK, 100 HITCHCOCK WAYMANCHESTER, NH, 03104-4125  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation INDIANA UNIV SCHOOL OF MEDICINE USA 1977  
 Internship and Year METHODIST HOSPITAL OF INDIANA - INDIANAPOLIS IN 1978  
 Residency and Year INDIANA UNIV MEDICAL CENTER HOSPITAL - INDIANAPOLIS IN 1982  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10260  
 License Date 4/1/1998  
 Name **STERITI, JOHN MD**  
 Address UNION ANESTHESIA ASSOC, 500 LYNNFIELD STLYNN, MA, 01904  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation UNIV OF MASS MED SCH - WORCESTER, MA USA 1991  
 Internship and Year SALEM HOSPITAL - MA 1992  
 Residency and Year BETH ISRAEL HOSPITAL - MA 1995  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 12586  
 License Date 1/5/2005  
 Name **STERLING, DANIEL A MD**  
 Address STERLING PLASTIC SURGERY PLLC, 2 WASHINGTON PLBEDFORD, NH, 03110  
 Specialty PS  
 Board Certified PS  
 School and Year of Graduation ROSS UNIVERSITY, PORTSMOUTH DOMINICA DOMINICA 1996  
 Internship and Year HOSPITAL OF ST RAPHAEL, NEW HAVEN CT 2001  
 Residency and Year NASSAU UNIVERESITY, EAST MEADOW NY 2002  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13274  
 License Date 9/6/2006  
 Name **STERLING, MICHAEL J MD**  
 Address CENTRAL MAINE MEDICAL, 300 MAIN STLEWISTON, ME, 04240  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation ST LOUIS UNIVERSITY, ST LOUIS MO US 1980  
 Internship and Year ST LOUIS UNIVERSITY, ST LOUIS MO 1981  
 Residency and Year ST LOUIS UNIVERSITY, ST LOUIS MO 1983  
 License Expiration Date **6/30/2010**  
 Remarks

License Number	6383
License Date	5/7/1981
Name	<b>STERN, BARRY L MD</b>
Address	UNIV OF MA MED SCHOOL, DEPT OF FAMILY HEALTH, MA,
Specialty	FP
Board Certified	FP
School and Year of Graduation	FAC DE MED DE LA UNIV AUTONOMA ,JALISCO MEXICO 1976
Internship and Year	SOMERSET MED CTR,SOMERSET,NJ 1978
Residency and Year	SOMERSET MED CTR, SOMERSET,NJ 1980
License Expiration Date	<b>7/29/2010</b>
Remarks	Deceased 7/29/10

License Number	14607
License Date	9/2/2009
Name	<b>STERN, SUSAN W MD</b>
Address	PHYSICIANS HEALTHY WEIGHT CTR, 64 LAFAYETTE RD STE 2N HAMPTON, NH, 03862
Specialty	IM
Board Certified	
School and Year of Graduation	COLUMBIA UNIVERSITY USA 1992
Internship and Year	TUFTS UNIVERSITY/NEWENGLAND MEDICAL CENTER - BOSTON, MA 1993
Residency and Year	CAMBRIDGE HOSPITAL - CAMBRIDGE, MA 1996
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	3575
License Date	11/7/1962
Name	<b>STETSON, GRACE A MD</b>
Address	, PO BOX 210ANDOVER, NH, 03216-0210
Specialty	DR
Board Certified	
School and Year of Graduation	UNIVERSITY OF VERMONT USA 1958
Internship and Year	SWEDISH HOSPITAL- SEATTLE WA 1959
Residency and Year	SWEDISH HOSPITAL - SEATTLE, WA 1959
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	13839
License Date	2/6/2008
Name	<b>STETZER, PAMELA A DO</b>
Address	MONADNOCK OB/GYN ASSOC, 454 OLD STREET RD STE 302PETERBOROUGH, NH, 03458
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	MICHIGAN UNIV USA 1997
Internship and Year	ST JOHN DETROIT RIVERVIEW HOSPITAL - DETROIT, MI 1998
Residency and Year	BI-COUNTY COMMUNITY HOSPITAL - WARREN, MI 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14944
License Date	7/7/2010
Name	<b>STEVANOVIC, GORDANA MD</b>
Address	1101 GLEN OAKS BLVD, PASADENA, CA, 91105
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSITY OF BELGRADE YUGOSLAVIA 1972
Internship and Year	LOS ANGELES COUNTY UNIVERSITY OF SOUTHERN CALIFORNIA - LOS ANGELES, CA 1990
Residency and Year	LOS ANGELES COUNTY UNIVERSITY OF SOUTHERN CALIFORNIA - LOS ANGELES, CA 1992
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	16651
License Date	6/4/2014
Name	<b>STEVENS, CYNTHIA B MD</b>
Address	172 ROSEWOOD AVE, LANDER, WY, 82520
Specialty	P
Board Certified	P
School and Year of Graduation	GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 1985
Internship and Year	GEORGETOWN UNIVERSITY MEDICAL CENTER - WASHINGTON, DC 1986
Residency and Year	GEORGETOWN UNIVERSITY MEDICAL CENTER - WASHINGTON, DC 1987
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12767
License Date	6/1/2005
Name	<b>STEVENS, DONALD S MD</b>
Address	PAIN MANAGEMENT ASSOC, 157 UNION ST MARLBOROUGH, MA, 01752
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF NEW YORK, SYRACUSE NY US 1977
Internship and Year	UNIVERSITY OF FLORIDA, GAINESVILLE FL 1978
Residency and Year	UNIVERSITY OF FLORIDA, GAINESVILLE FL 1980
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	5695
License Date	4/7/1977
Name	<b>STEVENS, JAMES C MD</b>
Address	, PO BOX 130 LYNDON CTR, VT, 05850
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF VERMONT COLLEGE OF MED BURLINGTON USA 1960
Internship and Year	BOSTON CITY HOSPITAL 1961
Residency and Year	MADIGAN ARMY MED CENTER 1963
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number 10438  
 License Date 10/7/1998  
 Name **STEVENS, LESLIE C MD**  
 Address WINTHROP UNIVERSITY HOSP, MINEOLA, NY,  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation MED COLL OF GEORGIA SCH OF MED-AUGUSTA,GA USA 1995  
 Internship and Year WINTHROP - UNIV HOSPITAL - MINEOLA, NY 1996  
 Residency and Year WINTHROP- UNIV HOSPITAL - MINEOLA, NY 1997  
 License Expiration Date **6/30/2000**  
 Remarks

License Number 9531  
 License Date 8/2/1995  
 Name **STEVENS, MARK A MD**  
 Address MONADNOCK BEHAVIORAL HEALTH, 458 OLD STREET RD STE 202PETERBOROUGH, NH, 03458-120  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIVERSITY OF TEXAS MEDICAL BRANCH USA 1988  
 Internship and Year UNIVERSITY OF TEXAS MEDICAL BRANCH - GALVESTON TX 1992  
 Residency and Year UNIVERSITY OF TEXAS MEDICAL BRANCH - GALVESTON TX 1992  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14644  
 License Date 10/7/2009  
 Name **STEVENS, MICHAEL B MD**  
 Address MASSTEX IMAGING LLC, 3 ELECTRONICS AVEDANVERS, MA, 01923  
 Specialty FP  
 Board Certified  
 School and Year of Graduation TUFTS UNIVERSITY USA 2001  
 Internship and Year TUFTS UNIVERSITY @ CAMBRIDGE HEALTH ALLIANCE - MALDEN, MA 2002  
 Residency and Year TUFTS UNIVERSITY @ CAMBRIDGE HEALTH ALLIANCE - MALDEN, MA 2004  
 License Expiration Date **6/30/2017**  
 Remarks **12/12/11 - Settlement Agreement**

License Number 12920  
 License Date 10/5/2005  
 Name **STEVENS, MICHAEL J DO**  
 Address CORE PHYSICIANS, 21 HAMPTON ROAD BUILDING 3EXETER, NH, 03833  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation MICHIGAN STATE UNIVERSITY, EAST LANSING MI US 2000  
 Internship and Year ST FRANCIS MED CTR, PITTSBURGH PA 2001  
 Residency and Year MAINE-DARTMOUTH FAMILY PRACTICE RESIDENCY, AUGUSTA ME 2003  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	8725
License Date	5/6/1992
Name	<b>STEVENS, OWEN R MD</b>
Address	PORTSMOUTH HOSPITAL, 333 BORTHWICK AVEPORTSMOUTH, NH, 03801
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF VERMONT USA 1985
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER 1986
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8806
License Date	9/2/1992
Name	<b>STEVENS, ROSALIND A MD</b>
Address	DHMC-OPH, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE USA 1978
Internship and Year	KAISER-PERMANENTE MEDICAL CENTER OAKLAND - CA 1979
Residency and Year	PACIFIC PRESBTERIAN MEDICAL CENTER SAN FRANCISCO - CA 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5430
License Date	9/9/1975
Name	<b>STEVENSON JR, CHARLES S MD</b>
Address	2962 EAST CONWAY RD, N CONWAY, NH, 03813
Specialty	EM
Board Certified	EM
School and Year of Graduation	COLUMBIA UNIV COLLEGE USA 1969
Internship and Year	ST LUKES HOSPITAL - NY, NY 1970
Residency and Year	MONTREAL GENERAL HOSPITAL - MONTREAL, CANADA 1971
License Expiration Date	<b>6/30/1998</b>
Remarks	Deceased 7/6/1999

License Number	8064
License Date	3/29/1989
Name	<b>STEVENSON, ANNE V MD</b>
Address	85 SPRING ST, LACONIA, NH, 03246
Specialty	PS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF VIRGINIA USA 1978
Internship and Year	CHARITY HOSPITAL OF LOUISIANA NEW ORLEANS - LOUISIANA 1979
Residency and Year	TULANE UNIVERSITY SCHOOL OF MEDICINE NEW ORLEANS - LOUISIANA 1983
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	9439
License Date	5/3/1995
Name	<b>STEVENSON, DAVID A MD</b>
Address	CONCORD OBSTETRICS GYNECOLOGY, 189 MAIN STCONCORD, NH, 03301-
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF VERMONT USA 1987
Internship and Year	TRIPLER ARMY MEDICAL CENTER - HONOLULU, HI 1991
Residency and Year	TRIPLER ARMY MEDICAL CENTER, HONOLULU HI 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8069
License Date	3/29/1989
Name	<b>STEWART, ANDREW M MD</b>
Address	LAKEVIEW NEURO REHAB HOSP, 101 HIGHWATCH RDEFFINGHAM FALLS, NH, 03814
Specialty	PD
Board Certified	
School and Year of Graduation	UNIV OF VERMONT COLL OF MED BURLINGTON, VT USA 1961
Internship and Year	MEDICAL CENTER HOSPITAL VERMONT BURLINGTON, VT 1962
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER HANOVER, NH 1964
License Expiration Date	<b>6/30/2002</b>
Remarks	<b>DECEASED 11/7/2009</b>

License Number	14745
License Date	2/3/2010
Name	<b>STEWART, DANIEL B MD</b>
Address	DH - DERMATOLOGY, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty	D
Board Certified	D
School and Year of Graduation	STANFORD UNIVERSITY USA 2002
Internship and Year	SANTA CLARA VALLEY MEDICAL CENTER - SAN JOSE, CA 2003
Residency and Year	STANFORD UNIVERSITY HOSPITAL - REDWOOD CITY, CA 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17135
License Date	6/3/2015
Name	<b>STEWART, JEFFREY D MD</b>
Address	3647 EAST 96TH PLACE, TULSA, OK, 74137
Specialty	OBG
Board Certified	
School and Year of Graduation	UNIVERSITY OF OKLAHOMA, OKLAHOMA CITY OK USA 1992
Internship and Year	UNIVERSITY OF OKLAHOMA, OKLAHOMA CITY OK 1993
Residency and Year	UNIVERSITY OF OKLAHOMA, OKLAHOMA CITY OK 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15007
License Date	9/1/2010
Name	<b>STEWART, KIM M MD</b>
Address	PO BOX 374, NEWPORT, ME, 04953-0374
Specialty	PD
Board Certified	
School and Year of Graduation	UNIVERSITY OF ROCHESTER USA 1985
Internship and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1986
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 1988
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	13721
License Date	10/3/2007
Name	<b>STEWART, LAIANDREA M MD</b>
Address	ONLINE RADIOLOGIC, 1770 IOWA AVE STE 280RIVERSIDE, CA, 92507
Specialty	R
Board Certified	R
School and Year of Graduation	MEHARRY MEDICAL COLLEGE USA 2001
Internship and Year	HOWARD UNIV HOSPITAL-WASHINGTON, DC 2002
Residency and Year	HARLEM HOSPITAL CENTER-NEW YORK, NY 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	Lapsed for non-renewal on 6/30/2015. Renewed 8/31/15.

License Number	9785
License Date	7/3/1996
Name	<b>STEWART, LINDA S MD</b>
Address	MV HOSP OB/GYN SVC, PO BOX 1477OAK BLUFFS, MA, 02557
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF CA DAVIS SCHOOL OF MEDICINE - DAVIS, CA USA 1986
Internship and Year	CEDARS-SINAI MEDICAL CENTER - CA 1990
Residency and Year	CEDARS-SINAI MEDICAL CENTER - CA 1990
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	11839
License Date	2/5/2003
Name	<b>STEWART, MARGARET I MD</b>
Address	NORTHEAST DERMATOLOGY ASSOC, 401 ANDOVER ST STE 101NO ANDOVER, MA, 01845
Specialty	D
Board Certified	D
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1988
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1989
Residency and Year	STANFORD UNIV HOSPITAL - STANFORD, CA 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number 17240  
 License Date 8/5/2015  
 Name **STEWART, ROBYN D DO**  
 Address 57 FLOYD RD, DERRY, NH, 03038-4712  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV NO TX HEALTH SCIENCE CTR FT WORTH TX USA 2002  
 Internship and Year MCLENNAN COUNTY MED EDUCATION & RESEARCH FOUNDATION- WACO TX 2003  
 Residency and Year MCLENNAN COUNTY MED EDUCATION & RESEARCH FOUNDATION- WACO TX 2005  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10247  
 License Date 3/4/1998  
 Name **STICH, ROBERT A MD**  
 Address 85 LONG POND RD, DUNBARTON, NH, 03045  
 Specialty RNR  
 Board Certified R  
 School and Year of Graduation UNIV OF MISSOURI MED SCH - COLUMBIA, MO USA 1989  
 Internship and Year UNIV HOSPITAL - SUNY HEALTH SCIENCE CENTER - NY 1993  
 Residency and Year NEW ENGLAND MEDICAL CENTER HOSPITAL - MA 1995  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 9632  
 License Date 1/3/1996  
 Name **STIDWILL, ROBB J MD**  
 Address FAMILY PHYSICIANS OF PEMBROKE, 121 PEMBROKE STPEMBROKE, NH, 03275-  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF WESTERN ONTARIO, FAC OF MED, LONDON,ONT CANADA 1984  
 Internship and Year OTTAWA CIVIC HOSPITAL - ONTARIO CANADA 1985  
 Residency and Year OTTAWA CIVIC HOSPITAL - ONTARIO CANADA 1986  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 4971  
 License Date 4/27/1973  
 Name **STIEGLITZ, LEWIS N MD**  
 Address 21 FOXCROSS CIR, CONCORD, NH, 03301  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation ST MARY'S HOSPITAL MEDICAL SCHOOL ENGLAND 1968  
 Internship and Year GENESEE HOSPITAL - ROCHESTER, NY 1969  
 Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1972  
 License Expiration Date **6/30/2009**  
 Remarks **Deceased 4/27/10**

License Number 16925  
 License Date 1/21/2015  
 Name **STIEN, ERIK M MD**  
 Address 29 PELHAM RD, W HARTFORD, CT, 06107  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation UNIVERSITY OF MICHIGAN MEDICAL SCHOOL USA 2001  
 Internship and Year ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 2002  
 Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2006  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 17241  
 License Date 8/5/2015  
 Name **STILES, LINDA E MD**  
 Address 75 STATE ST 26TH FL, BOSTON, MA, 02109  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF CA SAN FRAN SCHOOL OF MED - CA USA 1978  
 Internship and Year GROUP HEALTH COOPERATIVE - SEATTLE WA 1979  
 Residency and Year GROUP HEALTH COOPERATIVE - SEATTLE WA 1981  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 8209  
 License Date 8/9/1989  
 Name **STILLWELL, BRIAN J MD**  
 Address CATHOLIC MEDICAL CENTER, 100 MCGREGOR ST MANCHESTER, NH, 03102-3770  
 Specialty EM  
 Board Certified FP  
 School and Year of Graduation UNIV OF MASS MED CTR - WORCESTER, MA USA 1985  
 Internship and Year ST VINCENT HEALTH CENTER - ERIE, PA 1986  
 Residency and Year ST VINCENT HEALTH CENTER - ERIE, PA 1987  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 12040  
 License Date 8/6/2003  
 Name **STINGER III, HARRY K MD**  
 Address EMCARE ACUTE CARE SURGERY, 4001 W 15TH ST, SUITE 200 PLANO, TX, 75093  
 Specialty  
 Board Certified GS  
 School and Year of Graduation F EDWARD HEBERT SCHOOL OF MED, BETHESDA MD US 1985  
 Internship and Year EISENHOWER ARMY MEDICAL CTR, FORT GORDON GA 1986  
 Residency and Year BOSTON UNIVERSITY MEDICAL CTR, ROXBURY MA 1991  
 License Expiration Date **6/30/2017**  
 Remarks **LAPSED FOR NONRENEWAL 6/30/07**  
**REINSTATED 8/6/14**

License Number	16926
License Date	1/21/2015
Name	<b>STIRLING, ERIC L MD</b>
Address	250 CUSHMAN ST STE 4J, FAIRBANKS, AK, 99701
Specialty	IM
Board Certified	IM
School and Year of Graduation	LOMA LINDA UNIVERSITY SCHOOL OF MEDICINE USA 1975
Internship and Year	LOMA LINDA UNIVERSITY MEDICAL CENTER - LOMA LINDA, CA 1976
Residency and Year	LOMA LINDA UNIVERSITY MEDICAL CENTER - LOMA LINDA, CA 1978
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9663
License Date	3/6/1996
Name	<b>STOCK, MARJORIE K MD</b>
Address	EAR, NOSE & THROAT PHYSICIANS & SURGEONS, PA, 130 TARRYTOWN RDMANCHESTER, NH, 0310
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	UNIV OF MASSACHUSETTS-WORCESTER MA USA 1987
Internship and Year	MONTEFLORE MEDICAL CENTER-NEW YORK NY 1989
Residency and Year	MONTEFLORE MEDICAL CENTER-NEW YORK NY 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4550
License Date	4/14/1970
Name	<b>STOEV, DIMITRE S MD</b>
Address	9870 WATERMILL CIRCLE, BOYNTAN BEACH, FL, 33437
Specialty	IM
Board Certified	FP
School and Year of Graduation	ACADEMY OF MEDICINE V TCHERVENKOV, SOFIA, BULGARIA 1951
Internship and Year	-ACADEMY OF MEDICINE - SOFIA 1952
Residency and Year	SUPERIOR MEDICAL INSTITUTE - SOFIA 1957
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	8419
License Date	8/8/1990
Name	<b>STOHRER, ANNE E MD</b>
Address	WOMENS HEALTH ASSOC, 121 JOHN JENSEN RDPERKINSVILLE, VT, 05151
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	VA COMMONWEALTH UNIV, MED COLL OF VA MED RICHMOND USA 1982
Internship and Year	JEWISH HOSPITAL ST LOUIS-WA U ST LOUIS MO 1983
Residency and Year	BARNES HOSPITAL ST LOUIS MO 1986
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number 12082  
 License Date 9/3/2003  
 Name **STOKES, DENNIS C MD**  
 Address LE BONHEUR CHILDREN MED CTR, 50 N DUNLAPMEMPHIS, TN, 38103  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIVERSITY OF KENTUCKY, LEXINGTON KY US 1973  
 Internship and Year JOHNS HOPKINS HOSPITAL, BALTIMORE MD 1974  
 Residency and Year JOHNS HOPKINS HOSPITAL, BALTIMORE MD 1976  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 9262  
 License Date 8/3/1994  
 Name **STOKES, MONICA J MD**  
 Address 117 ELSIE ST, SAN FRANCISCO, CA, 94110  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation MEGARRY MEDICAL COLLEGE SCHOOL OF MEDICINE USA 1983  
 Internship and Year NAVAL HOSPITAL - OAKLAND CA 1984  
 Residency and Year NAVAL MEDICAL CENTER - SAN DIEGO CA 1990  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13415  
 License Date 2/7/2007  
 Name **STOLL, NANCY MD**  
 Address ADULT & CHILDREN'S MEDICINE OF DOVER, 10 MEMBERS WAY, SUITE 201DOVER, NH, 03820  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation BROWN UNIV USA 2003  
 Internship and Year OVERLOOK HOSPITAL - SUMMIT, NJ 2004  
 Residency and Year OVERLOOK HOSPITAL - SUMMIT, NJ 2006  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 8599  
 License Date 7/17/1991  
 Name **STOLPER, LISA K MD**  
 Address DARTMOUTH HITCHCOCK-KEENE, 590 COURT STKEENE, NH, 03431-  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIV OF NC CHAPEL HILL SCH OF MED - NC USA 1987  
 Internship and Year UNIV OF CONNETICUT SCH OF MED - FARMINGTON, CT 1988  
 Residency and Year J DEMPSEY HOSPITAL - FARMINGTON, CT 1991  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 4662  
 License Date 2/16/1971  
 Name **STOLTMANN, HENRY F MD**  
 Address 460 WESTON RD, WELLESLEY, MA, 02482  
 Specialty NS  
 Board Certified NS  
 School and Year of Graduation NEW YORK MEDICAL COLLEGE, NY USA 1954  
 Internship and Year MERCY HOSPITAL - WILKES BARRE, PA 1955  
 Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1962  
 License Expiration Date **6/30/2002**  
 Remarks

License Number 8237  
 License Date 10/4/1989  
 Name **STOMMEL, ELIJAH W MD**  
 Address DARTMOUTH HITCHCOCK MEDICAL CT, 1 MEDICAL CTR DRLEBANON, NH, 03756  
 Specialty N  
 Board Certified N  
 School and Year of Graduation BOSTON UNIV SCH OF MED - BOSTON, MA USA 1987  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1990  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1990  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15461  
 License Date 11/2/2011  
 Name **STONE, ALAN B MD**  
 Address RAYS, 13737 NOEL RD STE 1600DALLAS, TX, 75240  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENC USA 1990  
 Internship and Year WILFORD HALL MEDICAL CENTER - LACKLAND AFB, TX 1991  
 Residency and Year WILFORD HALL MEDICAL CENTER - LACKLAND AFB, TX 2006  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13057  
 License Date 4/5/2006  
 Name **STONE, AMY C MD**  
 Address ELLIOT HOSP - HOSPITALIST PROGRAM, 1 ELLIOT WAYMANCHESTER, NH, 03103  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF S CALIFORNIA-LOS ANGELES CA USA 2001  
 Internship and Year LOS ANGELES COUNTY-USC MEDICAL CENTER-LOS ANGELES CA 2004  
 Residency and Year LOS ANGELES COUNTY-USC MEDICAL CENTER-LOS ANGELES CA 2005  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	11977
License Date	6/4/2003
Name	<b>STONE, ANDREW D MD</b>
Address	DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03750
Specialty	IM
Board Certified	
School and Year of Graduation	SUNY AT BUFFALO - BUFFALO NY USA 2000
Internship and Year	NEW ENGLAND MEDICAL CENTER - BOSTON MA 2001
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON MA 2003
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	8600
License Date	7/17/1991
Name	<b>STONE, BRYAN D MD</b>
Address	PENTUCKET MEDICAL AT RIVERWALK, 500 MERRIMACK STLAWRENCE, MA, 01843
Specialty	AI
Board Certified	AI
School and Year of Graduation	TUFTS UNIV SCH OF MED - BOSTON, MA USA 1986
Internship and Year	FAULKNER HOSPITAL- BOSTON, MA 1987
Residency and Year	FAULKNER HOSPITAL - BOSTON, MA 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13722
License Date	10/3/2007
Name	<b>STONE, DAVID H MD</b>
Address	DHMC-VASCULAR SURGERY SECT, ONE MED CTR DRLEBANON, NH, 03756
Specialty	GS
Board Certified	GS
School and Year of Graduation	NEW YORK UNIV USA 1977
Internship and Year	NEW YORK UNIV MEDICAL CENTER-NY, NY 1998
Residency and Year	NEW YORK UNIV MEDICAL CENTER-NY, NY 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8663
License Date	12/4/1991
Name	<b>STONE, DONALD A MD</b>
Address	COASTAL NEUROLOGY SERVICE, 113 NEW ROCHESTERRD STE 5DOVER, NH, 03820
Specialty	N
Board Certified	N
School and Year of Graduation	MOUNT SINAI SCHOOL OF MEDICINE UNITED STATES 1986
Internship and Year	ST VINCENTS HOSPITAL AND MEDICAL CENTER NEW YORK - NEW YORK 1987
Residency and Year	GEORGE WASHINGTON UNIVERSITY HOSPITAL WASHINGTON DC 1990
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	13127
License Date	6/7/2006
Name	<b>STONE, JEFFREY L MD</b>
Address	WEST BENCH RD, PO BOX 222ROBERTS, MT, 59070
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF MEAMI, MIAMI FL US 1977
Internship and Year	EMORY UNIVERSITY, ATLANTA GA 1984
Residency and Year	EMORY UNIVERSITY, ATLANTA GA 1985
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	13723
License Date	10/3/2007
Name	<b>STONE, MICHAEL O MD</b>
Address	DARTMOUTH-HITCHCOCK CLINIC, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF NEW MEXICO USA 1974
Internship and Year	CARILION FAMILY MEDICINE-ROANOKE/SALEM - ROANOKE, VA 1976
Residency and Year	CARILION FAMILY MEDICINE-ROANOKE/SALEM - ROANOKE, VA 1977
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6980
License Date	9/6/1984
Name	<b>STONE, PAMELA J MD</b>
Address	, , ,
Specialty	PD
Board Certified	
School and Year of Graduation	JOHNS HOPKINS UNIVERSITY USA 1981
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1989</b>
Remarks	

License Number	15462
License Date	11/2/2011
Name	<b>STONE, PATRICK A MD</b>
Address	3200 MACCORKLE AVE SE, CHARLESTON, WV, 25304
Specialty	VS
Board Certified	VS
School and Year of Graduation	MARSHALL UNIVERSITY SCHOOL OF MEDICINE USA 1999
Internship and Year	WEST VIRGINIA UNIVERSITY - CHARLESTON, WV 2000
Residency and Year	WEST VIRGINIA UNIVERSITY - CHARLESTON, WV 2004
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	6053
License Date	5/14/1979
Name	<b>STONE, WILLIAM D MD</b>
Address	420 CROWELL RD, HOPKINTON, NH, 03229
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	UNIV OF MICHIGAN MEDICINE SCHOOL - ANN ARBOR, MI USA 1971
Internship and Year	ST JOSEPH MERCY HOSPITAL - ANN ARBOR, MI 1972
Residency and Year	UNIV HOSPITAL - ANN ARBOR, MI 1977
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	6317
License Date	11/6/1980
Name	<b>STONE, XENIA W MD</b>
Address	22 ORIOLE RD, WINDHAM, NH, 03087-
Specialty	FP
Board Certified	
School and Year of Graduation	UNIV OF MIAMI SCH OF MED-MIAMI,FL USA 1976
Internship and Year	MEMORIAL HOSP-PAWTUCKET,RI 1977
Residency and Year	MEMORIAL HOSP-PAWTUCKET,RI 1979
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11340
License Date	7/11/2001
Name	<b>STONE-DORSHOW, TANNI L MD</b>
Address	10900 HAMPSHIRE AVE S., MINNEAPOLIS, MN, 55305
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF MINNESOTA MEDICAL SCHOOL USA 1986
Internship and Year	UNIVERSITY OF MINNESOTA 1987
Residency and Year	UNIVERSITY OF MINNESOTA 1988
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	11611
License Date	5/1/2002
Name	<b>STORM, CRAIG A MD</b>
Address	DHMC-DEPT PATHOLOGY, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF MINNESOTA MED SCH - MINNEAPOLIS,MN USA 1996
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2001
Residency and Year	HOSPITAL OF THE UNIV OF PENNSYLVANIA - PHILADELPHIA, PA 2002
License Expiration Date	<b>6/30/2014</b>
Remarks	



License Number	3411
License Date	12/27/1960
Name	<b>STORM, GEORGE MD</b>
Address	2 MARSHALL RD, PO BOX 935KINGSTON, NH, 03848
Specialty	PD
Board Certified	PD
School and Year of Graduation	COLUMBIA COLLEGE PHYSICIANS AND SURGEONS- NY USA 1959
Internship and Year	MARY HITCHCOCK MEMORIAL HOSPITAL 1960
Residency and Year	MARY-HITCHCOCK MEMORIAL HOSPITAL 1960
License Expiration Date	<b>2/6/2002</b>
Remarks	<b>DECEASED 2/6/02</b>

License Number	9440
License Date	5/3/1995
Name	<b>STORO, WILLIAM R MD</b>
Address	DARTMOUTH-HITCHCOCK CONCORD, 253 PLEASANT STCONCORD, NH, 03301-
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF CONNECTICUT USA 1992
Internship and Year	UNIV OF VIRGINIA MED CTR, CHARLOTTEVILLE, VA 1995
Residency and Year	UNIV OF VIRGINIA MED CTR, CHARLOTTEVILLE VA 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10106
License Date	8/6/1997
Name	<b>STOTLAND, MITCHELL A MD</b>
Address	SIDRA MEDICAL & RESEARCH CTR/RM 2308 AL NASR TOWER, QATAR FOUNDATION - PO BOX 2699
Specialty	PS
Board Certified	PS
School and Year of Graduation	MC GILL UNIV FAC OF MED MONTREAL QUEBEC CANADA 1989
Internship and Year	MC GILL UNIV - MONTREAL QUEBEC 1994
Residency and Year	UCLA UNIV - LOS ANGELES, CA 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16433
License Date	12/4/2013
Name	<b>STOVROFF, MARK C MD</b>
Address	45 HONOUR AVE NW, ATLANTA, GA, 30305-1119
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE USA 1983
Internship and Year	UNIVERSITY OF MICHIGAN HEALTH SYSTEM - ANN ARBOR, MI 1984
Residency and Year	UNIVERSITY OF MICHIGAN HEALTH SYSTEM - ANN ARBOR, MI 1986
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	9341
License Date	12/7/1994
Name	<b>STRACESKI, ANTHONY J MD</b>
Address	25 MARSTON ST STE 404, LAWRENCE, MA, 01841
Specialty	CD
Board Certified	IM
School and Year of Graduation	COLUMBIA UNIV COLLEGE OF PHYSICIANS AND SURGEONS USA 1985
Internship and Year	NEW YORK UNIVERSITY MEDICAL CENTER - NEW YORK NY 1986
Residency and Year	NEW YORK UNIVERSITY MEDICAL CENTER - NEW YORK NY 1987
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16739
License Date	8/6/2014
Name	<b>STRAHOSKY, SUSAN M MD</b>
Address	ELLIOT DEVELOPMENTAL & BEHAVIORAL PEDIATRICS, 275 MAMMOTH RD, STE 1MANCHESTER, NH
Specialty	
Board Certified	PD
School and Year of Graduation	BOSTON UNIV SCHOOL OF MEDICINE - BOSTON, MA US 1980
Internship and Year	YALE NEW HAVEN CHILDRENS HOSPITAL - NEW HAVEN, CT 1981
Residency and Year	YALE NEW HAVEN CHILDRENS HOSPITAL - NEW HAVEN, CT 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4637
License Date	12/1/1970
Name	<b>STRAJA, ALEXANDER M MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1996</b>
Remarks	<b>DECEASED 7/4/2009</b>

License Number	4622
License Date	10/7/1970
Name	<b>STRAM, JOHN R MD</b>
Address	700 CENTRAL AVE, DOVER, NH, 03820
Specialty	OTO
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1995</b>
Remarks	

License Number	9202
License Date	6/1/1994
Name	<b>STRAMPFER, MICHAEL J MD</b>
Address	INFECT DISEASE ASSOC/TRAV MED, 399 DANIEL WEBSTER HWYMERRIMACK, NH, 03054
Specialty	ID
Board Certified	ID
School and Year of Graduation	SUNY HEALTH SCIENCE CENTER AT BROOKLYN, COL OF MED USA 1981
Internship and Year	WINTHROP UNIVERSITY HOSPITAL - MINEOLA, NY 1982
Residency and Year	WINTHROP UNIVERSITY HOSPITAL - MINEOLA, NY 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9532
License Date	8/2/1995
Name	<b>STRANG, DAVID E MD</b>
Address	FRANKLIN REGIONAL HOSPITAL, 15 AIKEN AVENUEFRANKLIN, NH, 03246
Specialty	EM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1986
Internship and Year	UNIV OF MASSACHUSETTS MEDICAL CENTER - WORCESTER MA 1987
Residency and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD MA 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12516
License Date	10/6/2004
Name	<b>STRAPKO, STEFAN I MD</b>
Address	NH ORTHOPEDIC CENTER, 17 RIVERSIDE ST STE 101NASHUA, NH, 03062-1373
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIVERSITY OF MED & DENTISTRY OF NJ, NEWARK NJ US 1998
Internship and Year	GEORGE WASHINGTON UNIVERSITY, WASHINGTON DC 1999
Residency and Year	GEORGE WASHINGTON UNIVERSITY, WASHINGTON DC 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12517
License Date	10/6/2004
Name	<b>STRATTON JR, ROBERT G MD</b>
Address	, PO BOX 800LEY, PA, 19547
Specialty	FP
Board Certified	FP
School and Year of Graduation	TEMPLE UNIVERSITY, PHILADELPHIA PA US 1984
Internship and Year	READING HOSPITAL & MED CTR, READING PA 1984
Residency and Year	READING HOSPITAL & MED CTR, READING PA 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7426
License Date	8/14/1986
Name	<b>STRAUB, RICHARD MD</b>
Address	PO BOX 515, WINDHAM, NH, 03087-0515
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	GEORGETOWN UNIV SCH MED WASHINGTON DC USA 1979
Internship and Year	UNIV HOSP INC -BOSTON,MA 1984
Residency and Year	UNIV HOSP INC- BOSTON MA 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5686
License Date	3/17/1977
Name	<b>STRAUGHN III, WILLIAM R MD</b>
Address	2485 ELM ST, MANCHESTER, NH, 03104
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF NORTH CAROLINA-CHAPEL HILL NC USA 1970
Internship and Year	MOFFITT UNIVERSITY OF CA HOSP-SAN FRANCISCO CA 1971
Residency and Year	MOFFITT UNIVERSITY OF CA HOSP-SAN FRANCISCO CA 1972
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	2727
License Date	3/10/1949
Name	<b>STRAUS, DAVID A MD</b>
Address	4 ROBIN LANE, PLEASANT POINTPORTSMOUTH, NH, 03801
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF CINCINNATI USA 1943
Internship and Year	ST VINCENT CHARITY HOSPITAL - CLEVELAND, OH 1944
Residency and Year	LAWSON VA HOSPITAL - CHAMBLEE, GA 1948
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	17088
License Date	5/6/2015
Name	<b>STRAUSS, ADAM C MD</b>
Address	114 SCHOOL ST APT 15, LEBANON, NH, 03766
Specialty	IM
Board Certified	
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 2012
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 5209  
 License Date 7/12/1974  
 Name **STRAUSS, WILLIAM T MD**  
 Address 21 STRATHAM GREEN, STRATHAM, NH, 03885-2341  
 Specialty IM  
 Board Certified  
 School and Year of Graduation COLUMBIA UNIV COLLEGE OF PHYSICIANS & SURGEONS USA 1937  
 Internship and Year MEADOWBROOK HOSPITAL - HEMPSTEAD, NY 1939  
 Residency and Year MEADOWBROOK HOSPITAL - HEMPSTEAD, NY 1940  
 License Expiration Date **6/30/2001**  
 Remarks **DECEASED 08/06/2007**

License Number 8649  
 License Date 11/6/1991  
 Name **STRECKER, MARK N MD**  
 Address 100 BANKS ST, CAMBRIDGE, MA, 02138-6121  
 Specialty CHP  
 Board Certified CHP  
 School and Year of Graduation ALBERT EINSTEIN COLLEGE OF MEDICINE UNITED STATES 1984  
 Internship and Year BOOTH MEMORIAL MEDICAL CENTER QUEENS - NEW YORK 1985  
 Residency and Year MASSACHUSETTS MENTAL HEALTH CENTER BOSTON - MASSACHUSETTS 1988  
 License Expiration Date **10/26/1999**  
 Remarks **10/26/99 - DECISION AND ORDER - LICENSE SUSPENDED UNTIL 10/26/2000**

License Number 15463  
 License Date 11/2/2011  
 Name **STREETS, DAVID T MD**  
 Address NAVAL HEALTH CLINIC NE, 43 SMITH RDNEWPORT, RI, 02841  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation DREXEL UNIVERSITY COLLEGE OF MEDICINE USA 2005  
 Internship and Year MONMOUTH MEDICAL CENTER-LONG BRANCH, NJ 2006  
 Residency and Year MONMOUTH MEDICAL CENTER-LONG BRANCH, NJ 2010  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 4179  
 License Date 2/15/1968  
 Name **STRICKLER, JAMES C MD**  
 Address DARTMOUTH MEDICAL SCHOOL, HB 7250HANOVER, NH, 03755  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation CORNELL UNIV MEDICAL COLLEGE - NY USA 1953  
 Internship and Year NEW YORK HOSPITAL - NEW YORK, NY 1954  
 Residency and Year NEW YORK HOSPITAL - NEW YORK, NY 1959  
 License Expiration Date **6/30/2006**  
 Remarks

License Number	12892
License Date	9/7/2005
Name	<b>STRICOFF, ALAN L DO</b>
Address	MEDICAL GROUP OF MANCHESTER, 775 SOUTH MAIN STMANCHESTER, NH, 03102
Specialty	IM
Board Certified	IM
School and Year of Graduation	NEW YORK COLLEGE, OLD WESTBURY NY US 2000
Internship and Year	ALBERT EINSTEIN COLLEGE, BRONX NY 2001
Residency and Year	ALBERT EINSTEIN COLLEGE, BRONX NY 2003
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	12440
License Date	8/4/2004
Name	<b>STRIPLING, DENISE L MD</b>
Address	DHMC - RHEUMATOLOGY CLINIC, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF ALABAMA, BIRMINGHAM AL US 1998
Internship and Year	CARRAWAY METHODIST MED CTR, BIRMINGHAM AL 1999
Residency and Year	CARRAWAY METHODIST ME CTR, BIRMINGHAM AL 2000
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	10545
License Date	4/7/1999
Name	<b>STROBECK, JOHN E MD</b>
Address	297 LAFAYETTE AVE, HAWTHORNE, NJ, 07506
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF CINCINNATI COLL OF MED - CINCINNATI,OH USA 1974
Internship and Year	BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1975
Residency and Year	BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1976
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	12015
License Date	7/2/2003
Name	<b>STROBEL, ALAN MD</b>
Address	NORTH AMERICAN PARTNER, 68 S SERVICE RD STE 350MELVILLE, NY, 11747
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV OF NEW YORK - BROOKLYN, NY USA 1987
Internship and Year	STLUKES-ROOSEVELT HOSPITAL CENTER - NEW YORK, NY 1988
Residency and Year	NEW YORK PRESBYTERIAN HOSPITAL - NEW YORK, NY 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14746
License Date	2/3/2010
Name	<b>STROBEL, SEBASTIAN G MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF MUNICH GERMANY 2004
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	10888
License Date	4/5/2000
Name	<b>STROHBEHN, KRIS MD</b>
Address	DHMC - OB/GYN DEPT, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1988
Internship and Year	UNIVERSITY OF CALIFORNIA - SAN FRANCISCO ,CA 1989
Residency and Year	UNIVERSITY OF MICHIGAN MEDICAL CENTER-ANN ARBOR,MI 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13932
License Date	4/2/2008
Name	<b>STROKOFF, HARRIS K MD</b>
Address	KPMC - DEPT OF PSYCHIATRY, 901 NEVIN AVERICHMOND, CA, 94801
Specialty	CHP
Board Certified	P
School and Year of Graduation	TEMPLE UNIV USA 2004
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	7925
License Date	7/6/1988
Name	<b>STROMQUIST, DONALD L MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03576
Specialty	IM
Board Certified	
School and Year of Graduation	YALE UNIVESITY USA 1982
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1992</b>
Remarks	

License Number	8998
License Date	7/7/1993
Name	<b>STRONG III, RUSSELL A MD</b>
Address	CONCORD SURGICAL ASSOC, 246 PLEASANT ST STE 205CONCORD, NH, 03301-2952
Specialty	CRS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF IL COLLEGE OF MEDICINE USA 1987
Internship and Year	UNIVERSITY OF IL COLLEGE OF MEDICINE - CHICAGO IL 1992
Residency and Year	UNIVERSITY OF IL COLLEGE OF MEDICINE - CHICAGO IL 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12719
License Date	5/4/2005
Name	<b>STRONG, BENJAMIN W MD</b>
Address	VITUAL RADIOLOGIC CONSULTANTS, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF ARIZONA, TUCSON AZ US 1993
Internship and Year	DARTMOUTH HITCHCOCK, LEBANON NH 1994
Residency and Year	DARTMOUTH HITCHCOCK, LEBANON NH 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12921
License Date	10/5/2005
Name	<b>STRONG, CEDRIC J MD</b>
Address	PORTSMOUTH REGIONAL HOSPITAL, PO BOX 7004PORTSMOUTH, NH, 03802-7004
Specialty	IM
Board Certified	IM
School and Year of Graduation	MEHARRY MEDICAL COLLEGE, NASHVILLE TN US 2000
Internship and Year	BAYSTATE MEDICAL CENTER, SPRINGFIELD MA 2002
Residency and Year	BAYSTATE MEDICAL CENTER, SPRINGFIELD MA 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15495
License Date	12/7/2011
Name	<b>STROUB, KENNETH JOHN DO</b>
Address	2300 SOUTHWOOD DR, NASHUA, NH, 03063
Specialty	
Board Certified	FP
School and Year of Graduation	MEDWESTERN UNIVERSITY, DOWNERS GROVE, IL USA 1994
Internship and Year	MICHIGAN STATE UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINE, E LANSING, MI 48824 1995
Residency and Year	MICHIGAN STATE UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINE, E LANSING, MI 48824 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number	15777
License Date	7/11/2012
Name	<b>STROUD, ANDREA M MD</b>
Address	DHMC - DEPT OF SURGERY, 1 MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty	GS
Board Certified	
School and Year of Graduation	NEW YORK UNIVERSITY SCHOOL OF MEDICINE USA 2009
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON,NH 03756 2010
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON,NH 03756 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6826
License Date	12/1/1983
Name	<b>STUART, JAMES H MD</b>
Address	YORK HOSPITAL, 15 HOSPITAL DRYORK, ME, 03909
Specialty	GS
Board Certified	GS
School and Year of Graduation	WAYNE STATE UNIVERSITY-MI USA 1968
Internship and Year	MAINE MEDICAL CENTER-ME 1969
Residency and Year	MAINE MEDICAL CENTER-ME 1974
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14725
License Date	1/6/2010
Name	<b>STUART, LORI A DO</b>
Address	COASTAL NEUROLOGY SERVICES, 113 NEW ROCHESTER RD STE 5DOVER, NH, 03820
Specialty	N
Board Certified	N
School and Year of Graduation	OHIO UNIVERSITY USA 2002
Internship and Year	SOUTHERN OHIO MEDICAL CENTER - PORTSMOUTH, OH 2003
Residency and Year	OUCOM/GRANDVIEW HOSPITAL - DAYTON, OH 2006
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	12857
License Date	8/3/2005
Name	<b>STULAC, SARA N MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PD
Board Certified	PDT
School and Year of Graduation	TUFTS UNIVERSITY, BOSTON MA US 2002
Internship and Year	CHILDRENS HOSPITAL AT DARTMOUTH, LEBANON NH 2003
Residency and Year	CHILDRENS HOSPITAL AT DARTMOUTH, LEBANON NH 2005
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number 15464  
 License Date 11/2/2011  
 Name **STUMP, KIMBERLY S MD**  
 Address GEORGETOWN SUN CITY CLINIC, 4945 WILLIAMS DRGEORGETOWN, TX, 78633  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF TX SOUTH WESTERN MED CTR USA 2006  
 Internship and Year CONCORD HOSPITAL - CONCORD, NH 2008  
 Residency and Year CONCORD HOSPITAL - CONCORD, NH 2011  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 10973  
 License Date 6/7/2000  
 Name **STUOPIS, CECILIA W MD**  
 Address DARTMOUTH-HITCHCOCK NASHUA, 2300 SOUTHWOOD DRNASHUA, NH, 03063  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIV OF NEVADA SCH - RENO, NV USA 1996  
 Internship and Year OHIO STATE UNIV HOSPITAL - COLUMBUS- OH 1999  
 Residency and Year OHIO STATE UNIV HOSPITAL - COLUMBUS- OH 2000  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14820  
 License Date 4/7/2010  
 Name **STUPNYTSKYI, OLEKSANDR MD**  
 Address EAGLE MEDICAL ASSOC, 25 MARSTON ST STE 405LAWRENCE, MA, 01841  
 Specialty IM  
 Board Certified  
 School and Year of Graduation DANYLO HALYTSKY LVIV NAT'L MEDICAL UNIV UKRAINE 1988  
 Internship and Year MONTEFIORE MEDICAL CENTER NORTH DIVISION - BRONX, NY 1999  
 Residency and Year MONTEFIORE MEDICAL CENTER NORTH DIVISION - BRONX, NY 2001  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 13694  
 License Date 9/5/2007  
 Name **STURGEON, JOHN M MD**  
 Address RADIOLOGY INC, 10567 SAWMILL PARKWAY STE 100POWELL, OH, 43065  
 Specialty R  
 Board Certified R  
 School and Year of Graduation OHIO STATE UNIV USA 2001  
 Internship and Year INDIANAPOLIS UNIV SCHOOL OF MEDICINE - INDIANAPOLIS, IN 2002  
 Residency and Year INDIANA UNIV MEDICAL CENTER - INDIANAPOLIS, IN 2006  
 License Expiration Date **6/30/2009**  
 Remarks

License Number	7662
License Date	7/8/1987
Name	<b>STURM, JEROME MD</b>
Address	WOMEN'S HEALTH ASSOC OF DERRY, 6 TSIENTTO RD STE 204DERRY, NH, 03038
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	STATE UNIV OF NEW YORK UPSTATE COLLEGE MEICAL SCH USA 1983
Internship and Year	ALBANY MEDICAL CENTER HOSPITAL - ALBANY NY 1984
Residency and Year	ALBANY MEDICAL CENTER HOSPITAL - ALBANY NY 1987
License Expiration Date	<b>6/30/2015</b>
Remarks	9/4/2012 - Settlement Agreement

License Number	LT889
License Date	2/6/1995
Name	<b>STURM, SUSAN E MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	AMERICAN UNIVERSITY OF THE CARIBBEAN 1987
Internship and Year	
Residency and Year	
License Expiration Date	<b>2/24/1995</b>
Remarks	

License Number	13606
License Date	7/11/2007
Name	<b>STURTEVANT, NORMAN V MD</b>
Address	FAHC - RADIOLOGY DEPT, 111 COLCHESTER AVEBURLINGTON, VT, 05401
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF VERMONT USA 1980
Internship and Year	UNIV OF VERMONT COLLEGE OF MEDICINE - BURLINGTON, VT 1981
Residency and Year	UNIV OF VERMONT COLLEGE OF MEDICINE - BURLINGTON, VT 1983
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	7419
License Date	8/14/1986
Name	<b>STYS, STANLEY J MD</b>
Address	1401 CRYSTAL VALLEY WAY, AMBLER, PA, 19002
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF MICH MED SCHOOL ANN ARBOR MI USA 1971
Internship and Year	HENRY FORD HOSPITAL DETROIT MI 1974
Residency and Year	UNIV CO SCH OF MED DENVER CO 1977
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number 10376  
 License Date 8/5/1998  
 Name **STYSLINGER, EDWARD W MD**  
 Address DARTMOUTH HITCHCOCK MEDICAL CT, ONE MEDICAL CTR DRLEBANON, NH, 03756  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation MEDICAL COLL OF WISCONSIN -MILWAUKEE, WI USA 1989  
 Internship and Year UNIV OF NEW MEXICO HOSPITAL - ALBUQUERQUE, NM 1990  
 Residency and Year ST JOSEPH HOSPITAL HEALTH CENTER - SYRACUSE, NY 1994  
 License Expiration Date **6/30/1999**  
 Remarks

License Number 12893  
 License Date 9/7/2005  
 Name **SU, ALBERT T MD**  
 Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIVERSITY OF NEW JERSEY, NEWARK NJ US 1998  
 Internship and Year NEW YORK UNIVERSITY, NEW YORK NY 1999  
 Residency and Year ROBERT WOOD JOHNSON MED SCHOOL, NEW BRUNSWICK NJ 2003  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 15600  
 License Date 3/7/2012  
 Name **SU, MARK MD**  
 Address SANTE CTR FOR NATURAL HEALING, LLC, 540 LAFAYETTE RD, UNIT 2HAMPTON, NH, 03842  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation INDIANA UNIVERSITY SCHOOL OF MEDICINE USA 2000  
 Internship and Year TUFTS UNIVERSITY FAMILY MEDICINE RESIDENCY - MALDEN MA 2001  
 Residency and Year TUFTS UNIVERSITY FAMILY MEDICINE RESIDENCY - MALDEN MA 2003  
 License Expiration Date **6/30/2016**  
 Remarks **LAPSED FOR NONRENEWAL 6/30/14**  
**RENEWED 7/25/14**

License Number 16242  
 License Date 7/3/2013  
 Name **SUAREZ, RAYMOND E MD**  
 Address GENESIS BEHAVIORAL HEALTH, 111 CHURCH STLA CONIA, NH, 03246  
 Specialty P  
 Board Certified P  
 School and Year of Graduation ALBERT EINSTEIN COLLEGE OF MEDICINE OF YESHIVA UNI USA 2003  
 Internship and Year ALBERT EINSTEIN COLLEGE OF MEDICINE/MONTEFIORE MED - BRONX, NY 2004  
 Residency and Year ALBERT EINSTEIN COLLEGE OF MEDICINE/MONTEFIORE MED - BRONX, NY 2007  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	16740
License Date	8/6/2014
Name	<b>SUBRAMANIAM, SATHYASEELAN MD</b>
Address	410 STATE STREET APT 24, BROOKLYN, NY, 11217
Specialty	PD
Board Certified	
School and Year of Graduation	UNIVERSITY OF GLASGOW - GLASGOW UNITED KINGDOM 2008
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13416
License Date	2/7/2007
Name	<b>SUBRAMANIAN, UMA M MD</b>
Address	ELLIOT HOSP - HOSP PROGRAM, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty	PD
Board Certified	IM
School and Year of Graduation	STATE UNIV OF NEW YORK USA 1994
Internship and Year	OHIO STATE UNIV 1995
Residency and Year	OHIO STATE UNIV 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11041
License Date	8/2/2000
Name	<b>SUCHAN, SIMONA MD</b>
Address	ST THOMAS HOSPITAL, 444 N. MAIN STAKRON, OH, 44310
Specialty	P
Board Certified	P
School and Year of Graduation	CHARLES UNIVERSITY - PRAGUE CZECHOSLOVAKIA CZECHOSLOVAKIA 1989
Internship and Year	FLETCHER ALLEN HEALTH CARE - BURLINGTON VT 1999
Residency and Year	FLETCHER ALLEN HEALTH CARE - BURLINGTON VT 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10439
License Date	10/7/1998
Name	<b>SUCHDEV, PRAVEEN K MD</b>
Address	PAIN SOLUTIONS, 280 MAIN ST STE 420NASHUA, NH, 03060
Specialty	AN
Board Certified	AN
School and Year of Graduation	NORTHWESTERN UNIV MED SCH- CHICAGO, IL USA 1991
Internship and Year	NORTHWESTERN UNIV MEDICAL SCHOOL - CHICAGO, IL 1992
Residency and Year	NORTHWESTERN UNIV MEDICAL SCHOOL - CHICAGO, IL 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16984
License Date	3/4/2015
Name	<b>SUCHECKI, BRYAN T MD</b>
Address	33 LAFAYETTE ST, NEWBURYPORT, MA, 01950
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 2004
Internship and Year	NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 2005
Residency and Year	HARTFORD HOSPITAL - HARTFORD, CT 2012
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8367
License Date	6/6/1990
Name	<b>SUDAKOV, NATALIA MD</b>
Address	HALE HOSP, 140 LINCOLN AVEHAVERHILL, MA, 01830
Specialty	AN
Board Certified	
School and Year of Graduation	LENINGRAD PEDIATRIC MED INST - LENINGRAD RUSSIAN 1971
Internship and Year	THE BROOKDALE HOSPITAL MEDICAL CENTER 1984
Residency and Year	THE BROOKDALE HOSPITAL MEDICAL CENTER 1986
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	13441
License Date	3/7/2007
Name	<b>SUDDALA, SATHEESH MD</b>
Address	OUTPATIENT MEDICAL CENTER, 900 N5TH ST STE 14LEESVILLE, LA, 71446
Specialty	FP
Board Certified	
School and Year of Graduation	GANDHI MEDICAL COLLEGE INDIA 1997
Internship and Year	ST MARYS MEDICAL CTR-EVANSVILLE, IN 2005
Residency and Year	ST MARYS MEDICAL CTR-EVANSVILLE, IN 2006
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	4480
License Date	9/9/1969
Name	<b>SUDDUTH, S SCOTT MD</b>
Address	27 STRATHAM GREET, STRATHAM, NH, 03885
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	JOHNS HOPKINS - BALTIMORE, MD USA 1962
Internship and Year	BOSTON CITY HOSPITAL - BOSTON, MA 1964
Residency and Year	BOSTON HOSPITAL FOR WOMEN - BOSTON, MA 1969
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	6290
License Date	9/9/1980
Name	<b>SUDHIR, KENKERE G MD</b>
Address	GRANITE STATE ANESTHESIOLOGIST, 168 KINSLEY ST STE 4NASHUA, NH, 03060-3676
Specialty	AN
Board Certified	
School and Year of Graduation	GOVERNMENT MED COLL - MYMORE MYSORE 1968
Internship and Year	CHILDREN'S HOSPITAL MEDICAL CENTER - BOSTON, MA 1974
Residency and Year	CHILDREN'S HOSPITAL MEDICAL CENTER - BOSTON, MA 1975
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	16807
License Date	10/1/2014
Name	<b>SUEN, WINNIE E MD</b>
Address	121 SPEAR ST STE 420, SAN FRANCISCO, CA, 94105
Specialty	PLM
Board Certified	PLM
School and Year of Graduation	JOHN A BURNS SCHOOL OF MEDICINE USA 2001
Internship and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2002
Residency and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7532
License Date	3/4/1987
Name	<b>SUEOKA, BEN L MD</b>
Address	WM BACKUS HOSP, 326 WASHINGTON STNORWICH, CT, 06360
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF VERMONT USA 1980
Internship and Year	TRIPLER ARMY MED CTR-HI 1981
Residency and Year	TRIPLER ARMY MED CTR 1984
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	12083
License Date	9/3/2003
Name	<b>SUGUITAN, EDEN A MD</b>
Address	4361 FERNCREEK DR, FAYETTEVILLE, NC, 28314
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF EAST AURORA BOULEVARD, QUEZON CITY P PHILIPPINES 1967
Internship and Year	WAYNE COUNTY GENERAL HOSPITAL, WAYNE MI 1968
Residency and Year	WAYNE COUNTY GENERAL HOSPITAL, WAYNE ME 1972
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number 14821  
 License Date 4/7/2010  
 Name **SUKUMARAN, ANJU P MD**  
 Address 8015 41ST AVE #542, ELMHURST, NY, 11373  
 Specialty PD  
 Board Certified  
 School and Year of Graduation TRICHUR MEDICAL COLLEGE INDIA 2000  
 Internship and Year ELMHURST HOSPITAL CENTER-ELMHURST, NY 2008  
 Residency and Year ELMHURST HOSPITAL CENTER-ELMHURST, NY 2009  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 13810  
 License Date 1/11/2008  
 Name **SULLIVAN II, CLYDE D MD**  
 Address DHMC, ONE MED CTR DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified  
 School and Year of Graduation UNIV OF TENNESSEE USA 2004  
 Internship and Year UNIVERSITY HOSPITALS CASE MEDICAL CENTER - CLEVELAND, OH 2005  
 Residency and Year UNIVERSITY HOSPITALS CASE MEDICAL CENTER - CLEVELAND, OH 2007  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 3570  
 License Date 9/15/1962  
 Name **SULLIVAN JR, VINCENT P MD**  
 Address 84 PLEASANT WOODS LN, HANOVER, MA, 02339-1882  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation GEORGETOWN UNIV SCH OF MED - WASHINGTON,DC USA 1961  
 Internship and Year ST ELIZABETH HOSPITAL - BOSTON, MA 1962  
 Residency and Year BOSTON FLOATING HOSPITAL - BOSTON, MA 1963  
 License Expiration Date **6/30/1998**  
 Remarks

License Number 13933  
 License Date 4/2/2008  
 Name **SULLIVAN, CHRISTOPHER J MD**  
 Address UNIV OF MINNESOTA/PULMMARY, 420 DEKAWARE ST SE MMC 276MINNENPOLIS, MN, 55455  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation TUFTS UNIV USA 1980  
 Internship and Year EVANSTON NORTHWESTERN HEALTHCARE - EVANSTON, IL 1981  
 Residency and Year EVANSTON NORTHWESTERN HEALTHCARE - EVANSTON, IL 1983  
 License Expiration Date **6/30/2012**  
 Remarks



License Number 16357  
 License Date 10/2/2013  
 Name **SULLIVAN, CORINNE K MD**  
 Address ASSOC IN MEDICINE PEDIATRICS, 9 DUNNING ST STE 1CLAREMONT, NH, 03743  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 2009  
 Internship and Year MOUNT SINAI MEDICAL CENTER- NY, NY 2010  
 Residency and Year MOUNT SINAI MEDICAL CENTER- NY, NY 2013  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 8224  
 License Date 9/6/1989  
 Name **SULLIVAN, CORNELIUS A MD**  
 Address CHILDREN'S HOSP BOSTON - DEPT OF ANESTHESIOLOGY, 300 LONGWOOD AVEBOSTON, MA, 0211  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1983  
 Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1984  
 Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1988  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 9608  
 License Date 12/6/1995  
 Name **SULLIVAN, DANIEL B DO**  
 Address YORK HOSP, 15 HOSPITAL DRYORK, ME, 03909  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEO MEDICAL PA USA 1986  
 Internship and Year ST JOSEPHS HOSPITAL - PHILADELPHIA, PA 1987  
 Residency and Year ALBERT EINSTEIN MEDICAL CENTER - PHILADELPHIA, PA 1990  
 License Expiration Date **6/30/1999**  
 Remarks

License Number 10170  
 License Date 11/5/1997  
 Name **SULLIVAN, DELPHINE G MD**  
 Address 7 PAGE HILL RD, BERLIN, NH, 03570  
 Specialty ORS  
 Board Certified  
 School and Year of Graduation MCGILL UNIV - MONTREAL CANADA CANADA 1992  
 Internship and Year MCGILL UNIV - MONTREAL CANADA 1997  
 Residency and Year MCGILL UNIV - MONTREAL CANADA 1997  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 3533  
 License Date 7/26/1962  
 Name **SULLIVAN, JAMES A MD**  
 Address 155 KINSLEY ST, NASHUA, NH, 03060-3701  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1960  
 Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1961  
 Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1961  
 License Expiration Date **6/30/2002**  
 Remarks

License Number 17089  
 License Date 5/6/2015  
 Name **SULLIVAN, KATHERINE P MD**  
 Address DHMC-NEONATOLOGY DEPT, 1 MED CTR DRLEBANON, NH, 03756  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation GEORGETOWN UNIVERISTY SCHOOL OF MEDICINE USA 2008  
 Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 2009  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 7632  
 License Date 6/3/1987  
 Name **SULLIVAN, KEVIN P MD**  
 Address 8609 164TH ST COURT EAST, PUYALLUP, WA, 98373-  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV IL AT CHICAGO HLTH SCI CTR - CHICAGO, IL USA 1977  
 Internship and Year M L KING JR GENERAL HOSPITAL - LOS ANGELES, CA 1977  
 Residency and Year M L KING JR GENERAL HOSPITAL - LOS ANGELES, CA 1979  
 License Expiration Date **6/30/1998**  
 Remarks **9/8/98 - DECISION AND ORDER**

License Number 9367  
 License Date 2/1/1995  
 Name **SULLIVAN, MITCHELL J MD**  
 Address CORNER MEDICAL, 195 INDUSTRIAL PARKWAYLYNDON, VT, 05849  
 Specialty FP  
 Board Certified  
 School and Year of Graduation MC GILL UNIVERSITY FACILITY OF MEDICINE CANADA 1992  
 Internship and Year ST MARY'S HOSPITAL CENTER - QUEBEC CANADA 1994  
 Residency and Year ST MARY'S HOSPITAL CENTER - QUEBEC CANADA 1994  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	8331
License Date	5/9/1990
Name	<b>SULLIVAN, PHILIP W MD</b>
Address	SNH MEDICAL CTR BEHAVIORAL HEA, 29 NORTHWEST BLVDNASHUA, NH, 03063
Specialty	CHP
Board Certified	CHP
School and Year of Graduation	BROWN UNIV PROGRAM IN MED - PROVIDENCE, RI USA 1982
Internship and Year	WALTHAM HOSPITAL - WALTHAM, MA 1983
Residency and Year	MASS MENTAL HEALTH CENTER - BOSTON, MA 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12323
License Date	5/5/2004
Name	<b>SULLIVAN, SARAH B MD</b>
Address	SKYHAVEN IM, 6 HEALTHCARE DR STE 2ROCHESTER, NH, 03867
Specialty	IM
Board Certified	IM
School and Year of Graduation	TUFTS UNIVERSITY, BOSTON MA US 2001
Internship and Year	BAYSTATE MEDICAL CTR, SPRINGFIELD MA 2002
Residency and Year	BAYSTATE MEDICAL CTR, SPRINGFIELD MA 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6311
License Date	11/6/1980
Name	<b>SULLIVAN, THOMAS J MD</b>
Address	5 PAINE RD, ETNA, NH, 03750
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF VERMONT COLL MED - BURLINGTON, VT USA 1966
Internship and Year	MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1967
Residency and Year	MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1970
License Expiration Date	<b>6/30/2006</b>
Remarks	<b>Deceased 12/7/2010</b>

License Number	16565
License Date	4/2/2014
Name	<b>SULLIVAN, TIMOTHY W MD</b>
Address	834 CHESTNUT ST #1230, PHILADELPHIA, PA, 19107
Specialty	OPH
Board Certified	
School and Year of Graduation	UNIVERSITY OF MICHIGAN MEDICAL SCHOOL USA 2009
Internship and Year	ST FRANCIS HOSPITAL OF EVANSTON - EVANSTON, IL 2010
Residency and Year	NEW YORK EYE & EAR INFIRMARY - NY, NY 2013
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 7856  
 License Date 5/4/1988  
 Name **SULLIVAN-DURAND, JANE A MD**  
 Address CENTER FOR INTEGRATIVE MED, 81 HALL STCONCORD, NH, 03301  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF VERMONT COLL MED - BURLINGTON, VT USA 1985  
 Internship and Year WHEELING HOSPITAL FAMILY HEALTH CENTER - WHEELING, WV 1986  
 Residency and Year WHEELING HOSPITAL FAMILY HEALTH CENTER - WHEELING, WV 1988  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9753  
 License Date 6/5/1996  
 Name **SULS, HOWARD L MD**  
 Address DR SULS FAMILY & SPORTS MED, 601 RIVERWAY PL UNIT 6BEDFORD, NH, 03110  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIFORMED SER UNIV OF HLTH SCI, BETHESDA, MD USA 1985  
 Internship and Year WRIGHT PATTERSON MEDICAL CENTER - OHIO 1986  
 Residency and Year MALCOLM GROW MEDICAL CENTER - MARYLAND 1994  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12858  
 License Date 8/3/2005  
 Name **SUMMER-BRASON, BEATA W DO**  
 Address STRAUB HOSPITAL, 888 S KING STHONOLULU, HI, 96813  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME US 2002  
 Internship and Year UNITED HEALTH SERVICES HOSP, JOHNSON CITY NY 2003  
 Residency and Year BAYSTATE MED CTR, SPRINGFIELD MA 2005  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12557  
 License Date 12/1/2004  
 Name **SUMMERMATTER, RICHARD C MD**  
 Address RICHARD C SUMMERMATTER, MP, FACOG, 29 RIDGEWOOD RDSRINGFIELD, VT, 05156  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIVERSITY OF ALABAMA, BIRMINGHAM AL US 1980  
 Internship and Year STATE UNIVERSITY OF NY, BUFFALO NY 1981  
 Residency and Year STATE UNIVERSITY OF NY, BUFFALO NY 1984  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	10248
License Date	3/4/1998
Name	<b>SUMMERS, MICHAEL C MD</b>
Address	REPRODUCTIVE SCIENCE CTR, ONE FORBES RD LEXINGTON, MA, 02421
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF PA SCH OF MED - PHILADELPHIA, PA USA 1989
Internship and Year	PENNSYLVANIA HOSPITAL - PA 1993
Residency and Year	PENNSYLVANIA HOSPITAL - PA 1993
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	13607
License Date	7/11/2007
Name	<b>SUNDARAM, MALATHY MD</b>
Address	312 COTTAGE ST, SANFORD, ME, 04073
Specialty	FP
Board Certified	FP
School and Year of Graduation	MADURAI UNIV INDIA 2000
Internship and Year	MID-HUDSON FAMILY HEALTH INSTITUTE - KINGSTON, NY 2002
Residency and Year	MID-HUDSON FAMILY HEALTH INSTITUTE - KINGSTON, NY 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15048
License Date	10/6/2010
Name	<b>SUNDRAM, HARIHARAN V MD</b>
Address	H2NOVATIONS, 78 HARVARD AVE #2 BROOKLINE, MA, 02446
Specialty	AN
Board Certified	AN
School and Year of Graduation	WAYNE STATE UNIVERSITY USA 2000
Internship and Year	HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA - PHILADELPHIA, PA 2003
Residency and Year	HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA - PHILADELPHIA, PA 2006
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	14439
License Date	5/6/2009
Name	<b>SUOZZI, JAMES C DO</b>
Address	CHESHIRE MEDICAL CENTER, 580 COURT ST KEENE, NH, 03431
Specialty	EM
Board Certified	EM
School and Year of Graduation	NOVA SOUTHEASTERN UNIVERSITY USA 2005
Internship and Year	HARTFORD HOSPITAL - HARTFORD, CT 2006
Residency and Year	HARTFORD HOSPITAL - HARTFORD, CT 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11491
License Date	1/2/2002
Name	<b>SUPATTAPONE, SURACHAI MD</b>
Address	DARTMOUTH MED SCH, 7200 VAIL BLDG DEPT BIOCHEMISTHANOVER, NH, 03755
Specialty	ID
Board Certified	ID
School and Year of Graduation	JOHNS HOPKINS UNIV SCH - BALTIMORE, MD USA 1992
Internship and Year	MASSACHUSETTS GENERA HOSPITAL- BOSTON, MA 1993
Residency and Year	MASSACHUSETTS GENERA HOSPITAL- BOSTON, MA 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12148
License Date	11/5/2003
Name	<b>SUPPAN, THOMAS MD</b>
Address	FLETCHER ALLAN HEALTH CARE, 111 COLCHESTER AVEBURLINGTON, VT, 05401
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSITY OF VERMONT, BURLINGTON VT US 1994
Internship and Year	UNIVERSITY OF VERMONT, BURLINGTON VT 1995
Residency and Year	UNIVERSITY OF VERMONT, BURLINGTON VAT 1998
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	7285
License Date	3/6/1986
Name	<b>SUPULSKI, JOHNYNE J MD</b>
Address	CATHOLIC MEDICAL CTR, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty	EM
Board Certified	EM
School and Year of Graduation	MEDICAL COLL OF PENNSYLVANIA - PHILA, PA USA 1974
Internship and Year	WILKES-BARRE GENERAL HOSPITAL - WILKES-BARRE, PA 1975
Residency and Year	WILKES-BARRE GENERAL HOSPITAL - WILKES BARRE, PA 1975
License Expiration Date	<b>12/6/2004</b>
Remarks	<b>DECEASED 12/6/04</b>

License Number	10440
License Date	10/7/1998
Name	<b>SURANYI JR, LESLIE MD</b>
Address	LACONIA CLINIC, 724 MAIN STLACONIA, NH, 03247
Specialty	N
Board Certified	N
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1996
Internship and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1997
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13565
License Date	6/6/2007
Name	<b>SURBER II, WILLIAM A MD</b>
Address	MISSOULA ANESTHESIOLOGIST, 2825 STOCKYARD RD BLD I-200MISSOULA, MT, 95808
Specialty	AN
Board Certified	
School and Year of Graduation	NORTHWESTERN UNIV USA 2003
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2004
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	13305
License Date	10/4/2006
Name	<b>SURESH, GAUTHAM K MD</b>
Address	DHMC, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PD
Board Certified	PD
School and Year of Graduation	MYSORE UNIV INDIA 1986
Internship and Year	UNIV OF VT COLLEGE OF MEDICINE/FLETCHER ALLEN HEALTH CTR - BURLINGTON, VT 1997
Residency and Year	UNIV OF VT COLLEGE OF MEDICINE/FLETCHER ALLEN HEALTH CTR - BURLINGTON, VT 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9909
License Date	1/8/1997
Name	<b>SURGENOR, STEPHEN D MD</b>
Address	DHMC/CRITICAL CARE ADM, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV OF VT COLLEGE OF MEDICINE-BURLINGTON USA 1993
Internship and Year	UNIV OF MASS MEDICAL CENTER - MA 1994
Residency and Year	MARY HITCHCOCK MEMORIAL HOSPITAL - NH 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11978
License Date	6/4/2003
Name	<b>SURIAWINATA, ARIEF A MD</b>
Address	DHMC-PATHOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	FACULTY OF MED, INDONESIA UNIVERSITY - JAKARTA INDONESIA 1995
Internship and Year	MT SINAI MEDICAL CENTER - NEW YORK NY 2000
Residency and Year	MEMORIAL SLOAN-KETTERING CANCER CENTER - NEW YORK NY 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16959
License Date	2/4/2015
Name	<b>SURIEL, MARY ANN M MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	AN
Board Certified	
School and Year of Graduation	THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 2010
Internship and Year	WESTERN PENNSYLVANIA HOSPITAL - PITTSBURGH, PA 2011
Residency and Year	WESTERN PENNSYLVANIA HOSPITAL - PITTSBURGH, PA 2014
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15682
License Date	5/2/2012
Name	<b>SURU, MIHAELA R MD</b>
Address	LITTLETON HOSPITAL, 600 ST JOHNSBURY RDLITTLETON, NH, 03561
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV DE MEDICINA SI FARMACIE CAROL DAVILA ROMANIA 2007
Internship and Year	LOUIS A WEISS MEMORIAL HOSPITAL - CHICAGO, IL 2010
Residency and Year	LOUIS A WEISS MEMORIAL HOSPITAL - CHICAGO, IL 2011
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16528
License Date	3/5/2014
Name	<b>SURYADEVARA, SREENIJA MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DR 5CLEBANON, N, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	SIDDHARTHA MEDICAL COLLEGE - GUNADALA, INDIA INDIA 2003
Internship and Year	ST VINCENT CHARITY MEDICAL CENTER - CLEVELAND, OH 2008
Residency and Year	ST VINCENT CHARITY MEDICAL CENTER - CLEVELAND, OH 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9609
License Date	12/6/1995
Name	<b>SUSKIND, LIESELOTTE MD</b>
Address	988 MEMORIAL DR 389, CAMBRIDGE, MA, 02138-5761
Specialty	CHP
Board Certified	P
School and Year of Graduation	SUNY-HLTH SCIENCE CENTER AT BROOKLYN, NY USA 1947
Internship and Year	BELLEVUE HOSPITAL CENTER NEW YORK, NY 1948
Residency and Year	BOSTON UNIV MEDICAL CENTER BOSTON, MA 1962
License Expiration Date	<b>6/30/2009</b>
Remarks	<b>4/19/99 - CONSENT DECREE</b> <b>Deceased - 4/4/14</b>



License Number	11011
License Date	7/5/2000
Name	<b>SUSSER-LEVINBOOK, WENDY S MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03755
Specialty	D
Board Certified	
School and Year of Graduation	UNIV OF CT SCH OF MED - FARMINGTON,CT USA 1998
Internship and Year	UNIV OF CONNECTICUT SCH OF MED - FARMINGTON, CT 1999
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	15778
License Date	7/11/2012
Name	<b>SUSSMAN, ARLENE MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGELTREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	DR
Board Certified	DR
School and Year of Graduation	CORNELL UNIVERSITY MEDICAL COLLEGE - NY USA 1990
Internship and Year	WINTHROP UNIVERSITY HOSPITAL - MINEOLA, NY 1991
Residency and Year	ST LUKES ROOSEVELT HOSPITAL CENTER - NEW YORK, NY 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13645
License Date	8/1/2007
Name	<b>SUSSMAN, BETSY L MD</b>
Address	FAHC-RADIOLOGY DEPT, 111 COLCHESTER AVEBURLINGTON, VT, 05401
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF VERMONT USA 1981
Internship and Year	ROCHESTER GENERAL HOSPITAL - ROCHESTER, NY 1983
Residency and Year	ROCHESTER GENERAL HOSPITAL - ROCHESTER, NY 1986
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	14781
License Date	3/3/2010
Name	<b>SUSSMAN, LOUIS S MD</b>
Address	20 YORK ST, NEW HAVEN, CT, 06510
Specialty	IM
Board Certified	IM
School and Year of Graduation	THOMAS JEFFERSON UNIVERSITY USA 2006
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number 9633  
 License Date 1/3/1996  
 Name **SUTCLIFFE, JOAN H MD**  
 Address MIDCOAST HOSPITAL, 123 MEDICAL CTR DR BRUNSWICK, ME, 04011  
 Specialty DR  
 Board Certified R  
 School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1987  
 Internship and Year UNIV CO HEALTH SCIENCE CENTER - DENVER, CO 1988  
 Residency and Year UNIV CO HEALTH SCIENCE CENTER - DENVER, CO 1992  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 10261  
 License Date 4/1/1998  
 Name **SUTHERLAND, JAMES P MD**  
 Address ORTHOPAEDIC ASSOC OF WAUSAU, 3200 WESTHILL DR STE 201 WAUSAU, WI, 54401  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation UNIV OF LOUISVILLE SCH OF MED - LOUISVILLE, KY USA 1989  
 Internship and Year WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 1990  
 Residency and Year WILFORD HALL MEDICAL CENTER - TX 1996  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14608  
 License Date 9/2/2009  
 Name **SUTHERLAND, JESSICA A MD**  
 Address CORE CARDIOLOGY, 3 ALUMNI DR STE 101 EXETER, NH, 03833  
 Specialty CD  
 Board Certified CD  
 School and Year of Graduation LOYOLA UNIVERSITY USA 2002  
 Internship and Year LOYOLA UNIVERSITY SCHOOL OF MEDICINE - MAYWOOD, IL 2003  
 Residency and Year LOYOLA UNIVERSITY SCHOOL OF MEDICINE - MAYWOOD, IL 2005  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 8404  
 License Date 7/11/1990  
 Name **SUTHERLAND, WILLIAM S MD**  
 Address SPORTS MED ATLANTIC ORTHOPEDIC, 150 ROUTE ONE BY-PASS PORTSMOUTH, NH, 03801-4189  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation UNIV OF MASS MED SCH - WORCESTER, MA USA 1984  
 Internship and Year BETH ISRAEL HOSPITAL - BOSTON, MA 1985  
 Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1990  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	6413
License Date	6/18/1981
Name	<b>SUTTON JR, JOHN E MD</b>
Address	VA MEDICAL CENTER, 215 NORTH MAIN STWHITE RIVER JUNCTION, VT, 05009
Specialty	GS
Board Certified	GS
School and Year of Graduation	GEORGETOWN UNIV SCH MED-WASHINGTON,DC USA 1974
Internship and Year	DARTMOUTH MED SCH AFFIL HOSP-HANOVER,NH 1975
Residency and Year	DARTMOUTH MED SCH AFFIL HOSP-HANOVER,NH 1976
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11643
License Date	6/5/2002
Name	<b>SUTTON, MARK S MD</b>
Address	HUNTINGTON BEACH COMM CLINIC, 8041 NEWMAN AVEHUNTINGTON BEACH, CA, 92647
Specialty	FP
Board Certified	FP
School and Year of Graduation	LOMA LINDA UNIV - LOMA LINDA, CA USA 1990
Internship and Year	LOMA LINDA UNIV COMMUNITY MEDICAL CENTER - LOMA LINDA, CA 1991
Residency and Year	LOMA LINDA UNIV COMMUNITY MEDICAL CENTER - LOMA LINDA, CA 1993
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	7451
License Date	10/2/1986
Name	<b>SUTTON, MARY KELLY MD</b>
Address	RAPHAEL HOUSE, 7953 CALIFORNIA AVEFAIR OAKS, CA, 95628
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF MO COLUMBIA SCH OF MED COLUMBIA MO USA 1971
Internship and Year	MED UNIV SC TEACH HOSP CHARLESTON SC 1972
Residency and Year	MENORAH MED CTR KANSAS CITY MO 1974
License Expiration Date	<b>6/30/2006</b>
Remarks	<b>REQUESTED INACTIVE 6/30/04-----REINSTATED 8/3/05</b>

License Number	11575
License Date	4/3/2002
Name	<b>SUTTON, SHAWN I MD</b>
Address	FAMILY TREE HEALTHCARE, 2 E MAIN ST #2WARNER, NH, 03278
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF MASSACHUSETTS MED SCH- WORCESTER, MA USA 1999
Internship and Year	UNIV OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2000
Residency and Year	NEW HAMPSHIRE DARTMOUTH FAMILY PRACTICE RESIDENCY - CONCORD, NH 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 16612  
 License Date 5/7/2014  
 Name **SVERRISSON, EINAR F MD**  
 Address 10126 HEATHER SOUND DR, TAMPA, FL, 33647  
 Specialty U  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF ICELAND ICELAND 2002  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 17283  
 License Date 9/2/2015  
 Name **SVOBODA, RYAN M MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DR LEBANON, NH, 03756  
 Specialty VS  
 Board Certified  
 School and Year of Graduation PENNSYLVANIA STATE UNIVERSITY, HERSHEY, PA USA 2012  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER, LEBANON, NH 2013  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER, LEBANON, NH 2016  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12324  
 License Date 5/5/2004  
 Name **SWAMI, ASHWIN MD**  
 Address 58 BAY STATE ROAD, APT 5 BOSTON, MA, 02215  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation GULBARGA UNIVERSITY, INDIA INDIA 1999  
 Internship and Year ST VINCENT HOSP, WORCESTER MA 2002  
 Residency and Year ST LUKES-ROOSEVELT HOSP CTR, NEW YORK NY 2003  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 6467  
 License Date 11/5/1981  
 Name **SWAN II, CHANNING S MD**  
 Address SO NH RADIOLOGY CONSULTANTS, 703 RIVERWAY PLACE BEDFORD, NH, 03110  
 Specialty R  
 Board Certified R  
 School and Year of Graduation BOSTON UNIV SCH MED -BOSTON, MA USA 1975  
 Internship and Year CARNEY HOSP-BOSTON MA 1976  
 Residency and Year NEW ENGLAND MED CTR HOSP-BOSTON, MA 1980  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 10008  
 License Date 5/7/1997  
 Name **SWANSON, RONALD A MD**  
 Address LAHEY-HITCHCOCK MEDICAL CTR, 41 MALL RDBURLINGTON, MA, 01805  
 Specialty PCH  
 Board Certified PCH  
 School and Year of Graduation UNIV OF MN SCH MINNEAPOLIS,MN USA 1973  
 Internship and Year UNIV OF WA MED CTR 1974  
 Residency and Year MAYO GRAD SCH MED -MN 1981  
 License Expiration Date **6/30/1999**  
 Remarks

License Number 6038  
 License Date 4/12/1979  
 Name **SWARTOUT, DENNIS L MD**  
 Address 149 EMEARALD ST, STE SKEENE, NH, 03431  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF MICHIGAN MED SCH ANN ARBOR, MI USA 1976  
 Internship and Year YORK HOSPITAL - YORK, PA 1977  
 Residency and Year YORK HOSPITAL - YORK, PA 1979  
 License Expiration Date **6/30/2009**  
 Remarks **1/14/98 Settlement Agreement**  
**4/11/06 Settlement Agreement**  
**7/9/09 Voluntary Surrender of License.**

License Number 17242  
 License Date 8/5/2015  
 Name **SWEENEY, BRETT J MD**  
 Address 1952 1ST AVE APT 7M, NEW YORK, NY, 10029-6413  
 Specialty EM  
 Board Certified  
 School and Year of Graduation UNIVERSIDAD CENTRA DEL CARIBE SCH OF MED - BAYAMON PUERTO RICO 2012  
 Internship and Year NEW YORK MEDICAL COLLEGE - NY, NY 2013  
 Residency and Year NEW YORK MEDICAL COLLEGE - NY, NY 2015  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12358  
 License Date 6/2/2004  
 Name **SWEENEY, BRIAN G DO**  
 Address ST JOSEPH'S HOSPITAL, DEPT OF EMERGENCY, 172 KINSLEY STNASHUA, NH, 03060  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIVERSITY OF KANSAS CITY, KANSAS CITY MO US 1998  
 Internship and Year UNIVERSITY OF MASS, WORCESTER MA 1999  
 Residency and Year PONTIAC OSTEOPATHIC HOSP, PONTIAC MI 2002  
 License Expiration Date **6/30/2016**  
 Remarks **lapsed 6/30/08 - reinstated 12/5/12**

License Number 16566  
 License Date 4/2/2014  
 Name **SWEENEY, ELIZABETH R DO**  
 Address INDIAN STREAM HEALTH CTR, 141 CORLISS LN COLEBROOK, NH, 03576  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation WESTERN UNIVERSITY OF HEALTH SCIENCES USA 2009  
 Internship and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 2010  
 Residency and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 2012  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 7633  
 License Date 6/3/1987  
 Name **SWEENEY, EUGENE J MD**  
 Address PO BOX 7359, NASHUA, NH, 03060  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation TUFTS UNIV SCH MED - BOSTON, MA USA 1957  
 Internship and Year ST ELIZABETH'S HOSPITAL - BOSTON, MA 1958  
 Residency and Year ST ELIZABETH'S HOSPITAL - BOSTON, MA 1961  
 License Expiration Date **6/30/2005**  
 Remarks **Deceased 8/31/04**

License Number 15049  
 License Date 10/6/2010  
 Name **SWEENEY, ANGELA H MD**  
 Address ST JOSEPH'S HOSPITAL/EMERGENCY, 172 KINGSLEY ST NASHUA, NH, 03061  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation STATE UNIVERSITY OF NEW YORK USA 1998  
 Internship and Year NEW YORK METHODIST HOSPITAL - BROOKLYN, NY 1999  
 Residency and Year NEW YORK METHODIST HOSPITAL - BROOKLYN, NY 2001  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 15946  
 License Date 11/7/2012  
 Name **SWEETSER, SETH R MD**  
 Address MAYO CLINIC, 200 1ST ST SW ROCHESTER, MN, 55905  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE USA 2002  
 Internship and Year NORTHWESTERN UNIVERSITY FEINBERG SCHOOL OF MEDICINE - CHICAGO, IL 2003  
 Residency and Year NORTHWESTERN UNIVERSITY FEINBERG SCHOOL OF MEDICINE - CHICAGO, IL 2005  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15396  
 License Date 9/7/2011  
 Name **SWENDRIS, RONALD P MD**  
 Address KRESGE EYE INSTITUTE, 4717 ST ANTOINEDETROIT, MI, 48201  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation UNIVERSITY OF MICHIGAN MEDICAL SCHOOL USA 1986  
 Internship and Year WILLIAM BEAUMONT HOSPITAL - ROYAL OAK, MI 1987  
 Residency and Year UNIVERSITY OF TX SOUTHWESTERN MEDICAL SCHOOL - 1990  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 8999  
 License Date 7/7/1993  
 Name **SWENSON, RAND S MD**  
 Address DARTMOUTH MEDICAL SCHOOL, DEPARTMENT OF ANATOMYHANOVER, NH, 03755  
 Specialty N  
 Board Certified N  
 School and Year of Graduation UNIVERSITY OF IL COLLEGE OF MEDICINE USA 1989  
 Internship and Year MARY I BASSETT HOSPITAL - COPPERSTOWN NY 1990  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1993  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16140  
 License Date 5/1/2013  
 Name **SWENSON, REBECCA A MD**  
 Address DARTMOUTH MEDICAL CENTER, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 2006  
 Internship and Year YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2007  
 Residency and Year YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2010  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15397  
 License Date 9/7/2011  
 Name **SWERIDUK JR, STEPHEN T MD**  
 Address SHIELDS HEALTH CARE GROUP, 265 WESTGATE DRBROCKTON, MA, 02301  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1982  
 Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1983  
 Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1986  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 8262  
 License Date 12/6/1989  
 Name **SWETT JR, CHESTER P MD**  
 Address BROCKTON VAMC, 940 BELMONT STBROCKTON, MA, 02301  
 Specialty P  
 Board Certified P  
 School and Year of Graduation HARVARD MED SCH - BOSTON, MA USA 1966  
 Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1967  
 Residency and Year MASS MENTAL HEALTH CENTER - BOSTON,MA 1972  
 License Expiration Date **6/30/2001**  
 Remarks

License Number 11941  
 License Date 5/7/2003  
 Name **SWETT, JAY W MD**  
 Address CORE PHYSICIANS LLC, 3 ALUMNI DR STE 201EXETER, NH, 03833  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation DUKE UNIV SCH OF MED - DURHAM, NC USA 1994  
 Internship and Year UNIV OF MICHIGAN HOSPITALS - ANN ARBOR, MI 1995  
 Residency and Year UNIV OF MICHIGAN HOSPITALS - ANN ARBOR, MI 1999  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11546  
 License Date 3/6/2002  
 Name **SWIATECKA-URBAN, AGNIESZKA MD**  
 Address DARTMOUTH MEDICAL SCHOOL, 604 REMSEN BLDGHANOVER, NH, 03755  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation MEDICAL ACADEMY OF GDANSK - POLAND POLAND 1991  
 Internship and Year NEW YORK MEDICAL COLLEGE HOSPITAL - NEW YORK, NY 1995  
 Residency and Year NEW YORK MEDICAL COLLEGE HOSPITAL - NEW YORK, NY 1997  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 13128  
 License Date 6/7/2006  
 Name **SWIFT-CROFT, CINDI K DO**  
 Address FAMILY CARE OF CONCORD, 248 PLEASANT ST STE 2600CONCORD, NH, 03301  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation MIDWESTERN UNIVERSITY, DOWNERS GROVE IL US 1997  
 Internship and Year BARBERTON CITIZENS HOSP, BARBERTON OH 1998  
 Residency and Year BARBERTON CITIZENS HOSP, BARBERTON OH 2000  
 License Expiration Date **6/30/2016**  
 Remarks



License Number 8048  
 License Date 3/1/1989  
 Name **SWIGGETT JR, ROBERT L MD**  
 Address 4600 4TH ST NORTH, ST PETERSBURG, FL, 33703  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation DARTMOUTH MED SCH - HANOVER, NH USA 1978  
 Internship and Year NEW ENGLAND MEDICAL CENTER- BOSTON,MA 1979  
 Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1984  
 License Expiration Date **6/30/2017**  
 Remarks **Lapsed for non-renewal 6/30/15**  
**Renewed 7/29/15**

License Number 4094  
 License Date 6/29/1967  
 Name **SY, WALTER P MD**  
 Address CHESHIRE MEDICAL CENTER, 580 COURT STKEENE, NH, 03431-1718  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation UNIV OF ROCHESTER - NY USA 1962  
 Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1963  
 Residency and Year YALE-NEW HAVEN - NEW HAVEN, CT 1965  
 License Expiration Date **6/30/1998**  
 Remarks **Deceased 2/17/2011**

License Number 11097  
 License Date 10/4/2000  
 Name **SYIEK, LINDA J MD**  
 Address BEDFORD WOMEN'S CARE ASSOC, 160 SOUTH RIVER RD STE 100BEDFORD, NH, 03110  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation TULANE UNIV SCH OF MED - NEW ORLEANS, LA USA 1987  
 Internship and Year STRONG MEMORIAL HOSPITAL- ROCHESTER NY 1988  
 Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1991  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13129  
 License Date 6/7/2006  
 Name **SYMANOWICZ, DONALD B MD**  
 Address , PO BOX 629INTERVALE, NH, 03845  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation HAHNEMANN UNIVERSITY, PHILADELPHIA PA US 1970  
 Internship and Year BAYSTATE MED CTR, SPRINGFIELD MA 1971  
 Residency and Year DREXEL UNIVERSITY, PHILADELPHIA PA 1977  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 17136  
 License Date 6/3/2015  
 Name **SYMONS, IAN R MD**  
 Address CHESHIRE MEDICAL CTR, 580-90 COURT STKEENE, NH, 03431  
 Specialty EM  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF CAPE TOWN, CAPE TOWN SOUTH AFRICA SOUTH AFRICA 2003  
 Internship and Year TEMPLE UNIVERSITY HOSPITAL, PHILADELPHIA PA 2013  
 Residency and Year TEMPLE UNIVERSITY HOSPITAL, PHILADELPHIA PA 2015  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 17193  
 License Date 7/1/2015  
 Name **SYMONS, RORY K MD**  
 Address CATHOLIC MEDICAL CTR, 100 MCGREGOR STMANCHESTER, NH, 03102  
 Specialty FP  
 Board Certified  
 School and Year of Graduation ROYAL COLLEGE OF SURGEONS IRELAND 2004  
 Internship and Year HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA - PHILADELPHIA, PA 2013  
 Residency and Year HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA - PHILADELPHIA, PA 2015  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9689  
 License Date 4/3/1996  
 Name **SYMRENG, TOMMY MD**  
 Address ST MARY'S HOSPITAL, 3700 WASHINGTON AVEEVANSVILLE, IN, 47750  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation UNIVERSITY OF LINKOPING SWEDEN 1974  
 Internship and Year UNIVERSITY HOSPITAL-LINKOPING, SWEDEN 1975  
 Residency and Year UNIVERSITY HOSPITAL-LINKOPING, SWEDEN 1979  
 License Expiration Date **6/30/2004**  
 Remarks

License Number 8743  
 License Date 6/3/1992  
 Name **SYNAN, THOMAS J MD**  
 Address 373 NORTH AMHERST RD, BEDFORD, NH, 03110  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF MASSACHUSETTS USA 1987  
 Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER WORCESTER - MASSACHUSETTS 1990  
 Residency and Year UNIV OF MASS MEDICAL CENTER - WORCESTER, MA 1990  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12084  
 License Date 9/3/2003  
 Name **SYREK, DAVID J MD**  
 Address DALLAS MED CTR, 812 GORMAN AVEELKINS, WV, 26241  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation UNIVERSITY OF NEW YORK, NEW YORK NY US 1997  
 Internship and Year BOSTON UNIVERSITY MED CTR, BOSTON MA 1999  
 Residency and Year BOSTON UNIVERSITY MED CTR, BOSTON MA 2003  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 7719  
 License Date 9/2/1987  
 Name **SZAKACS, JULIANA G MD**  
 Address HARVARD VANGUARD, 152 SECOND AVENUEEDHAM, MA, 02494  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation UNIV OF SOUTH FLORIDA USA 1984  
 Internship and Year MEDICAL CENTER OF BEAVER COUNTY - BEAVER, PA 1985  
 Residency and Year MEDICAL CENTER OF BEAVER COUNTY - BEAVER, PA 1987  
 License Expiration Date **6/30/2017**  
 Remarks **LAPSED FOR NON-RENEWAL 6/30/97..  
 REINSTATED ON 1/11/08**

License Number 10668  
 License Date 8/4/1999  
 Name **SZAL, MARK A MD**  
 Address 248 PLEASANT ST STE 1600, CONCORD, NH, 03301  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation UNIV OF ROCHESTER SCH MED - ROCHESTER,NY USA 1988  
 Internship and Year WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 1989  
 Residency and Year MOUNT SINAI MEDICAL CENTER - CLEVELAND, OH 1995  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12041  
 License Date 8/6/2003  
 Name **SZCZEPIORKOWSKI, ZBIGNIEW M MD**  
 Address DHMC-PATHOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation MEDICAL ACADEMY OF WARSAR, POLAND POLAND 1991  
 Internship and Year MASS GENERAL HOSPITAL, BOSTON MA 1995  
 Residency and Year MASS GENERAL HOSPITAL, BOSTON MA 1997  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	14307
License Date	1/7/2009
Name	<b>SZE, KARL C MD</b>
Address	MMP MAINEHEALTH CARDIOLOGY, 96 CAMPUS DR, STE 1SCARBOROUGH, ME, 04074
Specialty	CD
Board Certified	CD
School and Year of Graduation	CORNELL UNIV USA 1972
Internship and Year	NEW YORK HOSPITAL - NEW YORK, NY 1974
Residency and Year	UNIV OF MICHIGAN MEDICAL CENTER - ANN ARBOR, MI 1975
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8037
License Date	2/1/1989
Name	<b>SZLYK, JOHN J MD</b>
Address	SALEM PSYCHOLOGIAL ASSOC, 87 STILES RD STE 106SALEM, NH, 03087
Specialty	P
Board Certified	P
School and Year of Graduation	TUFTS UNIV SCH OF MED - BOSTON, MA USA 1973
Internship and Year	NEW ENGLAND MED CTR HOSPITAL- BOSTON, MA 1975
Residency and Year	NEW ENGLAND MED CTR HOSPITAL - BOSTON, MA 1975
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	7371
License Date	6/12/1986
Name	<b>SZMYD JR, LUCIAN MD</b>
Address	EYESIGHT, 155 BORTHWICK AVE STE 200 EASTPORTSMOUTH, NH, 03801
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIVERSITY OF WA - SEATTLE USA 1980
Internship and Year	UC-SAN DIEGO MED CTR 1981
Residency and Year	NY EYE EAR INFIRMARY-1986 NEW ENGLAND MED CTR-BOSTON-1983 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7753
License Date	12/2/1987
Name	<b>SZNYCER, LILIANE A MD</b>
Address	104 PEELE ROAD, NASHUA, NH, 03062
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV LIBRE DEBRUXELLES BELGIUM BELGIUM 1977
Internship and Year	STRONG MEMORIAL HOSP ROCHESTER NY 1978
Residency and Year	STRONG MEMORIAL HOSP ROCHESTER NY 1981
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11077
License Date	9/6/2000
Name	<b>SZOT JR, CARL R MD</b>
Address	590 COURT ST, KEENE, NH, 03431
Specialty	IM
Board Certified	CD
School and Year of Graduation	UNIV OF ROCHESTER SCH MED- ROCHESTER, NY USA 1989
Internship and Year	UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1990
Residency and Year	UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10348
License Date	7/1/1998
Name	<b>SZYMANSKI, BRIAN J MD</b>
Address	SEACOAST RADIOLOGY, 2 WASHINGTON ST., STE 329DOVER, NH, 03820
Specialty	R
Board Certified	DR
School and Year of Graduation	SUNY AT BUFFALO SCH OF MED - BUFFALO, NY USA 1993
Internship and Year	STATE UNIV OF NEW YORK AT BUFFALO- BUFFALO, NY 1994
Residency and Year	STATE UNIV OF NEW YORK AT BUFFALO - BUFFALO, NY 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14148
License Date	8/6/2008
Name	<b>TABATCHNICK, LARRY MD</b>
Address	, 2409 ROBESON STFAYETTENVILLE, NC, 28305
Specialty	GS
Board Certified	
School and Year of Graduation	UNIV OF TEXAS USA 1996
Internship and Year	WILFORD HALL MEDICAL CENTER - LACKLAND AFB, TX 1996
Residency and Year	WILFORD HALL MEDICAL CENTER - LACKLAND AFB, TX 1997
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	15114
License Date	1/5/2011
Name	<b>TABBAH, HALA S MD</b>
Address	WESTSIDE HEALTHCARE, 125 SOUTH MAIN STFRANKLIN, NH, 03235
Specialty	PD
Board Certified	PDT
School and Year of Graduation	LEBANESE UNIVERSITY LEBANON 2004
Internship and Year	ST JOSEPHS REGIONAL MEDICAL CENTER - PATERSON, NJ 2008
Residency and Year	ST JOSEPHS REGIONAL MEDICAL CENTER - PATERSON, NJ 2010
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 14979  
 License Date 8/4/2010  
 Name **TABE, JULIUS T MD**  
 Address 3 NAUSET DRIVE, WESTBOROUGH, MA, 01581  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY DE YAOUNDE I CAMEROON 2000  
 Internship and Year CONCORD HOSPITAL - CONCORD, NH 2008  
 Residency and Year CONCORD HOSPITAL - CONCORD, NH 2010  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 8184  
 License Date 9/26/1996  
 Name **TADIRI, RONALD S MD**  
 Address PRIMARY CARE PHYSICIANS, PO BOX 904SPENCER, MA, 01562-  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation OHIO STATE UNIV COLL OF MED COLUMBUS, OH USA 1987  
 Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1987  
 Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1990  
 License Expiration Date **6/30/2000**  
 Remarks

License Number 12518  
 License Date 10/6/2004  
 Name **TAENZER, ANDREAS H MD**  
 Address DHMC-ANESTHESIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation MEDIZINISCHE UNIVERSITY, LUBECK GERMANY GERMANY 1991  
 Internship and Year MAINE MEDICAL CTR, PORTLAND ME 1996  
 Residency and Year MAINE MEDICAL CENTER, PORTLAND ME 1999  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14179  
 License Date 9/3/2008  
 Name **TAFAZOLI, FARANAK S MD**  
 Address IMAGING ON CALL LLC, 695 DUTCHESS TPKE #105POUGHKEEPSIE, NY, 12603  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIV OF WIEN AUSTRIA 1996  
 Internship and Year SUNY @ STONY BROOK, STONY BROOK, NY 2000  
 Residency and Year SUNY @ STONY BROOK - STONY BROOK, NY 2003  
 License Expiration Date **6/30/2010**  
 Remarks

License Number	14904
License Date	6/2/2010
Name	<b>TAFE, LAURA J MD</b>
Address	DHMC - DEPT OF PATHOLOGY, ONE MED CTR DRLEBANON, NH, 03756
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	WAYNE STATE UNIVERSITY USA 2004
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2005
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5468
License Date	1/21/1976
Name	<b>TAGGART JR, F HOWARD MD</b>
Address	SO NH REGIONAL MED CTR, 8 PROSPECT STNASHUA, NH, 03060
Specialty	AN
Board Certified	AN
School and Year of Graduation	BOSTON UNIV. OF MEDICINE BOSTON USA 1963
Internship and Year	BOSTON CITY HOSPITAL 1964
Residency and Year	MASS GENERAL HOSPITAL 1966
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	14104
License Date	7/9/2008
Name	<b>TAKAHASHI, GUY H MD</b>
Address	95-933 KELAKELA ST, MILILANI, HI, 96789
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF HAWAII USA 2002
Internship and Year	TRIPLER ARMY MEDICAL CENTER- HONOLULU, HI 2003
Residency and Year	TRIPLER ARMY MEDICAL CENTER-HONOLULU, HI 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13784
License Date	12/5/2007
Name	<b>TAKAKI, MARK T MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF HAWAII USA 2001
Internship and Year	VIRGINIA MASON MEDICAL CENTER - SEATTLE, WA 2002
Residency and Year	VIRGINIA MASON MEDICAL CENTER - SEATTLE, WA 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13785
License Date	12/5/2007
Name	<b>TAKEUCHI, SEAN Y MD</b>
Address	2716 W 48TH ST, KEARNEY, NE, 68845
Specialty	R
Board Certified	R
School and Year of Graduation	GEORGE WASHINGTON UNIV USA 1996
Internship and Year	ABINGTON MEMORIAL HOSPITAL-ABINGTON,PA 1997
Residency and Year	ABINGTON MEMORIAL HOSPITAL-ABINGTON,PA 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16778
License Date	9/3/2014
Name	<b>TAKEYAMA, PETER H M</b>
Address	SUMMIT RADIOLOGY, PO BOX 80070FORT WAYNE, IN, 46898-0070
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE USA 2002
Internship and Year	NEW YORK MEDICAL COLLEGE - NEW ROCHELLE, NY 2003
Residency and Year	UNIVERSITY OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12211
License Date	2/4/2004
Name	<b>TALBOT, ELIZABETH A MD</b>
Address	INFECTIOUS DISEASE HEALTH SECT, DHMC ONE MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF NEW JERSEY, PISCATAWAY NJ US 1992
Internship and Year	UNIVERSITY OF IOWA, IOWA CITY IA 1993
Residency and Year	DUKE UNIVERSITY MEDICAL CTR, DURHAM NC 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14396
License Date	4/1/2009
Name	<b>TALCOTT, JAMES A MD</b>
Address	MASS GEN HOSP, BLDG 149 13TH STCHARLESTOWN, MA, 02129
Specialty	IM
Board Certified	IM
School and Year of Graduation	YALE UNIV USA 1980
Internship and Year	UNIVERSITY OF WASHINGTON MEDICAL CENTER - SEATTLE, WA 1981
Residency and Year	UNIVERSITY OF WASHINGTON MEDICAL CENTER - SEATTLE, WA 1984
License Expiration Date	<b>6/30/2011</b>
Remarks	



License Number 10595  
 License Date 6/2/1999  
 Name **TALLARICO, GRACE A MD**  
 Address THE COUNSELING CTR OF NASHUA, ONE MAIN ST NASHUA, NH, 03064  
 Specialty P  
 Board Certified P  
 School and Year of Graduation MEDICAL COLL OF WISCONSIN - MILWAUKEE, WI USA 1990  
 Internship and Year UNIV OF CALIFORNIA - FRESNO, CA 1992  
 Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1994  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13275  
 License Date 9/6/2006  
 Name **TALLMAN RUHM, HEATHER MD**  
 Address CTR FOR INTEGRATIVE MEDICINE, 81 HALL ST CONCORD, NH, 03301  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF NEW MEXICO, ALBUQUERQUE NM US 2000  
 Internship and Year SOUTHERN COLORADO FAMILY MED, PUEBLO CO 2001  
 Residency and Year SOUTHERN COLORADO FAMILY MED, PUEBLO CO 2002  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 6152  
 License Date 1/3/1980  
 Name **TALLMAN, CARTER B MD**  
 Address TALLMAN EYE ASSOC, 360 MERRIMACK ST BLDG 9 LAWRENCE, MA, 01843-1740  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation BOSTON UNIV. SCH OF MED. BOSTON, MA USA 1962  
 Internship and Year HENRY FORD HOSP. DETROIT, MI 1963  
 Residency and Year PRESBY-ST LUKES MED. CTR, IL 1966  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11292  
 License Date 6/6/2001  
 Name **TALLY, KEVIN J MD**  
 Address CONSULTING CARDIOLOGISTS, 85 SEYMOUR ST #719 HARTFORD, CT, 06106  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF MASSACHUSETTS MED SCH- WORCESTER, MA USA 1998  
 Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1999  
 Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 2000  
 License Expiration Date **6/30/2017**  
 Remarks **LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/6/15**

License Number	12822
License Date	7/6/2005
Name	<b>TALMADGE, DAVID B MD</b>
Address	DHMC, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF NEW MEXICO, ALBUQUERQUE NM NEW MEXICO 2003
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER, LEBANON NH 2004
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER, LEBANON NH 2006
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	17090
License Date	5/6/2015
Name	<b>TALMADGE, JENNIFER C MD</b>
Address	27 KELLEY RD, FALMOUTH, ME, 04105
Specialty	R
Board Certified	
School and Year of Graduation	THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 2009
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2010
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2014
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11360
License Date	8/1/2001
Name	<b>TALPEY JR, WILLIAM B MD</b>
Address	PETERBOROUGH INTERNAL MED, 454 OLD ST RDPETERBOROUGH, NH, 03458
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF ROCHESTER SCH OF MED - ROCHESTER, NY USA 1997
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1998
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2000
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	15947
License Date	11/7/2012
Name	<b>TALWALKAR, JAYANT A MD</b>
Address	MAYO CLINIC, 200 1ST ST SWROCHESTER, MN, 55905
Specialty	GE
Board Certified	GE
School and Year of Graduation	UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE USA 1993
Internship and Year	MAYO SCHOOL OF GRADUATE MEDICAL EDUCATIONS - ROCHESTER, MN 1994
Residency and Year	MAYO SCHOOL OF GRADUATE MEDICAL EDUCATIONS - ROCHESTER, MN 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13646
License Date	8/1/2007
Name	<b>TAM, JUDY T MD</b>
Address	FLETCHER ALLEN HEALTHCARE, 111 COLCHESTER AVEBURLINGTON, VT, 05401
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF CALIFORNIA USA 1988
Internship and Year	UNIV OF CALIFORNIA HOSPITAL - SAN FRANCISCO, CA 1989
Residency and Year	UNIV OF CALIFORNIA HOSPITAL - SAN FRANCISCO, CA 1993
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	6408
License Date	6/15/1981
Name	<b>TAMAREN, DAVID S MD</b>
Address	34 D CONSTITUTION WAY, MARBLEHEAD, MA, 01945
Specialty	IM
Board Certified	IM
School and Year of Graduation	ALBERT EINSTEIN COLL MED-YESHIVA UNIV-BRONX,NY USA 1974
Internship and Year	HARTFORD HOSP-HARTFORD,CT 1975
Residency and Year	HARTFORD HOSP- HARTFORD,CT 1977
License Expiration Date	<b>6/30/2005</b>
Remarks	7/9/09 - Voluntary Surrender of License.

License Number	14237
License Date	11/5/2008
Name	<b>TAMASDAN, MIRCEA S MD</b>
Address	ALICE PECK DAY MEMORIAL HOSP, 125 MASCOMA STLEBANON, NH, 03766
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV DE MEDICINA SI FARMACIE GRIGORE T POPA ROMANIA 1995
Internship and Year	NORWALK HOSPITAL - NORWALK, CT 2006
Residency and Year	NORWALK HOSPITAL - NORWALK, CT 2008
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	16883
License Date	12/3/2014
Name	<b>TAN, EKIONG MD</b>
Address	13435 SOUTH MCCALL RD, PORT CHARLOTTE, FL, 33981
Specialty	U
Board Certified	U
School and Year of Graduation	UNIVERSITY OF SANTO TOMAS PHILIPPINES 1970
Internship and Year	ST CLARES HOSPITAL - SCHENECTADY, NY 1972
Residency and Year	ELLIS HOSPITAL - SCHENECTADY, NY 1974
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16848
License Date	11/6/2014
Name	<b>TAN, MARY A MD</b>
Address	STRATA PATHOLOGY SER, ONE CRANBERRY HILL STE 303LEXINGTON, MA, 02421
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSITY OF SANTO TOMAS PHILIPPINES 1993
Internship and Year	NORTH SHORE UNIVERSITY HOSPITAL - MANHASSET, NY 2002
Residency and Year	NORTH SHORE UNIVERSITY HOSPITAL - MANHASSET, NY 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15555
License Date	2/1/2012
Name	<b>TAN, MICHAEL C MD</b>
Address	VISTA STAFFING SOLUTIONS, 275 E 200 SSALT LAKE CITY, UT, 84111
Specialty	IM
Board Certified	
School and Year of Graduation	NATIONAL TAIWAN UNIVERSITY TAIWAN 2005
Internship and Year	ST BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 2009
Residency and Year	ST BARNABAS MEDICAL CENTER - LIVINGSTON, NJ 2011
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	9263
License Date	8/3/1994
Name	<b>TAN, SHIRLEY N MD</b>
Address	ASSOCIATES IN MEDICINE, 9 DUNNING STCLAREMONT, NH, 03743
Specialty	PD
Board Certified	PD
School and Year of Graduation	MANILA CENTRAL UNIV COLLEGE OF MEDICINE USA 1983
Internship and Year	COOK COUNTY HOSPITAL - CHICAGO IL 1994
Residency and Year	COOK COUNTY HOSPITAL - CHICAGO IL 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5256
License Date	10/17/1974
Name	<b>TAN, STEVEN S MD</b>
Address	15 SHAW DR, BEDFORD, NH, 03110-6050
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF INDONESIA INDONESIA 1961
Internship and Year	MERCY HOSPITAL - ROCKVILLE CENTRE, NY 1970
Residency and Year	NASSAU COUNTY MEDICAL CENTER - EAST MEADOW, NY 1971
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	9786
License Date	7/3/1996
Name	<b>TAN, SWEE LIAN MD</b>
Address	VASCULAR & SURG CARE NW PLLC, 600 BROADWAY STE 112SEATTLE, WA, 98122
Specialty	VS
Board Certified	VS
School and Year of Graduation	HARVARD MEDICAL SCHOOL - BOSTON MA USA 1988
Internship and Year	NEW ENGLAND DEACONESS HOSPITAL - MA 1993
Residency and Year	PA HOSPITAL - PA 1994
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	10815
License Date	1/5/2000
Name	<b>TAN, VINCENT Y MD</b>
Address	STRATHAM FAMILY HEALTH, 118 PORTSMOUTH AVE STE B102STRATHAM, NH, 03885
Specialty	FP
Board Certified	FP
School and Year of Graduation	MCGILL UNIV FAC OF MED MONTREAL - CANADA CANADA 1993
Internship and Year	MCGILL UNIV - MONTREAL QUEBEC, CANADA 1994
Residency and Year	MCGILL UNIV - MONTREAL QUEBEC, CANADA 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16434
License Date	12/4/2013
Name	<b>TANASE, DIANA MD</b>
Address	CONCORD HOSPITAL MEDICAL GROUP/NEURO ASSOC, PILLSBURY MED BLDG., 248 PLEASANT ST, S
Specialty	N
Board Certified	N
School and Year of Graduation	UNIVERSITATEA DE MEDICINA SI FARMACIE LULIU HATEIG ROMANIA 1995
Internship and Year	CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 2004
Residency and Year	THE CLEVELAND CLINIC - CLEVELAND, OH 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10291
License Date	5/6/1998
Name	<b>TANENBAUM, BRUCE L MD</b>
Address	SIERRA MOUNTIAN HEALTH, 628 LAKE STRENO, NV, 89501
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF MARYLAND USA 1976
Internship and Year	UNIVERSITY OF VIRGINIA MEDICAL CENTER-CHARLOTTESVILLE,VA 1979
Residency and Year	UNIVERSITY OF VIRGINIA MEDICAL CENTER, CHARLOTTESVILLE VA 1979
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	11576
License Date	4/3/2002
Name	<b>TANEV, KALOYAN S MD</b>
Address	MASS GENERAL HOSP, 55FRUIT ST WARREN1220/BLAKE11BOSTON, MA, 02114
Specialty	P
Board Certified	P
School and Year of Graduation	MEDICAL ACADEMY INSTITUTE OF SOFIA, BULGARIA USA 1990
Internship and Year	BROWN UNIV - PROVIDENCE, RI 1995
Residency and Year	BROWN UNIV - PROVIDENCE, RI 1998
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	14855
License Date	5/5/2010
Name	<b>TANG, CHRISTOPHER M MD</b>
Address	CAREONSITE, 1250 PACIFIC AVELONG BEACH, CA, 90813
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF SOUTHERN CALIFORNIA USA 2005
Internship and Year	KAISER PERMANENTE MEDICAL CENTER - LOS ANGELES, CA 2006
Residency and Year	KAISER PERMANENTE MEDICAL CENTER - LOS ANGELES, CA 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16465
License Date	1/8/2014
Name	<b>TANG, JOSEPH Y MD</b>
Address	125 PARKER HILL AVE, BOSTON, MA, 02120
Specialty	DR
Board Certified	DR
School and Year of Graduation	MT SINAI SCHOOL OF MEDICINE USA 2007
Internship and Year	LENOX HILL HOSPITAL - NEW YORK, NY 2008
Residency and Year	UNIVERSITY OF WASHINGTON MEDICAL CENTER - SEATTLE, WA 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12281
License Date	4/7/2004
Name	<b>TANG, MARY E MD</b>
Address	FLETCHER ALLEN HEALTH CARE, 111 COLCHESTER AVE LAB-EP1BURLINGTON, VT, 05401
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSITY OF VT, BURLINGTON VT US 1984
Internship and Year	MAINE MEDICAL CTR, PORTLAND ME 1985
Residency and Year	MAINE MEDICAL CTR, PORTLAND ME 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17091
License Date	5/6/2015
Name	<b>TANG, MICHAEL M DO</b>
Address	DHMC - ADDICTION TREATMENT PROGRAM, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	P
Board Certified	
School and Year of Graduation	TOURO UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINE USA 2011
Internship and Year	BROCKTON-WEST ROXBURY VETERANS AFFAIRS MEDICAL CENTER - BROCKTON, MA 2012
Residency and Year	BROCKTON-WEST ROXBURY VETERANS AFFAIRS MEDICAL CENTER - BROCKTON, MA 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15779
License Date	7/11/2012
Name	<b>TANGNEY, PATRICK J MD</b>
Address	CONCORD PULMONARY MEDICINE, 248 PLEASANT ST STE G100CONCORD, NH, 03301
Specialty	PUD
Board Certified	PUD
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE - BOSTON MA USA 1987
Internship and Year	CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 44195 1990
Residency and Year	CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 44195 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5643
License Date	11/4/1976
Name	<b>TANGUAY, WILLIAM A MD</b>
Address	1 PARKWAY, HAVERHILL, MA, 01830-6220
Specialty	IM
Board Certified	IM
School and Year of Graduation	BOSTON UNIV SCHOOL OF MED BOSTON USAT 1973
Internship and Year	BOSTON CITY HOSP 1975
Residency and Year	BOSTON CITY HOSP 1976
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	17194
License Date	7/1/2015
Name	<b>TANITA, JEFFREY S MD</b>
Address	2790 RODEO RD APT 1235, ABBEVILLE, LA, 70510
Specialty	FP
Board Certified	FP
School and Year of Graduation	ROSS UNIVERSITY DOMINICA 2002
Internship and Year	LOUISIANA STATE UNIVERSITY - ALEXANDRIA, LA 2003
Residency and Year	LOUISIANA STATE UNIVERSITY - ALEXANDRIA, LA 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13519
License Date	5/9/2007
Name	<b>TANSKI III, WILLIAM J MD</b>
Address	DARTMOUTH HITCHCOCK CONCORD, 253 PLEASANT STCONCORD, NH, 03301-7560
Specialty	GS
Board Certified	VS
School and Year of Graduation	UNIV OF CONNECTICUT USA 1998
Internship and Year	UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2001
Residency and Year	UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12922
License Date	10/5/2005
Name	<b>TANSKI, SUSANNE E MD</b>
Address	DARTMOUTH HITCHOCK MEDICAL CTR, ONE MEDICAL CENTER DR 7925LEBANON, NH, 03756
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF CONNECTICUT, FARMINGTON CT US 1998
Internship and Year	STRONG MEMORIAL HOSPITAL, ROCHESTER NY 1999
Residency and Year	STRONG MEMORIAL HOSPITAL, ROCHESTER NY 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15270
License Date	6/1/2011
Name	<b>TANTAWI, DIYA H MD</b>
Address	6935 SPRING VALLEY LN, EXPORT, PA, 15632
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF JORDAN JORDAN 2000
Internship and Year	ST JOSEPH MERCY HOSPITAL - ANN ARBOR, MI 2003
Residency and Year	ST JOSEPH MERCY HOSPITAL - ANN ARBOR, MI 2004
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	10733
License Date	10/6/1999
Name	<b>TANZER, ADAM S MD</b>
Address	ELLIOT HOSPITAL ER, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty	EM
Board Certified	EM
School and Year of Graduation	NEW YORK MEDICAL COLLEGEVALHALLA,NY USA 1996
Internship and Year	TRUMAN MEDICAL CENTER-KANSAS CITY,MO 1996
Residency and Year	TRUMAN MEDICAL CENTER-KANSAS CITY-MO 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number	7857
License Date	5/4/1988
Name	<b>TANZER, MARY S MD</b>
Address	IMMEDIATE CARE OF SOUTHERN NH, 29 NORTHWEST BLVDNASHUA, NH, 03062
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF MASS MED SCH - WORCESTER, MA USA 1984
Internship and Year	EASTERN VIRGINIA GRADUATE SCHOOL MEDICAL AFFILIATED HOSPITAL - NORFOLK, VA 1985
Residency and Year	EASTERN VIRGINIA GRADUATE SCHOOL MEDICAL AFFILIATED HOSPITAL - NORFOLK, VA 1987
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17033
License Date	4/1/2015
Name	<b>TAPAN, UMIT MD</b>
Address	ST JOSEPH HOSPITAL CANCER CTR, 172 KINSLEY STNASHUA, NH, 03061
Specialty	IM
Board Certified	IM
School and Year of Graduation	HACETTEPE UNIVERSITESI TURKEY 2006
Internship and Year	CARITAS CARNEY HOSPITAL - BOSTON, MA 2010
Residency and Year	CARITAS CARNEY HOSPITAL - BOSTON, MA 2012
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13934
License Date	4/2/2008
Name	<b>TAPIA-CENTOLA, BEATRIZ A MD</b>
Address	STRATA DX, ONE CRANBERRY HILL, STE 303LEXINGTON, MA, 02421
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV DE LA SALLE MEXICO 1994
Internship and Year	YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2003
Residency and Year	YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12633
License Date	3/2/2005
Name	<b>TARAS, MALGORZATA M MD</b>
Address	HWIM, 1 HIGHLANDER WAY SUITE 4MANCHESTER, NH, 03103
Specialty	IM
Board Certified	IM
School and Year of Graduation	AKADEMIA MEDYCZNA, WARSAW POLAND POLAND 1982
Internship and Year	UNIVERSITY OF SOUTH ALABAMA, MOBILE AL 1991
Residency and Year	UNIVERSITY OF SOUTH ALABAMA, MOBILE AL 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15050
License Date	10/6/2010
Name	<b>TARASEVICH, DMITRY S MD</b>
Address	MONADNOCK INTERNISTS, 452 OLD ST RDPETERBOROUGH, NH, 03458
Specialty	IM
Board Certified	IM
School and Year of Graduation	KAZAN STATE MEDICAL UNIVERSITY RUSSIA 1999
Internship and Year	HOSPITAL OF SAINT RAPHAEL - NEW HAVEN, CT 2008
Residency and Year	HOSPITAL OF SAINT RAPHAEL - NEW HAVEN, CT 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13520
License Date	5/9/2007
Name	<b>TARGINO, MARCELO C MD</b>
Address	QUADRANT HEALTH STRATEGIES INC, 500 CUMMINGS CENTER SUITE 4350BEVERLY, MA, 01915
Specialty	GPM
Board Certified	GPM
School and Year of Graduation	UNIV OF SOUTH FLORIDA USA 2002
Internship and Year	CAMBRIDGE HOSPITAL - CAMBRIDGE, MA 2003
Residency and Year	CAMBRIDGE HOSPITAL - CAMBRIDGE, MA 2004
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	13566
License Date	6/6/2007
Name	<b>TARKAN, JOSHUA L MD</b>
Address	260 MERRIMAC ST, NEWBURYPORT, MA, 01950
Specialty	IM
Board Certified	IM
School and Year of Graduation	EMORY UNIV USA 2001
Internship and Year	BOSTON UNIV - BOSTON, MA 2002
Residency and Year	BOSTON UNIV - BOSTON, MA 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13521
License Date	5/9/2007
Name	<b>TARRABAIN, MOHAMMED I MD</b>
Address	AMMONOOSUC COM HLTH SER, 25 MT EUSTIS RDLITTLETON, NH, 03561
Specialty	FP
Board Certified	FP
School and Year of Graduation	AMERICAN UNIV OF BEIRUT LEBANON 2003
Internship and Year	UNIV OF PITTSBURGH SHADYSIDE - PITTSBURGH, PA 2005
Residency and Year	UNIV OF PITTSBURGH SHADYSIDE - PITTSBURGH, PA 2006
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	9754
License Date	6/5/1996
Name	<b>TARRY, ANNE F MD</b>
Address	MANCHESTER VA, 718 SMYTH RDMANCHESTER, NH, 03104
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF TEXAS SCHOOL AT HOUSTON USA 1993
Internship and Year	UNIV OF TEXAS MED SCHOOL-HOUSTON,TX 1996
Residency and Year	UNIV OF TEXAS MED SCHOOL - HOUSTON, TX 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10066
License Date	7/2/1997
Name	<b>TARRY, CHRISTINA T MD</b>
Address	DARTMOUTH HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	R
Board Certified	R
School and Year of Graduation	DUKE UNIV SCHOOL OF MEDICINE - DURHAM, NC USA 1989
Internship and Year	MEDICAL COLLEGE OF VIRGINIA HOSPITAL - VA 1991
Residency and Year	VIRGINIA COMMONWEALTH UNIV MEDICAL COLLEGE VA SCHOOL OF MEDICINE - VA 1996
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	13276
License Date	9/6/2006
Name	<b>TARTA, JOSEPH A MD</b>
Address	125 CABLE RD, RYE, NH, 03870
Specialty	OBG
Board Certified	
School and Year of Graduation	UNIVERSITY DE GUADALAJARA, MEXICO MEXICO 1978
Internship and Year	UNIVERSITY MEDICAL CTR, CAMDEN NJ 1980
Residency and Year	UNIVERSITY MEDICAL CTR, CAMDEN NJ 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8363
License Date	6/6/1990
Name	<b>TARTOW, LAWRENCE R MD</b>
Address	26 HILLSIDE DR, HOLLIS, NH, 03049-
Specialty	IM
Board Certified	
School and Year of Graduation	UNIV OF MED MONTPELLIER-PARIS FRANCE 1960
Internship and Year	A C LOGAN MEM HOSP-NY 1961
Residency and Year	A C LOGAN MEM HOSP-NY 1964
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	9264
License Date	8/3/1994
Name	<b>TASHMAN, JOHN S MD</b>
Address	6 APPLE BLOSSOM LN, ITHACA, NY, 14850
Specialty	AN
Board Certified	AN
School and Year of Graduation	SUNY AT STONY BROOK HELTH SCIENCE CENTER USA 1990
Internship and Year	MARY I BASSETT HOSPITAL - COOPERSTOWN NY 1991
Residency and Year	UNIVERSITY HOSPITAL SUNY STONY BROOK - STONY BROOK NY 1992
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	12475
License Date	9/1/2004
Name	<b>TATA, JOHN A MD</b>
Address	QUEENSBURY IMAGING, 35 WILDWOOD PLACEQUEENSBURY, NY, 12804
Specialty	R
Board Certified	R
School and Year of Graduation	TUFTS UNIVERSITY, BOSTON MA US 1974
Internship and Year	CARITAS ST ELIZABETHS MED CTR, BOSTON MA 1976
Residency and Year	BETH ISRAEL DEACONESS MED CTR, BOSTON MA 1979
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	14609
License Date	9/2/2009
Name	<b>TATLI, YUSUF Z MD</b>
Address	BASSETT HLTH CARE, ONE ATWELL RD COOPERSTOWN, NY, 13326-1394
Specialty	
Board Certified	
School and Year of Graduation	ISTANBUL UNIV, ISTANBUL TIP FAKULTESI TURKEY 1987
Internship and Year	OUR LADY OF MERCY MEDICAL CENTER - BRONX, NY 2002
Residency and Year	NEW YORK MEDICAL COLLEGE - VALHALLA, NY 2003
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	7754
License Date	12/2/1987
Name	<b>TAUB, ABNER F MD</b>
Address	104 PEELE ROAD, NASHUA, NH, 03062
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV LIBRE DEBRUXELLES BELGIUM BELGIUM 1977
Internship and Year	STRONG MEM HOSP ROCHESTER NY 1978
Residency and Year	STRONG MEM HOSP ROCHESTER NY 1981
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9971
License Date	4/2/1997
Name	<b>TAUBER, ALFRED I MD</b>
Address	BOSTON MEDICAL CTR, 88 E CONCORD STBOSTON, MA, 02118
Specialty	HEM
Board Certified	IM
School and Year of Graduation	TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1973
Internship and Year	UNIV WASHINGTON MEDICAL CENTER - WA 1975
Residency and Year	ROBERTS B BRIGHAM HOSPITAL - MA 1978
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	10596
License Date	6/2/1999
Name	<b>TAURO, RANDY M MD</b>
Address	ASSOCIATED RADIOLOGIST PA, 8 EAST PEARL STNASHUA, NH, 03060
Specialty	R
Board Certified	R
School and Year of Graduation	CREIGHTON UNIV SCH OF MED - OMAHA, NE USA 1993
Internship and Year	ST LUKE'S MEDICAL CENTER - MILWAUKEE, WI 1994
Residency and Year	ST LUKE'S MEDICAL CENTER - MILWAUKEE, WI 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7275
License Date	2/6/1986
Name	<b>TAVARES, PHILIP J MD</b>
Address	CONCENTRA, 14 A BROAD STNASHUA, NH, 03064
Specialty	OM
Board Certified	EM
School and Year of Graduation	GEORGETOWN UNIV WASHINGTON DC USA 1979
Internship and Year	UNIV MA - WORCESTER, MA 1980
Residency and Year	UNIV MA- WORCESTER, MA 1982
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	12408
License Date	7/7/2004
Name	<b>TAYLOR, ANDREW L MD</b>
Address	DMHC, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	END
Board Certified	END
School and Year of Graduation	BOSTON UNIVERSITY, BOSTON MA US 1963
Internship and Year	GEORGETOWN MED, WASHINGTON DC 1964
Residency and Year	GEORGETOWN UNIVERSITY MED CTR, WASHINGTON DC 1967
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10239
License Date	2/4/1998
Name	<b>TAYLOR, BETH MD</b>
Address	FRANKLIN REGIONAL HOSP, 15 AIKEN AVEFRANKLIN, NH, 03235
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF VT COLL OF MED - BURLINGTON, VT USA 1995
Internship and Year	MAINE MEDICAL CENTER - ME 1998
Residency and Year	MAINE MEDICAL CENTER - ME 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11644
License Date	6/5/2002
Name	<b>TAYLOR, CRISTINA E MD</b>
Address	CONCORD HOSP - PATHOLOGY, 250 PLEASANT STCONCORD, NH, 03301
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	PENNSYLVANIA STATE UNIV - UNIVERSITY PARK, PA USA 1996
Internship and Year	NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON, MA 1997
Residency and Year	NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON, MA 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10696
License Date	9/1/1999
Name	<b>TAYLOR, DONALD A MD</b>
Address	AMERICAN OSTEOPOROSIS SERVICES, 30 W RAHN RD STE 3DAYTON, OH, 45429
Specialty	R
Board Certified	R
School and Year of Graduation	CORNELL UNIV MED COLL - NEW YORK, NY USA 1957
Internship and Year	VANDERBILT UNIV MEDICAL CENTER - NASHVILLE, TN 1958
Residency and Year	MONTEFIORE MEDICAL CENTER - BRONX, NY 1959
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	11840
License Date	2/5/2003
Name	<b>TAYLOR, DOUGLAS C MD</b>
Address	ORTHOPEDICS AT MEMORIAL HOSPITAL, PO BOX 2250,3073 WHITE MT HWYNORTH CONWAY, NH,
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	DALHOUSIE UNIV FAC OF MED - HALIFAX, NOVA SCOTIA CANADA 1986
Internship and Year	DALHOUSIE UNIV FACULTY OF MEDICINE - HALIFAX, NOVA SCOTIA CANADA 1987
Residency and Year	DALHOUSIE UNIV FACULTY OF MEDICINE - HALIFAX, NOVA SCOTIA CANADA 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17284
License Date	9/2/2015
Name	<b>TAYLOR, GARRETT R MD</b>
Address	4500 N LEWIS AVE, SIOUX FALLS, SD, 57104
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF COLORADO, AURORA, CO USA 2000
Internship and Year	SAINT MARYS HOSPITAL, ROCHESTER, MN 2001
Residency and Year	SAINT MARY'S HOSPITAL, ROCHESTER, MN 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4887
License Date	2/7/1972
Name	<b>TAYLOR, GERALD J MD</b>
Address	, PO BOX 492HARRISON, ME, 04040
Specialty	P
Board Certified	
School and Year of Graduation	UNIVERSITY OF MINNESOTA-MINNEAPOLIS MN USA 1942
Internship and Year	STRONG MEMORIAL HOSP-ROCHESTER NY 1942
Residency and Year	MANHATTAN STATE HOSP-WARD'S ISLAND NY 1948
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	5696
License Date	4/7/1977
Name	<b>TAYLOR, HOWARD P MD</b>
Address	16 HEATHWOOD LANE, BROOKLINE, MA, 03467
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIVERSITY OF ILLINOIS-CHICAGO IL USA 1966
Internship and Year	HOSP-JOINT DISEASES-MED CTR-NEW YORK NY 1967
Residency and Year	HOSP-JOINT DISEASES-MED CTR-NEW YORK NY 1968
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	12085
License Date	9/3/2003
Name	<b>TAYLOR, JESSIE R MD</b>
Address	OCCUPATIONAL MEDICINE, 14 A BROAD STREETNASHUA, NH, 03060
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF MISSISSIPPI, JACKSON MS US 1971
Internship and Year	BAPTIST MEMORIAL HOSPITAL, MEMPHIS TN 1972
Residency and Year	BAPTIST MEMORIAL HOSPITAL, MEMPHIS TN 1972
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	13130
License Date	6/7/2006
Name	<b>TAYLOR, RICHARD G MD</b>
Address	CENTRAL VERMONT MEDICAL CTR, BOX 547BARRE, VT, 05641
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF VERMONT, BURLINGTON VT US 2002
Internship and Year	UNIVERSITY OF MICHIGAN, ANN ARBOR MI 2003
Residency and Year	UNIVERSITY OF MICHIGAN, ANN ARBOR MI 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>LAPSED FOR NONRENEWAL 6/30/14 RENEWED 8/11/14</b>

License Number	15141
License Date	2/2/2011
Name	<b>TAYLOR, RODNEY J MD</b>
Address	BOX 241, GRANTHAM, NH, 03753
Specialty	U
Board Certified	U
School and Year of Graduation	UNIVERSITY OF VERMONT USA 1973
Internship and Year	UNIVERSITY OF WISCONSIN HOSPITAL & CLINICS - MADISON, WI 1974
Residency and Year	ALBANY MEDICAL CENTER - ALBANY, NY 1978
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	12720
License Date	5/4/2005
Name	<b>TAYLOR, SARAH F MD</b>
Address	WETFORD INTERNAL MEDICINE, 133 LITTLETON RD STE 202WESTFORD, MA, 01886
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF MASS, WORCESTER MA US 2000
Internship and Year	RHODE ISLAND HOSPITAL, PROVIDENCE RI 2001
Residency and Year	RHODE ISLAND HOSPITAL, PROVIDENCE RI 2003
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	15496
License Date	12/7/2011
Name	<b>TAYLOR, STACY A MD</b>
Address	28 CIDER MILL RD, SUDBURY, MA, 01776
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY MASSACHUSETTS MEDICAL SCHOOL, MA USA 2004
Internship and Year	HARVARD LONGWOOD PSYCHIATRY PROGRAM, BOSTON, MA 02215 2005
Residency and Year	HARVARD LONGWOOD PSYCHIATRY PROGRAM, BOSTON, MA 02215 2006
License Expiration Date	<b>6/30/2015</b>
Remarks	



License Number 14271  
 License Date 12/3/2008  
 Name **TAYLOR, STEVEN D MD**  
 Address 8 CHRISTIE LANE, STRATHAM, NH, 03885  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF NEVADA USA 1986  
 Internship and Year UNIV OF NEVADA SCHOOL OF MEDICINE - LAS VEGAS, NV 1987  
 Residency and Year UNIV OF UTAH MEDICAL CENTER - SALT LAKE CITY, UT 1989  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9026  
 License Date 8/4/1993  
 Name **TAYLOR, SUE A MD**  
 Address ENDOCRINOLOGY & DIABETES CONS, 10 MEMBER WAY STE 400DOVER, NH, 03820  
 Specialty END  
 Board Certified END  
 School and Year of Graduation UNIVERSITY OF VERMONT COLL OF MEDICINE USA 1987  
 Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1990  
 Residency and Year BAYSTATE MEDICLA CENTER - SPRINGFIELD, MA 1993  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15203  
 License Date 4/6/2011  
 Name **TAYLOR, THOMAS H MD**  
 Address DHMC - DEPT OF GE AND HEP, ONE MED CTR DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation GEORGE WASHINGTON UNIVERSITY USA 2004  
 Internship and Year OREGON HEALTH SCIENCES UNIVERSITY - PORTLAND, OR 2005  
 Residency and Year OREGON HEALTH SCIENCES UNIVERSITY - PORTLAND, OR 2007  
 License Expiration Date **7/31/2011**  
 Remarks **DECEASED 7/31/2011**

License Number 6123  
 License Date 9/18/1979  
 Name **TAYLOR, THOMAS H MD**  
 Address WHITE RIVER JCT VA HOSPITAL, 215 NORTH MAIN STWHITE RIVER JCT, VT, 05009  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF COLORADO SCH MEDICAL - DENVER, CO USA 1972  
 Internship and Year CAMBRIDGE HOSPITAL - CAMBRIDGE, MA 1973  
 Residency and Year ROBERT B FBRIGHAM HOSPITAL - BOSTON, MA 1978  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15855  
 License Date 9/5/2012  
 Name **TAYLOR-BLACK, SARAH A MD**  
 Address CHESHIRE MED CTR/DH - KEENE, 580-590 COURT STKEENE, NH, 03431  
 Specialty AI  
 Board Certified IM  
 School and Year of Graduation THE WARREN ALPERT MEDICAL SCHOOL OF BROWN UNIV USA 2007  
 Internship and Year NEW YORK PRESBYTERIAN HOSPITAL - NY, NY 2008  
 Residency and Year NEW YORK PRESBYTERIAN HOSPITAL - NY, NY 2010  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10570  
 License Date 5/5/1999  
 Name **TEDESCO, RICHARD F MD**  
 Address BAY MEDICAL ASSOCIATES, 4 ELIOTT WAY STE 102MANCHESTER, NH, 03103  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation ALBERT EINSTEIN COLL OF MED - BRONX, NY USA 1995  
 Internship and Year ALBERT EINSTEIN COLLEGE OF MEDICINE - BRONX, NY 1996  
 Residency and Year ALBERT EINSTEIN COLLEGE OF MEDICINE- BRONX, NY 1998  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 6810  
 License Date 10/6/1983  
 Name **TEEM, PAUL N MD**  
 Address 1984 LUDWIG AVE, SANT ROSA, CA, 95407  
 Specialty FP  
 Board Certified  
 School and Year of Graduation STANFORD UNIV SCH MEDICINE - PALO ALTO, CA USA 1981  
 Internship and Year NEW ENGLAND MEMORIAL HOSPITAL - STONEHAM, MA 1982  
 Residency and Year NEW ENGLAND MEMORIAL HOSPITAL - STONEHAM, MA 1984  
 License Expiration Date **5/27/2011**  
 Remarks **DECEASED 5/27/11**  
**LAPSED FOR NON-RENEWAL 6/30/02-----REINSTATED 1/4/06**

License Number 16884  
 License Date 12/3/2014  
 Name **TEET, JAMES J DO**  
 Address DOCTOR ON DEMAND LLC, 121 SPEAR ST(RINCON 2)STE 420SAN FRANCISCO, CA, 94105  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE USA 2011  
 Internship and Year UPMC MERCY-LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE - PITTSBURGH, PA 2012  
 Residency and Year SOUTH NASSAU COMMUNITIES HOSPITAL - OCEANSIDE, NY 2014  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14822  
 License Date 4/7/2010  
 Name **TEJEDA SOTO, ROBIN I MD**  
 Address BAYVIEW PHYSICIANS, 736 N BATTLEFIELD BLVDCHESAPEAKE, VA, 23320  
 Specialty IM  
 Board Certified  
 School and Year of Graduation INSTITUTO TECNOLOGICO DE SANTO DOMINGO DOMINICAN REPUBLIC 1993  
 Internship and Year WOODHULL MEDICAL & MENTAL HEALTH CTR - BROOKLYN, NY 2008  
 Residency and Year WOODHULL MEDICAL & MENTAL HEALTH CTR - BROOKLYN, NY 2009  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 12953  
 License Date 11/2/2005  
 Name **TEJEDA, RAFAEL MD**  
 Address ST JOSEPH HOSPITAL/HOSPITALIST, 172 KINSLEY STNASHUA, NH, 03061-2013  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation U.OF NACIONAL PEDRO HENRIQUEZ URENA, DOMINICAN REP DOMINICAN REPUBLIC 1997  
 Internship and Year ILLINOIS MASONIC MED CTR, CHICAGO IL 2003  
 Residency and Year ILLINOIS MASONIC MED CTR, CHICAGO IL 2005  
 License Expiration Date **6/30/2017**  
 Remarks **7/8/11- Settlement Agreement**

License Number 12086  
 License Date 9/3/2003  
 Name **TEK, CENK MD**  
 Address U OF MD MEDICAL SYSTEM CONSULT, 22 S GREENE ST BOX 349BALTIMORE, MD, 21201  
 Specialty P  
 Board Certified P  
 School and Year of Graduation HACETTEPE UNIVERSITY, ANKARA ANKARA 1991  
 Internship and Year UNIVERSITY OF MARYLAND, BALTIMORE MD 2000  
 Residency and Year UNIVERSITY OF MARYLAND, BALTIMORE MD 2001  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 13232  
 License Date 8/2/2006  
 Name **TELESCO, RICHARD R MD**  
 Address ELLIOT HOSPITAL-NICU, ONE ELLIOTT WAYMANCHESTER, NH, 03103  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation STATE UNIV OF NEW YORK USA 2000  
 Internship and Year VIRGINIA COMMONWEALTH UNIV-RICHMOND, VA 2001  
 Residency and Year VIRGINIA COMMONWEALTH UNIV-RICHMOND, VA 2003  
 License Expiration Date **6/30/2008**  
 Remarks

License Number	6221
License Date	6/9/1980
Name	<b>TEMME, THOMAS J MD</b>
Address	COOS COUNTY FAMILY HEALTH SERV, 2 BROADWAY STGORHAM, NH, 03581-1597
Specialty	FP
Board Certified	FP
School and Year of Graduation	KATHOLIEKE UNIV.-BELGUIM BELGUIM 1977
Internship and Year	HUNTERDON MED CTR-FLEMINGTON,NJ 1978
Residency and Year	HUNTERDON MED CTR - FLEMINGTON, NJ 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4452
License Date	7/3/1969
Name	<b>TEMPLE, KIMBALL B MD</b>
Address	114 JORDAN RD, KEENE, NH, 03431-5509
Specialty	CD
Board Certified	IM
School and Year of Graduation	UNIV OF ROCHESTER - NY USA 1962
Internship and Year	NORTH CAROLINA HOSPITAL - CHAPEL HILL, NC 1963
Residency and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1969
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	4097
License Date	7/10/1967
Name	<b>TEMPLE, ROGER C MD</b>
Address	303 KNOX MARSH RD, MADBURY, NH, 03823
Specialty	GS
Board Certified	GS
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1960
Internship and Year	RHODE ISLAND HOSPITAL - PROVIDENCE RI 1961
Residency and Year	RHODE ISLAND HOSPITAL - PROVIDENCE RI 1967
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	10597
License Date	6/2/1999
Name	<b>TENBROOK JR, JOHN A MD</b>
Address	NEW LONDON PHYSICIAN GROUP, 280 COUNTY RD STE 101NEW LONDON, NH, 03257
Specialty	IM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1996
Internship and Year	JOHN HOPKINS BAYVIEW MEDICAL CTR - BALTIMORE, MD 1997
Residency and Year	JOHN HOPKINS BAYVIEW MEDICAL CTR - BALTIMORE,MD 1998
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	14331
License Date	2/4/2009
Name	<b>TENG, ERWEY A MD</b>
Address	CENTRAL MAINE MED CTR, 76 HIGH STLEWISTON, ME, 04240
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF ROCHESTER USA 2002
Internship and Year	UNIVERSITY HOSPITALS CASE MEDICAL CENTER - CLEVELAND, OH 2003
Residency and Year	UNIVERSITY HOSPITALS CASE MEDICAL CENTER - CLEVELAND, OH 2005
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	11432
License Date	10/3/2001
Name	<b>TENG, MARK P MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	BOSTON UNIV SCH OF MED - BOSTON, MA USA 1995
Internship and Year	BOSTON MEDICAL CENTER - BOSTON, MA 1996
Residency and Year	BOSTON MEDICAL CENTER - BOSTON, MA 1998
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	3968
License Date	9/15/1966
Name	<b>TENN, JAMES J MD</b>
Address	16 HIGH ST, MANCHESTER, NH, 03101-1629
Specialty	IM
Board Certified	
School and Year of Graduation	AMERICAN UNIV BEIRUT, LEBANON LEBANON 1960
Internship and Year	AMERICAN UNIV OF BEIRUT - BEIRUT, LEBANON 1961
Residency and Year	AKRON GENERAL HOSPITAL - AKRON, OH 1964
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	12287
License Date	4/7/2004
Name	<b>TERAYANONT, TAVEEPONG MD</b>
Address	7391 TIMBER RIDGE RD, ROSCOE, IL, 61073
Specialty	PD
Board Certified	PD
School and Year of Graduation	CHULALONG KORN UNIVERSITY, THAILAND THAILAND 1974
Internship and Year	LINCOLN MEDICAL CTR, BRONX NY 1977
Residency and Year	LINCOLN MEDICAL CTR, BRONX NY 1979
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 6538  
 License Date 5/6/1982  
 Name **TERLIZZI, MICHAEL J MD**  
 Address 29 STILES RD, STE 303SALEM, NH, 03079-2859  
 Specialty D  
 Board Certified D  
 School and Year of Graduation LOYOLA UNIV STRITCH SCH MED-MAYWOOD,IL USA 1974  
 Internship and Year ALBANY MED CTR HOSP-ALBANY,NY 1976  
 Residency and Year ALBANY MED CTR HOSP-ALBANY,NY 1979  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 2875  
 License Date 9/12/1051  
 Name **TERRAGNI, MANLIO J MD**  
 Address 65 VICTORIA ST, MANCHESTER, NH, 03104-1971  
 Specialty IM  
 Board Certified  
 School and Year of Graduation COLUMBIA UNIV NEW YORK USA 1942  
 Internship and Year FORDHAM HOSPITAL BRONX,NY 1946  
 Residency and Year GERMANTOWN DISPENSARY AND HOSPITAL - PHILADELPHIA 1951  
 License Expiration Date **6/30/1999**  
 Remarks **DECEASED 12/14/98**

License Number 15329  
 License Date 7/6/2011  
 Name **TERRELL, JASON B MD**  
 Address ANY LAB TEST NOW, 5217 82nd ST., SUITE 102ALUBBOCK, TX, 79424  
 Specialty OS  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF TEXAS USA 2006  
 Internship and Year TEXAS TECH UNIV HEALTH SCIENCES CENTER-LUBBOCK, TX 2007  
 Residency and Year TEXAS TECH UNIV HEALTH SCIENCES CENTER-LUBBOCK, TX 2011  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16885  
 License Date 12/3/2014  
 Name **TERRERI, ANTHONY A MD**  
 Address RAYS, 12727 NOED RD STE 1600DALLAS, TX, 75240  
 Specialty NM  
 Board Certified NM  
 School and Year of Graduation UNIFORMED SERVICES UNIV OF THE HEALTH SCIENCES USA 1995  
 Internship and Year ST LOUIS UNIVERSITY SCHOOL OF MEDICINE - BELLEVILLE, IL 1996  
 Residency and Year ST LOUIS UNIVERSITY SCHOOL OF MEDICINE - BELLEVILLE, IL 1998  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 7162  
 License Date 7/10/1985  
 Name **TERRES, JEROME MD**  
 Address 27 INDIAN PIPE RD, PO BOX 815FRANCONIA, NH, 03580  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation TUFTS SCHOOL OF MEDICINE-BOSTON, MA USA 1979  
 Internship and Year VALLEY MEDICAL CENTER-FRESNO, CA 1980  
 Residency and Year VALLEY MEDICAL CENTER-FRESNO, CA 1985  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15166  
 License Date 3/2/2011  
 Name **TERRILL, MITCHELL N MD**  
 Address RENO VA HOSPITAL, DEPT OF RADIOLOGY, 975 KIRMAN AVERENO, NV, 89502  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIVERSITY OF CAROLINA SCHOOL OF MEDICINE USA 1968  
 Internship and Year MARSHALL UNIVERSITY SCHOOL OF MEDICINE-HUNTINGTON, WV 1998  
 Residency and Year UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE - LOUISVILLE, KY 2002  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10764  
 License Date 11/3/1999  
 Name **TERRILL, ROBERT Q MD**  
 Address 291 LINCOLN ST 204, WORCESTER, MA, 01605  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation UNIVERSITY OF TEXAS USA 1984  
 Internship and Year UNIVERSITY OF MASSACHUSETTS - WORCESTER MA 1985  
 Residency and Year UNIVERSITY OF MASSACHUSETTS - WORCESTER MA 1989  
 License Expiration Date **6/30/2003**  
 Remarks

License Number 16393  
 License Date 11/6/2013  
 Name **TERRY, KIMBERLY D MD**  
 Address 315 NORTH SAN SABA STE 1210, SAN ANTONIO, TX, 78207  
 Specialty NS  
 Board Certified NS  
 School and Year of Graduation EMORY UNIVERSITY SCHOOL OF MEDICINE USA 1994  
 Internship and Year EMORY UNIVERSITY HOSPITAL - ATLANTA, GA 1995  
 Residency and Year EMORY UNIVERSITY HOSPITAL - ATLANTA, GA 2001  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11293  
 License Date 6/6/2001  
 Name **TERWILLIGER, GEORGE P MD**  
 Address CHESHIRE MEDICAL CTR, 580 COURT STKEENE, NH, 03431  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF VERMONT COLL- BURLINGTON, VT USA 1989  
 Internship and Year UNIV OF MASSACHUSETTS MED SCH - WORCESTER, MA 1990  
 Residency and Year UNIV OF MASSACHUSETTS MED SCH - WORCESTER, MA 1992  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 17195  
 License Date 7/1/2015  
 Name **TERZAGHI, NADIA MD**  
 Address 855 N PARK RD APT N302, WYOMISSING, PA, 19610  
 Specialty FP  
 Board Certified  
 School and Year of Graduation THOMAS JEFFERSON UNIVERSITY USA 2012  
 Internship and Year READING HOSPITAL & MEDICAL CENTER - W READING, PA 2013  
 Residency and Year READING HOSPITAL & MEDICAL CENTER - W READING, PA 2015  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10037  
 License Date 6/4/1997  
 Name **TESSIER, CHRISTOPHER D MD**  
 Address DEPARTMENT OF UROLOGY, 3710 SW US VETERAND HOSPITAL ROADPORTLAND, OR, 97239  
 Specialty U  
 Board Certified U  
 School and Year of Graduation JEFFERSON MEDICAL COLLEGE-PA USA 1991  
 Internship and Year HOSPITAL UNIV OF PENNSYLVANIA - PA 1996  
 Residency and Year HOSPITAL UNIVERSITY OF PENNSYLVANIA-PA 1996  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 4551  
 License Date 4/14/1970  
 Name **TESSIER, PAUL A MD**  
 Address LAFAYETTE PROFESSIONAL CENTER, 288 LAFAYETTE RD BLDG APORTSMOUTH, NH, 03801  
 Specialty U  
 Board Certified  
 School and Year of Graduation UNIV OF BRUSSELS BELGIUM 1964  
 Internship and Year UNIV HOSPITAL - BOSTON, MA 1965  
 Residency and Year BOSTON CITY HOSPITAL - BOSTON, MA 1970  
 License Expiration Date **6/30/1999**  
 Remarks **1/8/99 - SETTLEMENT AGREEMENT**



License Number 6455  
 License Date 9/9/1981  
 Name **TETIRICK JR, CARL E MD**  
 Address 243 ELM ST, CLAREMONT, NH, 03743  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation BAYLOR COLL MED-HOUSTON,TX USA 1973  
 Internship and Year BAYLOR COLL MED-HOUSTON,TX 1974  
 Residency and Year OHIO STATE UNIV-COLUMBUS,OH 1980  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9571  
 License Date 10/4/1995  
 Name **TEUFEL, EDWARD J MD**  
 Address CARDIOVASCULAR CONSULTANTS ME, 96 CAMPUS DRSCARBOROUGH, ME, 04074  
 Specialty CD  
 Board Certified CD  
 School and Year of Graduation GEORGETOWN UNIV SCH OF MED-WASHINGTON,DC USA 1993  
 Internship and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1994  
 Residency and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1996  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 8568  
 License Date 6/5/1991  
 Name **THADANI, VIJAY M MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty N  
 Board Certified N  
 School and Year of Graduation COLUMBIA UNIV COLLEGE OF PHYSICIANS AND SURG USA 1985  
 Internship and Year ST LUKES-ROOSEVELT 1986  
 Residency and Year YALE UNIVERSITY SCHOOL OF MED 1989  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15008  
 License Date 9/1/2010  
 Name **THADISINA, SOWMYA R MD**  
 Address 74 ACCESS HWY, PO BOX 40CARIBOU, ME, 04736  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation OSMANIA MEDICAL COLLEGE INDIA 2003  
 Internship and Year UNIVERSITY HOSPITAL OF ARKANSAS - LITTLE ROCK, ARKANSAS 2008  
 Residency and Year UNIVERSITY HOSPITAL OF ARKANSAS - LITTLE ROCK, ARKANSAS 2010  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 9027  
 License Date 8/4/1993  
 Name **THAKKAR, PARESH K MD**  
 Address , , ,  
 Specialty GS  
 Board Certified  
 School and Year of Graduation  
 Internship and Year  
 Residency and Year  
 License Expiration Date **6/30/1996**  
 Remarks

License Number 16141  
 License Date 5/1/2013  
 Name **THAKUR, DEVENDRA S MD**  
 Address DARTMOUTH HITCHCOCK MED CTR - DEPT OF PSYCHIATRY, ONE MEDICAL CENTER DRLEBANON, N  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIVERSITY OF SC SCHOOL OF MEDICINE USA 2008  
 Internship and Year THE MOUNT SINAI MEDICAL CENTER - NEW YORK, NY 2009  
 Residency and Year THE MOUNT SINAI MEDICAL CENTER - NEW YORK, NY 2012  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16927  
 License Date 1/21/2015  
 Name **THAKUR, NIKHIL A MD**  
 Address 6620 FLY RD STE 200, E SYRACUSE, NY, 13057  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation THE GEISEL SCHOOL OF MEDICINE @ DARTMOUTH USA 2005  
 Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2006  
 Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2010  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 6247  
 License Date 7/3/1980  
 Name **THALER, FREDERICK K MD**  
 Address KITTELY FAMILY PRACTICE, 22 SHAPLEIGH RDKITTELY, ME, 03904-1455  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation BROWN UNIV OF BIOLOGICAL MED-PROV,RI USA 1977  
 Internship and Year UNIV OF MINNESOTA HOSP-MINNEAPOLIS,MN 1978  
 Residency and Year UNIV OF MINNESOTA HOSP-MINNEAPOLIS,MN 1980  
 License Expiration Date **6/30/2012**  
 Remarks

License Number	14308
License Date	1/7/2009
Name	<b>THATAI, LATA C MD</b>
Address	LAHEY CENTER HEMATOLOGY & ONCOLOGY PARKLAND MED CT, 6 TSIENNETO RD STE 101DERRY,
Specialty	HO
Board Certified	HO
School and Year of Graduation	PUNJAB UNIV INDIA 1987
Internship and Year	DETROIT MEDICAL CENTER WAYNE STATE UNIV - DETROIT, MI 1999
Residency and Year	DETROIT MEDICAL CENTER WAYNE STATE UNIV - DETROIT, MI 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11012
License Date	7/5/2000
Name	<b>THATCHER, GENTRY W MD</b>
Address	ANDOVER EAR NOSE & THROAT CTR, 198 MASSACHUSETTS AVENORTH ANDOVER, MA, 01845
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	TUFTS UNIVERSITY - BOSTON MA USA 1995
Internship and Year	HENNEPIN COUNTY MEDICAL CENTER - MINNEAPOLIS MN 1996
Residency and Year	UNIVERSITY OF MINNESOTA - MINNEAPOLIS MN 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7635
License Date	6/3/1987
Name	<b>THATCHER, JONATHAN C MD</b>
Address	17 BELMONT AVE, BRATTLEBORO, VT, 05301
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	BOSTON UNIV SCH MED - BOSTON, MA USA 1982
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1983
Residency and Year	UNIV MASS HOSPITAL MEDICAL CENTER - WORCESTER, MA 1986
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	11143
License Date	12/6/2000
Name	<b>THATCHER, RALPH J MD</b>
Address	VALUE OPTIONS HLTH CARE, 40 ALLIED DRDEDHAM, MA, 02026
Specialty	P
Board Certified	P
School and Year of Graduation	ST LOUIS UNIV SCH OF MED - ST LOUIS, MO USA 1969
Internship and Year	ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1970
Residency and Year	ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1973
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	12558
License Date	12/1/2004
Name	<b>THAWANI, KALPANA MD</b>
Address	2227 VILLAGE GREEN PKWY, CHESTERFIELD, MO, 63017
Specialty	IM
Board Certified	
School and Year of Graduation	SECOND TASHKENT STATE MED INST, UZBEKISTAN UZBEKISTAN 1993
Internship and Year	ST LUKES HOSP, CHESTERFIELD MO 2002
Residency and Year	ST LUKES HOSP, CHESTERFIELD MO 2004
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	3253
License Date	6/4/1958
Name	<b>THAYER, CHARLES L MD</b>
Address	149 WILD ROSE LN, NEWCASTLE, , 03854
Specialty	GS
Board Certified	GS
School and Year of Graduation	TUFTS MEDICAL SCHOOL USA 1953
Internship and Year	MERCY HOSPITAL TOLEDO - OHIO 1954
Residency and Year	MASSACHUSETTS MEMORIAL BOSTON - MASSACHUSETTS 1958
License Expiration Date	<b>6/30/2008</b>
Remarks	Deceased 11/13/2012

License Number	11577
License Date	4/3/2002
Name	<b>THAYER, KATHARINE M MD</b>
Address	DARTMOUTH-HITCHCOCK OB-GYN, 253 PLEASANT STCONCORD, NH, 03301
Specialty	OBG
Board Certified	
School and Year of Graduation	UNIV OF MASSACHUSETTS MED SCH- WORCESTER, MA USA 1997
Internship and Year	IDAHO STATE UNIV - POCATELLO, ID 1998
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1999
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	15363
License Date	8/3/2011
Name	<b>THEILER, REGAN N MD</b>
Address	DH MEDICAL CENTER, 1 MEDICAL CENTER DRIVELEBANON, NH, 03756
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF WISCONSIN MEDICAL SCHOOL USA 2003
Internship and Year	EMORY UNIVERSITY SCHOOL OF MEDICINE - ATLANTA, GA 2004
Residency and Year	EMORY UNIVERSITY SCHOOL OF MEDICINE - ATLANTA, GA 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12359
License Date	6/2/2004
Name	<b>THEIN, MIMI W MD</b>
Address	82 FOX RUN RD, BOLTON, MA, 01740
Specialty	PN
Board Certified	PN
School and Year of Graduation	UNIVERSITY OF PENNSYLVANIA, UNIVERSITY PARK PA US 1993
Internship and Year	CARITAS ST ELIZABETHS MED CTR, BOSTON MA 1994
Residency and Year	BETH ISRAEL DEACONESS, BOSTON MA 1997
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	16333
License Date	9/4/2013
Name	<b>THEODOSIOU, ELENA N MD</b>
Address	APPLEDORE MED GRP HEMATOLOGY & ONCOLOGY ASSOC, 155 BORTHWICK AVE, STE 301 EASTPO
Specialty	HO
Board Certified	HO
School and Year of Graduation	UNIVERSITY OF ATHENS GREECE 1996
Internship and Year	ST JOHNS EPISCOPAL HOSPITAL SOUTH SHORE - FAR ROCKAWAY, NY 1999
Residency and Year	ST JOHNS EPISCOPAL HOSPITAL SOUTH SHORE - FAR ROCKAWAY, NY 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8601
License Date	7/17/1991
Name	<b>THEOFRASTOUS, JAMES P MD</b>
Address	, , ,
Specialty	OBG
Board Certified	
School and Year of Graduation	UNIVERSITY OF VERMONT USA 1987
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1993</b>
Remarks	<b>9/9/94 - 5 YEAR SUSPENSION</b>

License Number	12181
License Date	12/3/2003
Name	<b>THEOHARIS, JENNIFER A MD</b>
Address	9002 HIGHLANDS CV, BOERNE, TX, 78006
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF CHICAGO, CHICAGO IL US 1997
Internship and Year	ST JOSEPH MERCY HOSPITAL, ANN ARBOR MI 1998
Residency and Year	UNIVERSITY OF MICHIGAN, ANN ARBOR MI 2003
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number 9290  
 License Date 9/7/1994  
 Name **THERIAULT, ROBERT A DO**  
 Address 190 BROAD ST, STE 103 NASHUA, NH, 03063-3121  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation PHILADELPHIA COLL OF OSTEOPATHIC MEDICINE USA 1991  
 Internship and Year PENINSULA HOSPITAL - FAR ROCKAWAY NY 1992  
 Residency and Year PENINSULA HOSPITAL - FAR ROCKAWAY NY 1993  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15839  
 License Date 9/5/2012  
 Name **THERMITUS, SERAPHINE A MD**  
 Address NASHUA PEDIATRICS, 444 NASHUA ST MILFORD, NH, 03055  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation MEDICAL FACULTY UNIVERSITY OF ULM GERMANY 1994  
 Internship and Year NASSAU UNIVERSITY MEDICAL CENTER - EAST MEADOW, NY 1999  
 Residency and Year NASSAU UNIVERSITY MEDICAL CENTER - EAST MEADOW, NY 2001  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9132  
 License Date 3/2/1994  
 Name **THERIAULT, SUSAN L MD**  
 Address WOLFEBORO FAMILY MEDICINE, 240 S MAIN ST WOLFEBORO, NH, 03890  
 Specialty FP  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE USA 1991  
 Internship and Year EASTERN ME MEDICAL CENTER - BANGOR ME 1994  
 Residency and Year EASTERN ME MEDICAL CENTER - BANGOR ME 1994  
 License Expiration Date **6/30/2016**  
 Remarks **lapsed 6/30/10 - reinstated 3/6/13**

License Number 9755  
 License Date 6/5/1996  
 Name **THESING, GREGORY J MD**  
 Address CONCORD HOSPITAL FAMILY HEALTH, 15 ANTRIM RD HILLSBORO, NH, 03244  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation MEDICAL SCHOOL OF GEORGIA SCH OF MED USA 1988  
 Internship and Year DAVID GRANT USAF MEDICAL CENTER - TRAVIS AFB, CA 1991  
 Residency and Year DAVID GRANT USAF MED CTR 1991  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	15972
License Date	12/5/2012
Name	<b>THEVENTHIRAN, JAMUNA MD</b>
Address	333 BORTHWICK AVE, PORTSMOUTH, NH, 03801
Specialty	P
Board Certified	P
School and Year of Graduation	ST GEORGES UNIVERSITY WEST INDIES 2008
Internship and Year	ST VINCENTS HOSPITAL & MEDICAL CENTER OF NY - NY, NY 2009
Residency and Year	ST VINCENTS HOSPITAL & MEDICAL CENTER OF NY - NY, NY 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16435
License Date	12/4/2013
Name	<b>THIAGARAJAN, SUBHA MD</b>
Address	NEW ENGLAND CTR FOR MENTAL HEALTH, 119 RUSSELL ST., STE 30LITTLETON, MA, 01460-1289
Specialty	P
Board Certified	P
School and Year of Graduation	MADRAS MEDICAL COLLEGE INDIA 1986
Internship and Year	BROCKTON-WEST ROXBURY VETERANS AFFAIRS MEDICAL CENTER - BROCKTON, MA 1990
Residency and Year	BROCKTON-WEST ROXBURY VETERANS AFFAIRS MEDICAL CENTER - BROCKTON, MA 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11858
License Date	3/5/2003
Name	<b>THIBODEAU, KRISTOPHER P MD</b>
Address	FT BELVOIR COMMUNITY HOSPITAL, 9300 DeWITT LOOPFT BELVOIR, VA, 22060
Specialty	FP
Board Certified	FM
School and Year of Graduation	F EDWARD HEBERT SCH OF MED - BETHESDA, MD USA 2000
Internship and Year	NAVAL HOSPITAL - JACKSONVILLE, FL 2001
Residency and Year	NAVAL HOSPITAL - JACKSONVILLE, FL 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6351
License Date	3/5/1981
Name	<b>THIES, ROBERT W MD</b>
Address	ELLIOT NEUROLOGY ASSOCIATES, 185 QUEEN CITY AVEMANCHESTER, NH, 03101-7100
Specialty	N
Board Certified	N
School and Year of Graduation	CORNELL UNIV MED COL-NY,NY USA 1976
Internship and Year	NORTH SHORE UNIV HOSPITAL - MANHASSET, NY 1981
Residency and Year	NORTH SHORE UNIV HOSP-MANHASSET,NY 1981
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 12325  
 License Date 5/5/2004  
 Name **THISSELL, JAMESON G MD**  
 Address CONCORD HOSPITAL EMERGENCY, 250 PLEASANT ST CONCORD, NH, 03301  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation COLUMBIA UNIVERSITY, NEW YORK NY US 2001  
 Internship and Year ALBANY MEDICAL COLLEGE, ALBANY NY 2003  
 Residency and Year ALBANY MEDICAL COLLEGE, ALBANY NY 2004  
 License Expiration Date **5/21/2008**  
 Remarks **Deceased 05/21/08**

License Number 7105  
 License Date 5/2/1985  
 Name **THOMAS II, JOHN D MD**  
 Address ST ELIZABETH MED CTR, 2209 GENESEE ST UTICA, NY, 13501  
 Specialty PM  
 Board Certified PM  
 School and Year of Graduation UNIVERSIDAD DEL NORESTE-TAMICO, MEXICO MEXICO 1980  
 Internship and Year ST VINCENT MED CENTER-STATEN ISLAND, NY 1982  
 Residency and Year ST VINCENT MED CENTER-STATEN ISLAND, NY 1982  
 License Expiration Date **11/6/2014**  
 Remarks

License Number 15497  
 License Date 12/7/2011  
 Name **THOMAS III, SAMUEL CHARLES MD**  
 Address 17 BROOK ST, TINTON FALLS, NJ, 07712-3101  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation HAHNEMANN UNIVERSITY SCHOOL OF MEDICINE, PA USA 1993  
 Internship and Year EMORY UNIVERSITY SCHOOL OF MEDICINE, ATLANTA, GA 30303 1994  
 Residency and Year EMORY UNIVERSITY SCHOOL OF MEDICINE, ATLANTA, GA 30303 1995  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 17243  
 License Date 8/5/2015  
 Name **THOMAS JR, GEORGE P MD**  
 Address 4 MEADOWBROOK VILLAGE, APT 2 WEST LEBANON, NH, 03784-1521  
 Specialty N  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF KANSAS SCHOOL OF MEDICINE - KS USA 2011  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2015  
 License Expiration Date **6/30/2017**  
 Remarks



License Number 14945  
 License Date 7/7/2010  
 Name **THOMAS, ADRIAN J MD**  
 Address NH NEURO SPINE INSTITUTE, 4 HAWTHORNE DR BEDFORD, NH, 03110  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation STANFORD UNIVERSITY USA 2004  
 Internship and Year HOSPITAL FOR SPECIAL SURGERY CORNELL MEDICAL CENTER - NY, NY 2005  
 Residency and Year HOSPITAL FOR SPECIAL SURGERY CORNELL MEDICAL CENTER - NY, NY 2009  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15893  
 License Date 10/3/2012  
 Name **THOMAS, CHRISTIAN A MD**  
 Address NEW ENGLAND CANCER SPECIALISTS, 100 CAMPUS DR STE 108 SCARBOROUGH, ME, 04074  
 Specialty HO  
 Board Certified HO  
 School and Year of Graduation JOHANN WOLFGANG GOETHE UNIVERSITY GERMANY 1986  
 Internship and Year NEW YORK PRESBYTERIAN HOSPITAL - NEW YORK, NY 1995  
 Residency and Year NEW YORK PRESBYTERIAN HOSPITAL - NEW YORK, NY 1997  
 License Expiration Date **6/30/2016**  
 Remarks **LAPSED FOR NONRENEWAL 6/30/14**  
**RENEWED 7/22/14**

License Number 14180  
 License Date 9/3/2008  
 Name **THOMAS, DAVID B MD**  
 Address UNIV MIAMI HOSP, 1400 NW 12TH AVE 4TH FLR RM 4076 MIAMI, FL, 33136  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation EAST CAROLINA UNIV USA 1990  
 Internship and Year UNIV OF NORTH CAROLINA HOSPITAL - CHAPEL HILL, NC 1991  
 Residency and Year UNIV OF NORTH CAROLINA HOSPITAL - CHAPEL HILL, NC 1993  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 5589  
 License Date 8/12/1976  
 Name **THOMAS, E ALFRED MD**  
 Address OPHTHALMOLOGY ASSOCIATES, 580 ST JOHNSBURY RD STE LLITTLETON, NH, 03561  
 Specialty OPH  
 Board Certified  
 School and Year of Graduation UNIV OF FLORIDA COLLEGE OF MEDICINE USA 1966  
 Internship and Year WESTCHESTER COUNTY MEDICAL CENTER - VALHALLA, NY 1967  
 Residency and Year WESTCHESTER COUNTY MEDICAL CENTER - VALHALLA, NY 1970  
 License Expiration Date **6/30/2004**  
 Remarks

License Number	11294
License Date	6/6/2001
Name	<b>THOMAS, FRANKLIN R MD</b>
Address	WEDIKO CHILDREN'S SERVICES, 11 BOBCAT BLVD WINDSOR, NH, 03244
Specialty	EM
Board Certified	EM
School and Year of Graduation	TUFTS UNIV SCH OF MED - BOSTON, MA USA 1974
Internship and Year	UNIV OF NORTH CAROLINA HOSP - CHAPEL HILL, NC 1975
Residency and Year	UNIV OF NORTH CAROLINA HOSP - CHAPEL HILL, NC 1977
License Expiration Date	<b>6/30/2009</b>
Remarks	<b>NO DISCIPLINARY ACTION. 2/10/03 THERE HAS BEEN AN ASSESSMENT OF A CIVIL PENALTY FOR FAILURE TO RENEW HIS LICENSE IN A TIMELY MANNER.</b>

License Number	11144
License Date	12/6/2000
Name	<b>THOMAS, GAILYN B MD</b>
Address	DHMC - DEPT OF OB/GYN, ONE MEDICAL CTR DR LEBANON, NH, 03756
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	MEDICAL COLL OF PENNSYLVANIA- PHILA, PA USA 1990
Internship and Year	READING HOSPITAL & MEDICAL CENTER - W READING, PA 1991
Residency and Year	READING HOSPITAL & MEDICAL CENTER - W READING, PA 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>lapsed 6/30/04-reinstated 7/1/15</b>

License Number	4648
License Date	1/13/1971
Name	<b>THOMAS, GORDON C G MD</b>
Address	184 LEIGHTON AVE NORTH, LACONIA, NH, 03246-3156
Specialty	P
Board Certified	
School and Year of Graduation	UNIV OF VIRGINIA USA 1944
Internship and Year	NAVAL HOSPITAL - BETHESDA, MD 1945
Residency and Year	UNIV OF VIRGINIA - CHARLOTTESVILLE, VA 1949
License Expiration Date	<b>2/12/2005</b>
Remarks	<b>DECEASED 2-12-05</b>

License Number	4283
License Date	8/19/1968
Name	<b>THOMAS, JO ELLEN MD</b>
Address	33 GREAT BAY DRIVE E, GREENLAND, NH, 03840
Specialty	FP
Board Certified	FP
School and Year of Graduation	OHIO STATE UNIV - COLUMBUS, OH USA 1965
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1966
Residency and Year	COLORADO GENERAL HOSPITAL - DENVER, CO 1968
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10974
License Date	6/7/2000
Name	<b>THOMAS, JOHN P MD</b>
Address	GLEN LAKE FAMILY PRACTICE, 89 SOUTH MAST RDGOFFSTOWN, NH, 03045
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF WISCONSINMED SCH - MADISON, WI USA 1997
Internship and Year	UNIV OF WISCONSIN - MADISON, WI 1998
Residency and Year	PENN STATE UNIV/GOOD SAMARITAN HOSP - LEBANON, PA 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12149
License Date	11/5/2003
Name	<b>THOMAS, JOHN R MD</b>
Address	1604 LAKECLIFF HILLS LANE, AUSTIN, TX, 78732
Specialty	R
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF WISCONSIN, MADISON WI US 1978
Internship and Year	NAVAL HOSPITAL OAKLAND, BETHESDA MD 1979
Residency and Year	NAVAL MEDICAL CTR, SAN DIEGO CA 1983
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	5754
License Date	6/13/1977
Name	<b>THOMAS, KENNETH D MD</b>
Address	182 TARRYTOWN RD, MANCHESTER, NH, 03103
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF VERMONT-BURLINGTON VT USA 1974
Internship and Year	ALBANY MEDICAL CENTER HOSPITAL-ALBANY NY 1975
Residency and Year	ALBANY MEDICAL CENTER HOSPITAL-ALBANY NY 1977
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10975
License Date	6/7/2000
Name	<b>THOMAS, LISA R MD</b>
Address	MMP - MAINEHEALTH CARDIOLOGY, 119 GANNETT DR SO PORTLAND, ME, 04106
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIV OF VERMONT - BURLINGTON, VT USA 1993
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1994
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11433
License Date	10/3/2001
Name	<b>THOMAS, MATTHEW A MD</b>
Address	MARSHFIELD CLINIC, 9601 TOWNLINE RD MINOCQUA, WI, 54548
Specialty	U
Board Certified	U
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1999
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14149
License Date	8/6/2008
Name	<b>THOMAS, MICHAEL R MD</b>
Address	ELLIOT HOSP EMERGENCY MED SPEC, 1 ELLIOT WAY MANCHESTER, NH, 03103
Specialty	EM
Board Certified	EM
School and Year of Graduation	VANDERBILT UNIV USA 1999
Internship and Year	ADVOCATE CHRIST MEDICAL CENTER - OAK LAWN, IL 2000
Residency and Year	ADVOCATE CHRIST MEDICAL CENTER - OAK LAWN, IL 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10976
License Date	6/7/2000
Name	<b>THOMAS, NADINE V MD</b>
Address	DARTMOUTH-HITCHCOCK KEENE, 590 COURT ST KEENE, NH, 03431
Specialty	IM
Board Certified	IM
School and Year of Graduation	HOWARD UNIV COLL OF MED- WASHINGTON, DC USA 1990
Internship and Year	FRANKLIN SQUARE HOSPITAL CENTER - BALTIMORE, MD 1991
Residency and Year	FRANKLIN SQUARE HOSPITAL CENTER - BALTIMORE, MD 1993
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	15894
License Date	10/3/2012
Name	<b>THOMAS, SUCHMOR MD</b>
Address	PASADENA HEALTH CENTER, 908 E SOUTHMORE AVE #100 PASADENA, TX, 77502
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF KERALA INDIA 2001
Internship and Year	UNIVERSITY OF NEW MEXICO - ALBUQUERQUE, NM 2005
Residency and Year	CONROE FAMILY MEDICINE RESIDENCY PROGRAM - CONROE, TX 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 15204  
License Date 4/6/2011  
Name **THOMPSON III, ROBERT B MD**  
Address 3962 STATE ROUTE 9, PLATTSBURGH, NY, 12901  
Specialty EM  
Board Certified EM  
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 1983  
Internship and Year ALBANY MEDICAL COLLEGE - ALBANY, NY 1984  
Residency and Year ALBANY MEDICAL COLLEGE - ALBANY, NY 1986  
License Expiration Date **6/30/2015**  
Remarks

License Number 7783  
License Date 2/3/1988  
Name **THOMPSON, ALFRED H MD**  
Address 202 DUKE OF KENT LN, #103COCKEYVILLE, MD, 21030  
Specialty P  
Board Certified P  
School and Year of Graduation UNIV OF MARYLAND SCH MED - BALTIMORE, MD USA 1982  
Internship and Year UNIV OF MARYLAND HOSPITAL - BALTIMORE, MD 1983  
Residency and Year UNIV OF MARYLAND HOSPITAL - BALTIMORE, MD 1985  
License Expiration Date **6/30/1999**  
Remarks

License Number 16689  
License Date 7/2/2014  
Name **THOMPSON, BENJAMIN M MD**  
Address ACCESS SPORTS MEDICINE, 1 HAMPTON RDEXETER, NH, 03833  
Specialty ORS  
Board Certified ORS  
School and Year of Graduation ALBANY MEDICAL COLLEGE USA 2004  
Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2005  
Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2010  
License Expiration Date **6/30/2016**  
Remarks

License Number 2482  
License Date 9/12/1946  
Name **THOMPSON, CHARLES C MD**  
Address , , ,  
Specialty  
Board Certified  
School and Year of Graduation  
Internship and Year  
Residency and Year  
License Expiration Date **1/1/1984**  
Remarks **RETIRED 1/1/84**  
**DECEASED 11/27/08**

License Number 12124  
 License Date 11/5/2003  
 Name **THOMPSON, CRAIG A MD**  
 Address D H M C, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF MISSISSIPPI, JACKSON MS US 1995  
 Internship and Year UNIVERSITY OF MISSISSIPPI, JACKSON MS 1996  
 Residency and Year UNIVERSITY OF MISSISSIPPI, JACKSON MS 1998  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 17034  
 License Date 4/1/2015  
 Name **THOMPSON, DONOVAN A MD**  
 Address EMERGENCY MED PHYSICIANS, 4535 DRESSLER RD NWCANTON, OH, 44718  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation WAYNE STATE UNIVERSITY USA 1994  
 Internship and Year SINAI-GRACE HOSPITAL - DETROIT, MI 1995  
 Residency and Year SINAI-GRACE HOSPITAL - DETROIT, MI 1997  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 6720  
 License Date 6/3/1983  
 Name **THOMPSON, GREG R MD**  
 Address 2 VILLAGE GREEN RD, STE B-3HAMPSTEAD, NH, 03841  
 Specialty P  
 Board Certified P  
 School and Year of Graduation NEW YORK MEDICAL COLL - VALHALLA, NY USA 1978  
 Internship and Year VERMONT MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1978  
 Residency and Year VERMONT MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1982  
 License Expiration Date **6/30/2017**  
 Remarks **7/3/97 - DECISION AND ORDER LICENSE REVOKED EFFECTIVE 12:01AM 9/2/97 TO 11:59 PM 11/30/99. REISSUED ON 12/1/99 unrestricted license.**  
**10/6/03 - Settlement Agreement issued.**  
**08/09/05 - Settlement Agreement issued.**  
**7/27/01 - Board issued a full**

License Number 10009  
 License Date 5/7/1997  
 Name **THOMPSON, HAVELOCK MD**  
 Address HC 70 RTE 92, BOX 500MACHIASPORT, ME, 04655  
 Specialty PD  
 Board Certified  
 School and Year of Graduation UNIV OF CO SCH MED -DENVER,CO USA 1961  
 Internship and Year UNIV CO HLTH SCI CTR-DEVER,CO 1962  
 Residency and Year UNIV CO HLTH SCI CTR-DENVER,CO 1963  
 License Expiration Date **6/30/1998**  
 Remarks

License Number	15683
License Date	5/2/2012
Name	<b>THOMPSON, JENNIFER A MD</b>
Address	ELLIOT HOSP - INTENSIVIST PROGRAM, ONE ELLIOT WAYMANCHESTER, NH, 03110
Specialty	CCP
Board Certified	PD
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1996
Internship and Year	NAVAL MEDICAL CENTER - SAN DIEGO, CA 1997
Residency and Year	NAVAL MEDICAL CENTER - SAN DIEGO, CA 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10697
License Date	9/1/1999
Name	<b>THOMPSON, LINDSAY A MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03766
Specialty	PD
Board Certified	PD
School and Year of Graduation	COLUMBIA UNIV COLL OF PHYSICIANS- NY, NY USA 1997
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON,NH 1997
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR- LEBANON, NH 1999
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	10377
License Date	8/5/1998
Name	<b>THOMPSON, MICHAEL D MD</b>
Address	UPPER CONNECTICUT VALLEY HOSP, RR 2 BOX 13COLEBROOK, NH, 03576
Specialty	GS
Board Certified	
School and Year of Graduation	UNIV OF MASS MEDICAL SCH - WORCESTER, MA USA 1993
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1994
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1995
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	11434
License Date	10/3/2001
Name	<b>THOMPSON, MICHAEL D MD</b>
Address	EMERGENCY PHYSICIAN MED GROUP, 2000 GREEN ROADANN ARBOR, MI, 48105
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF IOWA COLL OF MED - IOWA CITY, IA USA 1978
Internship and Year	ST JOSEPH MERCY HOSPITAL - ANN ARBOR, MI 1980
Residency and Year	ST JOSEPH MERCY HOSPITAL - ANN ARBOR, MI 1982
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	11435
License Date	10/3/2001
Name	<b>THOMPSON, MICHAEL F MD</b>
Address	GOODWIN COMM HEALTH CTR, 311 ROUTE 108SOMERSWORTH, NH, 03878
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF MASS MED SCH - WORCESTER, MA USA 1999
Internship and Year	NEW HAMPSHIRE DARTMOUTH FAMILY PRACTICE RESIDENCY-CONCORD, NH 2000
Residency and Year	NEW HAMPSHIRE DARTMOUTH FAMILY PRACTICE RESIDENCY-CONCORD, NH 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8870
License Date	12/2/1992
Name	<b>THOMPSON, PETER W MD</b>
Address	NEPM, 1365 BROADWAYBANGOR, ME, 04401
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF VERMONT COLL OF MEDICINE USA 1987
Internship and Year	SACRED HEART MEDICAL CENTER SPOKANE - WASHINGTON 1988
Residency and Year	MEDICAL CENTER HOSPITAL - VERMONT BURLINGTON - VERMONT 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>12/7/92 - RESTRICTIONS ON LICENSE 2/11/98 RESTRICTIONS REMOVED FROM LICENSE</b>

License Number	14480
License Date	6/3/2009
Name	<b>THOMPSON, ROBERT C MD</b>
Address	98 IVY DR, MERIDEN, CT, 06450
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	JOHN HOPKINS UNIVERSITY USA 1964
Internship and Year	UNION MEMORIAL HOSPITAL - BALTIMORE, MD 1965
Residency and Year	UNION MEMORIAL HOSPITAL - BALTIMORE, MD 1966
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	10107
License Date	8/6/1997
Name	<b>THOMPSON, TRENT D MD</b>
Address	APPLETREE FAMILY PHYSICIANS, 4 ORCHAR VIEW DRLONDONDERRY, NH, 03053
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF WI MED SCH - MADISON, WI USA 1994
Internship and Year	EASTERN MAINE MEDICAL CENTER-ME 1997
Residency and Year	EASTERN MAINE MEDICAL CENTER - ME 1997
License Expiration Date	<b>6/30/2001</b>
Remarks	



License Number	8923
License Date	4/7/1993
Name	<b>THOMSON, GEORGE G MD</b>
Address	GEORGE G. THOMSON, MD, 3 RIVER STPETERBOROUGH, NH, 03458
Specialty	FP
Board Certified	FP
School and Year of Graduation	MT SINAI SCHOOL OF MEDICINE USA 1985
Internship and Year	UNIVERSITY OF COLORADO HEALTH SCIENCE CENTER - DENVER CO 1986
Residency and Year	UNIVERSITY OF COLORADO HEALTH SCIENCE CENTER - DENVER CO 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9645
License Date	2/7/1996
Name	<b>THOMSON, ROBERT D MD</b>
Address	CONCORD GASTROENTEROLOGY PA, 60 COMMERCIAL ST STE 404CONCORD, NH, 03301
Specialty	GE
Board Certified	GE
School and Year of Graduation	RUSH MED COLL OF RUSH UNIV - CHICAGO, IL USA 1993
Internship and Year	MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1996
Residency and Year	MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15556
License Date	2/1/2012
Name	<b>THORNLEY, HELENA MD</b>
Address	VNA OF GREATER LOWELL, 336 CENTRAL STLOWELL, MA, 01852
Specialty	PD
Board Certified	PD
School and Year of Graduation	KINGS COLLEGE SCHOOL OF MEDICINE UNITED KINGDOM 1992
Internship and Year	BOSTON CITY HOSPITAL - BOSTON, MA 1994
Residency and Year	BOSTON CITY HOSPITAL - BOSTON, MA 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14946
License Date	7/7/2010
Name	<b>THU, LE MD</b>
Address	150 STANIFORD ST #614, BOSTON, MA, 02114
Specialty	EM
Board Certified	
School and Year of Graduation	RUSH UNIVERSITY USA 1981
Internship and Year	UNIVERSITY OF CINCINNATI - CINCINNATI, OH 1983
Residency and Year	UNIVERSITY OF CINCINNATI - CINCINNATI, OH 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11612
License Date	5/1/2002
Name	<b>THUKRAL, REETA K MD</b>
Address	4021 SOUTH 700 EAST, STE 300SALT LAKE CITY, UT, 84107
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF KASHMIR - SRINAGAR JAMMU KASHMIR, INDIA INDIA 1978
Internship and Year	UNIV OF MISSOURI - KANSAS CITY, MO 1977
Residency and Year	UNIV OF MISSOURI - KANSAS CITY, MO 1979
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	16394
License Date	11/6/2013
Name	<b>THURLOW, JEFFREY P MD</b>
Address	SEACOAST SURGERY, 16 HOSPITAL DR STE BYORK, ME, 03909
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1992
Internship and Year	TUFTS MEDICAL CENTER - BOSTON, MA 1993
Residency and Year	TUFTS MEDICAL CENTER - BOSTON, MA 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15271
License Date	6/1/2011
Name	<b>THURMAN, SARAH A MD</b>
Address	SARA ALLEN THURMAN, 825 NO MAIN STPROVIDENCE, RI, 02904
Specialty	RO
Board Certified	RO
School and Year of Graduation	UNIVERSITY OF VIRGINIA USA 1996
Internship and Year	CARILION ROANOKE MEMORIAL HOSPITALS - ROANOKE, VA 1997
Residency and Year	JOHNS HOPKINS HOSPITAL-BALTIMORE, MD 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6077
License Date	6/11/1979
Name	<b>THURMOND, SUSAN G MD</b>
Address	, , ,
Specialty	N
Board Certified	
School and Year of Graduation	UNIVERSITY OF TENNESEE USA 1976
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1982</b>
Remarks	

License Number 14645  
 License Date 10/7/2009  
 Name **THURSTON, TARA L DO**  
 Address 132 NOURSE ST, WESTBOROUGH, MA, 01581  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2004  
 Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2005  
 Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2007  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 14440  
 License Date 5/6/2009  
 Name **THUT, DAVID C MD**  
 Address SEACOAST ORTHO & SPORTS MED, 7 MARSH BROOK DR SOMERSWORTH, NH, 03878  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation UNIVERSITY OF PENNSYLVANIA USA 1995  
 Internship and Year UNIVERSITY OF ROCHESTER MEDICAL CTR - ROCHESTER, NY 1996  
 Residency and Year UNIVERSITY OF ROCHESTER MEDICAL CTR - ROCHESTER, NY 2000  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10669  
 License Date 8/4/1999  
 Name **THYNG, DARLA L MD**  
 Address SOUTHERN NEW HAMPSHIRE, 29 NORTHWEST BLVD NASHUA, NH, 03063  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIFORMED SERVICES UNIV HLTH-BETHESDA, MD USA 1989  
 Internship and Year DEWITT ARMY COMMUNITY HOSPITAL - FORT BELVOIR, VA 1990  
 Residency and Year DEWITT ARMY COMMUNITY HOSPITAL - FORT BELVOIR, VA 1992  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10571  
 License Date 5/5/1999  
 Name **THYNG, JONATHAN B MD**  
 Address HITCHCOCK CLINIC, 2300 SOUTHWOOD DR NASHUA, NH, 03063  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1988  
 Internship and Year DEWITT ARMY COMMUNITY HOSPITAL - FORT BELVOIR, VA 1989  
 Residency and Year DEWITT ARMY COMMUNITY HOSPITAL - FORT BELVOIR, VA 1991  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10010  
 License Date 5/7/1997  
 Name **THYR, BRIAN D MD**  
 Address 6401 FRANCE AVE SOUTH, EDINA, MN, 55435  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation UNIV OF MN MED SCH-MINNEAPOLIS USA 1993  
 Internship and Year HENNEPIN CO MED CTR-MN 1994  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR-LEBANON,NH 1997  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 6318  
 License Date 11/6/1980  
 Name **THYRESSON, N HAKAN MD**  
 Address NORTHEAST DERMATOLOGY ASSOC, 401 ANDOVER ST STE 101NORTH ANDOVER, MA, 01845  
 Specialty D  
 Board Certified D  
 School and Year of Graduation FAKULTERTEN UNIV UPPSALA, UPPSALA SWEDEN 1973  
 Internship and Year CENTRAL COUNTY HOSP,SKARABORG,SKOVDE,SWEDEN 1975  
 Residency and Year OTTAWA CIVIC HOSP, OTTWA, CANADA 0000  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14272  
 License Date 12/3/2008  
 Name **TIAMIYU, AFOLABI A MD**  
 Address 1368 67TH ST 2ND FL, BROOKLYN, NY, 11219  
 Specialty IM  
 Board Certified  
 School and Year of Graduation UNIV OF IBADAN NIGERIA 2000  
 Internship and Year LONG ISLAND COLLEGE HOSPITAL - BROOKLYN, NY 2006  
 Residency and Year LONG ISLAND COLLEGE HOSPITAL - BROOKLYN, NY 2008  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 12613  
 License Date 2/2/2005  
 Name **TIBBETTS, MARY W MD**  
 Address MAINE GENERAL HEALTH, 6 EAST CHESTNUT ST A-ZAUGUSTA, ME, 04330  
 Specialty P  
 Board Certified P  
 School and Year of Graduation ROSALIND FRANKLIN UNIVERSITY, NORTH CHICAGO IL US 1996  
 Internship and Year RUSH UNIVERSITY, CHICAGO IL 1997  
 Residency and Year RUSH UNIVERSITY, CHICAGO IL 2001  
 License Expiration Date **6/30/2007**  
 Remarks

License Number	15601
License Date	3/7/2012
Name	<b>TICE, PAUL MD</b>
Address	PAUL TICE MD OFEM, 1115 CAMPBELL WAYBREMERTON, WA, 98310
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF CA SAN DIEGO SCHOOL OF MEDICINE USA 1972
Internship and Year	SWEDISH MEDICAL CENTER - SEATTLE, WA 1973
Residency and Year	
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	5308
License Date	3/20/1975
Name	<b>TIFFT, CHARLES P MD</b>
Address	, , ,
Specialty	FP
Board Certified	
School and Year of Graduation	BOSTON UNIVERSITY USA 1973
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1995</b>
Remarks	

License Number	3976
License Date	10/11/1966
Name	<b>TIGCHELAAR, JAN J MD</b>
Address	PRIMARY CARE PHY FAM PRAC, 9 ADAMS STMILFORD, NH, 03055-4004
Specialty	FP
Board Certified	
School and Year of Graduation	STATE UNIV OF GRONINGEN, NETHERLANDS NETHERLANDS 1957
Internship and Year	COLUMBIA HOSPITAL - PITTSBURGH, PA 1962
Residency and Year	ST FRANCIS GENERAL - PITTSBURGH, PA 1964
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	14363
License Date	3/4/2009
Name	<b>TILLUCKDHARRY, LISA O MD</b>
Address	DHMC/INTERNAL MED, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF WEST INDIES JAMAICA 1999
Internship and Year	BRIDGEPORT HOSPITAL-BRIDGEPORT, CT 2004
Residency and Year	BRIDGEPORT HOSPITAL-BRIDGEPORT, CT 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6352
License Date	3/5/1981
Name	<b>TILNEY III, ROBERT W MD</b>
Address	274 CARTER NOTCH RD, PO BOX 476JACKSON, NH, 03846
Specialty	GS
Board Certified	GS
School and Year of Graduation	FAC DE MED DE LA UNIV AUTONOMA DE GUADALAJARA MEXICO 1976
Internship and Year	HAHNEMANN HOSP AND MED COLL - PHILA, PA 1981
Residency and Year	HAHNEMANN HOSP AND MED COLL-PHILADELPHIA,PA 1981
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15422
License Date	10/5/2011
Name	<b>TILSON, RICHARD S MD</b>
Address	60 TIFFANY LANE, N ANDOVER, MA, 01845
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF NORTH CAROLINA USA 1996
Internship and Year	GEORGETOWN UNIVERSITY HOSPITAL - WASHINGTON, DC 1997
Residency and Year	GEORGETOWN UNIVERSITY HOSPITAL - WASHINGTON, DC 2000
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	9910
License Date	1/8/1997
Name	<b>TILTON, MARGARET C MD</b>
Address	33 COURT ST, EXETER, NH, 03833
Specialty	PM
Board Certified	PM
School and Year of Graduation	UMDNJ NEW JERSEY MEDICAL SCHOOL USA 1987
Internship and Year	UMDNJ NEW JERSEY MED SCHOOL,NJ 1993
Residency and Year	UMDNJ - NEW JERSEY MED SCHOOL, NJ 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7663
License Date	7/8/1987
Name	<b>TIMMERMAN, MARK L MD</b>
Address	MERRIMACK VILLAGE FAMILY PRACTICE, 454 DANIEL WEBSTER HWYMERRIMACK, NH, 03054-3699
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF IOWA COLLEGE OF MEDICINE USA 1983
Internship and Year	THE ALTOONA HOSPITAL - ALTOONA PA 1984
Residency and Year	CONEMAUGH VALLEY MEMORIAL HOSPITAL - JOHNSTOWN PA 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>1/17/03 "Settlement Agreement"</b>

License Number	13885
License Date	3/5/2008
Name	<b>TIMMONS, ROBERT A DO</b>
Address	CENTER FOR OCCUPATIONAL & EMPLOYEE HEALTH, 6 HAMPTON RDEXETER, NH, 03063
Specialty	OM
Board Certified	OM
School and Year of Graduation	KANSAS CITY UNIV USA 1999
Internship and Year	MALCOLM GROW MEDICAL CENTER - ANDREWS AFB, MD 2000
Residency and Year	HARVARD SCHOOL OF PUBLIC HEALTH - BOSTON, MA 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13004
License Date	2/1/2006
Name	<b>TIMOTHY, NIGEL H MD</b>
Address	95 WASHINGTON ST, STE 594CANTON, MA, 02021
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIVERSITY OF PITTSBURGH, PITTSBURGH PA US 1999
Internship and Year	WESTERN PENNSYLVANIA HOSP, PITTSBURGH PA 2000
Residency and Year	WEST VIRGINIA UNIVERSITY, MORGANTOWN WV 2003
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	6961
License Date	8/2/1984
Name	<b>TIMOTHY, ROBERT P MD</b>
Address	PORTLAND UROLOGIC ASSOC, 229 VAUGHAN STPORTLAND, ME, 04102-3287
Specialty	U
Board Certified	U
School and Year of Graduation	HARVARD MED SCH-BOSTON,MA USA 1961
Internship and Year	STRONG MEM HOSP-ROCHESTER,NY 1962
Residency and Year	STRONG MEM HOSP-ROCHESTER,NY 1963
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	16613
License Date	5/7/2014
Name	<b>TIMPSON, WENDY L MD</b>
Address	BETH ISRAEL DEACONESS MED CTR/DEPT NEONATOLOGY, 330 BROOKLINE AVEBOSTON, MA, 0221
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL USA 2008
Internship and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2009
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2011
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 16886  
 License Date 12/3/2014  
 Name **TING, PAUL P MD**  
 Address 15123 BROOKHURST ST #252, WESTMINSTER, CA, 92683  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation NORTHWESTERN UNIVERSITY MEDICAL SCHOOL USA 1995  
 Internship and Year CEDARS-SINAI MEDICAL CENTER - LOS ANGELES, CA 1996  
 Residency and Year CEDARS-SINAI MEDICAL CENTER - LOS ANGELES, CA 2002  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 4806  
 License Date 7/9/1971  
 Name **TINKLEPAUGH, WENDY R MD**  
 Address 6690 N HOLE IN THE WALL WAY, TUCSON, AZ, 85750  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation ALBANY MEDICAL COLLEGE - NY USA 1968  
 Internship and Year ROOSEVELT HOSPITAL - NY, NY 1969  
 Residency and Year ROOSEVELT HOSPITAL - NY, NY 1971  
 License Expiration Date **3/20/2008**  
 Remarks **DECEASED 3/20/2008**

License Number 13131  
 License Date 6/7/2006  
 Name **TISDALE, DOUGLAS D MD**  
 Address ST JOSEPH HOSPITAL/ONCOLOGY, 172 KINSLEY ST NASHUA, NH, 03061  
 Specialty IM  
 Board Certified ON  
 School and Year of Graduation UNIV OF BRITISH COLUMBIA CANADA 1986  
 Internship and Year LEMUEL SHATTUCK HOSPITAL-JAMAICA PLAIN, MA 1997  
 Residency and Year CARITAS ST ELIZABETHS MEDICAL CTR-BOSTON, MA 2000  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 7703  
 License Date 8/5/1987  
 Name **TISDALL, PHILIP A MD**  
 Address 831 HIDEAWAY CIRCLE EAST, MARCO ISLAND, FL, 34145  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation UNIVERSITY OF ALBERTA - EDMONTON, ALBERTA CANADA 1976  
 Internship and Year MAYO GRAD SCHOOL OF MEDICINE - ROCHESTER, MN 1980  
 Residency and Year MAYO GRAD SCHOOL OF MEDICINE - ROCHESTER, MN 1980  
 License Expiration Date **6/30/2017**  
 Remarks



License Number	16652
License Date	6/4/2014
Name	<b>TOBAR, ANNETTE MD</b>
Address	402 BAY CIRCLE, BEDFORD, MA, 01730
Specialty	IM
Board Certified	IM
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 2006
Internship and Year	CARITAS ST ELIZABETH'S MEDICAL CENTER - BOSTON, MA 2007
Residency and Year	CARITAS ST ELIZABETH'S MEDICAL CENTER - BOSTON, MA 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3103
License Date	12/7/1955
Name	<b>TOBER, EDWARD MD</b>
Address	51 BERRILL FARM LN, HANOVER, NH, 03755-3217
Specialty	GS
Board Certified	GS
School and Year of Graduation	JEFFERSON MED COLL - PHILA- PA USA 1954
Internship and Year	MT SINAI MEDICAL CENTER - NY 1955
Residency and Year	VA MEDICAL CENTER - MA 1959
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	8540
License Date	5/8/1991
Name	<b>TOBIN JR, JAMES E MD</b>
Address	WENTWORTH-DOUGLASS HOSP, 789 CENTRAL AVEDOVER, NH, 03820-2589
Specialty	AN
Board Certified	AN
School and Year of Graduation	GEORGETOWN UNIV SCH OF MED WASHINGTON,DC USA 1983
Internship and Year	NAVAL HOSPITAL - BETHESDA, MD 1984
Residency and Year	NAVAL HOSPITAL - BETHESDA, MD 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12977
License Date	12/7/2005
Name	<b>TOBIN, KATHERINE D MD</b>
Address	VIRTUAL RADIOLOGIC CONSULTANTS, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF MARYLAND, BALTIMORE MD US 1984
Internship and Year	UNIVERSITY OF MARYLAND, BALTIMORE MD 1985
Residency and Year	UNIVERSITY OF MARYLAND, BALTIMORE MD 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 5338  
 License Date 6/9/1975  
 Name **TODD, GEETHA MD**  
 Address 21 LITTLE PINE LANE, EXETER, NH, 03833  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation GANDHI MEDICAL COLLEGE INDIA 1965  
 Internship and Year OSMANIA UNIV - INDIA 1965  
 Residency and Year OSMANIA UNIV - INDIA 1965  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 12360  
 License Date 6/2/2004  
 Name **TODD, WILLIAM M MD**  
 Address NORTSHORE PHYS GROUP, 81 HIGHLAND AVESALEM, MA, 01970  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIVERSITY OF MASS, WORCESTER MA US 2000  
 Internship and Year YALE-NEW HAVEN MED CTR, NEW HAVEN CT 2003  
 Residency and Year YALE-NEW HAVEN MED CTR, NEW HAVEN CT 2004  
 License Expiration Date **6/30/2016**  
 Remarks **10/6/11 - Final Decision and Order**

License Number 17092  
 License Date 5/7/2015  
 Name **TOEVS, CHRISTINE C MD**  
 Address 1517 FEDERAL ST, PITTSBURGH, PA, 15212  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation THE BRODY SCHOOL OF MEDICINE USA 1992  
 Internship and Year JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1993  
 Residency and Year UNIVERSITY OF MINNESOTA MEDICAL CENTER - MINNEAPOLIS, MN 2001  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14273  
 License Date 12/3/2008  
 Name **TOH, ELIZABETH H MD**  
 Address LAHEY CLINIC MED CTR, 41 MALL RDBURLINGTON, MA, 01805  
 Specialty OTO  
 Board Certified OTO  
 School and Year of Graduation UNIV OF SINGAPORE SINGAPORE 1991  
 Internship and Year MT SINAI SCHOOL OF MEDICINE - NEW YORK, NY 1994  
 Residency and Year MT SINAI SCHOOL OF MEDICINE - NEW YORK, NY 1995  
 License Expiration Date **6/30/2010**  
 Remarks

License Number	7106
License Date	5/2/1985
Name	<b>TOIVANEN, KATHLEEN M MD</b>
Address	875 GREENLAND RD B11, ORCHARD PARKPORTSMOUTH, NH, 03801
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	BOSTON UNIVERSITY-BOSTON, MA USA 1981
Internship and Year	BRIGHAM-WOMENS HOSP-BOSTON, MA 1982
Residency and Year	BRIGHAM WOMENS HOSP-BOSTON,MA 1982
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14181
License Date	9/3/2008
Name	<b>TOLANI, KISHORE A MD</b>
Address	EASTERN ME MED CTR, 489 STATE STBANGOR, ME, 04401
Specialty	AN
Board Certified	AN
School and Year of Graduation	NAGPUR UNIV INDIA 2004
Internship and Year	NASSAU UNIV MEDICAL CENTER - EAST MEADOW, NY 2006
Residency and Year	SUNY HEALTH SCIENCE CENTER @ BROOKLYN - BROOKLYN, NY 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8185
License Date	7/12/1989
Name	<b>TOLBERT, CYNTHIA R MD</b>
Address	HAMPTON HEALTH, 879 LAFAYETTE RDHAMPTON, NH, 03842
Specialty	FP
Board Certified	FP
School and Year of Graduation	MEDICAL COLLEGE OF PENNSYLVANIA USA 1986
Internship and Year	UNIVERSITY OF MISSOURI-COLUMBIA - COLUMBIA, MO 1987
Residency and Year	UNIVERSITY OF MISSOURI-COLUMBIA - COLUMBIA, MO 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17137
License Date	6/3/2015
Name	<b>TOLL, JOSHUA A MD</b>
Address	57 PORTLAND ST, SUITE 2ASOUTH BERWICK, ME, 03908
Specialty	FP
Board Certified	FP
School and Year of Graduation	TEMPLE UNIVERSITY SCHOOL OF MED, PHILADELPHIA PA USA 2008
Internship and Year	BAYSTATE MEDICAL CENTER, SPRINGFIELD MA 2010
Residency and Year	ELLIS HOSPITAL, SCHENECTADY NY 2014
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 14947  
 License Date 7/7/2010  
 Name **TOLLMAN, JAMES D MD**  
 Address ESSEX INPATIENT PHYSICIANS, 200 WASHINGTON ST BOXFORD, MA, 01921  
 Specialty OS  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF NEBRASKA USA 1999  
 Internship and Year TUFTS UNIVERSITY FAMILY MEDICINE RESIDENCY - MALDEN, MA 2000  
 Residency and Year TUFTS UNIVERSITY FAMILY MEDICINE RESIDENCY - MALDEN, MA 2002  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13724  
 License Date 10/3/2007  
 Name **TOLLS, RONALD M MD**  
 Address , PO BOX 1758 LIVINGSTON, TX, 77351  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation OREGON HEALTH & SCIENCE UNIV USA 1996  
 Internship and Year MARICOPA MEDICAL CENTER - PHOENIX, AZ 1974  
 Residency and Year MARICOPA MEDICAL CENTER - PHOENIX, AZ 1976  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 14441  
 License Date 5/6/2009  
 Name **TOLOCICA, IOANA S MD**  
 Address SPECTRUM MEDICAL GROUP, 324 G ANNETT DR STE 200 SOUTH PORTLAND, ME, 04106  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation UNIV DE MEDICINA SI FARMACIE CAROL DAVILA ROMANIA 1995  
 Internship and Year SUNY UPSTATE MEDICAL UNIVERSITY - HEALTH SCIENCE CENTER - SYRACUSE, NY 2005  
 Residency and Year SUNY UPSTATE MEDICAL UNIVERSITY - HEALTH SCIENCE CENTER - SYRACUSE, NY 2008  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 7784  
 License Date 2/3/1988  
 Name **TOLSTAD, JEFFREY I MD**  
 Address , PO BOX 1028 LINCOLN, NH, 03251-1028  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation GEORGE WASHINGTON UNIV SCH MED & HLTH- DC USA 1981  
 Internship and Year ST ELIZABETH'S HOSPITAL - BOSTON, MA 1982  
 Residency and Year ST ELIZABETH'S HOSPITAL - BOSTON, MA 1984  
 License Expiration Date **6/30/2014**  
 Remarks

License Number	17285
License Date	9/2/2015
Name	<b>TOM, ALBERT MD</b>
Address	3600 FOX HILL DR, CHAMBERSBURG, PA, 17202-7057
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	SUNY UPSTATE MEDICAL UNIVERSITY, SYRACUSE NY USA 2000
Internship and Year	UNIVERSITY OF ROCHESTER, ROCHESTER, NY 2004
Residency and Year	UNIVERSITY OF ROCHESTER, ROCHESTER, NY 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12248
License Date	3/3/2004
Name	<b>TOM, JACOB J MD</b>
Address	MCKENZIE MED IMAGING, 960 N 16TH ST STE 103SPRINGFIELD, OR, 97477
Specialty	R
Board Certified	R
School and Year of Graduation	BAYLOR COLLEGE, HOUSTON TX US 1994
Internship and Year	KAISER PERMANENTE MED CTR, LOS ANGELES CA 1995
Residency and Year	KAISER PERMANENTE MED CTR, LOS ANGELES CA 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14105
License Date	7/9/2008
Name	<b>TOMANEK, TOMAS N MD</b>
Address	PRIMARY&SPEC CARE OF MERRIMACK, 696 DANIEL WEBSTER HWYMERRIMACK, NH, 03054
Specialty	PD
Board Certified	PD
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 1982
Internship and Year	UNIV OF CONNECTICUT HEALTH CENTER-FARMINGTON, CT 1983
Residency and Year	UNIV OF CONNECTICUT HEALTH CENTER-FARMINGTON, CT 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10458
License Date	11/4/1998
Name	<b>TOMASSONI, ANTHONY J MD</b>
Address	ADVANCED LIFE SUPPORT INST, PO BOX 2680CONWAY, NH, 03818
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF MEDICINE AND DENTISTRY -NJ USA 1989
Internship and Year	UNIV OF CINCINNATI MED CTR-CINCINN,OH 1993
Residency and Year	UNIV OF CINCINNATI MED CTR-CINCINN,OH 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13935
License Date	4/2/2008
Name	<b>TOMB, RICHARD C MD</b>
Address	1 MAIN ST, NASHUA, NH, 03064
Specialty	
Board Certified	P
School and Year of Graduation	UNIV OF PITTSBURGH USA 1977
Internship and Year	ST FRANCIS MEDICAL CENTER - PITTSBURGH, PA 1978
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1981
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5898
License Date	5/4/1978
Name	<b>TOMBARI, WILLIAM M MD</b>
Address	43-B BIRCH ST, DERRY, NH, 03038-2718
Specialty	PD
Board Certified	PD
School and Year of Graduation	MED COLLEGE OF WISCONSIN - MILWAUKEE, WI USA 1975
Internship and Year	MEDICAL COLLEGE OF VIRGINIA HOSPITAL - RICHMOND, VA 1976
Residency and Year	MEDICAL COLLEGE OF VIRGINIA HOSPITAL - RICHMOND, VA 1978
License Expiration Date	<b>10/7/2008</b>
Remarks	<b>DECEASED 10/7/08</b>

License Number	12087
License Date	9/3/2003
Name	<b>TOMEK, IVAN M MD</b>
Address	ALICE PECK DAY MEMORIAL HOSPITAL, 125 MASCOMA STLEBANON, NH, 03766
Specialty	ORS
Board Certified	
School and Year of Graduation	HALHOUSIE UNIVERSITY, HALIFAZ NOVA SCOTIA CANADA CANADA 1994
Internship and Year	MCGILL UNIVERSITY, MONTREAL QUEBEC CANADA 1995
Residency and Year	MCGILL UNIVERSITY, MONTREAL QUEBEC CANADA 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7593
License Date	5/6/1987
Name	<b>TOMLINSON, ELIZABETH F MD</b>
Address	COUNSELING CTR OF LEBANON, 85 MECHANIC ST STE 360LEBANON, NH, 03766-1938
Specialty	P
Board Certified	P
School and Year of Graduation	GEORGE WASHINGTON UNIV USA 1980
Internship and Year	UNIVERSITY OF VA HOSPITAL 1981
Residency and Year	CAMBRIDGE HOSPITAL 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13132
License Date	6/7/2006
Name	<b>TOMOLONIS, RICHARD J MD</b>
Address	SURGICAL CARE GROUP, 87 MCGREGOR ST STE 3100MANCHESTER, NH, 03102
Specialty	GS
Board Certified	GS
School and Year of Graduation	DREXEL UNIV USA 1996
Internship and Year	RHODE ISLAND HOSPITAL-PROVIDENCE, RI 1997
Residency and Year	RHODE ISLAND HOSPITAL-PROVIDENCE, RI 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15330
License Date	7/6/2011
Name	<b>TOMPKINS, HILLARY S MD</b>
Address	CORE PHYSICIANS, 3 ALUMNI DR STE 201EXETER, NH, 03833
Specialty	IM
Board Certified	IM
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 2004
Internship and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2005
Residency and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11078
License Date	9/6/2000
Name	<b>TOMS, ANGELA M MD</b>
Address	WHITE RIVER FAMILY PRACTICE, 331 OLCOTT DR STE U3WHITE RIVER JCT, VT, 05001-9263
Specialty	FP
Board Certified	FP
School and Year of Graduation	DARTMOUTH MED SCH - LEBANON, NH USA 1997
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1998
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5205
License Date	7/3/1974
Name	<b>TOMS, WILLIAM B MD</b>
Address	DH KEENE, 590 COURT STKEENE, NH, 03431
Specialty	FP
Board Certified	
School and Year of Graduation	YALE UNIV - CT USA 1971
Internship and Year	UNIV OF VIRGINIA - CHARLOTTESVILLE, VA 1972
Residency and Year	UNIV OF VIRGINIA - CHARLOTTESVILLE, VA 1973
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 13471  
 License Date 4/4/2007  
 Name **TONEY, SAM D MD**  
 Address HEALTH INTEGRATED, 10008 N DALE MABRY STE 214TAMPA, FL, 33618  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIV OF SOUTH ALABAMA USA 1984  
 Internship and Year UNIV OF SOUTH FLORIDA PSYCHIATRY CENTER - TAMPA, FL 1985  
 Residency and Year UNIV OF SOUTH FLORIDA PSYCHIATRY CENTER - TAMPA, FL 1988  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13725  
 License Date 10/3/2007  
 Name **TONNESEN, GLENN L MD**  
 Address RADIATION ONCOLOGY ASSOC, INOVA FAIRFAX HOSPITALFALLS CHURCH, VA, 22042  
 Specialty RO  
 Board Certified RO  
 School and Year of Graduation UNIV OF UTAH USA 1973  
 Internship and Year WASHINGTON UNIV - ST LOUIS, MO 1974  
 Residency and Year JOINT CENTER OF RADIATION THERAPY - BOSTON, MA 1980  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13133  
 License Date 6/7/2006  
 Name **TONSETH, ROLF P MD**  
 Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIV OF BRITISH COLUMBIA CANADA 1988  
 Internship and Year DALHOUSIE UNIV FACULTY OF MEDICINE - HALIFAX, NOVA SCOTIA CANADA 1989  
 Residency and Year UNIV OF BRITISH COLUMBIA-VANCOUVER, BC CANADA 2002  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 10734  
 License Date 10/6/1999  
 Name **TOOR, ARIFA MD**  
 Address DARTMOUTH HTICHOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified GE  
 School and Year of Graduation UNIV OF CONNECTICUT SCHOOL OF MEDICINE-FARMINGTON USA 1992  
 Internship and Year BOATON UNIVERSITY MEDICAL CTR-BOSOTN,MA 1993  
 Residency and Year BOSTON UNIVERSITY MEDICAL CTR-BOSTON,MA 1996  
 License Expiration Date **6/30/2017**  
 Remarks



License Number	13472
License Date	4/4/2007
Name	<b>TOOTHMAN, RICHARD L MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	DR
Board Certified	R
School and Year of Graduation	UNIV OF NORTH CAROLINA USA 1991
Internship and Year	UNIV OF SOUTH FLORIDA COLLEGE OF MEDICINE - TAMPA, FL 1992
Residency and Year	UNIV OF SOUTH FLORIDA COLLEGE OF MEDICINE - TAMPA, FL 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10765
License Date	11/3/1999
Name	<b>TOPAL, SIMONE MD</b>
Address	NORTHAMPTON PLASTIC SURGERY, 40 MAIN ST SUITE 202FLORENCE, MA, 01062
Specialty	PS
Board Certified	PS
School and Year of Graduation	SAINT LOUIS UNIVERSITY USA 1997
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON NH 1998
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON NH 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10798
License Date	12/1/1999
Name	<b>TOPLENSZKY, TIBOR J MD</b>
Address	ONE PARKLAND DR, DERRY, NH, 03088
Specialty	IM
Board Certified	
School and Year of Graduation	SZEGED UNIV OF MED SCI - SZEGED HUNGARY HUNGARY 1993
Internship and Year	DANBURY HOSPITAL - DANBURY, CT 1997
Residency and Year	DANBURY HOSPITAL - DANBURY, CT 1999
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	10889
License Date	4/5/2000
Name	<b>TOPOL, BRUCE M MD</b>
Address	36 BAY ST, MANCHESTER, NH, 03104
Specialty	PS
Board Certified	PS
School and Year of Graduation	NORTHWESTERN UNIVERSITY MEDICAL SCHOOL-CHICAGO,IL USA 1980
Internship and Year	UNIVERSITY OF CALIFORNIA SAN DIEGO MEDICAL CENTER-SAN DIEGO,CA 1981
Residency and Year	NEW ENGLAND DEACONESS HOSPITAL/HARVARD MEDICAL SCHOOL-BOSTON,MA 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6598
License Date	7/15/1982
Name	<b>TORKELSON, ANDREW T MD</b>
Address	NEW LONDON HOSPITAL, 273 COUNTY ROADNEW LONDON, NH, 03257
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIV OF ROCHESTE SCH MED - ROCHESTER, NY USA 1980
Internship and Year	DARTMOUTT-HITCHCOCK MED CTR - HANOVER, NH 1981
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9646
License Date	2/7/1996
Name	<b>TORRES, RUTH L MD</b>
Address	52 COTTAGE ST FIRST FLOOR, HUDSON, MA, 01749-
Specialty	AN
Board Certified	
School and Year of Graduation	UNIV OF PUERTO RICO SCHOOL OF MEDICINE SAN JUAN PUERTO RICO 1992
Internship and Year	FLUSHING HOSPITAL MEDICAL CENTER - FLUSHING, NY 1993
Residency and Year	UNIV OF MIAMI/JACKSON MEMORIAL MEDICAL CENTER - MIAMI, FL 1996
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	16358
License Date	10/2/2013
Name	<b>TORRES-LEON, MARIO E MD</b>
Address	4 AKESON RD, WOBURN, MA, 01801
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIVERSITY OF PUERTO RICO PUERTO RICO 1999
Internship and Year	ST VINCENTS HOSPITAL & MEDICAL CENTER OF NY - NY, NY 2000
Residency and Year	HOSPITAL OF SAINT RAPHAEL- NEW HAVEN,CT 2004
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	13134
License Date	6/7/2006
Name	<b>TORRETTI, JOEL A MD</b>
Address	DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	PENN STATE COLLEGE OF MEDICINE USA 2001
Internship and Year	MILTON S HERSHEY MEDICAL CTR-HERSHEY, PA 2002
Residency and Year	MILTON S HERSHEY MEDICAL CTR-HERSHEY, PA 2005
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	7636
License Date	6/3/1987
Name	<b>TORREY, WILLIAM C MD</b>
Address	DHMC - DEPT OF PSYCHIATRY, 1 MEDICAL CENTER DRLEBANON, NH, 03766
Specialty	
Board Certified	P
School and Year of Graduation	HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1985
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR- HANOVER, NH 1986
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15466
License Date	11/2/2011
Name	<b>TOSHACH, DENISE M MD</b>
Address	ELLIOT HOSPITAL, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty	PD
Board Certified	PD
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1983
Internship and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1984
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15423
License Date	10/5/2011
Name	<b>TOSHACH, JOSEPH M MD</b>
Address	ELLIOT HOSPITAL, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty	PD
Board Certified	PD
School and Year of Graduation	NEW YORK MEDICAL COLLEGE USA 1990
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1991
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11679
License Date	7/3/2002
Name	<b>TOTTEN, MARY ANNE MD</b>
Address	SENIOR HEALTH PRIMARY CARE, 138 WEBSTER STMANCHESTER, NH, 03104
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF KANSAS SCH OF MED - KANSAS CITY, KS USA 1972
Internship and Year	HOSPITAL OF ST RAPHAEL- NEW HAVEN, CT 1973
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CTR- BOSTON,MA 1975
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13362
License Date	12/6/2006
Name	<b>TOURANGEAU, STEVEN E MD</b>
Address	NASHUA ANESTHESIA PARTNER, 8 PROSPECT STNASHUA, NH, 03060
Specialty	AN
Board Certified	AN
School and Year of Graduation	OHIO STATE UNIV COLLEGE OF MEDICINE USA 1991
Internship and Year	RIVERSIDE METHODIST HOSPITAL-COLUMBUS, OH 1992
Residency and Year	OHIO STATE UNIV MEDICAL CENTER-COLUMBUS, OH 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16142
License Date	5/1/2013
Name	<b>TOURE, JOAHN M MD</b>
Address	SOUTH SHORE HOSPITAL, 55 FOGG RDWEYMOUTH, MA, 02190
Specialty	IM
Board Certified	IM
School and Year of Graduation	YALE UNIVERSITY SCHOOL OF MEDICINE USA 2003
Internship and Year	YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2004
Residency and Year	YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2006
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	15816
License Date	8/1/2012
Name	<b>TOURKOW, BENJAMIN A MD</b>
Address	SUMMIT RADIOLOGY PC, PO BOX 80070FORT WAYNE, IN, 46898-0070
Specialty	DR
Board Certified	DR
School and Year of Graduation	INDIANA UNIVERSITY SCHOOL OF MEDICINE USA 2004
Internship and Year	UNIVERSITY OF KENTUCKY CHANDLER MEDICAL CENTER - LEXINGTON, KY 2005
Residency and Year	BETH ISRAEL MEDICAL CENTER - NY, NY 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11942
License Date	5/7/2003
Name	<b>TOUTANT, STEVEN M MD</b>
Address	64 KATHY RAE DR, LISBON, NH, 03885
Specialty	NS
Board Certified	NS
School and Year of Graduation	LOYOLA UNIV OF CHICAGO - MAYWOOD, IL USA 1974
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1976
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1977
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	8680	
License Date	1/8/1992	
Name	<b>TOVELL, WILLIAM M MD</b>	
Address	CARING FOR WOMEN, 734 N MAIN ST LACONIA, NH, 03247-0637	
Specialty	OBG	
Board Certified	OBG	
School and Year of Graduation	QUEEN'S UNIVERSITY CANADA 1975	
Internship and Year	ROYAL ALEXANDRIA HOSPITAL	EDMONTON - ALBERTA - CANADA 1976
Residency and Year	UNIVERSITY OF ALBERTA HOSPITAL	EDMONTON - ALBERTA - CANADA 1977
License Expiration Date	<b>6/30/2016</b>	
Remarks		

License Number	3820
License Date	7/30/1965
Name	<b>TOWLE, PARKER A MD</b>
Address	NORTHEASTERN VERMONT REGIONAL HOSPITAL, 1315 HOSPITAL DRIVE ST JOHNSBURY, VT, 05819
Specialty	N
Board Certified	N
School and Year of Graduation	UNIV OF VERMONT COLLEGE OF MEDICINE, BURLINGTON, VT USA 1959
Internship and Year	NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1960
Residency and Year	YALE HOSPITAL - NEW HAVEN, CT 1965
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	8332
License Date	5/9/1990
Name	<b>TOWNE, DAVID W MD</b>
Address	SPEARE MEMORIAL HOSP, 16 HOSPITAL RD PLYMOUTH, NH, 03264
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF VERMONT COLL OF MED BURLINGTON, VT USA 1981
Internship and Year	VIRGINIA MASON HOSPITAL - SEATTLE, WA 1982
Residency and Year	VIRGINIA MASON HOSPITAL - SEATTLE, WA 1984
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	11578
License Date	4/3/2002
Name	<b>TRACHTENBERG, STEPHEN C MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DR LEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	NEW YORK UNIV SCH MED - NEW YORK, NY USA 1966
Internship and Year	LONG ISLAND JEWISH MEDICAL CENTER - NEW HAYDE PARK, NY 1967
Residency and Year	LONG ISLAND JEWISH MEDICAL CENTER - NEW HAYDE PARK, NY 1968
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	6910
License Date	6/7/1984
Name	<b>TRACY, SHERRILL A MD</b>
Address	COOS COUNTY FAMILY HEALTH SERV, 2 BROADWAY AVEGORHAM, NH, 03581-1597
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF ROCHESTER SCH MED-DENTISTRY-NY USA 1980
Internship and Year	HIGHLAND HOSP-ROCHESTER,NY 1981
Residency and Year	HIGHLAND HOSP-ROCHESTER,NY 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7469
License Date	11/12/1986
Name	<b>TRAKAT, WILLIAM F DO</b>
Address	14130 KENTMORE PARK RD, KENNEDYVILLE, MD, 21645
Specialty	GP
Board Certified	GP
School and Year of Graduation	PHILADELPHIA COLL/OSTEOPATHIC MED - PHILA, PA USA 1977
Internship and Year	SUBURBAN GENERAL HOSPITAL - NORRISTOWN, PA 1978
Residency and Year	SUBURBAN GENERAL HOSPITAL - NORRISTOWN, PA 1978
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	12634
License Date	3/2/2005
Name	<b>TRAN, ANN A MD</b>
Address	VIRTUAL RADIOLOGIC PROFESSIONA, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	GEORGETOWN UNIVERSITY, WASHINGTON DC US 1987
Internship and Year	UNION MEMORIAL HOSPITAL, BALTIMORE MD 1988
Residency and Year	UNIVERSITY OF MASSACHUSETTS, WORCESTER MA 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16092
License Date	4/3/2013
Name	<b>TRAN, LAN P MD</b>
Address	STEWART OB-GYN, 18 KEYWAYDIN DRIVESALEM, NH, 03079
Specialty	OBG
Board Certified	
School and Year of Graduation	UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE USA 2008
Internship and Year	WILLIAM BEAUMONT HOSPITAL - ROYAL OAK, MI 2009
Residency and Year	WILLIAM BEAUMONT HOSPITAL - ROYAL OAK, MI 2012
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11188
License Date	2/7/2001
Name	<b>TRAN, MAI-HUONG T MD</b>
Address	SEACOAST RADIOLOGY PA, 383 CENTRAL AVE STE 313DOVER, NH, 03820
Specialty	R
Board Certified	R
School and Year of Graduation	JOHNS HOPKINS UNIV SCH OF MED - BALTIMORE, MD USA 1994
Internship and Year	FAULKNER HOSPITAL - BOSTON, MA 1995
Residency and Year	LAHEY CLINIS MEDICAL CENTER - BURLINGTON, MA 1999
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	12721
License Date	5/4/2005
Name	<b>TRAN, MINH T DO</b>
Address	SEACOAST AREA PHYSIATRY, 875 GREENLAND RD-C4PORTSMOUTH, NH, 03801
Specialty	PM
Board Certified	PM
School and Year of Graduation	UNIV OF NEW ENGLAND, BIDDEFORD ME US 1999
Internship and Year	ST VINCENT HOSPITAL, WORCESTERMA 2000
Residency and Year	BOSTON MEDICAL, BOSTON MA 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10131
License Date	9/10/1997
Name	<b>TRANCHEMONTAGNE, TERESA W DO</b>
Address	AMHERST FAMILY PRACTICE, 199 ROUTE 101 STE 6AMHERST, NH, 03031
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF NEW ENGLAND COLL OF OSTE MED - ME USA 1995
Internship and Year	MEDICAL CENTER OF CENTRAL MASS-MA 1996
Residency and Year	MEDICAL CENTER OF CENTRAL MASS - MA 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11824
License Date	1/8/2003
Name	<b>TRANFA, FRANCIS J MD</b>
Address	HUGGINS HOSPITAL, 240 S MAIN STWOLFEBORO, NH, 03894-0912
Specialty	AN
Board Certified	
School and Year of Graduation	UNIV OF GUADALAJARA - ALBANY, NY USA 1981
Internship and Year	NASSAU COUNTY MEDICAL CENTER - EAST MEADOW, NY 1983
Residency and Year	NASSAU COUNTY MEDICAL CENTER - EAST MEADOW, NY 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12978
License Date	12/7/2005
Name	<b>TRANSUE, SARAH B MD</b>
Address	EDMUND HOSP LABORATOIRE, 275 BOULEVARD HEBERTEDMUNDSTON NB CANADA, , E3V 4E4
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	MICHIGAN STATE UNIVERSITY, EAST LANSING MI US 1994
Internship and Year	WILLIAM BEAUMONT HOSP, ROYAL OAK MI 1995
Residency and Year	BAYSTATE MEDICAL CTR, SPRINGFIELD MA 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9911
License Date	1/8/1997
Name	<b>TRAPNELL, JAMES G MD</b>
Address	MANCHESTER COMMUNITY HEALTH CT, 1415 ELM STMANCHESTER, NH, 03101
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF CA LOS ANGELES UCLA SCH OF MED CA USA 1992
Internship and Year	MERRITHEW MEMORIAL HOSPITAL - CA 1993
Residency and Year	MERRITHEW MEMORIAL HOSPITAL - CA 1995
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	10766
License Date	11/3/1999
Name	<b>TRASK, CAROL E MD</b>
Address	DAHL-CHASE PATHOLOGY ASSOC, 417 STATE ST STE 541BANGOR, ME, 04401
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS USA 1989
Internship and Year	NEW ENGLAND MEDICAL CENTER - BOSTON MA 1993
Residency and Year	UNIVERSITY OF VERMONT - BURLINGTON VT 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	3853
License Date	10/5/1965
Name	<b>TRAVERSE, NORMAN MD</b>
Address	155 BARTON AVE, PALM BEACH, FL, 33480
Specialty	PUD
Board Certified	
School and Year of Graduation	UNIV OF TENN COLLEGE OF MEDICINE - MEMPHIS, TN USA 1957
Internship and Year	OHIO STATE UNIV - COLUMBUS, OH 1958
Residency and Year	OHIO STATE UNIV - COLUMBUS, OH 1959
License Expiration Date	<b>6/30/2011</b>
Remarks	



License Number	8650
License Date	11/6/1991
Name	<b>TRAVIS, KENNETH W MD</b>
Address	595 RIVERVIEW DR, CHATHAM, MA, 02633
Specialty	AN
Board Certified	AN
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE UNITED STATES 1961
Internship and Year	BOSTON CITY HOSPITAL BOSTON - MASSACHUSETTS 1962
Residency and Year	UNIVERSITY OF VIRGINIA MEDICAL CENTER CHARLOTTESVILLE - VIRGINIA 1967
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	16196
License Date	6/5/2013
Name	<b>TREADWELL, JAMES DO</b>
Address	422 HAMILTON BLVD, SOUTH BOSTON, VA, 24592
Specialty	ORS
Board Certified	
School and Year of Graduation	NOVA SOUTHEASTERN UNIVERSITY COLL OF OSTEOPATHIC USA 2003
Internship and Year	NAVAL MEDICAL CENTER - PORTSMOUTH, VA 2004
Residency and Year	MEMORIAL HOSPITAL - YORK, PA 2012
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7889
License Date	6/8/1988
Name	<b>TREDWELL, SUSAN P MD</b>
Address	, , ,
Specialty	OBG
Board Certified	
School and Year of Graduation	YALE UNIVERSITY USA 1984
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1997</b>
Remarks	

License Number	11207
License Date	3/7/2001
Name	<b>TREMBLAY, ANDREW G MD</b>
Address	DARTMOUTH-HITCHCOCK KEENE, 590 COURT STKEENE, NH, 03431
Specialty	FP
Board Certified	FP
School and Year of Graduation	BOSTON UNIV SCH OF MED - BOSTON, MA USA 1997
Internship and Year	TOLEDO HOSPITAL - TOLEDO, OH 1998
Residency and Year	TOLEDO HOSPITAL - TOLEDO, OH 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 11042  
 License Date 8/2/2000  
 Name **TRETTTER, CHRISTOPHER G MD**  
 Address LAHEY CLINIC, 41 MALL RDBURLINGTON, MA, 01805  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation MCGILL UNIVERSITY - MONTREAL QUEBEC CANADA 1994  
 Internship and Year MCGILL UNIVERSITY - MONTREAL QUEBEC CANADA 1997  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON NH 2000  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 16243  
 License Date 7/3/2013  
 Name **TREVINO II, EDWARD T MD**  
 Address 600 N ALABAMA ST #1102, INDIANAPOLIS, IN, 46204  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation UNIVERSITY OF TX SOUTHWESTERN MEDICAL CTR@ DALLAS USA 2007  
 Internship and Year MOUNT SINAI HOSPITAL - NEW YORK, NY 2009  
 Residency and Year MOUNT SINAI HOSPITAL - NEW YORK, NY 2011  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 13998  
 License Date 5/7/2008  
 Name **TRIACA, VERONICA MD**  
 Address CONCORD HOSP CTR FOR UROLOGIC, 246 PLEASANT ST SUITE G2CONCORD, NH, 03301  
 Specialty U  
 Board Certified U  
 School and Year of Graduation TEMPLE UNIV USA 2000  
 Internship and Year LAHEY CLINIC MEDICAL CENTER - BURLINGTON, MA 2001  
 Residency and Year LAHEY CLINIC MEDICAL CENTER - BURLINGTON, MA 2002  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 6799  
 License Date 9/8/1983  
 Name **TRICE, JAMES M MD**  
 Address FLETCHER ALLEN HEALTH CARE, 111 COLCHESTER AVEBURLINGTON, VT, 05401  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation GEORGE WASHINGTON UNIV SCH MED-WASH,DC USA 1977  
 Internship and Year GEORGE WASHINGTON U HOSPITAL-WASHINGTON,DC 1978  
 Residency and Year GEORGE WASHINGTON U HOSPITAL-WASH,DC 1980  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	16928
License Date	1/21/2015
Name	<b>TRIEU, MICHAEL L MD</b>
Address	354 ARBORWAY APT 1, JAMAICA PLAIN, MA, 02130
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF ARKANSAS COLLEGE OF MEDICINE USA 2006
Internship and Year	UNIVERSITY OF ARKANSAS MEDICAL CENTER - LITTLE ROCK, AR 2007
Residency and Year	UNIVERSITY OF ARKANSAS MEDICAL CENTER - LITTLE ROCK, AR 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9075
License Date	10/6/1993
Name	<b>TRIFIRO, RICHARD G MD</b>
Address	, , ,
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSIDAD CENTRAL DEL CARIBE 1985
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1997</b>
Remarks	

License Number	15602
License Date	3/7/2012
Name	<b>TRIMARCO, THOMAS W MD</b>
Address	DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty	EM
Board Certified	EM
School and Year of Graduation	STATE UNIVERSITY OF NY @ BUFFALO SCHOOL OF MED USA 2007
Internship and Year	UNIVERSITY OF CINCINNATI MEDICAL CENTER - CINCINNATI, OH 2008
Residency and Year	UNIVERSITY OF CINCINNATI MEDICAL CENTER - CINCINNATI, OH 2011
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15517
License Date	1/4/2012
Name	<b>TRINDADE, ARVIND J MD</b>
Address	470 2ND AVE APT 20C, NEW YORK, NY, 10016
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF MED & DENTISTRY NEW JERSEY R W JOHNSON MED USA 2006
Internship and Year	MOUNT SINAI HOSPITAL - NEW YORK, NY 2007
Residency and Year	MOUNT SINAI HOSPITAL - NEW YORK, NY 2009
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number 11979  
 License Date 6/4/2003  
 Name **TRINKL, OTTO W MD**  
 Address C M C, 590 COURT STKEENE, NH, 03431  
 Specialty GE  
 Board Certified  
 School and Year of Graduation LUDWIG MAXIMILLIANS UNIVERSITY OF MUNICH-MUNICH GERMANY 1972  
 Internship and Year LOUISIANA STATE UNIVERSITY MEDICAL CENTER - NEW ORLEANS LA 1981  
 Residency and Year LOUISIANA STATE UNIVERSITY - NEW ORLEANS LA 1983  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 4417  
 License Date 4/22/1969  
 Name **TRIPATHI, USHA MD**  
 Address GREATER LOWELL PSYCHIATRY, 9 ACTON RD STE 25CHELMSFORD, MA, 01824  
 Specialty P  
 Board Certified P  
 School and Year of Graduation KING GEORG'S MEDICAL COLLEGE - LUCKNOW, INDIA INDIA 1958  
 Internship and Year THE SPRINGFIELD HOSPITAL - SPRINGFIELD, MA 1960  
 Residency and Year LOWELL GENERAL HOSPITAL - LOWELL, MA 1963  
 License Expiration Date **6/30/2007**  
 Remarks

License Number 4339  
 License Date 10/22/1968  
 Name **TRIPATHI, VINOD K MD**  
 Address 49 ATWOOD RD, PO BOX 203PELHAM, NH, 03076-0203  
 Specialty FP  
 Board Certified  
 School and Year of Graduation KING GEORGE'S MEDICAL COLLEGE, LUCKNOW INDIA 1957  
 Internship and Year THE SPRINGFIELD HOSPITAL - SPRINGFIELD, MA 1960  
 Residency and Year ST LUKE'S HOSPITAL - FARGO, ND 1964  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 10038  
 License Date 6/4/1997  
 Name **TRITOS, NICHOLAS A MD**  
 Address 5 COLISEUM AVE, NASHUA, NH, 03063  
 Specialty END  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF ATHENS-ATHENS ATHENS 1989  
 Internship and Year NEW ENGLAND DEACONESS HOSPITAL-MA 1995  
 Residency and Year LAHEY-HITCHCOCK CLINIC-MA 1996  
 License Expiration Date **6/30/2005**  
 Remarks

License Number	7054
License Date	2/28/1985
Name	<b>TRIVEDI, RAJENDRA M MD</b>
Address	290 MAIN ST STE 3, STONEHAM, MA, 02180-
Specialty	P
Board Certified	GP
School and Year of Graduation	UNIV OF BOMBAY INDIA 1969
Internship and Year	NORWICH HOSP-NORWICH,CT 1980
Residency and Year	WEST ROS PARK MNTL HEALTH CTR-BOSTON,MA 1981
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8698
License Date	4/1/1992
Name	<b>TROMANHAUSER, SCOTT G MD</b>
Address	, , ,
Specialty	ORS
Board Certified	
School and Year of Graduation	ALBANY MEDICAL COLLEGE IN NEW YORK USA 1986
Internship and Year	
Residency and Year	
License Expiration Date	<b>5/18/1995</b>
Remarks	

License Number	13567
License Date	6/6/2007
Name	<b>TROP, BOGDANA MD</b>
Address	OSCEOLA SURGICAL TRAUMA GRP, 720 W OAK ST KISSIMEE, FL, 34741
Specialty	TRS
Board Certified	GS
School and Year of Graduation	UNIV OF BELGRADE YUGOSLAVIA 1980
Internship and Year	UNIV OF MIAMI - MIAMI, FL 1996
Residency and Year	UNIV OF MIAMI - MIAMI, FL 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10847
License Date	3/1/2000
Name	<b>TROTZKY, SAMUEL W MD</b>
Address	PORTSMOUTH HOSP, 333 BORTHWICK AVE PORTSMOUTH, NH, 03801
Specialty	EM
Board Certified	EM
School and Year of Graduation	ALBERT EINSTEIN COLL OF MED -BRONX, NY USA 1995
Internship and Year	LONG ISLAND JEWISH MEDICAL CENTER - NEW HYDE PARK, NY 1996
Residency and Year	GEORGE WASHINGTON UNIV - WASHINGTON, DC 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 11764  
 License Date 10/2/2002  
 Name **TROUBLEFIELD, YOLANDA L MD**  
 Address LIONS BROOK MEDICAL SERVICE, 6 TANGLEWOOD DRNASHUA, NH, 03062  
 Specialty OTO  
 Board Certified  
 School and Year of Graduation NEW YORK UNIVERSITY, NEW YORK NY USA 1997  
 Internship and Year UMDNJ-NEW JERSEY MEDICAL SCHOOL, NEWARK NJ 1998  
 Residency and Year UMDNJ-NEW JERSEY MEDICAL SCHOOL, NEWARK NJ 2002  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11803  
 License Date 12/4/2002  
 Name **TROUGHT, WILLIAM S MD**  
 Address DHMC-DIAGNOSTIC RADIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756-0001  
 Specialty R  
 Board Certified R  
 School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1968  
 Internship and Year GEORGE WASHINGTON UNIV - WASHINGTON, DC 1969  
 Residency and Year THOMAS JEFFERSON UNIV - PHILADELPHIA, PA 1973  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 6353  
 License Date 3/5/1981  
 Name **TROXELL, JEFFREY R MD**  
 Address 357 FOREST ACRES RD, NEW LONDON, NH, 03257  
 Specialty U  
 Board Certified U  
 School and Year of Graduation LOUISIANA UNIV SCH OF MED,NEW ORLEANS USA 1979  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1980  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1980  
 License Expiration Date **6/30/2017**  
 Remarks **RETIRED 12/13/12**

License Number 12058  
 License Date 9/3/2003  
 Name **TRUEBE, SANDRA F MD**  
 Address DOCTORS PARK PEDIATRICS, 275 MAMMOTH RD STE 2MANCHESTER, NH, 03109  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL NC US 2000  
 Internship and Year CHILDRENS HOSPITAL, BOSTON MA 2001  
 Residency and Year CHILDRENS HOSPITAL, BOSTON MA 2003  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	8637
License Date	10/2/1991
Name	<b>TRUED, SALLY J MD</b>
Address	104 BURNSIDE DR, HASTINGS ON HUDSON, NY, 10706
Specialty	EM
Board Certified	EM
School and Year of Graduation	GEORGE WASHINGTON UNIV SCH OF MED - DC USA 1975
Internship and Year	GEORGE WASHINGTON UNIV HOSPITAL - WASHINGTON, DC 1976
Residency and Year	JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1983
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	11079
License Date	9/6/2000
Name	<b>TRUJILLO, GLORIA M MD</b>
Address	31 COLCORD ST, S BERWICK, ME, 03908
Specialty	FP
Board Certified	FP
School and Year of Graduation	GEORGE WASHINGTON UNIV SCH-WASHINGTON,DC USA 1992
Internship and Year	FAIRFAX HOSPITAL - FALLS CHURCH, VA 1993
Residency and Year	FAIRFAX HOSPITAL - FALLS CHURCH, VA 1995
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	10840
License Date	3/1/2000
Name	<b>TRUMMEL, JOHN M MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV OF CT SCH OF MED - FARMINGTON, CT USA 1992
Internship and Year	EAST CAROLINA UNIV SCH OF MEDICINE - GREENVILLE, NC 1993
Residency and Year	EAST CAROLINA UNIV SCH OF MEDICINE - GREENVILLE, NC 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16849
License Date	11/6/2014
Name	<b>TRUMP, MARK E MD</b>
Address	13737 NOEL RD STE 1600, DALLAS, TX, 75240
Specialty	ORS
Board Certified	
School and Year of Graduation	UNIV OF BRITISH COLUMBIA CACULTY OF MEDICINE CANADA 2001
Internship and Year	SCHULICH SCHOOL MEDICINE & DENTISTRY, WESTERN UNIV - CANADA 2002
Residency and Year	SCHULICH SCHOOL MEDICINE & DENTISTRY, WESTERN UNIV - CANADA 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13442
License Date	3/7/2007
Name	<b>TRUONG, HANS H MD</b>
Address	210 SPRINGHILL DR #150, SPRING, TX, 77386
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF CHICAGO PRITZKER SCHOOL OF MED USA 1992
Internship and Year	UNIV OF TX @ HOUSTON LYNDON B JOHNSON GENERAL HOSP-HOUSTON, TX 1993
Residency and Year	UNIV OF TEXAS MEDICAL SCHOOL - HOUSTON, TX 1997
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	11098
License Date	10/4/2000
Name	<b>TRUS, THADEUS L MD</b>
Address	DHMC-GENERAL SURGERY, ONE MEDICAL CENTER DRLEBANON, NH, 03756-0001
Specialty	GS
Board Certified	GS
School and Year of Graduation	MCMaster UNIV SCH OF MED - HAMILTON ONTARIO CANADA 1988
Internship and Year	MCMaster UNIV - HAMILTON ONTARIO, CANADA 1989
Residency and Year	MCMaster UNIV - HAMILTON ONTARIO, CANADA 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7637
License Date	6/3/1987
Name	<b>TSAI, YVONNE M MD</b>
Address	PO BOX 550, NORTH SALEM, NH, 03073
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	CORNELL UNIV MED COLL - NY, NY USA 1982
Internship and Year	MT AUBURN HOSPITAL - CAMBRIDGE, MA 1983
Residency and Year	ST LUKES-ROOSEVELT HOSPITAL CENTER - NY, NY 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12150
License Date	11/5/2003
Name	<b>TSAO, KAILENN MD</b>
Address	955 MAIN ST, SUITE 204WINCHESTER, MA, 01890
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIVERSITY OF VERMONT, BURLINGTON VT US 1994
Internship and Year	NEWTON-WELLESLEY HOSPITAL, NEWTON LOWER FALLS MA 1995
Residency and Year	UNIVERSITY OF SOUTH CAROLINA, COLUMBIA SC 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number	4510
License Date	10/14/1969
Name	<b>TSAO, WU-MING O MD</b>
Address	, PO BOX 798YARMOUTH, ME, 04096-0798
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	NATIONAL DEFENSE MEDICAL CENTER - TAIWAN CHINA 1950
Internship and Year	THE MONCTON HOSPITAL - MONCTON, NEW BRUNSWICK 1964
Residency and Year	PITTSFIELD AFFILIATED HOSPITAL - PITTSFIELD, MA 1961
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	10735
License Date	10/6/1999
Name	<b>TSAPAKOS, MICHAEL J MD</b>
Address	DHMC- DEPT OF RADIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	R
Board Certified	R
School and Year of Graduation	NEW YORK MEDICAL COLL - VALHALLA NY USA 1988
Internship and Year	THE FAULKNER HOSPITAL - BOSTON MA 1989
Residency and Year	ALBANY MEDICAL CENTER - ALBANY NY 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16244
License Date	7/3/2013
Name	<b>TSAPARLIS, NICHOLAS M MD</b>
Address	FOUNDATION PARTNERS, 8 PROSPECT STNASHUA, NH, 03061
Specialty	GS
Board Certified	GS
School and Year of Graduation	BOSTON UNIVERSITY USA 1995
Internship and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 1996
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17244
License Date	8/5/2015
Name	<b>TSEPLAEV, EVGENY V MD</b>
Address	8400 JUXA DR, CHANHASSEN, SC, 29579
Specialty	IM
Board Certified	IM
School and Year of Graduation	ST PETERSBURG STATE I P PAVLOV MED UNIV - RUSSIA RUSSIA 1993
Internship and Year	BROOKLYN HOSPITAL CENTER - BROOKLYN, NY 2000
Residency and Year	BROOKLYN HOSPITAL CENTER - BROOKLYN, NY 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 14332  
 License Date 2/4/2009  
 Name **TSO, MICHAEL Y MD**  
 Address , 395 WOLF HILL RDDEERING, NH, 03244  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation BROWN UNIV USA 1994  
 Internship and Year OREGON HEALTH SCIENCES UNIV-PORTLAND, OR 1995  
 Residency and Year OREGON HEALTH SCIENCES UNIV-PORTLAND, OR 1997  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16143  
 License Date 5/1/2013  
 Name **TSOURMAS, NICHOLAS F MD**  
 Address SOUTHWEST ORTHO GROUP, 2500 W WILLIAM CANNON DR #401AUSTIN, TX, 78745  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE USA 1978  
 Internship and Year MILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 1979  
 Residency and Year GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER - WASHINGTON, DC 1983  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 15948  
 License Date 11/7/2012  
 Name **TSVIRKO, IRYNA MD**  
 Address CATHOLIC MEDICAL CENTER, BEHAVIORIAL HEALTH SERVICE, 88 MCGREGOR STMANCHESTER, NH,  
 Specialty P  
 Board Certified P  
 School and Year of Graduation VITEBSK MEDICAL INSTITUTE BELARUS 1999  
 Internship and Year ST LOUIS UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS, MO 2010  
 Residency and Year ST LOUIS UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS, MO 2012  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10546  
 License Date 4/7/1999  
 Name **TU, ALBERT S MD**  
 Address SEACOAST RADIOLOGY, 383 CENTRAL AVE STE 313DOVER, NH, 03820  
 Specialty R  
 Board Certified R  
 School and Year of Graduation HARVARD MEDICAL SCH - BOSTON, MA USA 1993  
 Internship and Year GREATER BALTIMORE MEDICAL CENTER - BALTIMORE, MD 1994  
 Residency and Year GREATER BALTIMORE MEDICAL CENTER - BALTIMORE, MD 1998  
 License Expiration Date **1/15/2012**  
 Remarks **DECEASED 1/15/2012**

License Number	14442
License Date	5/6/2009
Name	<b>TU, JIANGLING J MD</b>
Address	BOSTWICK LABORATORIES INC, 100 CHARLES LINDBERGH BLVDUNIONDALE, NY, 11553
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	BEIJING MEDICAL UNIVERSITY CHINA 1989
Internship and Year	NEW YORK & PRESBYTERIAN HOSPITAL - NEW YORK, NY 1999
Residency and Year	NEW YORK & PRESBYTERIAN HOSPITAL - NEW YORK, NY 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16293
License Date	8/7/2013
Name	<b>TUCKER, ANTHONY MD</b>
Address	1820 58TH AVENUE, UNIT 110VERO BEACH, FL, 32966
Specialty	EM
Board Certified	EM
School and Year of Graduation	HOWARD UNIVERSITY COLLEGE OF MEDICINE USA 1985
Internship and Year	DISTRICT OF COLUMBIA GENERAL HOSPITAL - WASHINGTON, DC 1986
Residency and Year	FLUSHING HOSPITAL MEDICAL CENTER - FLUSHING, NY 1989
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	3208
License Date	9/11/1957
Name	<b>TUCKER, JAMES C MD</b>
Address	, PO BOX 309EXETER, NH, 03833-4807
Specialty	GP
Board Certified	
School and Year of Graduation	HARVARD UNIVERSITY USA 1950
Internship and Year	THE ROOSEVELT HOSPITAL NEW YORK - NEW YORK 1955
Residency and Year	THE ROOSEVELT HOSPITAL NEW YORK - NEW YORK 1956
License Expiration Date	<b>6/30/2005</b>
Remarks	Deceased 8/31/2012

License Number	13473
License Date	4/4/2007
Name	<b>TUCKER, SUSAN M MD</b>
Address	NEW HAMPSHIRE EYE ASSOCIATES, 1415 ELM STREETMANCHESTER, NH, 03101
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIV OF WESTERN ONTARIO USA 1987
Internship and Year	MT SINAI HOSPITAL - TORONTO, ONTARIO CANADA 1988
Residency and Year	ST MICHAELS HOSPITAL/WELLESLEY HEALTH CENTER - TONONTO, ONTARIO CANADA 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 16567  
 License Date 4/2/2014  
 Name **TUCKER, VERONICA DO**  
 Address LRG HEALTHCARE, 80 HIGHLAND STLACONIA, NH, 03246  
 Specialty EM  
 Board Certified  
 School and Year of Graduation NEW YORK COLLEGE OF OSTEOPATHIC MEDICINE USA 2011  
 Internship and Year HARTFORD HOSPITAL - HARTFORD, CT 2012  
 Residency and Year HARTFORD HOSPITAL - HARTFORD, CT 2014  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 17196  
 License Date 7/1/2015  
 Name **TUFANO, SYLVIA H MD**  
 Address OB HOSPITALIST PROG/FOUNDATION MED PTNRS, 8 PROSPECT STNASHUA, NH, 03060  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UB SUNY SCHOOL OF MED & BIOMEDICAL SCIENCE USA 1999  
 Internship and Year UNIVERSITY OF CONNECTICUT - FARMINGTON, CT 1999  
 Residency and Year UNIVERSITY OF CONNECTICUT - FARMINGTON, CT 2003  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11886  
 License Date 4/2/2003  
 Name **TULECKE, MARK A MD**  
 Address SALEM HOSPITAL/DEPT PATHOLOGY, 81 HIGHLAND AVESALEM, MA, 01970  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation UNIV OF TEXAS-HOUSTON MED SCH - HOUSTON, TX USA 1995  
 Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1996  
 Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1999  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 4594  
 License Date 8/13/1970  
 Name **TULLOH, KATHLEEN D MD**  
 Address 33 WOODMAN RD, DURHAM, NH, 03824-2308  
 Specialty GYN  
 Board Certified  
 School and Year of Graduation DURHAM UNIV MEDICAL SCHOOL ENGLAND 1952  
 Internship and Year UNITED NEWCASTLE UPON TYNE HOSPITAL - ENGLAND 1953  
 Residency and Year ROYAL COLLEGE ENGLAND 1954  
 License Expiration Date **6/30/2001**  
 Remarks

License Number 12326  
 License Date 5/5/2004  
 Name **TULLOH, ROSEMARY H MD**  
 Address DOVER-ROCHESTER ASSOCIATES, 9 WENTWORTH STROCHESTER, NH, 03867-2793  
 Specialty R  
 Board Certified R  
 School and Year of Graduation BOSTON UNIVERSITY, BOSTON MA US 1993  
 Internship and Year ROGER WILLIAMS GENERAL HOSP, PROVIDENCE RI 1994  
 Residency and Year MAINE MEDICAL CTR, PORTLAND ME 1998  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 16929  
 License Date 1/21/2015  
 Name **TUMMALA, SRINIVAS MD**  
 Address 8250 WESTPARK DR #609, MC LEAN, VA, 22102  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation UNIVERSITY OF MICHIGAN USA 1995  
 Internship and Year UNIVERSITY OF WISCONSIN, MADISON, WI 1996  
 Residency and Year UNIVERSITY OF WISCONSIN, MADISON, WI 1999  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11225  
 License Date 4/4/2001  
 Name **TUMMON, IAN S MD**  
 Address MAYO CLINIC, 200 FIRST ST SWROCHESTER, MN, 55904  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIV OF TORONTO - TORONTO, ONTARIO CANADA CANADA 1975  
 Internship and Year TORONTO WESTERN HOSPITAL - TORONTO ONTARIO CANADA 1977  
 Residency and Year FACULTY OF MEDICINE UNIV - OTTAWA ONTARIO CANADA 1981  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 14150  
 License Date 8/6/2008  
 Name **TUNG, DAVID L MD**  
 Address PAINCARE, 1 MOUND CTMERRIMACK, NH, 03054  
 Specialty PM  
 Board Certified PM  
 School and Year of Graduation VIRGINIA COMMONWEALTH UNIV USA 2003  
 Internship and Year VIRGINIA COMMONWEALTH UNIV HEALTH SYSTEM - RICHMOND, MA 2004  
 Residency and Year UMDNJ-NEW JERSEY MEDICAL SCHOOL - NEWARK, NJ 2007  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 3132  
 License Date 7/10/1956  
 Name **TUNG, HSI-LIN MD**  
 Address , , ,  
 Specialty  
 Board Certified  
 School and Year of Graduation  
 Internship and Year  
 Residency and Year  
 License Expiration Date **5/22/1989**  
 Remarks

License Number 7890  
 License Date 6/8/1988  
 Name **TUNG, PAUL C MD**  
 Address ENDOCRINOLOGY & DIABETES CONS, 10 MEMBERS WAY STE 400DOVER, NH, 03820  
 Specialty END  
 Board Certified IM  
 School and Year of Graduation TUFTS UNIV SCH OF MED - BOTON, MA USA 1982  
 Internship and Year VA MEDICAL CENTER - LOS ANGELES, CA 1983  
 Residency and Year VA MEDICAL CENTER - LOS ANGELES, CA 1987  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14905  
 License Date 6/2/2010  
 Name **TUPICK, TANYA A DO**  
 Address ANDROSCOGGIN VALLEY HOSPITAL, 59 PAGE HILL RDBERLIN, NH, 03570  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2007  
 Internship and Year ST JOSEPH MEDICAL CENTER - READING, PA 2008  
 Residency and Year ST JOSEPH MEDICAL CENTER - READING, PA 2010  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 6117  
 License Date 9/6/1979  
 Name **TURCO, JOHN H MD**  
 Address DHMC-ENDOCRINOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty END  
 Board Certified END  
 School and Year of Graduation COLUMBIA UNIV COLLEGE OF PHYSICIANS - NY USA 1974  
 Internship and Year DARTMOUTH MEDICAL SCHOOL - HANOVER, NH 1975  
 Residency and Year DARTMOUTH MEDICAL SCHOOL - HANOVER, NH 1976  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	12361
License Date	6/2/2004
Name	<b>TURCOT, DIANE B MD</b>
Address	CLIPPER CARDIOVASCULAR ASSOC, 112A PARKER STNEWBURYPORT, MA, 01950
Specialty	CD
Board Certified	CD
School and Year of Graduation	LAVAL UNIVERSITY, STE-FOY QUEBEC CANADA CANADA 1997
Internship and Year	MCGILL UNIVERSITY, MONTREAL QUEBEC CANADA 2000
Residency and Year	HARTFORD HOSP, HARTFORD CT 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>lapsed 6/30/10 - reinstated 9/7/11</b>

License Number	10598
License Date	6/2/1999
Name	<b>TURER, CATHERINE M MD</b>
Address	3 ALUMNI DR STE 401, EXETER, NH, 03833
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	TUFTS UNIV SCH OF MED - BOSTON, MA USA 1995
Internship and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1996
Residency and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14980
License Date	8/4/2010
Name	<b>TURGEON, MARC L DO</b>
Address	PRIME CARE MEDICAL, 3940 LOCUST LANEHARRISBURG, PA, 17109
Specialty	P
Board Certified	
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND USA 2000
Internship and Year	COMMUNITY HOSPITAL OF LANCASTER - LITITZ, PA 2001
Residency and Year	MILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12681
License Date	4/6/2005
Name	<b>TURIANO, DEBORAH L MD</b>
Address	VNA HOSPICECARE, 100 TRADE CENTER G500WOBURN, MA, 01801
Specialty	PD
Board Certified	
School and Year of Graduation	STATE UNIVERSITY OF NY, BUFFALO NY US 1983
Internship and Year	RAINBOW BABIES ANDCHILDRENS HOSPITAL, CLEVELAND OH 1984
Residency and Year	RAINBOW BABIES & CHILDRENS HOSPITAL, CLEVELAND OH 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11189
License Date	2/7/2001
Name	<b>TURKEL, DAVID H MD</b>
Address	3680 BROADWAY, FT MYERS, FL, 33901
Specialty	R
Board Certified	
School and Year of Graduation	UNIV OF MED & DENTISTRY OF NJ- NEWARK, NJ USA 1983
Internship and Year	SANTA CLARA VALLEY MEDICAL CENTER - SAN JOSE, CA 1984
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 1988
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	12923
License Date	10/5/2005
Name	<b>TURKINGTON, NANCY M MD</b>
Address	MONTSHIRE PEDIATRICS, 45 LYME RD STE 105HANOVER, NH, 03755
Specialty	PD
Board Certified	
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS, WORCESTER MA US 1996
Internship and Year	CHILDRENS HOSPITAL AT DARTMOUTH, LEBANON NH 1998
Residency and Year	CHILDRENS HOSPITAL AT DARTMOUTH, LEBANON NH 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>8/12/15 - Settlement Agreement</b>

License Number	10459
License Date	11/4/1998
Name	<b>TURNBULL, QUENTIN A MD</b>
Address	1555 ELM ST, MANCHESTER, NH, 03104
Specialty	P
Board Certified	P
School and Year of Graduation	PULSE BEAT MED SCHOOL -SOUTH AFRICA AFRICA 1993
Internship and Year	DARTMOUTH MED CTR-LEBANON,NH 1996
Residency and Year	DARTMOUTH MED CTR-LEBANON,NH 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6051
License Date	5/14/1979
Name	<b>TURNER III, N FLETCHER MD</b>
Address	VA OUTPATIENT CLINIC, 1955 US1 SOUTH STE 200ST AUGUSTINE, FL, 32086
Specialty	FP
Board Certified	FP
School and Year of Graduation	JOHNS HOPKINS UNIV SCHOOL OF MEDICINE-BALTIMORE,MD USA 1976
Internship and Year	MONMOUTH MEDICAL CENTER - LONG BRANCH, NJ 1977
Residency and Year	MOUNTAIN AREA HEALTH EDUCATION FOUNDATION - ASHEVILLE, NC 1979
License Expiration Date	<b>6/30/2009</b>
Remarks	



License Number 3998  
License Date 3/17/1967  
Name **TURNER, FRANCIS L MD**  
Address , , ,  
Specialty  
Board Certified  
School and Year of Graduation  
Internship and Year  
Residency and Year

License Expiration Date **8/20/1993**  
Remarks **8/20/93 LICENSE REVOKED**

License Number 6078  
License Date 6/11/1979  
Name **TURNER, HENRY D MD**  
Address 330 BORTHWICK AVE STE 202, PORTSMOUTH, NH, 03801-4174  
Specialty PD  
Board Certified PD  
School and Year of Graduation JOHNS HOPKINS UNIV SCHOOL MEDICINE - BALTIMORE, MD USA 1974  
Internship and Year CHILDRENS HOSPITAL - PHILA, PA 1975  
Residency and Year CHILDRENS HOSPITAL - PHILA, PA 1977  
License Expiration Date **6/30/2017**  
Remarks

License Number 13886  
License Date 3/5/2008  
Name **TURNER, JAMES H MD**  
Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500 EDEN PRAIRIE, MN, 55344  
Specialty DR  
Board Certified R  
School and Year of Graduation ST LOUIS UNIV USA 1991  
Internship and Year NAVAL MEDICAL CENTER PORTSMOUTH - PORTSMOUTH, VA 1992  
Residency and Year UNIV OF OKLAHOMA HEALTH SCIENCES CENTER - OKLAHOMA CITY, OK 1999  
License Expiration Date **6/30/2016**  
Remarks

License Number 8865  
License Date 12/2/1992  
Name **TURNER, STEWART J MD**  
Address 99 US RTE 1 BYPASS STE B, KITTELY, ME, 03904  
Specialty OPH  
Board Certified OPH  
School and Year of Graduation ST LOUIS UNIVERSITY SCHOOL OF MEDICINE USA 1981  
Internship and Year ST MARY'S HEALTH CENTER ST LOUIS - MISSOURI 1982  
Residency and Year UNIVERSITY HOSPITAL BOSTON - MASSACHUSETTS 1985  
License Expiration Date **6/30/2016**  
Remarks

License Number	14151
License Date	8/6/2008
Name	<b>TURNQUIST SR, PAUL E MD</b>
Address	TQ FLIGHT MEDICINE, 1 WEBB PL STE 10DOVER, NH, 03820
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF PITTSBURGH USA 1994
Internship and Year	WESTERN PSYCHIATRIC INSTITUTE & CLINIC - PITTSBURGH, PA 1995
Residency and Year	UPMC ST MARGARET HOSPITAL - PITTSBURGH, PA 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15603
License Date	3/7/2012
Name	<b>TURPIN JR, EDWARD M MD</b>
Address	ALABAMA SLEEP CLINIC, 1215 7TH ST SE STE 130DECATUR, AL, 35601
Specialty	SM
Board Certified	SM
School and Year of Graduation	UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE USA 1990
Internship and Year	WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE - WINSTON-SALEM, NC 1991
Residency and Year	WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE - WINSTON-SALEM, NC 1994
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	10572
License Date	5/5/1999
Name	<b>TURRIN, RICCARDO MD</b>
Address	MASSENA MEMORIAL HOSPITAL, ONE HOSPITAL DRMASSENA, NY, 13662
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF MONTREAL OF MED - MONTREAL QUEBEC CANADA 1994
Internship and Year	UNIV OF DE MONTREAL - MONTREAL QUEBEC, CANADA 1995
Residency and Year	UNIV OF DE MONTREAL - MONTREAL QUEBEC, CANADA 1996
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	3006
License Date	3/10/1954
Name	<b>TUTHILL, JOHN W MD</b>
Address	18 HOBBS RD, KENSINGTON, NH, 03833-5510
Specialty	PD
Board Certified	PD
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 1943
Internship and Year	BOSTON CITY HOSPITAL 1944
Residency and Year	PRESBYTERIAN HOSPITAL 1950
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	3442
License Date	4/17/1961
Name	<b>TUTTLE JR, EVERETT A MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/19/1996</b>
Remarks	<b>DECEASED - 6/19/96</b>

License Number	6367
License Date	4/2/1981
Name	<b>TUTTLE, BENJAMIN MD</b>
Address	87 SPRING ST, UNIT 101LACONIA, NH, 03246-3135
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIV OF CONN SCH OF MED,FARMINGTON,CT USA 1977
Internship and Year	NEW ENGLAND MED CTR HOSP, BOSTON,MA 1978
Residency and Year	TUFTS UNIV SCH OF MED,BOSTON,MA 1981
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6932
License Date	7/5/1984
Name	<b>TUTTLE, GEORGIA A MD</b>
Address	129 MECHANIC ST, LEBANON, NH, 03766
Specialty	D
Board Certified	D
School and Year of Graduation	TUFTS UNIV SCH MED-BOSTON,MA USA 1980
Internship and Year	LEMUEL SHATTUCK HOSP-BOSTON,MA 1981
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5590
License Date	8/12/1976
Name	<b>TUXILL, THOMAS G MD</b>
Address	CONCORD OPTH ASSOC, 9 S SPRING STCONCORD, NH, 03301-2425
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIV OF ROCHESTER SCHOOL OF MED AND DENTISTRY USA 1967
Internship and Year	NAVAL HOSPITAL NATL NAVAL MED CENTER BETHESDA 1968
Residency and Year	STRONG MEM HOSPITAL ROCHESTER 1974
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	7785
License Date	2/3/1988
Name	<b>TWEEDIE, ERIC L MD</b>
Address	EMMC, 489 STATE STBANGOR, ME, 04401
Specialty	AN
Board Certified	AN
School and Year of Graduation	DALHOUSIE UNIV FACULTY OF MED - HALIFAX NOVA SCOTIA 1977
Internship and Year	MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1984
Residency and Year	MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11859
License Date	3/5/2003
Name	<b>TWEHOUS, DEBRA A MD</b>
Address	SPAULDING REHABILITATION HOSP, 125 NASHUA STBOSTON, MA, 02114
Specialty	PM
Board Certified	PM
School and Year of Graduation	UNIV OF TEXAS MED SCH - SAN ANTONIO, TX USA 1989
Internship and Year	UNIV OF TEXAS HEALTH SCI CENTER - SAN ANTONIO, TX 1990
Residency and Year	UNIV OF CALIFORNIA IRVINE MEDICAL CENTER - ORANGE, CA 1993
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	15856
License Date	9/5/2012
Name	<b>TWINING, CHRISTINE L MD</b>
Address	MAINE MEDICAL PARTNERS, 175 US ROUTE 1SCARBOROUGH, ME, 04074
Specialty	END
Board Certified	END
School and Year of Graduation	DUKE UNIVERSITY SCHOOL OF MEDICINE USA 2001
Internship and Year	YALE UNIVERSITY SCHOOL OF MEDICINE - NEW HAVEN, CT 2002
Residency and Year	YALE UNIVERSITY SCHOOL OF MEDICINE - NEW HAVEN, CT 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6565
License Date	6/24/1982
Name	<b>TWOMEY, MICHAEL J MD</b>
Address	140 HAVERHILL ST, ANDOVER, MA, 01810-
Specialty	GS
Board Certified	GS
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1968
Internship and Year	BOSTON CITY HOSPITAL - BOSTON MA 1969
Residency and Year	BOSTON CITY HOSPITAL - BOSTON MA 1970
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	12768
License Date	6/1/2005
Name	<b>TWORK, GRETCHEN E MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF WISCONSIN, MADISON WI US 2002
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2003
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12042
License Date	8/6/2003
Name	<b>TY, HENRY Y MD</b>
Address	N E NEUROLOGICAL ASSOC, 354 MERRIMACK ST-BLDG 1LAWRENCE, MA, 01843
Specialty	NS
Board Certified	NS
School and Year of Graduation	U OF PHILIPPINES PHILLIPPINES 1991
Internship and Year	MEDICAL COLLEGE OF VIRGINIA, RICHMOND VA 1998
Residency and Year	MEDICAL COLLEGE OF VIEGINIA, RICHMOND VA 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10495
License Date	1/6/1999
Name	<b>TYL, ROSEMARY A MD</b>
Address	HAMPSTEAD HOSPITAL, 218 EAST RDHAMPSTEAD, NH, 03841
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF VERMONT COLL OF MED - BURLINGTON,VT USA 1992
Internship and Year	FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1993
Residency and Year	FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1994
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	14106
License Date	7/9/2008
Name	<b>TYLER, ALLEN E MD</b>
Address	SENTIENT MEDICAL SYSTEMS, 11011 MCCORMICK RD STE 200HUNT VALLEY, MD, 21031
Specialty	P
Board Certified	P
School and Year of Graduation	JEFFERSON MEDICAL COLLEGE USA 1979
Internship and Year	GRADUATE HOSPITAL-EULESS, TX 1980
Residency and Year	GRADUATE HOSPITAL-EULESS, TX 1983
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	15424
License Date	10/5/2011
Name	<b>TYLER, IRA M MD</b>
Address	929 FARM HAVEN DR, ROCKVILLE, MD, 20852
Specialty	DR
Board Certified	DR
School and Year of Graduation	MT SINAI OF MEDICINE UNIVERSITY OF NY USA 1979
Internship and Year	JACKSON MEMORIAL HOSPITAL - MIAMI, FL 1981
Residency and Year	BELLEVUE HOSPITAL - NY, NY 1983
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	16197
License Date	6/5/2013
Name	<b>TYLER, MICHELLE D MD</b>
Address	I MEDICAL CENTER DRIVE, LEBANON, NH, 03766
Specialty	PD
Board Certified	
School and Year of Graduation	UNIVERSITY OF CALIFORNIA USA 2010
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON,NH 2011
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON,NH 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6118
License Date	9/6/1979
Name	<b>TYSON, JUDITH MD</b>
Address	, RR 1 BOX 360SHARON, VT, 05065
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF VT COLLEGE MEDICINE BURLINGTON, VT USA 1970
Internship and Year	ROOSEVELT HOSPITAL - NY, NY 1971
Residency and Year	WESTERN PENNSYLVANIA HOSPITAL - PITTSBURGH, PA 1978
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	7382
License Date	6/12/1986
Name	<b>TZAVALAS, NICHOLAS MD</b>
Address	NUTFIELD ANESTHESIA ASSOC, PO BOX 220DERRY, NH, 03038-0220
Specialty	AN
Board Certified	AN
School and Year of Graduation	ARISTOTELIAN UNIV OF TESSALONIKI GREECE 1979
Internship and Year	UNIVERSITY HOSPITAL-BOSTON MA 1982
Residency and Year	UNIVERSITY HOSPITAL 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 3759  
 License Date 12/30/1964  
 Name **TZIANABOS, STEPHEN A MD**  
 Address 545 KEARNEY CIRCLE, MANCHESTER, NH, 03104  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1963  
 Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1964  
 Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1964  
 License Expiration Date **3/12/2009**  
 Remarks **DECEASED 3/12/09**

License Number 3594  
 License Date 3/13/1963  
 Name **TZIRO, JAMES C MD**  
 Address 70 CRESTVIEW RD, MANCHESTER, NH, 03104-1803  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation ARISTOTELES UNIV SCHOOL OF MEDICINE, SOLONICA GREECE 1955  
 Internship and Year MASS MEMORIAL HOSPITAL - BOSTON, MA 1957  
 Residency and Year HAHNEMANN MEDICAL COLLEGE, HOSPITAL - PHILA, PA 1961  
 License Expiration Date **6/30/2002**  
 Remarks **DECEASED 3/18/06**

License Number 10405  
 License Date 9/2/1998  
 Name **TZVETANOV, TZVETAN MD**  
 Address 790 TURNPIKE ST, STE 201N ANDOVER, MA, 01845  
 Specialty GP  
 Board Certified IM  
 School and Year of Graduation FACULTY OF GENERAL MED CHARLES UNIV PRAHA CZECH REPUBLIC 1988  
 Internship and Year POLYCLINIC HOSPITAL - HARRISBURG, PA 1996  
 Residency and Year POLYCLINIC HOSPITAL - HARRISBURG, PA 1998  
 License Expiration Date **6/30/2016**  
 Remarks **7/8/14 - Settlement Agreement**  
**Lapsed for nonrenewal 6/30/14; Renewed 10/3/14**

License Number 16930  
 License Date 1/21/2015  
 Name **UDOMPRASERT, PAMELA S MD**  
 Address 205 HUNT ST, RANDOLPH, VT, 05060  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation STATE UNIV OF NY HLTH SCIENCE CTR @ BROOKLYN OF ME USA 2004  
 Internship and Year CONNECTICUT CHILDRENS MEDICAL CENTER - HARTFORD, CT 2005  
 Residency and Year CONNECTICUT CHILDRENS MEDICAL CENTER - HARTFORD, CT 2007  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13999  
 License Date 5/7/2008  
 Name **UDUEVBO, JERRY A MD**  
 Address 1452 EAST 100 ST, BROOKLYN, NY, 11236  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation ROSS UNIV DOMINICA 2005  
 Internship and Year FLUSHING HOSPITAL MEDICAL CENTER - FLUSHING, NY 2006  
 Residency and Year FLUSHING HOSPITAL MEDICAL CENTER - FLUSHING, NY 2007  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 10799  
 License Date 12/1/1999  
 Name **UHLIG, PAUL N MD**  
 Address 3243 E MURDOCK, STE 404 WICHITA, KS, 67208  
 Specialty TS  
 Board Certified TS  
 School and Year of Graduation UNIV OF KANSAS SCH OF MED - KANSAS CITY, KS USA 1978  
 Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1980  
 Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1984  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 14576  
 License Date 8/5/2009  
 Name **UITERWYK, SEAN H MD**  
 Address WHITE RIVER FAMILY PRACTICE, 331 OLCOTT DR #U3WRJ, VT, 05001  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation LOYOLA UNIV OF CHICAGO USA 2000  
 Internship and Year MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 2004  
 Residency and Year MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKET, RI 2005  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13081  
 License Date 5/3/2006  
 Name **UKPONMWAN, UYIGUE E MD**  
 Address KNOXVILLE HOSPITAL & CLINICS, 1202 WEST HOWARD ST KNOXVILLE, IA, 50138  
 Specialty FP  
 Board Certified  
 School and Year of Graduation UNIV OF BENIN NIGERIA 1998  
 Internship and Year ST JOSEPH'S MEDICAL CTR-YONKERS NY 2004  
 Residency and Year ST JOSEPH'S MEDICAL CTR-YONKERS NY 2006  
 License Expiration Date **6/30/2008**  
 Remarks



License Number 14238  
 License Date 11/5/2008  
 Name **ULLAH, SANA MD**  
 Address DH -MANCHESTER, 100 HITCHCOCK WAYMANCHESTER, NH, 03104  
 Specialty IM  
 Board Certified  
 School and Year of Graduation BAHUDDIN ZAKARIA UNIV PAKISTAN 2001  
 Internship and Year UNIV OF SOUTH DAKOTA - SIOUX FALLS, SD 2007  
 Residency and Year UNIV OF SOUTH DAKOTA - SIOUX FALLS, SD 2008  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15467  
 License Date 11/2/2011  
 Name **ULLAL, RITU G MD**  
 Address DARTMOUTH HITCHCOCK CLINIC, 2300 SOUTHWOOD DRNASHUA, NH, 03063  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation STANFORD UNIVERSITY SCHOOL OF MEDICINE USA 2004  
 Internship and Year UNIVERSITY OF CALIFORNIA - SAN FRANCISCO, CA 2005  
 Residency and Year UNIVERSITY OF CALIFORNIA - SAN FRANCISCO, CA 2008  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14726  
 License Date 1/6/2010  
 Name **ULLMAN, JOSEPH M MD**  
 Address YORK HOSPITAL, 15 HOSPITAL DRYORK, ME, 03909  
 Specialty R  
 Board Certified R  
 School and Year of Graduation GEORGE WASHINGTON UNIVERSITY USA 1984  
 Internship and Year CHRISTIANA CARE HEALTH SYSTEM - NEWARK, DE 1985  
 Residency and Year CHRISTIANA CARE HEALTH SYSTEM - NEWARK, DE 1989  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13185  
 License Date 7/5/2006  
 Name **UMASHANKAR, GOPALAN MD**  
 Address LITTLETON REG HOSP/NEUROLOGY, 580 ST JOHNSBURY RDLITTLETON, NH, 03561  
 Specialty N  
 Board Certified N  
 School and Year of Graduation KANPUR UNIV INDIA 1990  
 Internship and Year UNIV OF ARKANSAS - LITTLE ROCK, AR 2002  
 Residency and Year UNIV OF ARKANSAS - LITTLE ROCK, AR 2005  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	11765
License Date	10/2/2002
Name	<b>UNDERHILL, KELLY J MD</b>
Address	PROVIDENCE ST VINCENT MED CTR, 9205 SW BARNES RDPORTLAND, OR, 97225
Specialty	R
Board Certified	R
School and Year of Graduation	QUEENS UNIVERSITY, KINGSTON ONTARIO CANADA CANADA 1992
Internship and Year	QUEENS UNIVERSITY, KINGSTON ONTARIO CANADA 1993
Residency and Year	QUEENS UNIVERSITY, KINGSTON ONTARIO CANADA 1997
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	15205
License Date	4/6/2011
Name	<b>UNDERKOFER, RICHARD S MD</b>
Address	HARVARD PILGRIM HEALTH CARE, 1600 CROWN COLONY DRQUINCY, MA, 02169
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF IOWA COLLEGE OF MEDICINE USA 1976
Internship and Year	MAYO GRADUATE SCHOOL OF MEDCINE, MAYO CLINIC - ROCHESTER, MN 1978
Residency and Year	MADIGAN ARMY MEDICAL CENTER - TACOMA, WA 1981
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	3589
License Date	3/13/1963
Name	<b>UNDERWOOD II, DAVID G MD</b>
Address	13 BUCKINGHAM DR, BOW, NH, 03304
Specialty	IM
Board Certified	IM
School and Year of Graduation	CORNELL SCHOOL - NEW YORK, NY USA 1958
Internship and Year	NEW YORK HOSPITAL - NY, NY 1959
Residency and Year	NEW YORK HOSPITAL - NY, NY 1963
License Expiration Date	<b>11/21/2008</b>
Remarks	<b>DECEASED 11/21/2008</b>

License Number	11887
License Date	4/2/2003
Name	<b>UNDERWOOD, UNA J MD</b>
Address	166 KINSLEY ST, STE 204NASHUA, NH, 03060
Specialty	OBG
Board Certified	
School and Year of Graduation	LOMA LINDA UNIV SCH OF MED - LOMA LINDA, CA USA 1957
Internship and Year	TORONTO EAST GENERAL HOSPITAL - TORONTO, ONTARIO CANADA 1958
Residency and Year	WOMENS COLLEGE HOSPITAL - TORONTO, ONTARIL, CANADA 1961
License Expiration Date	<b>6/30/2011</b>
Remarks	<b>DECEASED 1/27/2015</b>

License Number 14948  
 License Date 7/7/2010  
 Name **UONG, QUANG T MD**  
 Address GRANITE STATE ANESTHESIOLOGIST, 168 KINSLEY ST STE 4NASHUA, NH, 03060  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation TUFTS UNIVERSITY USA 2001  
 Internship and Year TRIPLER ARMY MEDICAL CENTER- TRIPLER AMC, HI 2002  
 Residency and Year UNIVERSITY OF VERMONT MEDICAL CENTER/FAHC - BURLINGTON, VT 2003  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12182  
 License Date 12/3/2003  
 Name **UPADRASTA, VIJAYA L MD**  
 Address DARTMOUTH HITCHCOCK CLINIC, 100 HITCHCOCK WAYMANCHESTER, NH, 03104  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation NAGARJUNA UNIVERSITY, GUNTUR ANDHRA PRADESH INDIA INDIA 1994  
 Internship and Year ST VINCENTS MEDICAL CTR, BRIDGEPORT CT 2001  
 Residency and Year ST VINCENTS MEDICAL CTR, BRIDGEPORT CT 2003  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14528  
 License Date 7/1/2009  
 Name **URANGA, MARK N MD**  
 Address TREASURE VALLEY PEDIATRICS, 100 E IDAHO ST STE 401BOISE, ID, 83712  
 Specialty PD  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF WASHINGTON USA 2007  
 Internship and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008  
 Residency and Year DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 4774  
 License Date 5/3/1971  
 Name **URBAN JR, STEPHEN F DO**  
 Address , , ,  
 Specialty  
 Board Certified  
 School and Year of Graduation  
 Internship and Year  
 Residency and Year  
 License Expiration Date **7/20/1995**  
 Remarks

License Number 7392  
 License Date 7/3/1986  
 Name **URBAN, MICHAEL J MD**  
 Address , , ,  
 Specialty AN  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF WISCONSIN USA 1983  
 Internship and Year  
 Residency and Year  
 License Expiration Date **4/6/1991**  
 Remarks

License Number 10378  
 License Date 8/5/1998  
 Name **URBAN, MICHELLE A MD**  
 Address MONADNOCK FAMILY CARE, 454 OLD STREET RDPETERBOROUGH, NH, 03458  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation SUNY AT BUFFALO SCH OF MED BIO SCI - NY USA 1983  
 Internship and Year AKRON GENERAL MEDICAL CENTER - AKRON, OH 1984  
 Residency and Year AKRON GENERAL MEDICAL CENTER - AKRON, OH 1986  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 8727  
 License Date 5/6/1992  
 Name **URBANEK, PAUL J MD**  
 Address CONCORD ORTHOPAEDICS ASSOC, 264 PLEASANT STCONCORD, NH, 03301  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation UNIVERSITY OF CINCINNATI USA 1985  
 Internship and Year RHODE ISLAND HOSPITAL 1986  
 Residency and Year RHODE ISLAND HOSPITAL 1987  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13887  
 License Date 3/5/2008  
 Name **URBANO, MICHAEL A MD**  
 Address NERH AT SNHMC WEST CAMPUS, 29 NORTHWEST BLVDNASHUA, NH, 03063  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF NEW JERSEY USA 2000  
 Internship and Year UNIV OF NEW MEXICO-ALBUQUERQUE, NM 2001  
 Residency and Year UNIV OF NEW MEXICO-ALBUQUERQUE, NM 2004  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12409  
 License Date 7/7/2004  
 Name **URCUYO, ALEJANDRO J MD**  
 Address 12130 SW 2ND ST, PLANTATION, FL, 33325  
 Specialty AN  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF GUADALAJARA, JALISCO MEXICO MEXICO 1973  
 Internship and Year JOHN H STROGER, JR HOSPITAL OF COOK COUNTY, CHICAGO IL 1988  
 Residency and Year JOHN H STROGER, JR HOSPITAL OF COOK COUNTY, CHICAGO IL 1991  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 15857  
 License Date 9/5/2012  
 Name **URMAN, RICHARD D MD**  
 Address BRIGHAM & WOMENS HOSP, 75 FRANCIS ST BWH- AN DEPT BOSTON, MA, 02215  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation HARVARD MEDICAL SCHOOL USA 2002  
 Internship and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2003  
 Residency and Year BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2006  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14981  
 License Date 8/4/2010  
 Name **UROSKE, JONATHAN A MD**  
 Address SPORTS MED N ORTHO SURGERY, 1 ORTHOPEDICS DR 2ND FL PEABODY, MA, 01960  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation HAHNEMANN UNIVERSITY USA 1996  
 Internship and Year UNIVERSITY OF VERMONT COLLEGE OF MEDICINE - BURLINGTON, VT 1997  
 Residency and Year UNIVERSITY OF VERMONT COLLEGE OF MEDICINE - BURLINGTON, VT 2001  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 13647  
 License Date 8/1/2007  
 Name **USANETASHVILI, NINO MD**  
 Address LAKES REGION GENERAL HOSPITAL, 80 HIGHLAND ST LA CONIA, NH, 03246  
 Specialty IM  
 Board Certified IMG  
 School and Year of Graduation AIETI HIGHEST MEDICAL SCHOOL GEORGIA 2003  
 Internship and Year CHICAGO MEDICAL SCHOOLS @ ROSALIND FRANKLIN UNIV-NORTH CHICAGO, IL 2005  
 Residency and Year CHICAGO MEDICAL SCHOOLS @ ROSALIND FRANKLIN UNIV-NORTH CHICAGO, IL 2007  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	9009
License Date	7/7/1993
Name	<b>USHCHAK, CATHERINE M MD</b>
Address	RICA-BALTIMORE, 605 S CHAPEL GATE LNBALTIMORE, MD, 21043-
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF CONNECTICUT USA 1991
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1995
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1995
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	7927
License Date	7/6/1988
Name	<b>USHER, GARY D MD</b>
Address	COASTAL NEUROLOGY SERVICES INC, 158 E NH ROUTE 108DOVER, NH, 03820
Specialty	N
Board Certified	N
School and Year of Graduation	SUNY HLTH SCI CTR-SYRACUSE,NY USA 1985
Internship and Year	BERKSHIRE MED CTR-PITTSFILED,MA 1984
Residency and Year	UNIV HOSP INC-BOSTON,MA 1987
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15074
License Date	11/3/2010
Name	<b>USHER, SETH J MD</b>
Address	OSCEOLA REGIONAL MEDICAL CENTER, 700 WEST OAK STREETKISSIMMEE, FL, 34741
Specialty	PD
Board Certified	
School and Year of Graduation	TEL AVIV UNIVERSITY ISRAEL 2008
Internship and Year	SHANDS HOSPITAL @ THE UNIVERSITY OF FLORIDA - GAINESVILLE, FL 2009
Residency and Year	SHANDS HOSPITAL @ THE UNIVERSITY OF FLORIDA - GAINESVILLE, FL 2010
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	7374
License Date	6/12/1986
Name	<b>USITALO, HOWARD R MD</b>
Address	, , ,
Specialty	U
Board Certified	
School and Year of Graduation	MICHIGAN UNIVERSITY USA 1981
Internship and Year	
Residency and Year	
License Expiration Date	<b>8/22/1988</b>
Remarks	

License Number	9756
License Date	6/5/1996
Name	<b>USMANI, AHMAD A MD</b>
Address	PARKLAND INTER SPINE & PAIN CTR, ONE PARKLAND DRDERRY, NH, 03038
Specialty	AN
Board Certified	AN
School and Year of Graduation	KING EDWARD MEDICAL COLLEGE UNIV OF PUNJAB LAHORE PAKISTAN 1984
Internship and Year	BROOKLYN HOSPITAL CENTER - BROOKLYN, NY 1992
Residency and Year	CHILDREN'S HOSPITAL - BOSTON, MA 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	2612
License Date	9/11/1947
Name	<b>UTELL, MILTON C MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>7/14/1990</b>
Remarks	<b>DECEASED 7/14/90</b>

License Number	12823
License Date	7/6/2005
Name	<b>UTHAMALINGAM, SHANMUGAM MD</b>
Address	CMC/HOSPITALIST DEPT, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty	IM
Board Certified	IM
School and Year of Graduation	CHENNAI MEDICAL COLLEGE, CHENNAI INDIA 1994
Internship and Year	SOUND SHORE MEDICAL CENTER OF WESTCHESTER, NEW ROCHELLE NY 2001
Residency and Year	SOUND SHORE MEDICAL CENTER OF WESTCHESTER, NEW ROCHELLE NY 2004
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	15895
License Date	10/3/2012
Name	<b>UTZ, JAMES P MD</b>
Address	MAYO CLINIC, 200 1ST ST SWROCHESTER, MN, 55905
Specialty	PUD
Board Certified	PUD
School and Year of Graduation	MAYO MEDICAL COLLEGE USA 1985
Internship and Year	MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 1986
Residency and Year	MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12282
License Date	4/7/2004
Name	<b>UY, LEO R MD</b>
Address	THE PERMANENTE MEDICAL GROUP, HBC OFFICE 1600 EUREICA RDROSEVILLE, CA, 95661
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF SANTO TOMAS, MANILA PHILIPPINES PHILIPPINES 1995
Internship and Year	BETH ISRAEL MEDICAL CTR, NEW YORK NY 2002
Residency and Year	VA MEDICAL CTR, LOS ANGELES CA 2003
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	14239
License Date	11/5/2008
Name	<b>UYESUGI, WALTER Y DO</b>
Address	7900 HAWAII KAI DR, HONOLULU, HI, 96825-3420
Specialty	R
Board Certified	R
School and Year of Graduation	WESTERN UNIV USA 1996
Internship and Year	WILLIAM BEAUMONT ARMY MEDICAL CENTER-EL PASO, TX 1997
Residency and Year	TRIPLER ARMY MEDICAL CENTER - HONOLULU, HI 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14309
License Date	1/7/2009
Name	<b>UYTANA, VINSON L MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF SANTO TOMAS PHILIPPINES 1998
Internship and Year	UMDNJ ROBERT WOOD JOHNSON MEDICAL SCHOOL-NEW BRUNSWICK, NJ 1999
Residency and Year	EATERN VIRGINIA MEDICAL SCHOOL-NORFOLK, VA 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13888
License Date	3/5/2008
Name	<b>UZCATEGUI, NICOLAS MD</b>
Address	DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIV CENTRAL DE VENEZUELA VENEZUELA 1994
Internship and Year	MARYLAND GENERAL HOSPITAL - BALTIMORE, MD 1997
Residency and Year	UNIV OF LOUISVILLE SCHOOL OF MEDICINE - LOUISVILLE, KY 2000
License Expiration Date	<b>6/30/2010</b>
Remarks	



License Number 11744  
 License Date 9/4/2002  
 Name **VACCARO, JONATHAN P MD**  
 Address EXETER HOSPITAL, 5 ALUMNI AVE EXETER, NH, 03833  
 Specialty R  
 Board Certified R  
 School and Year of Graduation BROWN UNIVERSITY, PROVIDENCE RI USA 1988  
 Internship and Year RHODE ISLAND HOSPITAL, PROVIDENCE RI 1989  
 Residency and Year OREGON HEALTH SCIENCES UNIVERSITY, PORTLAND OR 1995  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9091  
 License Date 12/1/1993  
 Name **VACCARO, THERESA J MD**  
 Address DHMC/DEPT OF RADIOLOGY, ONE MEDICAL CENTER DR LEBANON, NH, 03756  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1989  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1990  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1994  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12824  
 License Date 7/6/2005  
 Name **VACIK, JONATHAN D MD**  
 Address 100 MCGREGOR ST, MANCHESTER, NH, 03102  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIVERSITY OF SOUTH ALABAMA, MOBILE AL USA 2001  
 Internship and Year BAYSTATE MEDICAL CENTER, SPRINGFIELD MA 2004  
 Residency and Year BAYSTATE MEDICAL CENTER, SPRINGFIELD MA 2004  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9203  
 License Date 6/1/1994  
 Name **VADALIA, JWALANT K MD**  
 Address 138 WEBSTER ST, MANCHESTER, NH, 03104  
 Specialty P  
 Board Certified P  
 School and Year of Graduation MP SHAH MED COLLEGE, SAURASHTRA UNIV. INDIA 1985  
 Internship and Year ELMHURST HOSPITAL CTR-MT SINAI - ELMHURST, NY 1992  
 Residency and Year LONG ISLAND JEWISH MED CTR - NEW HYDE PARK, NY 1994  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12151  
 License Date 11/5/2003  
 Name **VADASSERY, REGI J MD**  
 Address VAHVHCS POUGHKEEPSIE CLINIC, 488 FREEDOM PLAINS RDPOUGHKEEPSIE, NY, 12603  
 Specialty IM  
 Board Certified  
 School and Year of Graduation CALICUT UNIVERSITY, CALICUT KERALA INDIA INDIA 1998  
 Internship and Year ST BARNABAS HOSPITAL, BRONX NY 2001  
 Residency and Year ST BARNABAS HOSPITAL, BRONX NY 2003  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 17138  
 License Date 6/3/2015  
 Name **VAID, SMRITI MD**  
 Address 1692 PLEASANT VALLEY DR, COSHOCTON, OH, 43812  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation ACHARYA SHRI CHANDER COLL. OF MED. BAU FORT INDIA INDIA 2005  
 Internship and Year ST VINCENT CHARITY MEDICAL CENTER, CLEVELAND OH 2010  
 Residency and Year ST VINCENT CHARITY MEDICAL CENTER, CLEVELAND OH 2012  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 8016  
 License Date 12/7/1988  
 Name **VAILAS, JAMES C MD**  
 Address THE ORTHOPEDIC CENTER, 17 RIVERSIDE ST STE 101NASHUA, NH, 03062  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1981  
 Internship and Year GEORGE WASHINGTON UNIV HOSPITAL - WASHINGTON DC 1982  
 Residency and Year GEORGE WASHINGTON UNIV HOSPITAL - WASHINGTON DC 1986  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16395  
 License Date 11/6/2013  
 Name **VAITKEVICIUS, HENRIKAS MD**  
 Address PARTNERS TELESTROKE PROGRAM, 55 FRUIT ST, BIGELOW 1206BOSTON, MA, 02114  
 Specialty N  
 Board Certified N  
 School and Year of Graduation WAYNE STATE UNIVERSITY SCHOL OF MEDICINE USA 2007  
 Internship and Year DETROIT MEDICAL CENTER - WAYNE STATE UNIVERSITY - DETROIT, MI 2008  
 Residency and Year BRIGHAM & WOMENS HOSPITAL-MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2013  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	15780
License Date	7/11/2012
Name	<b>VALADE, MICHAEL S MD</b>
Address	SUMMIT RADIOLOGY PC, PO BOX 80070FORT WAYNE, IN, 46898-0070
Specialty	DR
Board Certified	DR
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - HANOVER NH USA 1997
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 03756 1998
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 03756 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6284
License Date	9/4/1980
Name	<b>VALDES JR, HUMBERTO MD</b>
Address	196 WATER ST STE 15, EXETER, NH, 03833-2422
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF MIAMI SCHOOL MEDICINE - MIAMI, FL USA 1976
Internship and Year	MC LEAN HOSPITAL - BELMONT, MA 1977
Residency and Year	MC LEAN HOSPITAL - BELMONT, MA 1979
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11804
License Date	12/4/2002
Name	<b>VALDESUSO, RICHARD MD</b>
Address	RICHARD VALDESUSO MD, 1921 WALDEMERE ST STE 609SARASOTA, FL, 34239
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIV OF MED & DENTISTRY-PISCATAWAY, NJ USA 1986
Internship and Year	BELLEVUE HOSPITAL CENTER - NEW YORK, NY 1990
Residency and Year	BELLEVUE HOSPITAL CENTER - NEW YORK, NY 1991
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	5355
License Date	6/30/1975
Name	<b>VALDMANIS, VIDVUD MD</b>
Address	SPEARE MEMORIAL HOSPITAL, HOSPITAL RDPLYMOUTH, NH, 03264
Specialty	EM
Board Certified	
School and Year of Graduation	MCGILL UNIV - MONTREAL CANADA 1968
Internship and Year	BALTIMORE HOSPITAL - BALTIMORE, MD 1969
Residency and Year	MONTREAL GENERAL HOSPITAL - CANADA 1970
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number 14916  
 License Date 7/7/2010  
 Name **VALE, BRENDA M MD**  
 Address BRENDA M VALE MD PLLC, 16 RIVER RDHANOVER, NH, 03755  
 Specialty CHP  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF VIRGINIA USA 2003  
 Internship and Year UNIVERSITY OF HAWAII - HONOLULU, HI 2004  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15272  
 License Date 6/1/2011  
 Name **VALERAS, ANDREW S DO**  
 Address CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation MIDWESTERN UNIVERSITY USA 2007  
 Internship and Year CONCORD HOSPITAL - CONCORD, NH 2008  
 Residency and Year CONCORD HOSPITAL - CONCORD, NH 2011  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 3409  
 License Date 12/19/1960  
 Name **VALTIN, HEINZ MD**  
 Address DHMC-PHYSIOLOGY-BORWELL BLDG, ONE MEDICAL CENTER DRLEBANON, NH, 03756-0001  
 Specialty NEP  
 Board Certified  
 School and Year of Graduation CORNELL NEDICAL COLLEGE- NY CITY USA 1953  
 Internship and Year STRONG MEMORIAL HOSPITAL- ROCHESTER, NY 1954  
 Residency and Year STRONG MEMORIAL HOSPITAL 1955  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 10573  
 License Date 5/5/1999  
 Name **VALVANO, MARY N MD**  
 Address CONCORD HOSPITAL/EMERG, 250 PLEASANTSTCONCORD, NH, 03301  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIV OF VERMONT COLL OF MED-BURLINGTON,VT USA 1996  
 Internship and Year UNIV HEALTH CENTER OF PITTSBURGH - PITTSBURGH, PA 1997  
 Residency and Year UNIV HEALTH CENTER OF PITTSBURGH - PITTSBURGH, PA 1999  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	12410
License Date	7/7/2004
Name	<b>VAN BIBBER, MICHAEL E MD</b>
Address	DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	GS
Board Certified	UP
School and Year of Graduation	UNIVERSITY OF UTAH, SALT LAKE CITY UT US 2002
Internship and Year	DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2003
Residency and Year	DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2004
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	14906
License Date	6/2/2010
Name	<b>VAN BUREN, DANIEL E MD</b>
Address	CMC - NE HEART INSTITUTE, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty	CD
Board Certified	CD
School and Year of Graduation	ROSS UNIVERSITY DOMINICA 2003
Internship and Year	MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 2004
Residency and Year	MAIMONIDES MEDICAL CENTER - BROOKLYN, NY 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15557
License Date	2/1/2012
Name	<b>VAN CISE, WILLIAM S MD</b>
Address	2406 BELLEVUE AVE, ERIN OFFICE PARK STE 7DUBLIN, GA, 31021
Specialty	R
Board Certified	R
School and Year of Graduation	GEORGIA HEALTH SCIENCES UNIVERSITY USA 1975
Internship and Year	UNIVERSITY OF TEXAS M D ANDERSON CANCER CENTER - HOUSTON, TX 1976
Residency and Year	UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE - GAINESVILLE, FL 1979
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	5728
License Date	5/9/1977
Name	<b>VAN DER LAAN, PANCRAS H MD</b>
Address	WEEKS MED CTR ATTN: H.DRISCOLL, 170 MIDDLE STLANCASTER, NH, 03584
Specialty	IM
Board Certified	IM
School and Year of Graduation	TUFTS UNIVERSITY-BOSTON MA USA 1974
Internship and Year	ST ELIZABETH'S HOSPITAL-BOSTON MA 1975
Residency and Year	ST ELIZABETH'S HOSPITAL-BOSTON MA 1977
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 11295  
 License Date 6/6/2001  
 Name **VAN DER MEER, PETER MD**  
 Address SNHRC, 703 RIVERWAY PLACE BEDFORD, NH, 03110-6745  
 Specialty R  
 Board Certified R  
 School and Year of Graduation FAC OF MED FREE UNIV AMSTERDAM NETHERLANDS 1991  
 Internship and Year FAULKNER HOSPITAL - BOSTON, MA 1996  
 Residency and Year LAHEY CLINIC MEDICAL CENTER - BURLINGTON, MA 2000  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15498  
 License Date 12/7/2011  
 Name **VAN DYCK, ALEXANDRA JANE MD**  
 Address DARTMOUTH-HITCHCOCK KEENE, 580-90 COURT ST KEENE, NH, 03431  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation ROSS UNIVERSITY - ROSEAU DOMINICA DOMINICA 2007  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 03756 2008  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 03756 2009  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11402  
 License Date 9/5/2001  
 Name **VAN DYK, EDWARD O MD**  
 Address ALTON MEMORIAL HOSPITAL, 6 MEMORIAL DR ALTON, IL, 62002  
 Specialty RO  
 Board Certified RO  
 School and Year of Graduation EASTERN VIRGINIA MED SCH - NORFOLK, VA USA 1996  
 Internship and Year EASTERN VIRGINIA MED SCH - NORFOLK, VA 1997  
 Residency and Year BAYLOR COLL OF MEDICINE - HOUSTON, TX 1998  
 License Expiration Date **6/30/2007**  
 Remarks

License Number 13840  
 License Date 2/6/2008  
 Name **VAN HOFF, JACK MD**  
 Address DHMC-PEDIATRIC HEMAT/ONCOLOGY, ONE MEDICAL CTR DR LEBANON, NH, 03756  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIV OF NEW JERSEY USA 1981  
 Internship and Year YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1982  
 Residency and Year YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1984  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	16198
License Date	6/5/2013
Name	<b>VAN HOFF, RYAN M MD</b>
Address	DHMC - DEPT OF CARDIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	JEFFERSON MEDICAL COLLEGE USA 2010
Internship and Year	DARTHOOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
Residency and Year	DARTHOOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16741
License Date	8/6/2014
Name	<b>VAN HOFF, SOPHIA L MD</b>
Address	ANESTHESIA ASSOC PA, 1 PILLSBURY ST, STE 202CONCORD, NH, 03301
Specialty	AN
Board Certified	
School and Year of Graduation	JEFFERSON MEDICAL COLLEGE - PHILADELPHIA, PA US 2010
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11722
License Date	8/7/2002
Name	<b>VAN LEEUWEN, DIRK J MD</b>
Address	DHMC-GIM, ONE MEDICAL CTR DRLEBANON, NH, 03755
Specialty	GE
Board Certified	GE
School and Year of Graduation	UNIV OF AMSTERDAM IN NETHERLANDS NETHERLANDS 1979
Internship and Year	RED CROSS HOSPITAL - BEVERWIJK IN THE NETHERLANDS 1982
Residency and Year	THE ROYAL FREE HOSPITAL MEDICAL SCHOOL IN LONDON UNITED KINGDOM 1984
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	6306
License Date	10/2/1980
Name	<b>VAN LEUVEN, NORMAN E MD</b>
Address	NORTHERN HUMAN SERVICES, 87 WASHINGTON STCONWAY, NH, 03818
Specialty	P
Board Certified	P
School and Year of Graduation	DARTMOUTH MED SCH-HANOVER,NH USA 1977
Internship and Year	DARTMOUTH MED SCHOOL - HANOVER,NH 1978
Residency and Year	DARTMOUTH MED SCHOOL - HANOVER, NH 1978
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6630
License Date	11/4/1982
Name	<b>VAN LOAN, PAUL N MD</b>
Address	AESTHETIC MEDICINE OF NH, 316 SOUTH MAIN STCONCORD, NH, 03301
Specialty	FP
Board Certified	
School and Year of Graduation	UNIV CATH DE LOUVAIN FAC DE MED BRUXELLES BELGIUM 1978
Internship and Year	ST ELIZABETH HOSPITAL - UTICA, NY 1979
Residency and Year	ST ELIZABETH HOSPITAL - UTICA, NY 1981
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14000
License Date	5/7/2008
Name	<b>VAN NATTA, FRED C MD</b>
Address	IMAGING ON CALL, 695 DUTCHESS TPKE #105POUGHKEEPSIE, NY, 12603
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIV OF CALIFORNIA USA 1968
Internship and Year	UNIV OF CALIFORNIA - SAN FRANCISCO, CA 1969
Residency and Year	UNIV OF CALIFORNIA - SAN FRANCISCO, CA 1970
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	9028
License Date	8/4/1993
Name	<b>VAN RIPER, LOREN G MD</b>
Address	10 PROSPECT ST, MEDICAL OFFICE BLDGNASHUA, NH, 03060-
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF MINNESOTA MEDICAL SCHOOL USA 1989
Internship and Year	MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER MN 1993
Residency and Year	MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER MN 1993
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	7306
License Date	4/3/1986
Name	<b>VAN TUIL, SHARON L MD</b>
Address	58 HAWTHORNE DR, BEDFORD, NH, 03110-6746
Specialty	PD
Board Certified	PD
School and Year of Graduation	MED COLLEGE OF PA USA 1982
Internship and Year	RHODE ISLAND HOSP 1985
Residency and Year	RHODE ISLAND HOSP 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	14107
License Date	7/9/2008
Name	<b>VAN VLIET, MICHAEL M MD</b>
Address	FIREFIGHTER REGIONAL BURN UNIT, 890 MADISON AVE, STE TG032MEMPHIS, TN, 38103
Specialty	PS
Board Certified	
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 2006
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	10132
License Date	9/10/1997
Name	<b>VAN VLIET, MILLER J DO</b>
Address	CENTRAL MAINE MEDICAL CENTER, LEWISTON, ME, 04240
Specialty	AN
Board Certified	
School and Year of Graduation	PHILA COLL OF OSTE MED - PHILA, PA USA 1994
Internship and Year	STRONG MEMORIAL HOSPITAL UNIV OF ROCHESTER, NY 1997
Residency and Year	STRONG MEMORIAL HOSPITAL UNIV OF ROCHESTER, NY 1998
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	16779
License Date	9/3/2014
Name	<b>VAN VOORHEES, JESSICA B MD</b>
Address	PARK SLOPE EMERGENCY PHYSICIANS, 506 SIXTH STBROOKLYN, NY, 11215
Specialty	EM
Board Certified	EM
School and Year of Graduation	CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE USA 2007
Internship and Year	NEW YORK METHODIST HOSPITAL - BROOKLYN, NY 2008
Residency and Year	NEW YORK METHODIST HOSPITAL - BROOKLYN, NY 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6528
License Date	4/1/1982
Name	<b>VAN VRANKEN, NANCY J MD</b>
Address	DARTMOUTH-HITCHCOCK CONCORD, 253 PLEASANT STCONCORD, NH, 03301-2593
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF MICHIGAN MED SCH-ANN ARBOR,MI USA 1977
Internship and Year	UNIV OF MARYLAND-BALTIMORE,MD 1978
Residency and Year	UNIV OF MARYLAND-BALTIMORE,MD 1981
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12283
License Date	4/7/2004
Name	<b>VAN WYNGARDEN, RAY H DO</b>
Address	SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200SOUTH PORTLAND, ME, 04106
Specialty	R
Board Certified	R
School and Year of Graduation	KIRKSVILLE COLLEGE, KIRKSVILLE MO US 1977
Internship and Year	WAYNE STATE UNIVERSITY, DETROIT MI 1978
Residency and Year	PROVIDENCE HOSP 1982
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	8147
License Date	6/7/1989
Name	<b>VANCE, JOHN E MD</b>
Address	2017 S JEFFERSON ST, ROANOKE, VA, 24014
Specialty	CHP
Board Certified	CHP
School and Year of Graduation	UNIV OF VA SCH OF MED - CHARLOTTESVILLE, VA USA 1987
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1988
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1991
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	14397
License Date	4/1/2009
Name	<b>VANDE VUSSE, LISA K MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2006
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	11888
License Date	4/2/2003
Name	<b>VANDER HEYDEN, MICHELE A MD</b>
Address	DHMC-PEDIATRICS, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF ILLINOIS COLL OF MED - CHICAGO, IL USA 1994
Internship and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1995
Residency and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 10225  
 License Date 1/7/1998  
 Name **VANDER PUTTEN, CARL J DO**  
 Address 67 SHAKER RD #8, GRAY, ME, 04039-9640  
 Specialty EM  
 Board Certified FP  
 School and Year of Graduation MIDWESTERN UNIV-CHICAGO COLL OF OSTEO-IL USA 1975  
 Internship and Year MAINE MEDICAL CENTER - ME 1976  
 Residency and Year MAINE MEDICAL CENTER - ME 1976  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9956  
 License Date 3/5/1997  
 Name **VANDERLINDE, JAN MD**  
 Address WENTWORTH DOUGLASS HOSPITAL- EXPRESS CARE CTR, 789 CENTRAL AVEDOVER, NH, 03820  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIV OF MO KANSAS CITY SCH MED KS CITY,MO USA 1987  
 Internship and Year DEWITT ARMY COMMUNITY HOSPITAL - VA 1988  
 Residency and Year MADIGAN ARYM MEDICAL CENTER - WA 1993  
 License Expiration Date **6/30/2017**  
 Remarks **10/8/12 - Settlement Agreement**

License Number 9878  
 License Date 11/6/1996  
 Name **VANDERLINDE, TANJA MD**  
 Address 248 PLEASANT ST STE 2800, CONCORD, NH, 03301  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation BOSTON UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1988  
 Internship and Year BOSTON CITY HOSPITAL - BOSTON, MA 1991  
 Residency and Year BOSTON CITY HOSP-BOSTON,MA 1991  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10011  
 License Date 5/7/1997  
 Name **VANDERLINDE, TERESA M DO**  
 Address 839 CENTRAL AVE, STE 1DOVER, NH, 03820  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation PHILADELPHIA COLL OF OSTEAL MED-PA USA 1989  
 Internship and Year MADIGAN ARMY MED CTR-WA 1990  
 Residency and Year MADIGAN ARMY MED CTR-WA 1993  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	5196
License Date	6/10/1974
Name	<b>VANDERZANDEN, ANDRE H MD</b>
Address	DOVER PEDIATRICS, 17 OLD ROLLINSFORD RD SUITE 5DOVER, NH, 03820
Specialty	PD
Board Certified	PD
School and Year of Graduation	NEW JERSEY COLLEGE OF MEDICINE, NJ USA 1968
Internship and Year	PEDIATRIC SERVICE AT BOSTON CITY HOSPITAL - BOSTON, MA 1969
Residency and Year	PEDIATRIC SERVICES AT BOSTON CITY HSOPITAL - BOSTON, MA 1971
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15273
License Date	6/1/2011
Name	<b>VANICHAKARN, PANTILA MD</b>
Address	DHMC, ONE MEDICAL CTR DRLEBANON, NH, 03765
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF CHICAGO USA 2005
Internship and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2006
Residency and Year	BOSTON UNIVERSITY MEDICAL CENTER - BOSTON, MA 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9935
License Date	2/5/1997
Name	<b>VANSICKLE, KAYCIA L MD</b>
Address	3520 KNICHERBOCHER RD, STE B-324SAN ANGELO, TX, 76904
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF TEXAS MED SCH AT SAN ANTONIO, TX USA 1992
Internship and Year	UNIV OF ALABAMA HOSPITAL - AL 1993
Residency and Year	UNIV LOUISVILLE SCH OF MED - KY 1996
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	12088
License Date	9/3/2003
Name	<b>VARASTEH, NICOLE N MD</b>
Address	DARTMOUTH-HITCHCOCK CONCORD, 253 PLEASANT STCONCORD, NH, 03301
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	NEW YORK MEDICAL COLLEGE, VALHALLA NY US 1994
Internship and Year	ST LUKES-ROOSEVELT HOSP CTR, NEW YORK NY 1995
Residency and Year	ST LUKES-ROOSEVELT HOSP CTR, NEW YORK NY 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 16436  
 License Date 12/4/2013  
 Name **VARGAS, BERT B MD**  
 Address MAYO CLINIC, 5777 E MAYO BLVD PHOENIX, AZ, 85054-4502  
 Specialty N  
 Board Certified N  
 School and Year of Graduation UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE- TUCSON USA 1999  
 Internship and Year BANNER GOOD SAMARITAN MEDICAL CENTER - PHOENIX, AZ 2000  
 Residency and Year NEW YORK UNIVERSITY SCHOOL OF MEDICINE- NY-, NY 2007  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10767  
 License Date 11/3/1999  
 Name **VARGAS, GISELA MD**  
 Address 1229 E 131ST AVE, TAMPA, FL, 33612  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation PONCE SCHOOL OF MEDICINE PUERTO RICO 1990  
 Internship and Year UNIVERSITY OF MASSACHUSETTS - WORCESTER MA 1995  
 Residency and Year UNIVERSITY OF MASSACHUSETTS - WORCESTER MA 1995  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 17035  
 License Date 4/1/2015  
 Name **VARGHESE, DONA MD**  
 Address HUGGINS HOSPITAL, 240 SO MAIN ST WOLFEBORO, NH, 03894  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation GOVERNMENT MEDICAL COLLEGE TRIVANDRUM INDIA 2008  
 Internship and Year SUNY UPSTATE MEDICAL UNIVERSITY-SYRACUSE, NY 2012  
 Residency and Year SUNY UPSTATE MEDICAL UNIVERSITY-SYRACUSE, NY 2014  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10146  
 License Date 10/1/1997  
 Name **VARGO, KATHRYN M MD**  
 Address WOMEN'S CARE CENTER, 141 MASCOMA ST LEBANON, NH, 03766  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation CASE WESTERN RESERVE UNIV SCH OF MED - OH USA 1990  
 Internship and Year NATIONAL NAVAL MEDICAL CENTER - MD 1994  
 Residency and Year NATIONAL NAVAL MEDICAL CENTER - MD 1994  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10441  
 License Date 10/7/1998  
 Name **VARMA, SANDEEP B MD**  
 Address VALLEY REGIONAL HOSP, 241 ELM STCLAREMONT, NH, 03743  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation SETH GS MED COLL KING EDWARD VII MEMORIAL HOSP INDIA 1994  
 Internship and Year MOUNT VERNON HOSPITAL - MOUNT VERNON, NY 1996  
 Residency and Year MOUNT VERNON HOSPITAL - MOUNT VERNON, NY 1997  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 15364  
 License Date 8/3/2011  
 Name **VASAIWALA, SAMIP C MD**  
 Address 160 BOYLSTON ST, APT 138CHESTNUT HILL, MA, 02467  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation LOYOLA UNIVERSITY OF CHICAGO STRITCH SCHOOL OF MED USA 2003  
 Internship and Year UNIVERSITY OF CHICAGO MIDICAL CENTER - CHICAGO, IL 2004  
 Residency and Year UNIVERSITY OF CHICAGO MIDICAL CENTER - CHICAGO, IL 2006  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 14049  
 License Date 6/4/2008  
 Name **VASANTH, ADARSH MD**  
 Address ANDOVER EAR NOSE & THROAT CTR, 198 MASSACHUSETTS AVE #103NORTH ANVOVER, MA, 0184  
 Specialty OTO  
 Board Certified OTO  
 School and Year of Graduation TUFTS UNIV USA 2003  
 Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 2004  
 Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 2007  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13568  
 License Date 6/6/2007  
 Name **VASISHTHA, NEERAJ MD**  
 Address 12321 MAIN CAMPUS DR, LEXINGTON, MA, 02421  
 Specialty PCC  
 Board Certified PCC  
 School and Year of Graduation UNIV OF DELHI INDIA 1992  
 Internship and Year FOREST HILLS HOSPITAL - FOREST HILLS, NY 1995  
 Residency and Year FOREST HILLS HOSPITAL - FOREST HILLS, NY 1997  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	16690
License Date	7/2/2014
Name	<b>VASSALLO, CHARLES J MD</b>
Address	VIRTUAL RADIOLOGY, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	DR
Board Certified	DR
School and Year of Graduation	GEORGETOWN UNIVERSITY USA 1976
Internship and Year	VA MEDICAL CENTER - WASHINGTON, DC 1977
Residency and Year	TUFTS MEDICAL CENTER - BOSTON, MA 1981
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13522
License Date	5/9/2007
Name	<b>VASSILIOU, MELINA C MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	GS
Board Certified	
School and Year of Graduation	MCGILL UNIV CANADA 2001
Internship and Year	MCGILL UNIV - MONTREAL, QUEBEC CANADA 2004
Residency and Year	MCGILL UNIV - MONTREAL, QUEBEC CANADA 2006
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	13385
License Date	1/3/2007
Name	<b>VATRA, BOGDAN C MD</b>
Address	STAFF CARE INC, 5001 STATESMAN DRIRVING, TX, 75063
Specialty	IM
Board Certified	
School and Year of Graduation	UNIV OF CAROL DAVILA ROMANIA 1992
Internship and Year	ST JOHNS EPISCOPAL HOSPITAL SOUTH SHORE-FAR ROCKAWAY, NY 2004
Residency and Year	ST JOHNS EPISCOPAL HOSPITAL SOUTH SHORE-FAR ROCKAWAY, NY 2006
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	9172
License Date	5/4/1994
Name	<b>VAUGHAN, KRISTIN DO</b>
Address	CORE PHYSICIANS, LLC, 19 HAMPTON RD., STE 6EXETER, NH, 03833
Specialty	FP
Board Certified	FP
School and Year of Graduation	NEW ENGLAND COLLEGE OF OSTEOPATHIC MEICINE USA 1987
Internship and Year	WATERVILLE OSTEOPATHIC HOSPITAL - WATERVILLE ME 1988
Residency and Year	WATERVILLE OSTEOPATHIC HOSPITAL - WATERVILLE ME 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 15858  
 License Date 9/5/2012  
 Name **VAUGHAN, MARY C MD**  
 Address 30 SCHRAFT RD, NEWCASTLE, ME, 04553  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation EASTERN VA MEDICAL SCHOOL USA 1992  
 Internship and Year EASTERN VA MEDICAL SCHOOL - NORFOLK, VA 1992  
 Residency and Year EASTERN VA MEDICAL SCHOOL - NORFOLK, VA 1996  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15115  
 License Date 1/5/2011  
 Name **VAZAN, DAVID F MD**  
 Address SPINDEL EYE ASSOCIATES, 6 TSIENNETO RD STE 101 DERRY, NH, 03038  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 2004  
 Internship and Year NEW YORK HOSPITAL MEDICAL CENTER OF QUEENS - FLUSHING, NY 2005  
 Residency and Year NORTH SHORE LONG ISLAND JEWISH HEALTH SYSTEM - GREAT NECK, NY 2008  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 3639  
 License Date 9/11/1963  
 Name **VAZIFDAR, JEHANGIR S MD**  
 Address MEREDITH SQUARE, 169 D W HIGHWAY MEREDITH, NH, 03253-  
 Specialty FP  
 Board Certified  
 School and Year of Graduation ST BARTHOLOMEW'S HOSPITAL MEDICINE COLLEGE ENGLAND 1948  
 Internship and Year GERMAN HOSPITAL, LONDON 1952  
 Residency and Year ST JOHN'S HOSPITAL - LOWELL, MA 1964  
 License Expiration Date **6/30/2005**  
 Remarks **11/13/02 - Settlement Agreement** **7/8/03 - Order Removing Restrictions**

License Number 13726  
 License Date 10/3/2007  
 Name **VAZIRI, ALIREZA MD**  
 Address ST ELIZABETHS MEDICAL CTR- STEWARD HEALTH, 736 CAMBRIDGE ST BRIGHTON, MA, 02135-2907  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation TEHRAN UNIV IRAN 1993  
 Internship and Year BAYSTATE MEDICAL CENTER-SPRINGFIELD, MA 2005  
 Residency and Year BAYSTATE MEDICAL CENTER-SPRINGFIELD, MA 2007  
 License Expiration Date **6/30/2015**  
 Remarks



License Number	12284
License Date	4/7/2004
Name	<b>VEACH, CATHLEEN M MD</b>
Address	FAMILY HEALTH ASSOC, 400 HIGHLAND AVELEWISTON, PA, 17044
Specialty	FP
Board Certified	FP
School and Year of Graduation	OREGON UNIVERSITY, PORTLAND OR US 1995
Internship and Year	WASHINGTON HOSP, WASHINGTON PA 1996
Residency and Year	WASHINGTON HOSP, WASHINGTON PA 1998
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	14050
License Date	6/4/2008
Name	<b>VEDANTHAN, PUDUPAKKAM K MD</b>
Address	2020 WADSWORTH BLVD STE#13A, LAKEWOOD, CO, 80214
Specialty	AI
Board Certified	AI
School and Year of Graduation	MYSORE UNIV INDIA 1970
Internship and Year	MEMORIAL HOSPITAL OF RHODE ISLAND - PAWTUCKER, RI 1972
Residency and Year	RHODE ISLAND HOSPITAL-PROVIDENCE, RI 1974
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	14274
License Date	12/3/2008
Name	<b>VEERAMALLA, CHARANJIT R MD</b>
Address	444 GRAFTON ST, BERLIN, NH, 03570
Specialty	IM
Board Certified	IM
School and Year of Graduation	OSMANIA UNIV INDIA 1999
Internship and Year	INTERFAITH MEDICAL CENTER - BROOKLYN,NY 2004
Residency and Year	MONMOUTH MEDICAL CENTER - LONG BRANCH, NJ 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13306
License Date	10/4/2006
Name	<b>VEERAREDDY, RAKESH R MD</b>
Address	DHMC, ONE MEDICAL CTR DRLEBANON, NH, 03756-0001
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF PUNE INDIA 1999
Internship and Year	JEWISH HOSPITAL - CINCINNATI, OH 2003
Residency and Year	JEWISH HOSPITAL - CINCINNATI, OH 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11805
License Date	12/4/2002
Name	<b>VEGA, RENE A MD</b>
Address	15580 CORTE MONTANOSO, SANDIEGO, CA, 92127
Specialty	FP
Board Certified	FP
School and Year of Graduation	STANFORD UNIV SCH OF MED - STANFORD, CA USA 1981
Internship and Year	UNIV MEDICAL CENTER - FRESNO, CA 1982
Residency and Year	UCSD MEDICAL CENTER - UNIV OF CALIFORNIA- SAN DIEGO, CA 1982
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	9757
License Date	6/5/1996
Name	<b>VEIDENHEIMER, MALCOLM C MD</b>
Address	GREENS BASIN RD, MOULTONBOROUGH, NH, 03254
Specialty	CRS
Board Certified	CRS
School and Year of Graduation	QUEENS UNIV FAC OF MEDICINE KINGSTON, ONTARIO CANADA 1954
Internship and Year	LAHEY-HITCHCOCK CLINIC - BURLINGTON, MA 1961
Residency and Year	LAHEY HITCHCOCK CLINIC-BURLINGTON,MA 1961
License Expiration Date	<b>6/30/2002</b>
Remarks	Deceased 7/30/13

License Number	14212
License Date	10/1/2008
Name	<b>VEILLEUX, LAURIE W MD</b>
Address	DARTMOUTH HITCHCOCK, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty	R
Board Certified	DR
School and Year of Graduation	UNIV OF MASSACHUSETTS USA 2002
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2003
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15051
License Date	10/6/2010
Name	<b>VELAZQUEZ, ELSA F MD</b>
Address	MIRACA LIFE SCIENCES, 320 NEEDHAM ST STE 200NEWTON, MA, 02464
Specialty	DMP
Board Certified	DMP
School and Year of Graduation	UNIVERSIDAD NACIONAL DE ASUNCION PARAGUAY 1989
Internship and Year	NEW YORK UNIVERSITY MEDICAL CENTER - NEW YORK, NY 1998
Residency and Year	NEW YORK UNIVERSITY MEDICAL CENTER - NEW YORK, NY (fellowship 2004 - 2006) 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 11579  
 License Date 4/3/2002  
 Name **VELAZQUEZ, LOUIS A MD**  
 Address 21 CENTRAL ST 7, ANDOVER, MA, 01810  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIV OF MICHIGAN MED SCH- ANN ARBOR, MI USA 1989  
 Internship and Year MONTEFIORE MEDICAL CENTER - BRONX, NY 1990  
 Residency and Year MONTEFIORE MEDICAL CENTER - BRONX, NY 1992  
 License Expiration Date **6/30/2004**  
 Remarks

License Number 11436  
 License Date 10/3/2001  
 Name **VELAZQUEZ-EVANS, MARIA S MD**  
 Address DARTMOUTH HITCHCOCK CLINIC, 2300 SOUTHWOOD DR NASHUA, NH, 03063  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF PEDRO HENRIQUEZ URENA-SANTO DOMINGO DOMINICAN REPUBLIC 1992  
 Internship and Year DANBURY HOSPITAL - DANBURY, CT 1995  
 Residency and Year DANBURY HOSPITAL - DANBURY, CT 1997  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14336  
 License Date 3/4/2009  
 Name **VELEZ CALDERON, EDUARDO MD**  
 Address PULMONARY ASSOC, 166 KINSLEY ST STE 101 NASHUA, NH, 03060  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation PONTIFICIA UNIV JAVERIANA COLUMBIA 1997  
 Internship and Year METROPOLITAN HOSPITAL CENTER - NY, NY 2000  
 Residency and Year METROPOLITAN HOSPITAL CENTER - NY, NY 2002  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10349  
 License Date 7/1/1998  
 Name **VELLA JR, SALVATORE J DO**  
 Address 280 MAIN ST, NASHUA, NH, 03060  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV NEW ENGLAND COLL OSTEO BIDDEFORD, ME USA 1995  
 Internship and Year MEMORIAL HOSPITAL - WORCESTER, MA 1996  
 Residency and Year MEMORIAL HOSPITAL - WORCESTER, MA 1997  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	8214
License Date	8/9/1989
Name	<b>VELOSO, VICTOR V MD</b>
Address	25 BRADFORD CIR, HUDSON, NH, 03051
Specialty	AN
Board Certified	AN
School and Year of Graduation	CEBU INSTITUTE OF MED - CEBU CITY PHILIPPINES 1968
Internship and Year	ST JOHN'S EPISC HOSPITAL - BROOKLYN, NY 1970
Residency and Year	KINGS COUNTY HOSPITAL - BROOKLYN, NY 1973
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9847
License Date	9/4/1996
Name	<b>VENDITTI JR, FERDINAND J MD</b>
Address	47 NEW SCOTLAND AVE, MAIL CODE 57ALBANY, NY, 12208
Specialty	CD
Board Certified	IM
School and Year of Graduation	SUNY HLTH SCI CTR AT BROOKLYN COLL OF MED, NY USA 1981
Internship and Year	UMDNJ NEW JERSEY MEDICAL SCHOOL - NEWMARK, NJ 1982
Residency and Year	BOSTON UNIV MEDICAL CENTER - BOSTON, MA 1986
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	13727
License Date	10/3/2007
Name	<b>VENKATRAMAN, GIRIDHAR MD</b>
Address	DHMC-DIV OF OTOLARYNGOLOGY, 1 MEDICAL CENTER DR #4FLEBANON, NH, 03766
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	UNIV OF MARYLAND USA 1992
Internship and Year	UNIV OF MARYLAND - BALTIMORE, MD 1993
Residency and Year	UNIV OF MARYLAND - BALTIMORE, MD 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13277
License Date	9/6/2006
Name	<b>VENUS, JOSEPH G MD</b>
Address	CONCORD IMAGING CTR, 2 1/2 BEACON STCONCORD, NH, 03301
Specialty	R
Board Certified	R
School and Year of Graduation	STATE UNIVERSITY OF NY, SYRACUSE NY US 2001
Internship and Year	BASSETT HEALTHCARE, COOPERSTOWN NY 2002
Residency and Year	STATE UNIVERSITY OF NY, SYRACUSE NY 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10406
License Date	9/2/1998
Name	<b>VERA-GIMON, RAUL MD</b>
Address	CCS 6188, PO BOX 025323MIAMI, FL, 33102-5323
Specialty	IM
Board Certified	IM
School and Year of Graduation	SCH OF MED LUIS RAZETTI UNIV OF VENEZUELA VENEZUELA 1976
Internship and Year	HOSPITAL OF ST RAPHEAL PROGRAM- NEW HAVEN, CT 1980
Residency and Year	YALE UNIV SCH OF MED - NEW HAVEN, CT 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7770
License Date	1/6/1988
Name	<b>VERANI, DANIELA E MD</b>
Address	TOWER HILL PROF PARK, 182 ROCKINGHAM RD STE 9LONDONDERRY, NH, 03053
Specialty	FP
Board Certified	FP
School and Year of Graduation	WRIGHT STATE UNIV SCH MED-DAYTON,OH USA 1983
Internship and Year	MIDDLESEX MEM HOSP-MIDDLETOWN,CT 1984
Residency and Year	UNIV MA HOSP MED CTR-WORCHESTER,MA 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>10/9/97 - SETTLEMENT AGREEMENT</b>

License Number	10133
License Date	9/10/1997
Name	<b>VERDAGUER, MIGUEL A MD</b>
Address	1 CANAL ST, LAWRENCE, MA, 01840
Specialty	P
Board Certified	
School and Year of Graduation	UNIV DE BUENOS AIRES FAC DE CIEN MED ARGENTINA 1975
Internship and Year	BROOKDALE HOSPITAL - BROOKLYN, NY 1991
Residency and Year	BOSTON UNIV MEDICAL CENTER - MA 1994
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	10012
License Date	5/7/1997
Name	<b>VEREB, MARGARET J MD</b>
Address	LAHEY-HITCHCOCK CLINIC, 41 MALL RDBURLINGTON, MA, 01805
Specialty	U
Board Certified	U
School and Year of Graduation	IN UNIV SCH MED-INDIANAPOLIS,IN USA 1989
Internship and Year	MASS GEN HOSP-MASS 1991
Residency and Year	LAHEY-HITCHCOCK CLINIC-MASS 1995
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	15684
License Date	5/2/2012
Name	<b>VERGO, MAXWELL T MD</b>
Address	DHMC - ANESTHESIA SECT OF PALLIATIVE CARE, ONE MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 2004
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2005
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13082
License Date	5/3/2006
Name	<b>VERNADAKIS, ADAM J MD</b>
Address	LAHEY CLINIC-PLASTIC SURG DEPT, 41 MALL RDBURLINGTON, MA, 01805
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF MASSACHUSETTS USA 1995
Internship and Year	UNIV OF MASSACHUSETTS MEDICAL SCHOOL-WORCESTER MA 2000
Residency and Year	UNIV OF MASSACHUSETTS MEDICAL SCHOOL-WORCESTER MA 2002
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	17093
License Date	5/6/2015
Name	<b>VESA, ALLIN MD</b>
Address	4535 DRESSLER RD NW, CANTON, OH, 44718
Specialty	EM
Board Certified	EM
School and Year of Graduation	INDIANA UNIVERSITY SCHOOL OF MEDICINE USA 2000
Internship and Year	GRAND RAPIDS MEDICAL EDUCATION PARTNERS - GRAND RAPIDS, MI 2001
Residency and Year	GRAND RAPIDS MEDICAL EDUCATION PARTNERS - GRAND RAPIDS, MI 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14782
License Date	3/3/2010
Name	<b>VIAZMENSKI, ALEXEI MD</b>
Address	DHMC - DEPT OF RADIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF WISCONSIN USA 2001
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2002
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6143
License Date	12/10/1979
Name	<b>VICTOR, DAVID I MD</b>
Address	224 N BROADWAY, SALEM, NH, 03079-2145
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	TUFTS UNIV SCH OF MED, BOSTON,MA USA 1968
Internship and Year	NEW ENGLAND MED. CTR HOSP. BOSTON,MA 1969
Residency and Year	CHILDRENS HOSP. MED.CTR.BOSTON,MA 1977
License Expiration Date	<b>8/8/2005</b>
Remarks	11/5/04 Preliminary Agreement for Practice Restrictions. 9/15/05 - Second Preliminary Agreement not to practice in NH. Not to practice for 93 days beginning on 8/8/05. 12/15/05 Thrid Preliminary Agreement: Extension of Agreement Not to Practice in NH 03/06/06 - Fourth Preliminary Agreement Extension of Agreement not to practice in NH 7/11/06 - Voluntary Surrender of License. Deceased 12/14/2006

License Number	9104
License Date	1/5/1994
Name	<b>VICTOR, MAURICE MD</b>
Address	VA MEDICAL CTR, WHITE RIVER JCT, VT, 05009
Specialty	N
Board Certified	P
School and Year of Graduation	UNIVERSITY OF MANITOBA CANADA 1943
Internship and Year	WINNIPEG GENERAL HOSPITAL - WINNIPEG CANADA 1943
Residency and Year	BOSTON CITY HOSPITAL - BOSTON MA 1951
License Expiration Date	<b>6/30/2002</b>
Remarks	<b>DECEASED 6/21/01</b>

License Number	10350
License Date	7/1/1998
Name	<b>VIDAL, OMAR D MD</b>
Address	4301 VISTA RD, BUILDING APASADENA, TX, 77054
Specialty	AN
Board Certified	
School and Year of Graduation	NEW YORK MEDICAL COLLEGE- BRIDGEPORT, CT USA 1993
Internship and Year	ST VINCENT MEDICAL CENTER - BRIDGEPORT, CT 1994
Residency and Year	STATE UNIV OF NY AT BUFFALO GENERAL HOSPITAL - BUFFALO, NY 1995
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	13786
License Date	12/5/2007
Name	<b>VIDAVER, ROBERT C MD</b>
Address	45 HIGH STREET, NASHUA, NH, 03060
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF PENNSYLVANIA USA 2001
Internship and Year	CAMBRIDGE HOSPITAL-CAMBRIDGE, MA 2002
Residency and Year	CAMBRIDGE HOSPITAL-CAMBRIDGE HEALTH ALLIANCE - CAMBRIDGE, MA 2005
License Expiration Date	<b>6/30/2015</b>
Remarks	7/2/15 - Order on Practice Restrictions. License is active pending further Board Action.

License Number	7957
License Date	8/10/1988
Name	<b>VIDAVER, ROBERT M MD</b>
Address	304 HIGHLAND DR, HENNIKER, NH, 03242
Specialty	P
Board Certified	P
School and Year of Graduation	SUNY HLTH SCI CTR AT BROOKLYN COLL OF MED- USA 1956
Internship and Year	UNIV OF MARYLAND HOSP-BALITMORE,MD 1957
Residency and Year	VET ADMIN HOSP-MED CTR 1959
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9825
License Date	8/7/1996
Name	<b>VIEHOFF, REINHARD P B MD</b>
Address	GENER GERIATRIC MENTAL HLTH, 138 WEBSTER STMANCHESTER, NH, 03104
Specialty	P
Board Certified	P
School and Year of Graduation	ORAL ROBERTS UNIV SCHOOL OF MEDICINE - TULSA, OK USA 1989
Internship and Year	PENNSYLVANIA STATE UNIV HP-M S HERSHEY MED CTR - PA 1990
Residency and Year	PENNSYLVANIA STATE UNIV HP-M S HERSHEY MED CTR - PA 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10240
License Date	2/4/1998
Name	<b>VIGNATI, JOHN J MD</b>
Address	SURGICAL SPECIALISTS, 85 SPRING STLAACONIA, NH, 03246
Specialty	VS
Board Certified	GS
School and Year of Graduation	UNIV OF CT SCH OF MED - FARMINGTON, CT USA 1989
Internship and Year	UNIV OF MASS - WORCESTER, MA 1994
Residency and Year	MASS GENERAL HOSPITAL - BOSTON, MA 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	10407
License Date	9/2/1998
Name	<b>VIGNERON, EUGENE A MD</b>
Address	WEST CARLETON FAMILY HEALTH, 119 LANGSTAFF DR BOX 218CARP ONTARIO CANADA, , KOA-1LO
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF TORONTO FACULTY OF MED-TORONTO,ON CANADA 1992
Internship and Year	UNIV OF OTTAWA - ONTARIO, CANADA 1993
Residency and Year	UNIV OF OTTAWA - ONTARIO, CANADA 1994
License Expiration Date	<b>6/30/2010</b>
Remarks	<b>REQUESTED INACTIVE 1/19/2008</b>

License Number	12476
License Date	9/1/2004
Name	<b>VIGNOGNA, MICHAEL P MD</b>
Address	THE PROVIDENCE CTR, 530 NORTH MAIN STPROVIDENCE, RI, 02904
Specialty	P
Board Certified	P
School and Year of Graduation	ALBANY MEDICAL COLLEGE, ALBANY NY US 1991
Internship and Year	NAVAL HOSPITAL OAKLAND, BETHESDA MD 1992
Residency and Year	BROWN UNIVERSITY, PROVIDENCE RI 1997
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	7533
License Date	3/4/1987
Name	<b>VIGUE, ROBERT W MD</b>
Address	130 COTTAGE ST, SANFORD, ME, 04073-1815
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIV OF VERMONT COLL MED-BURLINGTON,VT USA 1966
Internship and Year	ROBT PACKER HOSPITAL-SAYRE,PA 1967
Residency and Year	ALBANY MED CTR-ALBANY,NY 1972
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	11157
License Date	1/3/2001
Name	<b>VIJAY, VENKATARAMANA MD</b>
Address	MONTEFIORE MEDICAL CTR, 111 EAST 210 STBRONX, NY, 10467-2490
Specialty	TS
Board Certified	
School and Year of Graduation	SRI VENKATESVARA UNIVERSITY INDIA 1990
Internship and Year	NORTH GENERAL HOSPITAL - NEW YORK NY 1995
Residency and Year	HARLEM HOSPITAL CENTER - NEW YORK NY 1997
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number 16653  
 License Date 6/4/2014  
 Name **VIJAYAKANTHAN, MARINA G MD**  
 Address 366 CAMBRIDGE ST, WINCHESTER, MA, 01890  
 Specialty P  
 Board Certified P  
 School and Year of Graduation ST GEORGES UNIVERSITY GRENADA 2009  
 Internship and Year TRINITAS REGIONAL MEDICAL CENTER - ELIZABETH, NJ 2010  
 Residency and Year TRINITAS REGIONAL MEDICAL CENTER - ELIZABETH, NJ 2012  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11745  
 License Date 9/4/2002  
 Name **VIJAYAKUMAR, RADHA DEVI MD**  
 Address ST ELIZABETH MEDICAL CTR, 736 CAMBRIDGE STREET BOSTON, MA, 02135  
 Specialty PM  
 Board Certified PM  
 School and Year of Graduation MEDICAL COLLEGE, CALICUT UNIVERSITY, CALICUT INDIA INDIA 1984  
 Internship and Year BROCKTON UNIVERSITY, BROCKTON MA 1998  
 Residency and Year BOSTON MEDICAL CTR, BOSTON MA 2001  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15994  
 License Date 1/9/2013  
 Name **VILLA, OTTO FERNANDO MD**  
 Address BERKSHIRE MEDICAL CENTER, 725 NORTH ST/ANNENBERG 18-94 PITTSFIELD, MA, 01201  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSIDAD PONTIFICIA BOLIVARIANA COLOMBIA 1987  
 Internship and Year ST AGNES HOSPITAL - BALTIMORE, MD 1994  
 Residency and Year ST AGNES HOSPITAL - BALTIMORE, MD 1995  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 8469  
 License Date 12/5/1990  
 Name **VILLARICO, REMIGIO C MD**  
 Address 390 MARATHON CT, PO BOX 62248 BOULDER CITY, NV, 89005-1404  
 Specialty AN  
 Board Certified  
 School and Year of Graduation MANILA CENTRAL UNIV CALOOCAN CITY MANILA PHILIPPINES 1955  
 Internship and Year ATLANTICARE MEDICAL CENTER - LYNN, MA 1957  
 Residency and Year NEW ENGLAND DEACONESS HOSPITAL - BOSTON, MA 1961  
 License Expiration Date **6/30/2001**  
 Remarks

License Number 10379  
 License Date 8/5/1998  
 Name **VILLEMAIRE, LYNN A MD**  
 Address VA MEDICAL CENTER, 718 SMYTH RD MANCHESTER, NH, 03104  
 Specialty P  
 Board Certified PYG  
 School and Year of Graduation UNIV OF VT COLL OF MED - BURLINGTON, VT USA 1993  
 Internship and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1994  
 Residency and Year FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1995  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 3549  
 License Date 9/12/1962  
 Name **VILLENEUVE, ANDRE MD**  
 Address 1536 PARC BEAUVOIR, SILLERY QUEBEC CANADA, , G1T 2M4  
 Specialty P  
 Board Certified  
 School and Year of Graduation UNIV LAVAL FAC DE MED SAINTE-FOY QUEBEC CANADA 1958  
 Internship and Year HOTEL-DIEU ST-VALLIER HOSPITAL - CHICOUTIMI QUEBEC, CANADA 1960  
 Residency and Year CENTRAL ISLIP STATE HOSPITAL - CENTRAL ISLIP, NY 1962  
 License Expiration Date **6/30/2001**  
 Remarks

License Number 10068  
 License Date 7/2/1997  
 Name **VINALS, ANTONIO F MD**  
 Address THEODORE RENNA, 454 OLD ST STE 204 PETERBOROUGH, NH, 03458  
 Specialty OPH  
 Board Certified  
 School and Year of Graduation YALE UNIV SCHOOL OF MED NEW HAVEN, CT USA 1993  
 Internship and Year LENOX HILL HOSPITAL - NY 1994  
 Residency and Year MASS EYE EAR INFIRMARY - MA 1997  
 License Expiration Date **6/30/1998**  
 Remarks

License Number 16027  
 License Date 2/6/2013  
 Name **VINOSKI JR, BERNARD B MD**  
 Address BBV JR GI SPECIALIST LLC, 51 EAST BROAD ST TITUSVILLE, FL, 32796  
 Specialty GE  
 Board Certified GE  
 School and Year of Graduation AMERICAN UNIVERSITY OF THE CARIBBEAN SAINT MAARTEN 1985  
 Internship and Year HOSPITAL OF CENTRAL CONNECTICUT - NEW BRITAIN, CT 1986  
 Residency and Year HOSPITAL OF CENTRAL CONNECTICUT - NEW BRITAIN, CT 1989  
 License Expiration Date **6/30/2015**  
 Remarks

License Number	16931
License Date	1/21/2015
Name	<b>VIOLA, ANTHONY R MD</b>
Address	14 GREENWOOD LANE, FERRISS ESTATESNEW MILFORD, CT, 06776
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	STATE UNIV OF NY HLTH SCI CTR @ BROOKLY COL OF MED USA 1976
Internship and Year	UNIVERISTY OF CONNECTICUT HEALTH CENTER- FARMINGTON, CT 1977
Residency and Year	UNIVERISTY OF CONNECTICUT HEALTH CENTER- FARMINGTON, CT 1981
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16691
License Date	7/2/2014
Name	<b>VIRK HUNDAL, NAVNEET K MD</b>
Address	MASS GEN HOSP, 175 CAMBRIDGE ST CP2S-575BOSTON, MA, 02114
Specialty	PG
Board Certified	
School and Year of Graduation	ST GEORGES UNIVERSITY GRENEDEA 2007
Internship and Year	SUNY HEALTH SCIENCE CENTER @ BROOKLYN - BROOKLYN, NY 2008
Residency and Year	SUNY HEALTH SCIENCE CENTER @ BROOKLYN - BROOKLYN, NY 2011
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7137
License Date	6/6/1985
Name	<b>VIRONE, JOSEPH S MD</b>
Address	MILFORD MEDICAL CENTER, 442 NASHUA STMILFORD, NH, 03055-
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF TEXAS-SAN ANTONIO, TX USA 1982
Internship and Year	BEXAR COUNTY HOSPITAL DISTRICT-SAN ANTONIO, TX 1983
Residency and Year	BEXAR COUNTY HOSPITAL DISTRICT-SAN ANTONIO, TX 1985
License Expiration Date	<b>6/30/1999</b>
Remarks	<b>DECEASED 10/27/98</b>

License Number	11226
License Date	4/4/2001
Name	<b>VISCARELLO, RICHARD R MD</b>
Address	1275 SUMMER ST, STE 306STAMFORD, CT, 06905
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	HAHNEMANN MED COLL- PHILADELPHIA, PA USA 1984
Internship and Year	YALE UNIV SCH - NEW HAVEN, CT 1985
Residency and Year	YALE UNIV SCH - NEW HAVEN, CT 1988
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	12825
License Date	7/6/2005
Name	<b>VISCOMI, SALVATORE G MD</b>
Address	BRIGHAM & WOMEN'S HOSP, 75 FRANCIS STBOSTON, MA, 02115
Specialty	R
Board Certified	R
School and Year of Graduation	U OF MED AND DENTISTRY NEW JERSEY, PISCATAWAY NJ USA 1999
Internship and Year	THOMAS JEFFERSON UNIVERSITY PROGRAM, PHILADELPHIA PA 2000
Residency and Year	BRIGHAM AND WOMENS HOSPITAL, BOSTON MA 2004
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	13787
License Date	12/5/2007
Name	<b>VISWANATHAN, ANAND MD</b>
Address	MASS GEN HOSP - TELENEUROLOGY, 15 PARKMAN ST WAC 729JBOSTON, MA, 02114
Specialty	N
Board Certified	N
School and Year of Graduation	EMORY UNIV USA 2000
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2001
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16614
License Date	5/7/2014
Name	<b>VITA, ANTHONY J MD</b>
Address	BELLIN HOSPITAL, 301 E ST JOSEPH STGREEN BAY, WI, 54305
Specialty	P
Board Certified	P
School and Year of Graduation	STANFORD UNIVERSITY SCHOOL OF MEDICINE USA 1998
Internship and Year	UNIVERSITY OF MICHIGAN MEDICAL CENTER - ANN ARBOR, MI 2000
Residency and Year	UNIVERSITY OF MICHIGAN MEDICAL CENTER - ANN ARBOR, MI 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9634
License Date	1/3/1996
Name	<b>VITALE, MARIE J MD</b>
Address	BARRINGTON FAMILY PRACTICE/URG, 425 RTE 125 PO BOX 590BARRINGTON, NH, 03825
Specialty	FP
Board Certified	FP
School and Year of Graduation	ST LOUIS UNIV SCHOOL OF MEDICINE - ST LOUIS, MO USA 1989
Internship and Year	ENGLIN REGIONAL HOSPITAL - USAF BASE, FL 1990
Residency and Year	ENGLIN REGIONAL HOSPITAL - USAF BASE, FL 1992
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	13936
License Date	4/2/2008
Name	<b>VITIELLO, DANIELLE MD</b>
Address	20 POND MEADOW DR, READING, MA, 01867
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF VERMONT USA 2001
Internship and Year	YALE UNIV SCHOOL OF MEDICINE-NEW HAVEN, CT 2002
Residency and Year	YALE UNIV SCHOOL OF MEDICINE-NEW HAVEN, CT 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4623
License Date	10/15/1970
Name	<b>VITTANDS, INGVAR J MD</b>
Address	72 PISCATAQUA RD, DURHAM, NH, 03824
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIV OF ROCHESTER, NY USA 1964
Internship and Year	CLEVELAND METROPOLITAN GENERAL HOSPITAL - CLEVELAND, OH 1965
Residency and Year	MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1967
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	13058
License Date	4/5/2006
Name	<b>VITTERITO II, JOSEPH A MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MED CTR DRLEBANON, NH, 03756
Specialty	PD
Board Certified	PD
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL-LEBANON NH USA 2000
Internship and Year	RHODE ISLAND HOSPITAL-BROWN UNIV, PROVIDENCE RI 2001
Residency and Year	RHODE ISLAND HOSPITAL-BROWN UNIV, PROVIDENCE, RI 2003
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	4322
License Date	10/22/1968
Name	<b>VLALUKIN, BORIS G MD</b>
Address	12309 SURREY CIR, FT WASHINGTON, MD, 20744
Specialty	IM
Board Certified	
School and Year of Graduation	UNIV OF BELGRADE YUGOSLAVIA 1960
Internship and Year	DISTRICT OF COLUMBIA GENERAL HOSPITAL - WASHINGTON, DC 1965
Residency and Year	DISTRICT OF COLUMBIA GENERAL HOSPITAL - WASHINGTON, DC 1968
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number 8924  
 License Date 4/7/1993  
 Name **VNENCHAK, PAMELA A MD**  
 Address LANCASTER GENERAL HOSPITAL, PO BOX 3555 LANCASTER, PA, 17604  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF MED & DENTISTRY OF NJ USA 1990  
 Internship and Year LANCASTER GENERAL HOSPITAL 1991  
 Residency and Year LANCASTER GENERAL HOSPITAL 1993  
 License Expiration Date **6/30/2000**  
 Remarks

License Number 14001  
 License Date 5/7/2008  
 Name **VOGEL, NICOLA M MD**  
 Address CORE PHYSICIANS, 212 CALEF HWY EPPING, NH, 03042  
 Specialty AI  
 Board Certified AI  
 School and Year of Graduation NORTHWESTER UNIV USA 2000  
 Internship and Year CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 2001  
 Residency and Year CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 2004  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12682  
 License Date 4/6/2005  
 Name **VOGLER, SUSAN E DO**  
 Address HAWTHORN MEDICAL ASSOC, 535 FAUNCE CORNER RD DARTMOUTH, MA, 02747  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND, BIDDEFORD ME US 2001  
 Internship and Year ST FRANCIS HOSPITAL, HARTFORD CT 2002  
 Residency and Year ST FRANCIS HOSPITAL, HARTFORD CT 2004  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 17036  
 License Date 4/1/2015  
 Name **VOGT, CHRISTOPHER T DO**  
 Address DHMC, ONE MEDICAL CTR DR / HEATER ROAD CLINIC LEBANON, NH, 03756  
 Specialty FP  
 Board Certified  
 School and Year of Graduation UNIV OF PIKEVILLE-KY COLLEGE OF OSTEOPATHIC MEDICINE USA 2012  
 Internship and Year UNECOM/KENT HOSPITAL - WARWICK, RI 2013  
 Residency and Year UNECOM/KENT HOSPITAL - WARWICK, RI 2015  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	10574
License Date	5/5/1999
Name	<b>VOIGHT II, ROBERT O MD</b>
Address	840 WINTER ST, WALTHAM, MA, 02451
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIF OF MARYLAND SCH OF MED - BALTIMORE,MD USA 1981
Internship and Year	BOSTON UNIV SCHOOL OF MEDICINE - BOSTON, MA 1982
Residency and Year	BOSTON UNIV SCHOOL OF MEDICINE - BOSTON, MA 1984
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	11806
License Date	12/4/2002
Name	<b>VOIGT, WALTER J MD</b>
Address	WEEKS MEDICAL CENTER, 170 MIDDLE STLANCASTER, NH, 03584
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF MIAMI SCH OF MED - MIAMI, FL USA 1989
Internship and Year	UNIV OF LOUISVILLE SCH OF MED - LOUISVILLE,KY 1990
Residency and Year	UNIV OF LOUISVILLE SCH OF MED - LOUISVILLE,KY 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12089
License Date	9/3/2003
Name	<b>VOISINE, RODNEY J MD</b>
Address	NATIVIDAD MEDICAL CTR, 1441 CONSTITUTION BLVDSALINAS, CA, 93906
Specialty	AN
Board Certified	AN
School and Year of Graduation	STATE UNIVERSITY OF NY, BUFFALO NY US 1989
Internship and Year	STRONG MEMORIAL HOSPITAL, ROCHESTER NY 1990
Residency and Year	UNIVERSITY OF ROCHESTER MED CTR, ROCHESTER NY 1992
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	15604
License Date	3/7/2012
Name	<b>VOLK, ANDREA L MD</b>
Address	D-PATH DERMATOPATHOLOGY, 3495 HACKS CROSS RDMEMPHIS, TN, 38125
Specialty	DMP
Board Certified	DMP
School and Year of Graduation	GEORGIA HEALTH SCIINCES UNIVERSITY USA 1998
Internship and Year	UNIVERSITY OF ALABAMA MEDICAL CENTER - BIRMINGHAM, AL 1999
Residency and Year	UNIVERSITY OF ALABAMA MEDICAL CENTER - BIRMINGHAM, AL 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number 17139  
 License Date 6/3/2015  
 Name **VOLK, NEIL R MD**  
 Address 33 FLOYD AVE UNIT 1, W LEBANON, NH, 03784  
 Specialty IM  
 Board Certified  
 School and Year of Graduation STATE UNIV OF NY @ STONY BROOK HLTH SCI CTR SCHOOL USA 2012  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2015  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15896  
 License Date 10/3/2012  
 Name **VOLLGER, HELMUTH F MD**  
 Address VIRTUAL RADIOLOGY, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation WAKE FOREST SCHOOL OF MEDICINE USA 1987  
 Internship and Year CARILION ROANOKE MEMORIAL HOSPITALS - ROANOKE, VA 1988  
 Residency and Year UNIVERSITY OF CALIFORNIA IRVINE - ORANGE, CA 1992  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13186  
 License Date 7/5/2006  
 Name **VOLOZHANINA, ELENA MD**  
 Address PRIMARY CARE OF DOVER, 19 OLD ROLLINSFORD RD DOVER, NH, 03820  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation PERM STATE MEDICAL ACADEMY RUSSIA 1992  
 Internship and Year CONEY ISLAND HOSPITAL-BROOKLYN, NY 2005  
 Residency and Year CONEY ISLAND HOSPITAL-BROOKLYN, NY 2006  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 7757  
 License Date 12/2/1987  
 Name **VOLTURO, GREGORY A MD**  
 Address UNV OF MASS MED CTR, 55 LAKE AVE NWORCESTER, MA, 01655  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation LOYOLA UNIV OF CHICAGO STRITCH SCH MED - IL USA 1982  
 Internship and Year UNIV MASS HOSPITAL MEDICAL CENTER - WORCESTER, MA 1983  
 Residency and Year UNIV MASS HOSPITAL MEDICAL CENTER - WORCESTER, MA 1985  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	9957
License Date	3/5/1997
Name	<b>VOLTZ, MARY A MD</b>
Address	172 KINSLEY ST, NASHUA, NH, 03060
Specialty	HEM
Board Certified	IM
School and Year of Graduation	UNIV OF MASS MEDICAL SCHOOL WORCESTER,MA USA 1984
Internship and Year	MIRIAM HOSPITAL - RI 1985
Residency and Year	ROGER WILLIAMS HOSPITAL - RI 1990
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8447
License Date	10/10/1990
Name	<b>VON FRANCKE, JOHANN F A MD</b>
Address	PO BOX 796, OGDENSBURG, NY, 13669
Specialty	P
Board Certified	
School and Year of Graduation	ST GEORGE'S UNIV SCH OF MED - GRENADA, WI WEST INDIES 1986
Internship and Year	GREATER BALTIMORE MEDICAL CENTER - TOWSON, MD 1987
Residency and Year	NORWICH HOSPITAL - NORWICH, CT 1990
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	10226
License Date	1/7/1998
Name	<b>VON HAAM, KAREN E MD</b>
Address	31 ANDREW ST 6, MANCHESTER, NH, 03104
Specialty	FP
Board Certified	
School and Year of Graduation	OH STATE UNIV COLL OF MED - COLUMBUS, OH USA 1993
Internship and Year	GOOD SAMARITAN REGIONAL MEDICAL CENTER - AZ 1996
Residency and Year	GOOD SAMARITAN REGIONAL MEDICAL CENTER - AZ 1996
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	11080
License Date	9/6/2000
Name	<b>VON HAHN, LUDWIG E MD</b>
Address	1 VERNEY DR, GREENFIELD, NH, 03047
Specialty	PD
Board Certified	PD
School and Year of Graduation	MCGILL UNIV OF MED - MONTREAL QUEBEC CANADA 1989
Internship and Year	MCGILL UNIV - MONTREAL QUEBEC, CANADA 1993
Residency and Year	CHILDREN'S HOSPITAL - BOSTON, MA 1997
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	9826
License Date	8/7/1996
Name	<b>VON KAENEL, WILLIAM E MD</b>
Address	DARTMOUTH-HITCHCOCK MEDICAL CT, ONE MEDICAL CTR DRLEBANONON, NH, 03756-
Specialty	AN
Board Certified	AN
School and Year of Graduation	GEORGE WASHINGTON UNIV SCHOOL OF MEDICINE - DC USA 1985
Internship and Year	CLEVELAND CLINIC FOUNDATION - OHIO 1986
Residency and Year	CLEVELAND CLINIC FOUNDATION - OHIO 1990
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	4050
License Date	3/16/1967
Name	<b>VON OLDENBURG, ALBERT A MD</b>
Address	8564 OLD MARSH WAY, MONTGOMERY, AL, 36117
Specialty	P
Board Certified	FOP
School and Year of Graduation	UNIV OF LOUVAIN BELGIUM 1961
Internship and Year	UNION HOSPITAL - FALL RIVER, MA 1966
Residency and Year	UNION HOSPITAL - FALL RIVER, MA 1967
License Expiration Date	<b>6/30/2000</b>
Remarks	Deceased 5/6/2012

License Number	5755
License Date	6/13/1977
Name	<b>VON REYN, CHARLES FORDHAM MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	ID
Board Certified	ID
School and Year of Graduation	HARVARD MEDICAL SCHOOL-BOSTON MA USA 1971
Internship and Year	BETH ISRAEL HOSPITAL-BOSTON MA 1972
Residency and Year	BETH ISRAEL HOSPITAL-BOSTON MA 1976
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5518
License Date	5/6/1976
Name	<b>VON ZABERN, BERTRAM MD</b>
Address	311 COLBURN RD, TEMPLE, NH, 03084
Specialty	FP
Board Certified	
School and Year of Graduation	MEDIZINISCHE FAKULTAT DER UNIV HAMBURG HAMBURG 1958
Internship and Year	BRONX LEBANON HOSPITAL - BRONX, NY 1966
Residency and Year	LETCHWORTH VILLAGE - THIELLS, 1972
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13135
License Date	6/7/2006
Name	<b>VORE JR, JON MICHAEL B DO</b>
Address	AMHERST FAMILY PRACTICE, 199 RTE 101 STE 6 PO BOX 6057AMHERST, NH, 03031
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF NE COLLEGE OF OSTEOPATHIC MED USA 2003
Internship and Year	NH DARTMOUTH FAMILY PRACTICE RESIDENCY-CONCORD,CONCORD, NH 2004
Residency and Year	NH DARTMOUTH FAMILY PRACTICE RESIDENCY-CONCORD, CONCORD NH 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5031
License Date	7/10/1973
Name	<b>VORE, JON M MD</b>
Address	HITCHCOCK CLINIC, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty	PD
Board Certified	PD
School and Year of Graduation	HARVARD UNIVERSITY-BOSTON MA USA 1968
Internship and Year	NEW ENGLAND MEDICAL CTR-BOSTON MA 1969
Residency and Year	NEW ENGLAND MEDICAL CTR-BOSTON MA 1971
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8850
License Date	11/4/1992
Name	<b>VORLICKY, LOREN N MD</b>
Address	442 BRIAR HILL RD, HOPKINTON, NH, 03229
Specialty	PD
Board Certified	PD
School and Year of Graduation	MARQUETTE UNIVERSITY SCHOOL OF MEDICINE USA 1959
Internship and Year	NAVAL HOSPITAL PENDLETON - CALIFORNIA 1960
Residency and Year	NAVAL HOSPITAL OAKLAND - CALIFORNIA 1962
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	8683
License Date	2/5/1992
Name	<b>VOSS, PHILIP J MD</b>
Address	CONVENIENT MD, 125 INDIAN ROCK RDWINDHAM, NH, 03087
Specialty	UCM
Board Certified	EM
School and Year of Graduation	THOMAS JEFFERSON MEDICAL COLLEGE USA 1986
Internship and Year	WORCESTER MEMORIAL HOSPITAL WORCESTER - MA 1987
Residency and Year	WORCESTER MEMORIAL HOSPITAL WORCESTER - MA 1989
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 10249  
 License Date 3/4/1998  
 Name **VOTH, MICHAEL R MD**  
 Address 13 PHILLIPS COVE RD, CAPE NEDDICK, ME, 03902  
 Specialty DR  
 Board Certified R  
 School and Year of Graduation LA STATE UNIV SCH OF MED-NEW ORLEANS, LA USA 1974  
 Internship and Year US PUBLIC HEALTH SERVICE HOSPITAL - LA 1975  
 Residency and Year US PUBLIC HELATH SERVICE HOSPITAL - LA 1977  
 License Expiration Date **6/30/2014**  
 Remarks **RETIRED**

License Number 13363  
 License Date 12/6/2006  
 Name **VRAHAS, MARK S MD**  
 Address MASSACHUSETTS GENERAL HOSPITAL, 55 FRUIT ST YAW 3600BOSTON, MA, 02114  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation UNIV OF PITTSBURGH SCHOOL OF MEDICINE USA 1984  
 Internship and Year UNIV HEALTH CENTER OF PITTSBURGH-PITTSBURGH, PA 1985  
 Residency and Year UNIV HEALTH CENTER OF PITTSBURGH-PITTSBURGH, PA 1989  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11099  
 License Date 10/4/2000  
 Name **VRAKATITSIS, KERRY L MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation DARTMOUTH MEDICAL SCH- LEBANON, NH USA 1997  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1998  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000  
 License Expiration Date **6/30/2016**  
 Remarks **LAPSED FOR NONRENEWAL 6/30/14**  
**RENEWED 7/15/14**

License Number 7420  
 License Date 8/14/1986  
 Name **VRANEY, GEORGE A MD**  
 Address , , ,  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation 1969  
 Internship and Year  
 Residency and Year  
 License Expiration Date **6/30/1996**  
 Remarks

License Number	12225
License Date	2/4/2004
Name	<b>VREELAND, THOMAS H MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	DR
Board Certified	DR
School and Year of Graduation	LOUISIANA STATE UNIVERSITY, SHREVEPORT LA US 1990
Internship and Year	MEDICAL COLLEGE OF VIRGINIA, RICHMOND VA 1991
Residency and Year	LOUISIANA STATE UNIVERSITY, SHREVEPORT LA 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4742
License Date	8/4/1972
Name	<b>VREES, PETER A MD</b>
Address	19 HAMPTON RD, EXETER, NH, 03833-4816
Specialty	GS
Board Certified	GS
School and Year of Graduation	BOSTON UNIV SCHOOL OF MEDICINE USA 1965
Internship and Year	BOSTON CITY HOSPITAL - BOSTON, MA 1966
Residency and Year	BOSTON CITY HOSPITAL - BOSTON, MA 1970
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	16615
License Date	5/7/2014
Name	<b>VRLA, ROLF F MD</b>
Address	VIRTUAL RADIOLOGY, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	DR
Board Certified	DR
School and Year of Graduation	NORTHWESTERN UNIVERSITY MEDICAL SCHOOL USA 1978
Internship and Year	NORTHWESTERN UNIVERSITY-FEINBERG SCHOOL OF MEDICINE - CHICAGO, IL 1978
Residency and Year	NORTHWESTERN UNIVERSITY-FEINBERG SCHOOL OF MEDICINE - CHICAGO, IL 1980
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13728
License Date	10/3/2007
Name	<b>VU, HUNG Q MD</b>
Address	EMERGENCY CARDIAC IMAGING LLC, 401 BETHEL RDSOMERS POINT, NJ, 08244
Specialty	R
Board Certified	R
School and Year of Graduation	TEMPLE UNIV USA 1994
Internship and Year	NEW ENGLAND MEDICAL CENTER-BOSTON, MA 1995
Residency and Year	NEW ENGLAND MEDICAL CENTER-BOSTON, MA 1996
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number 6839  
 License Date 1/5/1984  
 Name **VUCKOVIC, ALEXANDER MD**  
 Address 115 MILL ST, BELMONT, MA, 02478-1048  
 Specialty P  
 Board Certified P  
 School and Year of Graduation HARVARD MED SCH-BOSOTN,MA USA 1981  
 Internship and Year MC LEAN HOSP-BELMONT,MA 1982  
 Residency and Year MC LEAN HOSP-BEKMONT,MA 1985  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10943  
 License Date 6/7/2000  
 Name **VUICH, LISA M MD**  
 Address RENEW MEDISPA, 29 INDIAN ROCK ROAD 2ND FLOORWINDHAM, NH, 03087  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1992  
 Internship and Year ST VINCENT HOSPITAL - WORCESTER, MA 1993  
 Residency and Year ST VINCENT HOSPITAL - WORCESTER, MA 1995  
 License Expiration Date **6/30/2016**  
 Remarks **6/8/12 - Settlement Agreement**

License Number 11860  
 License Date 3/5/2003  
 Name **VUJICIC, RATKO MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CTR DR PAIN CLINICLEBANON, NH, 03756  
 Specialty AN  
 Board Certified  
 School and Year of Graduation UNIV OF ZAGREB - ZAGREB, CROATIA CROATIA 1990  
 Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1999  
 Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2002  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 16093  
 License Date 4/3/2013  
 Name **VUKMIR, RADE B MD**  
 Address 4075 COPPER RIDGE DR, TRAVERSE CITY, MI, 49684  
 Specialty EM  
 Board Certified CCM  
 School and Year of Graduation UNIVERSITY OF PITTSBURG SCHOOL OF MEDICINE USA 1986  
 Internship and Year UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE - PITTSBURGH, PA 1987  
 Residency and Year UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE - PITTSBURGH, PA 1989  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	15331
License Date	7/6/2011
Name	<b>VUOCOLO, PHILIP S MD</b>
Address	MONADNOCK SURGICAL ASSOCIATES, 454 OLD STREET RDPETERBOROUGH, NH, 03458
Specialty	GS
Board Certified	GS
School and Year of Graduation	SUNY UPSTATE USA 1983
Internship and Year	SUNY UPSTATE MEDICAL UNIVERSITY - SYRACUSE, NY 1986
Residency and Year	SUNY UPSTATE MEDICAL UNIVERSITY - SYRACUSE, NY 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7823
License Date	4/6/1988
Name	<b>VYAS, ANIL M MD</b>
Address	MARLBOROUGH HOSP-DEPT OF ANEST, 57 UNION STREETMARLBOROUGH, MA, 01752
Specialty	AN
Board Certified	APM
School and Year of Graduation	GOVERNMENT MEDICAL COLLEGE UNIV INDIA 1972
Internship and Year	JOYCE GREEN HOSPITAL - ENGLAND 1974
Residency and Year	DUKE UNIV DURHAM, NC 1981
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	14108
License Date	7/9/2008
Name	<b>VYENIELO, TONIA MD</b>
Address	AMERICAN SPECIALTY HEALTH, 777 FRONT STSAN DIEGO, CA, 92101
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF CALIFORNIA USA 1977
Internship and Year	UNIV OF CALIFORNIA IRVINE-ORANGE, CA 1978
Residency and Year	UNIV OF CALIFORNIA IRVINE-ORANGE, CA 1980
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	13841
License Date	2/6/2008
Name	<b>WAANDERS, NICHOLAS A MD</b>
Address	PED ORTHOPEDIC CENTER OF ME, 489 STATE STBANGOR, ME, 04401
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIV OF MICHIGAN USA 1995
Internship and Year	UNIV OF HOSPITALS OF CLEVELAND - CLEVELAND, OH 1996
Residency and Year	UNIV OF HOSPITALS OF CLEVELAND - CLEVELAND, OH 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	5197
License Date	6/10/1974
Name	<b>WACHS, M DENNIS MD</b>
Address	700 LAKE AVE STE 1, MANCHESTER, NH, 03103-2776
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIV OF NORTH CAROLINA USA 1967
Internship and Year	YALE-NEW HAVEN - NEW HAVEN, CT 1968
Residency and Year	YALE-NEW HAVEN - NEW HAVEN, CT 1972
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	10977
License Date	6/7/2000
Name	<b>WADE, PHILIP H MD</b>
Address	8 ACORN HILL RD, LYME, NH, 03768
Specialty	IM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - BOSTON, MA USA 1970
Internship and Year	UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1971
Residency and Year	UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1973
License Expiration Date	<b>6/11/2013</b>
Remarks	Deceased 6/11/13.

License Number	10978
License Date	6/7/2000
Name	<b>WAGAR, DAVID B MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	DR
Board Certified	
School and Year of Graduation	UNIV OF TORONTO FAC OF MED - TORONTO ONTARIO CANADA 1987
Internship and Year	UNIV OF TORONTO - TORONTO, ONTARIO CANADA 1988
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1999
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	8830
License Date	10/7/1992
Name	<b>WAGER, GILBERT C MD</b>
Address	24 KENSINGTON RD, PORTSMOUTH, NH, 03801
Specialty	PUD
Board Certified	PUD
School and Year of Graduation	NEW YORK MEDICAL COLLEGE - VALHALLA, NY USA 1983
Internship and Year	UNIV CALIFORNIA IRVINE MEDICAL CENTER - ORANGE, CA 1984
Residency and Year	UNIV OF NORTH CAROLINA HOSPITAL - CHAPEL HILL NC 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15009
License Date	9/1/2010
Name	<b>WAGGETT, IAN W MD</b>
Address	60 COMMERCIAL ST, CONCORD, NH, 03301
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF ROCHESTER USA 2004
Internship and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER,NY 2005
Residency and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER,NY 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3325
License Date	9/12/1959
Name	<b>WAGMAN, EDWARD MD</b>
Address	39 ISLE OF WIGHT RD, E HAMPTON, NY, 11937
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	GRONINGEM UNIVERSITY HOLLAND 1958
Internship and Year	MEADOWBROOK HOSPITAL- NEW YORK 1959
Residency and Year	NEW YORK VETERANS ADMINISTRATION HOSPITAL 1960
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	9291
License Date	9/7/1994
Name	<b>WAGMAN, JOEL I MD</b>
Address	COVENANT HOUSE HEALTHCARE, 251 E BRINGLURISTPHILADELPHIA, PA, 19106
Specialty	
Board Certified	FP
School and Year of Graduation	TEMPLE UNIVERSITY SCHOOL OF MEDICINE USA 1990
Internship and Year	ALBERT EINSTEIN MEDICAL CENTER - PHILADELPHIA PA 1992
Residency and Year	READING HOSPITAL MEDICAL CENTER - READING PA 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>2/14/07 - Settlement Agreement</b>

License Number	10772
License Date	11/3/1999
Name	<b>WAGMAN, RICHARD S MD</b>
Address	DARTMOUTH HITCHCOCK MEDICAL CT, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	R
Board Certified	
School and Year of Graduation	TEMPLE UNIV SCH OF MED - PHILA- PA USA 1993
Internship and Year	ABINGTON MEMORIAL HOSPITAL - ABINGTON, PA 1994
Residency and Year	WASHINGTON UNIV -BARNES HOSPITAL - ST LOUIS, MO 1996
License Expiration Date	<b>1/12/2002</b>
Remarks	<b>DECEASED 1/12/02</b>

License Number	16245
License Date	7/3/2013
Name	<b>WAGNER, ANDREW J MD</b>
Address	EMERGENCY MEDICINE PHYSICIANS, 4535 DRESSLER RD NWCANTON, OH, 44718
Specialty	EM
Board Certified	EM
School and Year of Graduation	OHIO STATE UNIVERSITY USA 2006
Internship and Year	OHIO STATE UNIVERSITY MEDICAL CENTER - COLUMBUS, OH 2007
Residency and Year	OHIO STATE UNIVERSITY MEDICAL CENTER - COLUMBUS, OH 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6750
License Date	7/7/1983
Name	<b>WAGNER, DAVID J MD</b>
Address	ANESTHESIA CARE GROUP, 88 MCGREGOR ST STE 303MANCHESTER, NH, 03102
Specialty	AN
Board Certified	AN
School and Year of Graduation	CORNELL UNIV MED COLL-NY USA 1981
Internship and Year	DARTMOUTH MED CTR-HANOVER,NH 1983
Residency and Year	DARTMOUTH MED CTR - HANOVER, NH 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14152
License Date	8/6/2008
Name	<b>WAGNER, ELLIOTT J MD</b>
Address	200 EAST 66 TH ST C-904, NEW YORK, NY, 10065
Specialty	R
Board Certified	R
School and Year of Graduation	NEW YORK UNIV USA 1978
Internship and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1979
Residency and Year	UNIV OF MARYLAND MEDICAL SYSTEM - BALTIMORE, MD 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11547
License Date	3/6/2002
Name	<b>WAGNER, HENRY W MD</b>
Address	NCL, 7665 CORPORATED CENTER DRMIAMI, FL, 33126
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF NORTHEAST TAMPICO, MEXICO MEXICO 1980
Internship and Year	JAMIAICA HOSPITAL MEDICAL CENTER - JAMAICA, NY 1982
Residency and Year	LINCOLN MEDICAL AND MENTAL HLTH CTR - BRONX, NY 1983
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	8744
License Date	6/3/1992
Name	<b>WAGNER, JESSE MD</b>
Address	LAHEY-HITCHCOCK CLINIC, PO BOX 2064 21 E HOLLIS STNASHUA, NH, 03061-2064
Specialty	IM
Board Certified	IM
School and Year of Graduation	CORNELL UNIVERSITY MEDICAL COLLEGE USA 1989
Internship and Year	NEW YORK HOSPITAL NEW YORK - NEW YORK 1992
Residency and Year	NEW YORK HOSPITAL - NY 1992
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	16692
License Date	7/2/2014
Name	<b>WAGNER, MARK W MD</b>
Address	GENESIS BEHAVIORAL HEALTH, 111 CHURCH STLA CONIA, NH, 03246
Specialty	CHP
Board Certified	CHP
School and Year of Graduation	UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE USA 1989
Internship and Year	MEDICAL UNIVERSITY OF SOUTH CAROLINA - CHARLESTON, SC 1990
Residency and Year	MEDICAL UNIVERSITY OF SOUTH CAROLINA - CHARLESTON, SC 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14823
License Date	4/7/2010
Name	<b>WAGNER, RACHEL M MD</b>
Address	336 36TH ST APT 322, BELLINGHAM, WA, 98225
Specialty	FP
Board Certified	FP
School and Year of Graduation	MCP HAHNEMANN SCHOOL OF MEDICINE USA 2001
Internship and Year	GLENDALE ADVENTIST MEDICAL CENTER - GLENDALE, CA 2002
Residency and Year	CHESTNUT HILL HOSPITAL FAMILY PRACTICE CENTER - PHILADELPHIA, PA 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12859
License Date	8/3/2005
Name	<b>WAGNER, TRACI L MD</b>
Address	600 ST JOHNSBURY RD, LITTLETON, NH, 03561
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF MIAMI, MIAMI FL US 1989
Internship and Year	UNIVERSITY OF LOUISVILLE, LOUISVILLE KY 1990
Residency and Year	UNIVERSITY OF LOUISVILLE, LOUISVILLE KY 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7928
License Date	7/6/1988
Name	<b>WAGONER, STEPHEN A MD</b>
Address	3015 SQUALICUM PARKWAY STE 140, BELLINGHAM, WA, 98225
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF ARKANSAS COLL OF MED-LITTLE ROCK,AR USA 1952
Internship and Year	WALTER REED ARMY MED CTR-WASHINGTON,DC 1980
Residency and Year	MADIGAN ARMY MED CTR-TACOMA,WA 1983
License Expiration Date	<b>6/30/2010</b>
Remarks	<b>LAPSED FOR NON-RENEWAL 6/30/99...</b> <b>REINSTATED ON 10/1/08</b>

License Number	11746
License Date	9/4/2002
Name	<b>WAGSHUL, ADAM D MD</b>
Address	DHMC-ORTHOPAEDIC SURGERY, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	ORS
Board Certified	
School and Year of Graduation	UNIVERSITY OF MARYLAND, BALTIMORE MD USA 1996
Internship and Year	PENNSYLVANIA HOSPITAL, PHILADELPHIA PA 1997
Residency and Year	THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA PA 2001
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	15142
License Date	2/2/2011
Name	<b>WAHEED, NADIA K MD</b>
Address	TUFTS MED CTR/NE EYE CTR/T, C/O S.DUNN 800 WASHINGTON STBOSTON, MA, 02111
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	AGA KKHAN UNIVERSITY PAKISTAN 1998
Internship and Year	METROWEST MEDICAL CENTER FRAMINGHAM UNION HOSPITAL - FRAMINGHAM, MA 2001
Residency and Year	MASSACHUSETTS EYE & EAR INFIRMARY PROGRAM - BOSTON, MA 2004
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	8569
License Date	6/5/1991
Name	<b>WAHRENBERGER, JON W MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	CD
Board Certified	CD
School and Year of Graduation	HAHNEMANN UNIVERSITY SCHOOL OF MED USA 1985
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER 1986
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12722
License Date	5/4/2005
Name	<b>WAITE, RICHARD J MD</b>
Address	X-RAY PROFESSIONAL ASSOCIATION, 2 1/2 BEACON STCONCORD, NH, 03301
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS, WORCESTER MA US 1983
Internship and Year	UNIVERSITY OF MASSACHUSETTS, WORCESTER MA 1984
Residency and Year	UNIVERSITY OF MASSACHUSETTS, WORCESTER MA 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12207
License Date	1/7/2004
Name	<b>WAITZKIN, ELLEN D MD</b>
Address	LAHEY CLINIC MEDICAL CENTER, 31 MALL RDBURLINGTON, MA, 01805
Specialty	R
Board Certified	R
School and Year of Graduation	HARVARD MEDICAL SCHOOL, BOSTON MA US 1981
Internship and Year	MASS GENERAL HOSPITAL, BOSTON MA 1982
Residency and Year	MASS GENERAL HOSPITAL, BOSTON MA 1986
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	13187
License Date	7/5/2006
Name	<b>WALAT, ROBERT J MD</b>
Address	84 ENGLEWOOD RD, LONGMEADOW, MA, 01106
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	YALE UNIV USA 1969
Internship and Year	YALE-NEW HAVEN MEDICAL CTR-NEW HAVEN, CT 1970
Residency and Year	YALE-NEW HAVEN MEDICAL CTR-NEW HAVEN, CT 1971
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9232
License Date	7/6/1994
Name	<b>WALCZAK, WIESLAW E MD</b>
Address	GRANITE STATE MEDICAL GROUP, 190 TARRYTOWN RDMANCHESTER, NH, 03103
Specialty	IM
Board Certified	IM
School and Year of Graduation	POMORSKA AKAD MED POLAND 1971
Internship and Year	
Residency and Year	J DEMPSEY HOSPITAL UNIVERSITY OF CONNECTICUT HEALTH CENTER - FARMINGTON, CT 1993
License Expiration Date	<b>11/21/2009</b>
Remarks	<b>DECEASED 11/21/09</b>

License Number	13474
License Date	4/4/2007
Name	<b>WALDMAN, CHERYL B MD</b>
Address	WALDMAN PLASTIC SURGERY & DERM, 17 RIVERSIDE ST STE 105NASHUA, NH, 03062
Specialty	D
Board Certified	D
School and Year of Graduation	TUFTS UNIV USA 2001
Internship and Year	MOUNT AUBURN HOSPITAL - CAMBRIDGE, MA 2002
Residency and Year	UNIV OF ROCHESTER - ROCHESTER, NY 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13475
License Date	4/4/2007
Name	<b>WALDMAN, JEREMY MD</b>
Address	WALDMAN PLASTIC SURGERY & DERM, 17 RIVERSIDE ST STE 105NASHUA, NH, 03062
Specialty	PS
Board Certified	PS
School and Year of Graduation	STATE UNIV OF NEW YORK USA 2001
Internship and Year	UNIV OF ROCHESTER MEDICAL CTR - ROCHESTER, NY 2002
Residency and Year	UNIV OF ROCHESTER MEDICAL CTR - ROCHESTER, NY 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16932
License Date	1/21/2015
Name	<b>WALDORF, BENJAMIN MD</b>
Address	41 MALL RD, BURLINGTON, MA, 01805
Specialty	U
Board Certified	
School and Year of Graduation	UNIV OF NC @ CHAPEL HILL SCHOOL OF MEDICINE USA 2010
Internship and Year	LAHEY CLINIC MEDICAL CENTER-BURLINGTON, MA 2011
Residency and Year	LAHEY CLINIC MEDICAL CENTER-BURLINGTON, MA 2012
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14949
License Date	7/7/2010
Name	<b>WALDRON, WINIFRED M MD</b>
Address	EXECUTIVE HEALTH RESOURCES, 15 CAMPUS BLVD STE 200NEWTON SQUARE, PA, 19073
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF VERMONT USA 1996
Internship and Year	SOMERSET MEDICAL CENTER - SOMERVILLE, NJ 1997
Residency and Year	SOMERSET MEDICAL CENTER - SOMERVILLE, NJ 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11807
License Date	12/4/2002
Name	<b>WALDROP II, FRANK C MD</b>
Address	FLETCHER ALLEN DEPT OF OPH, 1 S PROSPECT STBURLINGTON, VT, 05401
Specialty	OPH
Board Certified	
School and Year of Graduation	GEORGE WASHINGTON UNIV - WASHINGTON, DC USA 1998
Internship and Year	WASHINGTON HOSPITAL CTR - WASHINGTON, DC 1999
Residency and Year	UNIV OF MARYLAND - BALTIMORE, MD 2002
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	14443
License Date	5/6/2009
Name	<b>WALEK, WALTER B MD</b>
Address	SOUTHEASTERN PATHOLOGY ASSOC, PO BOX 847LUMBERTON, NC, 28358
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	STATE UNIVERSITY OF NEW YORK USA 2000
Internship and Year	UNIVERSITY HOSPITALS OF CLEVELAND CASE WESTERN RESERVE UNIVERSITY - CLEVELAND, OH 20
Residency and Year	BUFFALO GENERAL HOSPITAL - BUFFALO, NY 2005
License Expiration Date	<b>6/30/2015</b>
Remarks	<b>lapsed 6/30/11 - reinstated 9/5/12</b>

License Number	8270
License Date	1/10/1990
Name	<b>WALKER JR, GEORGE A MD</b>
Address	60 FORREST DR, SPRINGFIELD, VT, 05156
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIV OF TX HLTH SCI CTR-DALLAS,TX USA 1969
Internship and Year	CONFEDERATE MEM MED CTR=SHEVEPORT,LA 1970
Residency and Year	BOSTON CITY HOSP-BOSTON,MA 1971
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	5675
License Date	2/3/1977
Name	<b>WALKER, DAVID H MD</b>
Address	SO NH MED CTR E D, 8 PROSPECT ST BOX 2014NASHUA, NH, 03061
Specialty	EM
Board Certified	EM
School and Year of Graduation	BOSTON UNIVERSITY-BOSTON MA USA 1973
Internship and Year	UNIVERSITY HOSPITAL-BOSTON MA 1974
Residency and Year	UNIV HOSPITAL - BOSTON, MA 1974
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number	9356
License Date	1/11/1995
Name	<b>WALKER, GEORGE M MD</b>
Address	140 HAVERHILL ST, ANDOVER, MA, 01845-
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF VERMONT COLLEGE OF MEDICINE USA 1976
Internship and Year	BRIGHAM & WOMEN'S HOSPITAL - BOSTON MA 1977
Residency and Year	BRIGHAM & WOMEN'S HOSPITAL - BOSTON MA 1982
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	12362
License Date	6/2/2004
Name	<b>WALKER, GREGORY A MD</b>
Address	NORTH COUNTRY HOSPITAL, 189 PROUTY DRNEWPORT, VT, 05829
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF VERMONT, BURLINGTON VT US 1991
Internship and Year	MERCY HOSPITAL, PITTSBURGH PA 1992
Residency and Year	MERCY HOSPITAL, PITTSBURGH, PA 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14109
License Date	7/9/2008
Name	<b>WALKER, JENNIFER D MD</b>
Address	MASS GEN HOSP-CARDIAC SURG DIV, COX 644 55 FRUIT STBOSTON, MA, 02114
Specialty	TS
Board Certified	TS
School and Year of Graduation	MEDICAL UNIV OF SOUTH CAROLINA USA 1991
Internship and Year	MEDICAL UNIV OF SOUTH CAROLINA - CHARLESTON, SC 1992
Residency and Year	MEDICAL UNIV OF SOUTH CAROLINA - CHARLESTON, SC 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16933
License Date	1/21/2015
Name	<b>WALKER, KAREN L MD</b>
Address	DHMC-SECTION OF VS, 1 MED CTR DRLEBANON, NH, 03756
Specialty	VS
Board Certified	
School and Year of Graduation	UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE USA 2011
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7958
License Date	8/10/1988
Name	<b>WALKER, LARKIN F MD</b>
Address	LAKES REGION GENERAL HOSP, 80 HIGHLAND ST LACONIA, NH, 03246-3298
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	MED COLL OF GEORGIA SCH OF MED-AUGUSTA,GA USA 1983
Internship and Year	BOWMAN GRAY SCH MED AFFIL HOSP-SALEM,NC 1984
Residency and Year	BOWMAN GRAY SCH MED AFFIL HOSP-SALEM,NC 1987
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16850
License Date	11/6/2014
Name	<b>WALKER, TACEE E DO</b>
Address	DHMC - DEPT OF ANESTHESIOLOGY, 1 MEDICAL CENTER DR LEBANON, NH, 03766
Specialty	AN
Board Certified	AN
School and Year of Graduation	KANSAS CITY UNIV OF MED & BIOSCIENCES USA 2002
Internship and Year	CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 2003
Residency and Year	CLEVELAND CLINIC FOUNDATION - CLEVELAND, OH 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5821
License Date	9/1/1977
Name	<b>WALKLEY, PETER F MD</b>
Address	93 WHIPPLE AVE, LACONIA, NH, 03246
Specialty	IM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1974
Internship and Year	DARTMOUTH MEDICAL SCHOOL AFFIL HOSPITALS 1975
Residency and Year	DARTMOUTH MEDICAL SCHOOL AFFIL HOSPITALS 1977
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10637
License Date	7/7/1999
Name	<b>WALKO, MARTIN S MD</b>
Address	ANDROSCOGGIN VALLEY HOSPITAL, 7 PAGE HILL RD BERLIN, NH, 03570
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF MED NEW JERSEY - PISCATAWAY, NJ USA 1994
Internship and Year	ABINGTON MEMORIAL HOSPITAL - ABINGTON, PA 1995
Residency and Year	ABINGTON MEMORIAL HOSPITAL - ABINGTON, PA 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5537
License Date	6/21/1976
Name	<b>WALLACE JR, WILLIAM T MD</b>
Address	378 AMESBURY RD, CONTOOCOOK, NH, 03229
Specialty	PH
Board Certified	PH
School and Year of Graduation	UNIV. OF VERMONT COLLAGE OF MED. BURLINGTON USA 1961
Internship and Year	METHODIST HOSP GRAD MED CENTER INDIANAPOLIS 1962
Residency and Year	METHODIST HOSP GRAD MED CENTER - INDIANAPOLIS 1962
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	8230
License Date	9/6/1989
Name	<b>WALLACE, AMY E MD</b>
Address	VALLEY VISTA, UPPER PLAINS ROADBRADFORD, VT, 05033
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF TX MED SCH GALVESTON TX US 1987
Internship and Year	DARTMOUTH HITCHCOCK MED CTR HANOVER NH 1988
Residency and Year	DARTMOUTH HITCHCOCK MED CTR HANOVER NH 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8364
License Date	6/6/1990
Name	<b>WALLACE, ANDREW G MD</b>
Address	DARTMOUTH MED SCHOOL, 1 MEDICAL CTR DRLEBANON, NH, 03755-3833
Specialty	IM
Board Certified	IM
School and Year of Graduation	DUKE UNIV SCH OF MED -DURHAM,NC USA 1959
Internship and Year	DUKE UNIV AFFIL HOSP-DURHAM,NC 1960
Residency and Year	DUKE UNIV AFFIL HOSP-DURHAM,NC 1964
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	16294
License Date	8/7/2013
Name	<b>WALLACE, CHARLES W MD</b>
Address	ONLINE CARE GROUP, 75 STATE ST., 26TH FLBOSTON, MA, 02109
Specialty	FP
Board Certified	
School and Year of Graduation	UNIVERSITY OF TOLEDO COLLEGE OF MEDICINE USA 1999
Internship and Year	AULTMAN HOSPITAL - NEOUCOM PROGRAM - CANTON, OH 2000
Residency and Year	AULTMAN HOSPITAL - NEOUCOM PROGRAM - CANTON, OH 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13729
License Date	10/3/2007
Name	<b>WALLACE, CHRISTOPHER A MD</b>
Address	406 FARMINGTON AVENUE STE 332, FARMINGTON, CT, 06032
Specialty	DMP
Board Certified	DMP
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 1997
Internship and Year	MEDICAL COLLEGE OF GEORGIA-AUGUSTA, GA 2000
Residency and Year	WAKE FOREST UNIV SCHOOL OF MEDICINE-WINSTON-SALEM, NC 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5822
License Date	9/1/1977
Name	<b>WALLACE, JAMES W MD</b>
Address	, , ,
Specialty	R
Board Certified	R
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 1965
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1996</b>
Remarks	

License Number	11548
License Date	3/6/2002
Name	<b>WALLACE, KEVIN L MD</b>
Address	299 OCEAN HOUSE RD, CAPE ELIZABETH, ME, 04107
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF VIRGINIA - CHARLOTTESVILLE, VA USA 1983
Internship and Year	UNIV OF VIRGINIA - ROANOKE, VA 1984
Residency and Year	EMORY UNIV SCH -ATLANTA, GA 1986
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	14950
License Date	7/7/2010
Name	<b>WALLACE, ROXANNE E MD</b>
Address	2116 CRAIG ROAD, EAU CLAIRE, WI, 54701
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	BOSTON UNIVERSITY USA 1996
Internship and Year	EXEMPLA ST JOSEPH HOSPITAL - DENVER, CO 1997
Residency and Year	WALTER REED ARMY MEDICAL CENTER - BETHESDA, MD 2000
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	17140
License Date	6/3/2015
Name	<b>WALLACE, THOMAS C MD</b>
Address	606 WILMOT CTR RD, PO BOX 2576NEW LONDON, NH, 03257
Specialty	P
Board Certified	
School and Year of Graduation	PONCE SCHOOL OF MEDICINE USA 1984
Internship and Year	LOS ANGELES COUNTY-USC MEDICAL CENTER-LOS ANGELES, CA 1984
Residency and Year	LOS ANGELES COUNTY-USC MEDICAL CENTER-LOS ANGELES, CA 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5806
License Date	8/15/1977
Name	<b>WALLACE, WESLEY R MD</b>
Address	DARTMOUTH-HITCHCOCK CLINIC, 21 E HOLLIS ST PO BOX 2064NASHUA, NH, 03061-2064
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	SUNY DOWNSTATE MEDICAL CENTER-BROOKLYN NY USA 1969
Internship and Year	NEW ENGLAND MED CTR HOSPITAL - BOSTON, MA 1973
Residency and Year	NEW ENGLAND MEDICAL CENTER HOSPITAL-BOSTON MA 1974
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	15096
License Date	12/1/2010
Name	<b>WALLAERT, JESSICA B MD</b>
Address	DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty	GS
Board Certified	
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2008
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2009
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11013
License Date	7/5/2000
Name	<b>WALLEN, ERIC M MD</b>
Address	DARTMOUTH HITCHCOCK MEDICAL, 1 MEDICAL CTR DRLEBANON, NH, 03756
Specialty	U
Board Certified	
School and Year of Graduation	UNIV OF CA LOS ANGELES SCH OF MED - LOS ANGELES,CA USA 1994
Internship and Year	STANFORD UNIV MEDICAL CENTER - STANFORD, CA 1995
Residency and Year	STANFORD UNIV MEDICAL CENTER - STANFORD, CA 1996
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	15995
License Date	1/9/2013
Name	<b>WALLUS, HARRY J DO</b>
Address	PORTSMOUTH REG HOSP, 333 BORTHWICK AVEPORTSMOUTH, NH, 03801
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIVERSITY OF NE COLLEGE OF OSTEOPATHIC MED USA 2008
Internship and Year	UNIVERSITY HOSPITAL-SUNY UPSTATE - SYRACUSE, NY 2009
Residency and Year	UNIVERSITY HOSPITAL-SUNY UPSTATE - SYRACUSE, NY 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7065
License Date	4/4/1985
Name	<b>WALRATH, DANIEL L MD</b>
Address	PRO HEALTH CARE MEDICAL ASSOC, 240 MAPLE AVE MUKWONGAGO, WI, 53149
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF NEBRASKA COLL MED-OMAHA,NE USA 1978
Internship and Year	DEACON/G-SMATITAN MED CTR-MILWAUKEE ,WI 1979
Residency and Year	MED COLL WI AFFIL HOSP-MILWAUKEE WI 1981
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16851
License Date	11/6/2014
Name	<b>WALROD, MARK D MD</b>
Address	CONCORD FAMILY MEDICINE, 18 FOUNDRY ST, STE 201CONCORD, NH, 03301
Specialty	FP
Board Certified	
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 2009
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
Residency and Year	CONCORD HOSPITAL - CONCORD, NH 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3406
License Date	11/25/1960
Name	<b>WALSH, ARTHUR J MD</b>
Address	HEALTH & HUMAN SERVICES, 6 HAZEN DRCONCORD, NH, 03301
Specialty	GS
Board Certified	GS
School and Year of Graduation	GEORGETOWN UNIVERSITY- WASHINGTON DC USA 1955
Internship and Year	DETROIT RECEIVING HOSPITAL 1956
Residency and Year	DETROIT RECEIVING HOSPITAL 1961
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number 10460  
 License Date 11/4/1998  
 Name **WALSH, ARTHUR W MD**  
 Address 56 BANK ST, LEBANON, NH, 03766  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation JEFFERSON MEDICAL SCHOOL-PA USA 1987  
 Internship and Year BRYN MAWR HOSPITAL-PA 1988  
 Residency and Year MASS EYE AND EAR INFIRMARY-MA 1993  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 7664  
 License Date 7/8/1987  
 Name **WALSH, DANIEL B MD**  
 Address DHMC-VASCULAR SURGERY, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty GS  
 Board Certified VS  
 School and Year of Graduation UNIV OF PITTSBURGH, PA USA 1976  
 Internship and Year UNIV OF MICHIGAN - ANN ARBOR, MI 1977  
 Residency and Year UNIV OF MICHIGAN - ANN ARBOR, MI 1978  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 3951  
 License Date 10/4/1966  
 Name **WALSH, DONALD C MD**  
 Address FAMILY HEALTH FIRST PC, BOX 1269WOLFEBORO, NH, 03894  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation TUFTS UNIV MEDICAL SCHOOL - BOSTON, MA USA 1954  
 Internship and Year US PUBLIC HEALTH SERVICE - STATEN ISLAND, NY 1955  
 Residency and Year US PUBLIC HEALTH SERVICE - BRIGHTON, MA 1965  
 License Expiration Date **6/30/2006**  
 Remarks **DECEASED 8-24-04**

License Number 16934  
 License Date 1/21/2015  
 Name **WALSH, ERIC F MD**  
 Address 11 GEORGE ST, BARRINGTON, RI, 02806  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation THE WARREN ALPERT MEDICAL SCHOOL OF BROWN UNIV USA 2000  
 Internship and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2001  
 Residency and Year RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2005  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	13523
License Date	5/9/2007
Name	<b>WALSH, JEANNA H MD</b>
Address	NH HEMATOLOGY /ONCOLOGY, 200 TECHNOLOGY DRHOOKSETT, NH, 03106
Specialty	HO
Board Certified	HO
School and Year of Graduation	STATE UNIV OF NEW YORK USA 2001
Internship and Year	STRONG MEMORIAL HOSPITAL-ROCHESTER,NY 2002
Residency and Year	STRONG MEMORIAL HOSPITAL-ROCHESTER,NH 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15996
License Date	1/9/2013
Name	<b>WALSH, LIAM T MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	AN
Board Certified	
School and Year of Graduation	STATE UNIVERSITY OF NY HEALTH SCIENCE CENTER USA 2009
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	6202
License Date	5/8/1980
Name	<b>WALSH, MICHAEL B MD</b>
Address	80 BOW CENTER RD, BOW, NH, 03304
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV. OF NEBRASKA COLL OF MED. OMAHA,NE USA 1976
Internship and Year	MART I BASSETT HOSP.COOPERTOWN,NY 1977
Residency and Year	MARY I BASSETT HOSP.COPPERTOWN,NY 1980
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14275
License Date	12/3/2008
Name	<b>WALSH, SARAH E MD</b>
Address	RIVERBEND CMHC, PO BOX 2032CONCORD, NH, 03302
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF CONNECTICUT USA 2006
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	10292
License Date	5/6/1998
Name	<b>WALSH, THOMAS J MD</b>
Address	SCOTT M SPECTOR MD, 1250 SUMMER STSTAMFORD, CT, 06905
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	WAKE FOREST COLLEGE-BOWMAN GRAY USA 1958
Internship and Year	SAINT VINCENT'S HOSPITAL, NEW YORK NY 1959
Residency and Year	NORTH CAROLINA BAPTIST HOSPITAL, WINSTON-SALEM NC 1964
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	2988
License Date	9/9/1953
Name	<b>WALSH, WILLIAM C MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1997</b>
Remarks	

License Number	8003
License Date	11/9/1988
Name	<b>WALTEN, MAX G MD</b>
Address	20470 CARRIAGE CT, ESTERO, FL, 33928
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF VA SCH OF MED - CHARLOTTESVILLE, VA USA 1965
Internship and Year	UNIV OF VIRGINIA MEDICAL CENTER - VA 1966
Residency and Year	UNIV OF VIRGINIA MEDICAL CENTER - VA 1971
License Expiration Date	<b>6/30/2002</b>
Remarks	<b>DECEASED 4/22/07</b>

License Number	8246
License Date	11/1/1989
Name	<b>WALTER JR, JOHN N MD</b>
Address	DARTMOUTH-HITCHCOCK-KEENE, 20 WARWICK RDWINCHESTER, NH, 03470-2807
Specialty	FP
Board Certified	FP
School and Year of Graduation	NORTHWESTERN UNIV MED SCH CHICAGO IL USA 1984
Internship and Year	ST MARYS HOSP MED CTR MADISON WI 1985
Residency and Year	ST MARYS HOSP MED CTR MADISON WI 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11145
License Date	12/6/2000
Name	<b>WALTER, ROBERT E MD</b>
Address	R 304 80 E CONCORD, BOSTON, MA, 02118
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF TEXAS-HOUSTON MED - HOUSTON, TX USA 1993
Internship and Year	UNIV OF COLORADO MED SCH - DENVER, CO 1994
Residency and Year	UNIV OF COLORADO MED SCH - DENVER, CO 1996
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	6570
License Date	6/24/1982
Name	<b>WALTERS, WILLIAM B MD</b>
Address	, , ,
Specialty	AN
Board Certified	
School and Year of Graduation	UNIVERSITY OF CINCINNATI USA 1958
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1996</b>
Remarks	

License Number	10461
License Date	11/4/1998
Name	<b>WALTERS-SCHERRER, BARBARA A DO</b>
Address	DARTMOUTH-HITCHCOCK, ONE BEDFORD FARMS DRBEDFORD, NH, 03110
Specialty	P
Board Certified	P
School and Year of Graduation	MICHIGAN STATE UNIV -MI USA 1985
Internship and Year	MICHIGAN CAPITAL MED CTR- MI 1986
Residency and Year	UNIV OF NORTH CAROLINA SCHOOL OF MED-NC 1989
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7858
License Date	5/4/1988
Name	<b>WALTON, BENITA J MD</b>
Address	GLENS FALLS HOSPITAL, 100 PARK STGLENS FALLS, NY, 12801
Specialty	PS
Board Certified	PS
School and Year of Graduation	STATE UNIV OF NY AT BUFFALO SCH MED - NY USA 1979
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - HANOVER, NH 1980
Residency and Year	UNIV WISCONSIN HOSPITAL - MADISON, WI 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12363
License Date	6/2/2004
Name	<b>WALTON, EDWARD A MD</b>
Address	WILLIAM BEAUMONT HOS-DPT EMG, 3601 W.THIRTEEN MILE RDROYAL OAK, MI, 48073-6769
Specialty	EM
Board Certified	EM
School and Year of Graduation	DARTMOUTH MED SCHOOL, LEBANON NH US 1988
Internship and Year	UNIVERSITY OF CALIFORNIA, SAN DIEGO CA 1989
Residency and Year	UNIVERSITY OF CALIFORNIA, SAN DIEGO CA 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7470
License Date	11/12/1986
Name	<b>WALTON, KAREN MD</b>
Address	100 EATON GRANGE RD E, WARNER, NH, 03278
Specialty	AN
Board Certified	AN
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1978
Internship and Year	MEDICAL CENTER HOSPITAL IN VERMONT - BURLINGTON, VT 1979
Residency and Year	MEDICAL CENTER HOSPITAL IN VERMONT - BURLINGTON, VT 1980
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	12769
License Date	6/1/2005
Name	<b>WALTON, MATTHEW M MD</b>
Address	DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF S CAROLINA, CHARLESTON SC US 2002
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2003
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2005
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	3532
License Date	7/26/1962
Name	<b>WALTZ, MILES E MD</b>
Address	, PO BOX 512N CONWAY, NH, 03860
Specialty	FP
Board Certified	
School and Year of Graduation	UNIV OF VERMONT USA 1961
Internship and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1962
Residency and Year	RHODE ISLAND HOSPITAL- PROVIDENCE, RI 1962
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number 12152  
 License Date 11/5/2003  
 Name **WALZER, ANN W MD**  
 Address 26 BEEHOLM RD, W REDDING, CT, 06896  
 Specialty R  
 Board Certified R  
 School and Year of Graduation NEW YORK UNIVERSITY, NEW YORK NEW YORK US 1971  
 Internship and Year LENOX HILL HOSPITAL, NEW YORK NY 1972  
 Residency and Year DANBURY HOSPITAL, DANBURY CT 1974  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 16199  
 License Date 6/5/2013  
 Name **WAN, ZHINIAN MD**  
 Address WEST OCEAN MD, 21520 S PIONEER BLVD #203HAWAIIAN GARDENS, CA, 91706  
 Specialty ORS  
 Board Certified  
 School and Year of Graduation TONGJI MEDICAL UNIVERSITY CHINA 1984  
 Internship and Year THE METHODIST HOSPITAL - HOUSTON, TX 2010  
 Residency and Year UNIVERSITY OF VIRGINIA HEALTH SYSTEM- CHARLOTTESVILLE, VA 2011  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 14783  
 License Date 3/3/2010  
 Name **WANG, DAVID J MD**  
 Address 1838 GREENE TREE RD STE 150 LL, BALTIMORE, MD, 21208  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF MARYLAND USA 2002  
 Internship and Year UNIVERSITY OF MARYLAND HOSPITAL - BALTIMORE, MD 2003  
 Residency and Year UNIVERSITY OF MARYLAND HOSPITAL - BALTIMORE, MD 2005  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 10922  
 License Date 5/3/2000  
 Name **WANG, JINSONG MD**  
 Address NEW HAMPSHIRE ORTHOPAEDIC SUR, 9 WASHINGTON PLACEBEDFORD, NH, 03110  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation UNIVERSITY OF CHICAGO SCHOOL OF MEDICINE-CHICAGO,I USA 1994  
 Internship and Year JOHNS HOPKINS UNIVERSITY-BALTIMORE,MD 1995  
 Residency and Year JOHNS HOPKINS UNIVERSITY-BALTIMORE,MD 1999  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	6767
License Date	8/8/1983
Name	<b>WANG, JOHN MD</b>
Address	, , ,
Specialty	IM
Board Certified	
School and Year of Graduation	UNIVERSITY OF SINGAPORE 1965
Internship and Year	
Residency and Year	
License Expiration Date	<b>4/12/1992</b>
Remarks	<b>EMERGENCY SUSPENSION 7/25/88 REVOCATION OF LICENSE 4/12/92</b>

License Number	16529
License Date	3/5/2014
Name	<b>WANG, PAUL P MD</b>
Address	NH NEUROSPINE INSTITUTE, 4 HAWTHORNE DR BEDFORD, NH, 03110
Specialty	NS
Board Certified	NS
School and Year of Graduation	HARVARD MEDICAL SCHOOL- BOSTON, MA USA 1997
Internship and Year	JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1998
Residency and Year	JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16246
License Date	7/3/2013
Name	<b>WANG, XIAO-QING MD</b>
Address	ELLIOT NEUROLOGY ASSOC, 185 QUEEN AVENUE MANCHESTER, NH, 03101
Specialty	N
Board Certified	N
School and Year of Graduation	NEW YORK MEDICAL COLLEGE USA 2008
Internship and Year	RHODE ISLAND HOSPITAL/BROWN UNIVERSITY - PROVIDENCE, RI 2009
Residency and Year	RHODE ISLAND HOSPITAL/BROWN UNIVERSITY - PROVIDENCE, RI 2012
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12540
License Date	11/3/2004
Name	<b>WANG, YING MD</b>
Address	CARITAS GOOD SAMARITAN MED CTR, 235 NO PEARL ST BROCKTON, MA, 02301
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	SECOND MILITARY MEDICAL UNIVERSITY, CHINA CHINA 1998
Internship and Year	NEW ENGLAND MED CTR, BOSTON MA 1999
Residency and Year	NEW ENGLAND MED CTR, BOSTON MA 2002
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	14110
License Date	7/9/2008
Name	<b>WANG, YULAN MD</b>
Address	PAIN SOLUTIONS(C. APPLEMAN), 280 MAIN ST STE 420NASHUA, NH, 03060
Specialty	PM
Board Certified	PM
School and Year of Graduation	TIANJIN MEDICAL UNIV CHINA 1985
Internship and Year	NORTH SHORE MEDICAL CENTER/SALEM HOSPITAL - SALEM, MA 2001
Residency and Year	TUFTS UNIV-NEW ENGLAND MEDICAL CENTER - BOSTON, MA 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12249
License Date	3/3/2004
Name	<b>WARACH, JONATHAN B MD</b>
Address	COASTAL NEUROLOGY SERVICES, 158 E NH ROUTE 108DOVER, NH, 03820
Specialty	N
Board Certified	N
School and Year of Graduation	UNIVERSITY OF NEW YORK, BUFFALO NY US 1982
Internship and Year	SUNY AT BUFFALO, BUFFALO NY 1983
Residency and Year	BOSTON MEDICAL CTR, BOSTON MA 1986
License Expiration Date	<b>2/24/2012</b>
Remarks	<b>2/24/12 - Order of Emergency License Suspension and Notice of Hearing. 3/9/12 - Preliminary Agreement for Practice Restrictions. 7/10/13 - Agreement for Non-Disciplinary Remedial Action.</b>

License Number	4277
License Date	7/25/1968
Name	<b>WARBURTON, R KING MD</b>
Address	576 DOLLY RD, HOPKINTON, NH, 03229-
Specialty	R
Board Certified	R
School and Year of Graduation	WESTERN RESERVE UNIV - CLEVELAND, OH USA 1960
Internship and Year	MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1961
Residency and Year	MARY FLETCHER HOSPITAL - BURLINGTON, VT 1967
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3370
License Date	6/27/1960
Name	<b>WARD JR, CHARLES L MD</b>
Address	43 N FRUIT ST, CONCORD, NH, 03301
Specialty	IM
Board Certified	
School and Year of Graduation	BOSTON UNIVERSITY USA 1954
Internship and Year	KINGS COUNTY HOSPITAL- BROOKLYN, NY 1955
Residency and Year	MOUNT AUBURN HOSPITAL- CAMBRIDGE, MA 1956
License Expiration Date	<b>6/30/2010</b>
Remarks	<b>07/15/02 Settlement Agreement</b>

License Number 16960  
 License Date 2/4/2015  
 Name **WARD, CHRISTOPHER C MD**  
 Address SO NH MED CTR, 8 PROSPECT STNASHUA, NH, 03060  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIV OF MIAMI MILLER SCHOOL OF MEDICINE USA 1995  
 Internship and Year EMORY UNIVERSITY - ATLANTA, GA 1996  
 Residency and Year EMORY UNIVERSITY - ATLANTA, GA 1998  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 7892  
 License Date 6/8/1988  
 Name **WARD, HARRY A MD**  
 Address ROGER DIONNE SENIOR CENTER, 172 KINSLEY STNASHUA, NH, 03060  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation BROWN UNIV PROGRAM IN MED - PROVIDENCE,RI USA 1981  
 Internship and Year MEDICAL COLLEGE OF VIRGINIA HOSPITAL - RICHMOND, VA 1983  
 Residency and Year MEDICAL COLLEGE OF VIRGINIA HOSPITAL - RICHMOND, VA 1984  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12683  
 License Date 4/6/2005  
 Name **WARD, JERALD A MD**  
 Address ALICE PECK DAY HOSPITAL, 10 ALICE PECK DRIVELEBANON, NH, 03766  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF MARYLAND US 1979  
 Internship and Year UNION MEMORIAL HOSPITAL, BALTIMORE MD 1980  
 Residency and Year UNION MEMORIAL HOSPITAL, BALTIMORE MD 1982  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15143  
 License Date 2/2/2011  
 Name **WARD, MARION S MD**  
 Address ORTHOPEDIC PROFESSIONAL ASSOC, 14 MAPLE STGILFORD, NH, 03246-6574  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation COLUMBIA UNIVERSITY USA 2001  
 Internship and Year ST LUKE'S-ROOSEVELT HOSPITAL CENTER - NY, NY 2002  
 Residency and Year ST LUKE'S-ROOSEVELT HOSPITAL CENTER - NY, NY 2006  
 License Expiration Date **6/30/2013**  
 Remarks

License Number	13608
License Date	7/11/2007
Name	<b>WARD, SALLY C MD</b>
Address	REDWOOD MED GROUP STE 200, 900 LARKSPUR LANDING CIRCLE LARKSPUR, CA, 94939
Specialty	FP
Board Certified	FP
School and Year of Graduation	VIRGINIA UNIV USA 2003
Internship and Year	CONCORD HOSPITAL - CONCORD, NH 2004
Residency and Year	CONCORD HOSPITAL - CONCORD, NH 2007
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	7049
License Date	2/7/1985
Name	<b>WARD, THOMAS N MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRIVE BANON, NH, 03756
Specialty	N
Board Certified	N
School and Year of Graduation	DARTMOUTH-HITCHCOCK MED CTR USA 1980
Internship and Year	ALBANY MED CTR HOSP-ALBANY, NY 1981
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR 1984
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11341
License Date	7/11/2001
Name	<b>WARDEH, ANAS MD</b>
Address	105 O'DONNELL AVE, SHREWSBURY, MA, 01545
Specialty	IM
Board Certified	IM
School and Year of Graduation	ALEPPO UNIVERSITY SYRIA 1990
Internship and Year	NY UNIVERSITY MEDICAL CENTER 1995
Residency and Year	UNIVERSITY OF MASS MEDICAL SCHOOL 1997
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	14153
License Date	8/6/2008
Name	<b>WARDEN, MATTHEW P MD</b>
Address	CONCORD EMERGENCY MED ASSOC, 250 PLEASANT STREET CONCORD, NH, 03301
Specialty	EM
Board Certified	EM
School and Year of Graduation	TUFTS UNIV USA 1999
Internship and Year	UNIV OF MARYLAND MEDICAL CENTER - BALTIMORE, MD 2000
Residency and Year	UNIV OF MARYLAND MEDICAL CENTER - BALTIMORE, MD 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number 10670  
 License Date 8/4/1999  
 Name **WARDEN, TODD M MD**  
 Address 232 LAKESIDE DR, HORSHAM, PA, 19044  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation NORTHWESTERN UNIV MED SCH - CHICAGO, IL USA 1979  
 Internship and Year ALLEGHENY UNIV OF HLTH SCI - PHILA,PA 1980  
 Residency and Year ALLEGHENY UNIV OF HLTH SCI - PHILA, PA' 1981  
 License Expiration Date **6/30/2001**  
 Remarks

License Number 11081  
 License Date 9/6/2000  
 Name **WAREN, JILL M MD**  
 Address 52 HIGH ST, NEW BOSTON, NH, 03070  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation TEMPLE UNIV SCH OF MED - PHILADELPHIA, PA USA 1997  
 Internship and Year BEVERLY HOSPITAL - DANVERS, MA 1998  
 Residency and Year BEVERLY HOSPITAL- DANVERS, MA 2000  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9594  
 License Date 11/1/1995  
 Name **WARGO, TIMOTHY J MD**  
 Address MAD RIVER INTERGRATIVE MED, 5360 MAIN ST STE 2WAITSFIELD, VT, 05673  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF VT COLL OF MED, BURLINGTON VT USA 1974  
 Internship and Year MALCOLM GROW USAF MED CENTER ANDREWS AFB MD 1977  
 Residency and Year MALCOLM GROW USAF MED CENTER ANDREWS AFB MD 1977  
 License Expiration Date **9/1/2008**  
 Remarks **DECEASE 9/1/08**

License Number 13417  
 License Date 2/7/2007  
 Name **WARHOLD, LANCE G MD**  
 Address DHMC-ORTHOPEDIC, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation HAHNEMANN UNIV USA 1985  
 Internship and Year DARTMOUTH- HITCHCOCK MED CTR-LEBANON, NH 1987  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR-LEBANON, NH 1991  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	12442
License Date	8/4/2004
Name	<b>WARMAN, MARC J MD</b>
Address	SURGICAL MONITORING SERVICES, 10151 YORK RD STE 120COCKEYSVILLE, MD, 21030
Specialty	PM
Board Certified	PM
School and Year of Graduation	YALE UNIVERSITY, NEW HAVEN CT US 1990
Internship and Year	WINTHROP-UNIVERSITY HOSP, MINEOLA NY 1991
Residency and Year	NEW YORK & PRESBYTERIAN HOSP, NEW YORK NY 1994
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	15365
License Date	8/3/2011
Name	<b>WARNDORF, MATTHEW G MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	NORTHEASTERN OHIO UNIVERSITY COLLEGE OF MED USA 2009
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	13136
License Date	6/7/2006
Name	<b>WARNER, ASHLEY A MD</b>
Address	BELKNAP FAMILY HEALTH CENTER, 14 MILL STBELMONT, NH, 03220
Specialty	FP
Board Certified	FP
School and Year of Graduation	NORTHWESTERN UNIV MEDICAL SCHOOL USA 1983
Internship and Year	LOYOLA UNIV MEDICAL CTR-MAYWOOD, IL 1984
Residency and Year	CONCORD HOSPITAL-CONCORD, NH 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15781
License Date	7/11/2012
Name	<b>WARNER, COURTNEY J MD</b>
Address	46 A BARRISTER DR APT 204, WHITE RIVER JCT, VT, 05001-550
Specialty	VS
Board Certified	
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - HANOVER NH USA 2009
Internship and Year	UNIVERSITY HEALTH CENTER OF PITTSBURGH-PITTSBURGH, PA 15261 2010
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 03756 2012
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	14240
License Date	11/5/2008
Name	<b>WARNER, RICHARD T MD</b>
Address	PO BOX 246, POMFRET CENTER, CT, 06259
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV OF MIAMI USA 1987
Internship and Year	CARITAS HEALTH CARE INC - ELMHURST, NY 1988
Residency and Year	SUNY HEALTH SCIENCE CENTER @ BROOKLYN 1991
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	5981
License Date	9/7/1978
Name	<b>WARNOCK, RICHARD N MD</b>
Address	200 SUTTON ST, STE 120N ANDOVER, MA, 01845
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	SUNY AT BUFFALO SCH OF MED - BUFFALOM NY USA 1972
Internship and Year	MILLARD FILLMORE HOSPITAL - NY 1974
Residency and Year	NEW ENGLAND MEDICAL CENTER - MA 1977
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	6282
License Date	9/4/1980
Name	<b>WARREN III, FRANK O MD</b>
Address	140 TARRYTOWN RD, MANCHESTER, NH, 03103-2713
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF MARYLAND SCH OF MED- BALTIMORE,MD USA 1978
Internship and Year	U MASS COORDINATED PROGRAM - WORCESTER, MA 1979
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1984
License Expiration Date	<b>6/30/2004</b>
Remarks	<b>2/8/06 - Voluntary Surrender of License</b>

License Number	9787
License Date	7/3/1996
Name	<b>WARREN, JENNIFER L MD</b>
Address	29 LAFAYETTE RD UNIT K, NORTH HAMPTON, NH, 03862
Specialty	FP
Board Certified	FP
School and Year of Graduation	TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1992
Internship and Year	EASTERN MAINE MEDICAL CENTER - ME 1996
Residency and Year	EASTERN MAINE MEDICAL CTR-ME 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8065
License Date	3/29/1989
Name	<b>WARREN, JOANN M MD</b>
Address	PORTSMOUTH PEDIATRIC ASSOC, 330 BORTHWICK AVEPORTSMOUTH, NH, 03801-4180
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF VERMONT COLL OF MED - BURLINGTON, VT USA 1986
Internship and Year	UNIV WISCONSIN HOSPITAL - MADISON, WI 1987
Residency and Year	UNIV WISCONSIN HOSPITAL - MADISON, WI 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15398
License Date	9/7/2011
Name	<b>WARREN, JOHN F MD</b>
Address	EYE & LASIK CTR, 33 RIDDELL STGREENFIELD, MA, 01301
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	STANFORD UNIVERSITY USA 1997
Internship and Year	SANTA CLARA VALLEY MEDICAL CENTER - SAN JOSE, CA 1998
Residency and Year	UNIVERSITY OF CALIFORNIA SAN FRANCISCO SCHOOL OF MEDICINE-SAN FRANCISCO, CA 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8188
License Date	7/12/1989
Name	<b>WARREN, JOSEPH H MD</b>
Address	, , ,
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	LOYOLA UNIVERSITY CANADA 1981
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/27/1991</b>
Remarks	

License Number	13059
License Date	4/5/2006
Name	<b>WARREN, KEITH R MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	TULANE UNIV-NEW ORLEANS LA USA 2001
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR-LEBANON NH 2002
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR-LEBANON NH 2005
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	14398
License Date	4/1/2009
Name	<b>WARTMAN, DAVID G MD</b>
Address	RHODE ISLAND HOSP, 593 EDDY ST PROVIDENCE, RI, 02903
Specialty	D
Board Certified	
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2005
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER-BOSTON, MA 2006
Residency and Year	RHODE ISLAND HOSPITAL-PROVIDENCE, RI 2008
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	10408
License Date	9/2/1998
Name	<b>WARWICK, ARTHUR M MD</b>
Address	FLETCHER ALLEN HEALTH CARE, 1 SOUTH PROSPECT ST ST JOSEPH6 BURLINGTON, VT, 05301
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF MARYLAND SCH OF MED- BALTIMORE, MD USA 1970
Internship and Year	UNIV OF MARYLAND SYSTEM - BALTIMORE, MD 1971
Residency and Year	UNIFORMED SERVICES UNIV OF THE HEALTH SCIENCE DEPT OF PSYCHIATRY- BETHESDA, MD 1973
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	9234
License Date	7/6/1994
Name	<b>WASAG, YVONNE I MD</b>
Address	CONCORD PEDIATRICS PA, PILLSBURY BLDG 248 PLEASANT ST CONCORD, NH, 03301-
Specialty	PD
Board Certified	PD
School and Year of Graduation	AKAD MED WARSZAWIE POLAND 1985
Internship and Year	MEDICAL COLLEGE OF PA -PHIL, PA 1994
Residency and Year	MEDICAL COLLEGE OF PA-PHIL, PA 1994
License Expiration Date	<b>8/25/1999</b>
Remarks	<b>DECEASED 8/25/99</b>

License Number	6248
License Date	7/3/1980
Name	<b>WASDYKE, WESLEY R MD</b>
Address	6569 THE MASYERS AVE, BRANDENTON, FL, 34202
Specialty	AN
Board Certified	AN
School and Year of Graduation	WASHINGTON UNIV SCHOOL MED - ST LOUIS, MO USA 1976
Internship and Year	MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1977
Residency and Year	MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1979
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	15950
License Date	11/7/2012
Name	<b>WASHBURN III, RICHARD MD</b>
Address	NOVaNT PRESBYTERIUM ORTHO & SPORTS MEDICINE, 6909 PROSPERITY CHURCH RDHUNTERSVILL
Specialty	ORS
Board Certified	
School and Year of Graduation	UNIV OF N CAROLINA @ CHAPEL HILL SCHOOL OF MED USA 2009
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16247
License Date	7/3/2013
Name	<b>WASHBURN, KRISTIN C MD</b>
Address	809 BLISS RD, WRJ, VT, 05001
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF NC @ CHAPEL HILL USA 2009
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2010
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	13648
License Date	8/1/2007
Name	<b>WASHINGTON, TABITHA A MD</b>
Address	CHRONIC PAIN KAISER SANTA ROSA, 2559 ROUND BORN BLVD SANTA ROSA, CA, 95403
Specialty	AN
Board Certified	APM
School and Year of Graduation	UNIV OF COLORADO USA 2002
Internship and Year	KAISER PERMANENTE MEDICAL CENTER - SAN FRANCISCO, CA 2003
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	10351
License Date	7/1/1998
Name	<b>WASIELEWSKI, PAUL G MD</b>
Address	115 LAKE VILLAGE BLVD #303, DEARBORN, MI, 48120
Specialty	N
Board Certified	
School and Year of Graduation	UNIV OF MICHIGAN MED SCH - ANN ARBOR, MI USA 1993
Internship and Year	HENRY FORD HOSPITAL - DETROIT, MI 1994
Residency and Year	OHIO STATE UNIV HOSPITAL - COLUMBUS, OH 1997
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number 14577  
 License Date 8/5/2009  
 Name **WASILESKI, HEATHER L DO**  
 Address , 5029 GLEASON DR NASHUA, NH, 03062  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND USA 2002  
 Internship and Year MARY IMOGENE BASSETT HOSPITAL - COOPERSTOWN, NY 2003  
 Residency and Year MARY IMOGENE BASSETT HOSPITAL - COOPERSTOWN, NY 2005  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 14111  
 License Date 7/9/2008  
 Name **WASILEWSKI, CHRISTINE L MD**  
 Address HEMATOLOGY&ONCOLOGY CTR, 155 BORTHWICK AVE STE 301 PORTSMOUTH, NH, 03801  
 Specialty IM  
 Board Certified HO  
 School and Year of Graduation TULANE UNIV USA 2001  
 Internship and Year OREGON HEALTH SCIENCES UNIV-PORTLAND, OR 2002  
 Residency and Year OREGON HEALTH SCIENCES UNIV-PORTLAND, OR 2004  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 14112  
 License Date 7/9/2008  
 Name **WASON, SHAUN MD**  
 Address DHMC, 1 MED CTR DUBLIN, NH, 03756  
 Specialty U  
 Board Certified  
 School and Year of Graduation HOWARD UNIV USA 2005  
 Internship and Year WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 2006  
 Residency and Year WASHINGTON HOSPITAL CENTER - WASHINGTON, DC 2007  
 License Expiration Date **6/30/2012**  
 Remarks

License Number 11118  
 License Date 11/1/2000  
 Name **WASSEF, RODEY DO**  
 Address ST JAMES HOSPITAL, 20201 SO CRAWFORD AVE OLYMPIA FIELDS, IL, 60641  
 Specialty GP  
 Board Certified FP  
 School and Year of Graduation MIDWESTERN UNIV- DOWNERS GROVE, IL USA 1977  
 Internship and Year MWU/CHICAGO COLL OF OSTEOPATHIC MEDICINE - OLYMPIA FIELDS, IL 1978  
 Residency and Year WMU/CHICAGO COLL OF OSTEOPATHIC MEDICINE - OLYMPIA FIELDS, IL 1979  
 License Expiration Date **6/30/2003**  
 Remarks

License Number	7291
License Date	4/1/1986
Name	<b>WASSERMAN, GARY A MD</b>
Address	150 TARRYTOWN RD, MANCHESTER, NH, 03103-2713
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	STATE UNIV OF NY AT BUFFALO SCH MED , NY USA 1977
Internship and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1978
Residency and Year	BAY STATE MEDICAL CENTER - SPRINGFIELD, MA 1981
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6838
License Date	1/5/1984
Name	<b>WASSERMAN, LEONARD B MD</b>
Address	OB/GYN ASSOC OF SOUTHERN NH, 30 DANIEL WEBSTER HIGHWAY #11MERRIMACK, NH, 03054
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	FAC DE MED DE LA UNIV AUTONOMA DE GUADALAJARA MEXICO 1979
Internship and Year	LUTHERAN MED CTR-BROOKLYN,NY 1983
Residency and Year	LUTHERAN MED CTR-BROOKLYN,NY 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7421
License Date	8/14/1986
Name	<b>WASSERMAN, PETER MD</b>
Address	CONCORD EYE CARE P.C., 248 PLEASANT ST PILLSBURY BLDGCONCORD, NH, 03301
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIVERSITY OF ROCHESTER USA 1982
Internship and Year	MT AUBURN HOSPITAL 1983
Residency and Year	WASHINGTON HOSPITAL 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5077
License Date	9/13/1973
Name	<b>WASSON, JOHN H MD</b>
Address	1 DORSET LN, LEBANON, NH, 03766
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF VIRGINIA-CHARLOTTESVILLE VA USA 1971
Internship and Year	MARY HITCHCOCK HOSP-HANOVER NH 1972
Residency and Year	MARY HITCHCOCK HOSP-HANOVER NH 1973
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number	11100
License Date	10/4/2000
Name	<b>WASZKOWSKI, DANIEL A MD</b>
Address	LONDONDERRY FAMILY PRACTICE, 6 BUTTRICK RD #200LONDONDERRY, NH, 03053
Specialty	FP
Board Certified	FP
School and Year of Graduation	INDIANA UNIV SCH OF MED - INDIANAPOLIS, IN USA 1994
Internship and Year	SAN JOSE MEDICAL CENTER - SAN JOSE, CA 1995
Residency and Year	SAN JOSE MEDICAL CENTER - SAN JOSE,CA 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8448
License Date	10/10/1990
Name	<b>WATERS, PETER M MD</b>
Address	CHILDRENS HOSP-ORTHO SURG, 300 LONGWOOD AVEBOSTON, MA, 02115-5737
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1981
Internship and Year	MASS GENERAL HOSPITAL - BOSTON, MA 1982
Residency and Year	BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1989
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8504
License Date	3/6/1991
Name	<b>WATERSON JR, KARL W MD</b>
Address	1165 LILLYBRIDGE DR, LELAND, NC, 28451
Specialty	D
Board Certified	D
School and Year of Graduation	COLUMBIA UNIV COLL OF PHYSICIANS - NY, NY USA 1962
Internship and Year	SAN FRANCISCO GENERAL HOSPITAL - SAN FRANCISCO, CA 1963
Residency and Year	PRESBYTERIAN HOSPITAL - NY, NY 1969
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	12327
License Date	5/5/2004
Name	<b>WATSON, JAMES M MD</b>
Address	204 SMALL DR, ELIZABETH CITY, NC, 27909
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIVERSITY OF MICHIGAN, ANN ARBOR MI US 1967
Internship and Year	OREGON UNIVERSITY, PORTLAND OR 1968
Residency and Year	UNIVERSITY OF MICHIGAN, ANN ARBOR MI 1972
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	10293
License Date	5/6/1998
Name	<b>WATSON, JOHN A MD</b>
Address	DARTMOUTH-HITCHCOCK-NASHUA, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty	D
Board Certified	D
School and Year of Graduation	UNIVERSITY OF CHICAGO USA 1988
Internship and Year	OVERLOOK HOSPITAL-SUMMIT,NJ 1991
Residency and Year	OVERLOOK HOSPITAL, SUMMIT, NJ 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8541
License Date	5/8/1991
Name	<b>WATSON, LUKE R MD</b>
Address	PORTSMOUTH REGIONAL HOSP, 333 BORTHWICK AVEPORTSMOUTH, NH, 03801
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	MCGILL UNIVERSITY FACULTY OF MEDICINE CANADA 1985
Internship and Year	UNIVERSITY OF CA-IRVINE MED CENTER 1986
Residency and Year	UNIVERSITY OF CA - IRVINE MED CENTER 1991
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	16808
License Date	10/1/2014
Name	<b>WATSON, WILLIAM C DO</b>
Address	4337 18TH AVE SO, MINNEAPOLIS, MN, 55407
Specialty	FP
Board Certified	FP
School and Year of Graduation	DES MOINES UNIV OSTEOPATHIC MED CTR USA 1992
Internship and Year	BOTSFORD GENERAL HOSPITAL - FARMINGTON HILLS, MI 1993
Residency and Year	IOWA LUTHERAN HOSPITAL - DES MOINES, IA 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14113
License Date	7/9/2008
Name	<b>WATT, ANDREW H MD</b>
Address	SNH MED CTR DEPT OF EM, 8 PROSPECT ST PO BOX 2014NASHUA, NH, 03061-2014
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF MASSACHUSETTS USA 2005
Internship and Year	JOHNS HOPKINS HOSPITAL-BALTIMORE, MD 2006
Residency and Year	JOHNS HOPKINS HOSPITAL-BALTIMORE, MD 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7509
License Date	2/5/1987
Name	<b>WATT, WILLIAM B MD</b>
Address	198 MASS AVE, N ANDOVER, MA, 01845-
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	UNIV OF ROCHESTER SCH MED - ROCHESTER, NY USA 1970
Internship and Year	STRONG MEMORIAL HOSPITAL UNIV OF ROCHESTER - ROCHESTER, NY 1971
Residency and Year	STRONG MEMORIAL HOSPITAL UNIV OF ROCHESTER - ROCHESTER, NY 1972
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	17141
License Date	6/3/2015
Name	<b>WATTO, MICHAEL B DO</b>
Address	115 GRIERSON AVE, FORT HUACHUCA, AZ, 85613
Specialty	FP
Board Certified	FP
School and Year of Graduation	KANSAS CITY UNIV OF MED & BIOSCIENCES USA 2002
Internship and Year	MARTIN ARMY COMMUNITY HOSPITAL - FORT BENNING, GA 2003
Residency and Year	MARTIN ARMY COMMUNITY HOSPITAL - FORT BENNING, GA 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10147
License Date	10/1/1997
Name	<b>WATTS, BRADLEY V MD</b>
Address	VA MEDICAL CENTER, 215 MAIN STWHITE RIVER JCT, VT, 05009
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF OK COLL OF MED -OKLAHOMA CITY, OK USA 1992
Internship and Year	DUKE UNIV MEDICAL CTR-NC 1996
Residency and Year	DUKE UNIV MEDICAL CENTER - NC 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	L1954
License Date	10/10/2003
Name	<b>WATZMAN, MARC MD</b>
Address	DARTMOUTH-HITCHCOCK MEC CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>10/18/2003</b>
Remarks	

License Number	14857
License Date	5/5/2010
Name	<b>WAUGH, ROBERT P MD</b>
Address	84 PIPER ROAD, ACTON, MA, 01720
Specialty	ORS
Board Certified	
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS USA 2004
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2005
Residency and Year	UNIVERSITY OF MARYLAND MEDICAL SYSTEM - BALTIMORE, MD 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9572
License Date	10/4/1995
Name	<b>WAUGH, THEODORE R MD</b>
Address	DARTMOUTH HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	MC GILL UNIV FAC OF MEDICAL MONTREAL, QUE CANADA 1953
Internship and Year	ROYAL VICTORIA HOSPITAL MONTREAL PQ CANADA 1954
Residency and Year	PRESBYTERIAN HOSPITAL NEW YORK, NY 1962
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	4977
License Date	4/27/1973
Name	<b>WAX, FREDERICK D MD</b>
Address	345 COURT ST, STE 201PLYMOUTH, MA, 02360
Specialty	D
Board Certified	D
School and Year of Graduation	UNIV OF TORONTO FACULTY OF MEDICINE CANADA 1968
Internship and Year	NEW MT SINAI HOSPITAL - ONTARIO, CANADA 1969
Residency and Year	NEW MT SINAI HOSPITAL - ONTARIO,CANADA 1969
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14610
License Date	9/2/2009
Name	<b>WAX, JOSEPH R MD</b>
Address	MMP WOMEN'S HEALTH, 887 CONGRESS ST STE 200PORTLAND, ME, 04102
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	NEW YORK MEDICAL COLLEGE USA 1986
Internship and Year	NAVAL MEDICAL CENTER-PORTSMOUTH, VA 1987
Residency and Year	NAVAL MEDICAL CENTER-PORTSMOUTH, VA 1990
License Expiration Date	<b>6/30/2017</b>
Remarks	06/30/2015 - Lapsed for non-renewal. 08/03/2015 - Renewed.

License Number	4513
License Date	10/14/1969
Name	<b>WAXLER, PAUL MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>7/20/1989</b>
Remarks	<b>DECEASED 7/20/89</b>

License Number	11825
License Date	1/8/2003
Name	<b>WAYHS, ROBERTO MD</b>
Address	3450 W WHEATLAND RD STE 340, DALLAS, TX, 75237
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF SANTA CATARINA TRINDADE- FLORIANOPOLIS BRAZIL 1992
Internship and Year	NORTH SHORE UNIV HOSPITAL- FOREST HILLS, NY 1996
Residency and Year	UNIV OF ILLINOIS COLL OF MED - OAK LAWN, IL 2002
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	7934
License Date	7/6/1988
Name	<b>WEAFER, ROBERT J MD</b>
Address	, , ,
Specialty	ORS
Board Certified	
School and Year of Graduation	CREIGHTON UNIVERSITY USA 1956
Internship and Year	
Residency and Year	
License Expiration Date	<b>9/14/1992</b>
Remarks	<b>DECEASED - 09/14/92</b>

License Number	6583
License Date	6/24/1982
Name	<b>WEATHERSBY, MARY E MD</b>
Address	WDH WALK IN URGENT CARE CTR, 1 CALEF HWYLEE, NH, 03861
Specialty	OS
Board Certified	IM
School and Year of Graduation	UNIV OF MASS SCH OF MED - WORCESTER, MA USA 1979
Internship and Year	ST ELIZABETHS HOSPITAL - BOSTON, MA 1980
Residency and Year	ST ELIZABETH'S HOSPITAL - BOSTON, MA 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 10462  
 License Date 11/4/1998  
 Name **WEAVER, DONALD S MD**  
 Address 690 HUNTINGTON RD, CAMBRIA, CA, 93428  
 Specialty OS  
 Board Certified  
 School and Year of Graduation CREIGHTON UNIV SCHOOL OF MED-NE USA 1956  
 Internship and Year CREIGHTON UNIV-NE 1958  
 Residency and Year CREIGHTON UNIV-NE 1958  
 License Expiration Date **6/30/1999**  
 Remarks

License Number 12684  
 License Date 4/6/2005  
 Name **WEBB, GAVIN R MD**  
 Address SEACOAST ORTHOPEDICS, 7 MARSH BROOK DR SOMERSWORTH, NH, 03878  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation UNIVERSITY OF VERMONT, BURLINGTON VT US 1999  
 Internship and Year MAINE MEDICAL CENTER, PORTLAND ME 2000  
 Residency and Year SUNY AT BUFFALO MEDICAL, BUFFALO, NY 2004  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 10380  
 License Date 8/5/1998  
 Name **WEBB, JOAN L MD**  
 Address 2891 NINTA DR, PO BOX 2385 PRESCOTT, AZ, 86301  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIV OF OKLAHOMA COLL OF MED - OK USA 1959  
 Internship and Year GRIFFIN MEMORIAL HOSPITAL - NORMAN, OK 1963  
 Residency and Year UNIV OF MISSOURI- COLUMBIA, MO 1965  
 License Expiration Date **6/30/1999**  
 Remarks

License Number 3700  
 License Date 6/15/1964  
 Name **WEBBER JR, EVERETT H MD**  
 Address 5 LONGWOOD LN, W LEBANON, NH, 03784-  
 Specialty EM  
 Board Certified GS  
 School and Year of Graduation TUFTS UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1958  
 Internship and Year NEW ENGLAND CENTER - BOSTON, MA 1959  
 Residency and Year VETERANS ADMINISTRATION - PERRY POINT, MD 1964  
 License Expiration Date **6/30/2004**  
 Remarks

License Number	11158
License Date	1/3/2001
Name	<b>WEBBER, ANTHONY E MD</b>
Address	FAULKNER HOSP, STE 54BOSTON, MA, 02130
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	PULSE BEAT MEDICAL SCHOOL, U OF WITWATERSRAND SOUTH AFRICA 1977
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON MA 1984
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON MA 1984
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	9827
License Date	8/7/1996
Name	<b>WEBBER, CARRIE M MD</b>
Address	MT ASCUTNEY HOSPITAL, 289 COUNTY ROADWINDSOR, VT, 05089
Specialty	FP
Board Certified	FP
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - HANOVER, NH USA 1992
Internship and Year	EDWARD W SPARROW HOSP-MI 1995
Residency and Year	EDWARD W SPARROW HOSPITAL - MI 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7220
License Date	10/3/1985
Name	<b>WEBBER, GEORGE E MD</b>
Address	74 STATE RD #104, KITTERY, ME, 03904
Specialty	P
Board Certified	
School and Year of Graduation	BOSTON UNIVERSITY - BOSTON, MA USA 1972
Internship and Year	MOUNT ZION HOSPITAL MEDICAL CTR - SAN FRANCISCO, CA 1973
Residency and Year	UNIVERSITY HOSPITAL INC - BOSTON, MA 1976
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	3479
License Date	9/13/1961
Name	<b>WEBER, ALFRED L MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>9/20/1994</b>
Remarks	Settlement Agreement Deceased 3/19/2014

License Number	16248
License Date	7/3/2013
Name	<b>WEBER, DAVID M MD</b>
Address	4572 N GRANDVIEW RD, SILVER CITY, NM, 88061
Specialty	FP
Board Certified	FP
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 1991
Internship and Year	ELLIS HOSPITAL - SCHENECTADY, NY 1992
Residency and Year	ELLIS HOSPITAL - SCHENECTADY, NY 1994
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13649
License Date	8/1/2007
Name	<b>WEBER, DENISE A MD</b>
Address	NEW LONDON HOSPITAL, 273 COUNTY RDNEW LONDON, NH, 03257
Specialty	IM
Board Certified	IM
School and Year of Graduation	STATE UNIV OF NEW YORK USA 2004
Internship and Year	ST LUKES ROOSEVELT HOSPITAL CENTER - NEW YORK, NY 2005
Residency and Year	ST LUKES ROOSEVELT HOSPITAL CENTER - NEW YORK, NY 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12226
License Date	2/4/2004
Name	<b>WEBER, ELIZABETH W MD</b>
Address	DHMC - DEPT OF ORTHOPAEDIC SUR, ONE MEDICAL CENTER DRLEBANON, NH, 03755
Specialty	ORS
Board Certified	
School and Year of Graduation	INDIANA UNIVERSITY, INDIANAPOLIS IN US 1999
Internship and Year	DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2000
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CTR, LEBANON NH 2003
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	16334
License Date	9/4/2013
Name	<b>WEBER, JILL M DO</b>
Address	AMERICAN WELL, 75 STATE STMILLSBORO, DE, 19966
Specialty	FP
Board Certified	FP
School and Year of Graduation	LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE USA 2002
Internship and Year	FORBES FAMILY MEDICINE RESIDENCY PROGRAM - MONROEVILLE, PA 2003
Residency and Year	FORBES FAMILY MEDICINE RESIDENCY PROGRAM - MONROEVILLE, PA 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number	15685
License Date	5/2/2012
Name	<b>WEBER, LITCHIA L MD</b>
Address	DARTMOUTH- HITCHCOCK MEDL CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSIDADE FEDERAL DO CEARA USA 2005
Internship and Year	WOODHULL MEDICAL & MENTAL HEALTH CENTER - BROOKLYN, NY 2009
Residency and Year	ROGER WILLIAMS MEDICAL CENTER - PROVIDENCE, RI 2011
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16200
License Date	6/5/2013
Name	<b>WEBER, WILLIAM E MD</b>
Address	DARTMOUTH-HITCHCOCK MEDICAL CTR, ONE MEDICAL DRLEBANON, NH, 03756-1000
Specialty	IM
Board Certified	IMG
School and Year of Graduation	ROSS UNIVERSITY DOMINICA 2008
Internship and Year	ROGER WILLIAMS MEDICAL CENTER - PROVIDENCE, RI 2009
Residency and Year	ROGER WILLIAMS MEDICAL CENTER - PROVIDENCE, RI 2011
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	8482
License Date	1/9/1991
Name	<b>WEBSTER, HARRY C MD</b>
Address	TUFTS MEDICAL CENTER, 800 WASHINGTON ST BOX 387BOSTON, MA, 02111-1122
Specialty	
Board Certified	PM
School and Year of Graduation	UNIV OF CALIFORNIA - SAN FRANCISCO, CA USA 1977
Internship and Year	CHILDREN'S HOSPITAL - PHILA, PA 1981
Residency and Year	NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON, MA 1986
License Expiration Date	<b>6/30/2013</b>
Remarks	<b>6/30/01 LAPSED FOR NON-RENEWAL---REINSTATED 3/1/06</b>

License Number	10148
License Date	10/1/1997
Name	<b>WEBSTER, LYNN L MD</b>
Address	VA HOSPITAL, 215 N MAIN STWHITE RIVER JCT, VT, 05001
Specialty	IM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MEDICAL SCH - HANVOER, NH USA 1995
Internship and Year	MARY HITCHCOCK MEM HOSP-NH 1998
Residency and Year	MARY HITCHCOCK MEMORIAL HOSPITAL - NH 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12227
License Date	2/4/2004
Name	<b>WEBSTER, MICHAEL MD</b>
Address	GRANDVIEW MEDICAL CENTER, DEPT OF ANESTH 405 W GRAND AVEDAYTON, OH, 45405
Specialty	AN
Board Certified	AN
School and Year of Graduation	LOMA LINDA UNIVERSITY, LOMA LINDA CA US 1979
Internship and Year	LOMA LINDA UNIVERSITY, LOMA LINDA CA 1980
Residency and Year	LOMA LINDA UNIVERSITY, LOMA LINDA CA 1983
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	10736
License Date	10/6/1999
Name	<b>WEBSTER, STEVAN A MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	INDIANA UNIVERSITY - INDIANAPOLIS IN USA 1977
Internship and Year	TULANE UNIVERSITY MEDICAL SCHOOL - NEW ORLEANS LA 1978
Residency and Year	TULANE UNIVERSITY MEDICAL SCHOOL - NEW ORLEANS LA 1980
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	11208
License Date	3/7/2001
Name	<b>WECHSLER-JENTZSCH, KAETHE MD</b>
Address	10105 ASHBURTON LN, BETHESDA, MD, 20817
Specialty	R
Board Certified	R
School and Year of Graduation	FREE UNIV OF BERLIN- BERLILN, GERMANY GERMANY 1963
Internship and Year	GEORGE WASHINGTON UNIV HOSPITAL - WASHINGTON, DC 1980
Residency and Year	GEORGE WASHINGTON UNIV HOSPITAL - WASHINGTON, DC 1982
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	10352
License Date	7/1/1998
Name	<b>WECKSTEIN, DOUGLAS J MD</b>
Address	NH ONCOLOGY-HEMATOLOGY PA, 200 TECHONOLGY DRHOOKSETT, NH, 03106-2505
Specialty	HEM
Board Certified	HEM
School and Year of Graduation	VIRGINIA UNIV SCH OF MED - RICHMOND, VA USA 1986
Internship and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1987
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14364
License Date	3/4/2009
Name	<b>WEED, JONATHAN T MD</b>
Address	DHMC - DEPT OF ANESTHESIOLOGY, ONE MED CTR DRLEBANON, NH, 03756
Specialty	AN
Board Certified	
School and Year of Graduation	TULANE UNIV USA 2005
Internship and Year	NEW YORK DOWNTOWN HOSPITAL - NY, NY 2006
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CENTER - BOSTON, MA 2008
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	4531
License Date	2/9/1970
Name	<b>WEEDER, DANA N MD</b>
Address	38 PINE ST, EXETER, NH, 03833
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF PENNSYLVANIA USA 1959
Internship and Year	GERMANTOWN DISPENSARY & HOSPITAL - PHILA, PA 1960
Residency and Year	GERMANTOWN DISPENSARY & HOSPITAL - PHILA, PA 1964
License Expiration Date	<b>6/30/2002</b>
Remarks	<b>DECEASED 10/28/2008</b>

License Number	8189
License Date	7/12/1989
Name	<b>WEEKS, ANDREW S MD</b>
Address	9 BUZZELL AVE, EXETER, NH, 03833
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE USA 1982
Internship and Year	MERCY MEDICAL CENTER - DENVER CO 1983
Residency and Year	MERCY MEDICAL CENTER - DENVER CO 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8374
License Date	6/6/1990
Name	<b>WEEKS, WILLIAM B MD</b>
Address	35 CENTERIA PARKWAY, ROOM 213LEBANON, NH, 03766
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF TEXAS MED SCH AT GALVESTON-TX USA 1988
Internship and Year	DARTMOUTH-HTICHSOCK MED CTR -HANOVER,NH 1989
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR-HANOVER,NH 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>9/9/11 - Settlement Agreement</b>

License Number	10040
License Date	6/4/1997
Name	<b>WEEMAN, GLENDA C DO</b>
Address	FAMILY PRAC OF SOUTH NASHUA, 383 EAST DUNSTABLE RD NASHUA, NH, 03062
Specialty	FP
Board Certified	FP
School and Year of Graduation	MICHIGAN STATE UNIVERSITY-MI USA 1985
Internship and Year	FLINT OSTEOPATHIC HOSPITAL-MI 1986
Residency and Year	OSTEOPATHIC HOSPITAL OF MAINE-ME 1987
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	9204
License Date	6/1/1994
Name	<b>WEGLARZ, STANLEY S MD</b>
Address	THE HEART CTR, 57 WEBSTER ST MANCHESTER, NH, 03104-2503
Specialty	CD
Board Certified	CD
School and Year of Graduation	HARVARD MEDICAL SCHOOL, BOSTON MA USA 1959
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - HANOVER, NH 1960
Residency and Year	NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MD 1967
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	14002
License Date	5/7/2008
Name	<b>WEHBI, FADI S MD</b>
Address	SJ FAMILY MEDICAL CENTER, 382 DW HWY MERRIMACK, NH, 03054
Specialty	FP
Board Certified	FP
School and Year of Graduation	BEIRUT ARAB UNIV USA 2002
Internship and Year	UNIV OF PITTSBURGH SHADYSIDE-PITTSBURGH, PA 2006
Residency and Year	UNIV OF PITTSBURGH SHADYSIDE - PITTSBURGH, PA 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13278
License Date	9/6/2006
Name	<b>WEHLOU, KICKI S MD</b>
Address	149 SLOCUM CRESCENT, FOREST HILLS, NY, 11375
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF LEUVEN, LEUVEN BELGIUM BELGIUM 1979
Internship and Year	NEW YORK UNIVERSITY, NEW YORK NY 1984
Residency and Year	NEW YORK UNIVERSITY, NEW YORK NY 1986
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	8225
License Date	9/6/1989
Name	<b>WEIDEMANN, MICHAEL T MD</b>
Address	, , ,
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF WUERZBURG GERMANY 1973
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1991</b>
Remarks	

License Number	5168
License Date	4/16/1974
Name	<b>WEIDER, DUDLEY J MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	TUFTS UNIV, MA USA 1964
Internship and Year	SAINT LUKE'S HOSPITAL - CLEVELAND, OH 1965
Residency and Year	CLEVELAND CLINIC - CLEVELAND, OH 1971
License Expiration Date	<b>6/30/2006</b>
Remarks	<b>DECEASED 2/28/05</b>

License Number	10890
License Date	4/5/2000
Name	<b>WEIDMAN, ERIC R MD</b>
Address	COLORADO SPRINGS RADIOLOGISTS, 1390 KELLY JOHNSON BLVDCOLORADO SPRINGS, CO, 80920-3
Specialty	R
Board Certified	R
School and Year of Graduation	DUKE UNIVERSITY SCHOOL OF MEDICINE-DURHAM,NC USA 1991
Internship and Year	ST MARYS HEALTH CENTER-ST LOUIS,MO 1992
Residency and Year	MALLINCKRODT INSTITUTE OF RADIOLOGY-ST LOUIS,MO 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11681
License Date	7/3/2002
Name	<b>WEIDNER, DANIEL F MD</b>
Address	8 PROSPECT ST, NASHUA, NH, 03061
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF CONNECTICUT SCH OF MED- FARMINGTON, CT USA 2000
Internship and Year	UNIV OF CONNECTICUT SCH OF MED - FARMINGTON, CT 2001
Residency and Year	UNIV OF CONNECTICUT SCH OF MED - FARMINGTON, CT 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12924
License Date	10/5/2005
Name	<b>WEIDNER, JENNIFER W MD</b>
Address	BEDFORD COMMONS OB-GYN, 201 RIVERWAY PLACEBEDFORD, NH, 03110
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF CONNECTICUT, FARMINGTON CT US 2001
Internship and Year	UNIVERSITY OF CONNECTICUT, FARMINGTON CT 2002
Residency and Year	UNIVERSITY OF CONNECTICUT, FARMINGTON CT 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9133
License Date	3/2/1994
Name	<b>WEIGEL, WILLIAM L MD</b>
Address	N.W. PAIN SPECIALIST, 2500 CHERRY AVE STE 303BREMERTON, WA, 98310-
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF NE COLLEGE OF MEDICINE USA 1976
Internship and Year	PACIFIC PRESBYTERIAN MEDICAL CENTER - SAN FRANCISCO CA 1977
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1984
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	10923
License Date	5/3/2000
Name	<b>WEIL, JEFFREY MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	DR
Board Certified	DR
School and Year of Graduation	OREGON HEALTH SCIENCES UNIVERSITY-PORTLAND,OR USA 1995
Internship and Year	MOUNT SINAI MEDICAL CTR-CLEVELAND,OH 1996
Residency and Year	MOUNT SINAI MEDICAL CENTER-CLEVELAND,OH 1999
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	10837
License Date	2/7/2000
Name	<b>WEINBERG, BENJAMIN MD</b>
Address	632 BRIGHTON AVE, PORTLAND, ME, 04101
Specialty	FP
Board Certified	FP
School and Year of Graduation	SACKLER FAC OF MED TEL AVIV UNIV- ISRAEL ISRAEL 1983
Internship and Year	OVERLOOK HOSPITAL - SUMMIT, NJ 1984
Residency and Year	OVERLOOK HOSPITAL - SUMMIT, NJ 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	1/14/2000 ORDER OF CONDITIONAL APPROVAL 6/30/06 Reinstated on 1/7/09 Requested inactive

License Number	10353
License Date	7/1/1998
Name	<b>WEINBERG, DANIEL J MD</b>
Address	1150 A PROFESSIONAL COURT, HAGERTOWN, MD, 21740
Specialty	GS
Board Certified	GS
School and Year of Graduation	NEW YORK MEDICAL COLLEGE - VALHALL, NY USA 1981
Internship and Year	HOSPITAL OF THE UNIV OF PA - PHILA, PA 1982
Residency and Year	HOSPITAL OF THE UNIV OF PA - PHILA, PA 1986
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	10171
License Date	11/5/1997
Name	<b>WEINBERG, DAVID A MD</b>
Address	CONCORD EYE CENTER, 248 PLEASANT STCONCORD, NH, 03301
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	ALBANY MEDICAL COLLEGE - ALBANY, NY USA 1984
Internship and Year	GOOD SAMARITAN HOSPITAL - OH 1985
Residency and Year	UNIV CINCINNATI HOSPITAL - CINCINNATI, OH 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9173
License Date	5/4/1994
Name	<b>WEINDLING, STEVEN N MD</b>
Address	DHMC PEDIATRICS CARDIOLOGY, 1 MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty	PDC
Board Certified	PDC
School and Year of Graduation	PA SCHOOL OF MEDICINE USA 1987
Internship and Year	UNIVERSITY OF MN HOSPITAL CLINIC - MINNEAPOLIS MN 1990
Residency and Year	CHILDRENS HOSPITAL - BOSTON MA 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13609
License Date	7/11/2007
Name	<b>WEINER, DIANA L MD</b>
Address	RIVERBEND COM MENTAL HEALTH, 105 LOUDON RD BLG 3CONCORD, NH, 03302
Specialty	P
Board Certified	P
School and Year of Graduation	STATE UNIV OF NEW YORK USA 1992
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1993
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11043
License Date	8/2/2000
Name	<b>WEINER, IRA L MD</b>
Address	1940 HARRISON AVE, PANAMA CITY, FL, 32407
Specialty	P
Board Certified	
School and Year of Graduation	FINCH UNIVERSITY - NORTH CHICAGO IL USA 1972
Internship and Year	FLETCHER ALLEN HEALTH CARE - BURLINGTON VT 1975
Residency and Year	FLETCHER ALLEN HEALTH CARE - BURLINGTON VT 1975
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	8140
License Date	6/7/1989
Name	<b>WEINER, MARC A MD</b>
Address	ELLIOT HOSP, 1 ELLIOT WAYMANCHESTER, NH, 03103-
Specialty	EM
Board Certified	EM
School and Year of Graduation	WASHINGTON UNIV SCH OF MED-ST LOUIS,MO USA 1982
Internship and Year	UNIV OF CINCINNATI HOSP-CINCINNATI,OH 1983
Residency and Year	UNIV OF CINCINNATI HOSP-CINCINNATI,OH 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9205
License Date	6/1/1994
Name	<b>WEINER, ROBERT M MD</b>
Address	70 CARLTON ST, BROOKLINE, MA, 02146-
Specialty	P
Board Certified	P
School and Year of Graduation	COLUMBIA UNIVERSITY COLLEGE OF PHYSICIANS AND SURG USA 1957
Internship and Year	STRONG MEMORIAL HOSPITAL, UNIVERSITY OF ROCHESTER - ROCHESTER, NY 1959
Residency and Year	VETERAN AFFAIRS MEDICAL CENTER - BOSTON, MA 1964
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	3216
License Date	9/11/1957
Name	<b>WEINER, ROBERT S MD</b>
Address	32 EDWARD DR, WINCHESTER, MA, 01890
Specialty	TS
Board Certified	TS
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 1946
Internship and Year	BETH ISRAEL HOSPITAL BOSTON - MASSACHUSETTS 1947
Residency and Year	MASSACHUSETTS MEMORIAL HOSPITAL BOSTON - MASSACHUSETTS 1955
License Expiration Date	<b>6/30/1998</b>
Remarks	Deceased 4/23/04



License Number	13569
License Date	6/6/2007
Name	<b>WEINER, SHELLEY N MD</b>
Address	31 CRESTVIEW DR, PLEASANTVILLE, NY, 10570-1426
Specialty	R
Board Certified	R
School and Year of Graduation	STATE UNIV OF NEW YORK USA 1972
Internship and Year	MONTEFIORE MEDICAL CENTER - BRONX, NY 1973
Residency and Year	JACOBI MEDICAL CENTER - BRONX, NY 1976
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11469
License Date	11/7/2001
Name	<b>WEINGARDEN, EDWARD MD</b>
Address	2 JOYCE LN, SIMSBURY, CT, 06070
Specialty	AN
Board Certified	AN
School and Year of Graduation	STATE UNIV OF NY - STONY BROOK, NY USA 1985
Internship and Year	WATERBURY HOSPITAL/YALE-NEWHAVEN MEDICAL CENTER - WATERBURY, CT 1986
Residency and Year	YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1989
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	10575
License Date	5/5/1999
Name	<b>WEINMANN, CHRISTOPHER M MD</b>
Address	LAKES REGION SURGICAL ASSOC, PO BOX 7133 VILLAGE WESTGILFORD, NH, 03247
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF VERMONT COLL OF MED-BURLINGTON,VT USA 1991
Internship and Year	UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1992
Residency and Year	UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6618
License Date	10/7/1982
Name	<b>WEINRAUB, RONALD O MD</b>
Address	222 MAIN ST, TILTON, NH, 03276
Specialty	IM
Board Certified	
School and Year of Graduation	UNIVERSITY OF VERMONT USA 1959
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1990</b>
Remarks	Deceased 8/27/2009

License Number	9507
License Date	7/5/1995
Name	<b>WEINREB, MARK D MD</b>
Address	WEINREB PEDIATRICS, 446 CENTRAL STFRANKLIN, NH, 03235
Specialty	PD
Board Certified	PD
School and Year of Graduation	SUNY UPSTATE MED UNIV- SYRACUSE, NY USA 1989
Internship and Year	SCHNEIDER CHILDREN'S HOSPITAL - NEW HYDE PARK, NY 1991
Residency and Year	WINTHROP UNIVERSITY HOSPITAL - MINEOLA, NY 1992
License Expiration Date	<b>1/27/2012</b>
Remarks	<b>1/27/12 - Order of Emergency License Suspension and Notice of Hearing. 3/9/12 - Preliminary Agreement for Practice Restrictions. 12/7/12 - Settlement Agreement</b>

License Number	14529
License Date	7/1/2009
Name	<b>WEINSTEIN, ADAM R MD</b>
Address	DHMC-DEPT OF PEDIATRICS, 1 MED CTR DRLEBANON, NH, 03756
Specialty	PD
Board Certified	PD
School and Year of Graduation	CORNELL UNIVERSITY USA 2002
Internship and Year	YALE NEW HAVEN CHILDRENS HOSPITAL - NEW HAVEN, CT 2003
Residency and Year	YALE NEW HAVEN CHILDRENS HOSPITAL - NEW HAVEN , CT 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10800
License Date	12/1/1999
Name	<b>WEINSTEIN, FRANKLIN MD</b>
Address	1447 YORK RD STE 504, LUTHERVILLE, MD, 21093
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	FAC OF MED NATIONAL AUTONOMOUS UNIV MEXICO MEXICO 1970
Internship and Year	SINAI HEALTH SYSTEM - BALTIMORE, MD 1972
Residency and Year	SANAI HOSPITAL - BALTIMORE, MD 1975
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	9664
License Date	3/6/1996
Name	<b>WEINSTEIN, JAMES N DO</b>
Address	THE HITCHCOCK CLINIC SPINE CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756-0001
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	CHICAGO COLLEGE OF OSTEOPATHIC MEDICINE-CHICAGO IL USA 1977
Internship and Year	CHICAGO COLL OF OSTEOPATHIC MEDICINE-CHICAGO IL 1979
Residency and Year	RUSH PRESBYTERIAN-CHICAGO IL 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8108
License Date	5/10/1989
Name	<b>WEINSTEIN, MICHAEL P MD</b>
Address	NASHUA MEDICAL GROUP, 173 DANIEL WEBSTER HWY NASHUA, NH, 03060-5242
Specialty	PD
Board Certified	PD
School and Year of Graduation	CORNELL UNIV MED COLL NEW YORK NY USA 1971
Internship and Year	STRONG MEM HOSP ROCHESTER NY 1972
Residency and Year	NY HOSP CORNELL UNIV MC NEW YORK NY 1974
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10850
License Date	3/1/2000
Name	<b>WEINSTEIN, PAUL D MD</b>
Address	52 OLYMPIC LN, N ANDOVER, MA, 01845
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF MASS MED SCH - WORCESTER, MA USA 1977
Internship and Year	BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1978
Residency and Year	BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1978
License Expiration Date	<b>5/14/2009</b>
Remarks	3/10/2000- ISSUED ORDER 4/12/02 - ORDER AMENDING ORDER DATED 3/10/00 LAPSED 6/30/2003---Reinstated 12/6/2006 5/14/09 - Preliminary Agreement for Practice Restrictions. Original license expiration date 6/30/10. Call Board for further details. 9/6/13 - Voluntary Surrender of License

License Number	10381
License Date	8/5/1998
Name	<b>WEINTRAUB, KENNETH J MD</b>
Address	DH - NASHUA, 2300 SOUTHWOOD DR NASHUA, NH, 03063
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	ALBERT EINSTEIN COLL OF MED YESHIVA UNIV-NY USA 1991
Internship and Year	MONTEFIORE MEDICAL CTR - ALBERT EINSTEIN COLL OF MED - BRONX, NY 1992
Residency and Year	MONTEFIORE MEDICAL CTR - ALBERT EINSTEIN COLL OF MED - BRONX, NY 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13060
License Date	4/5/2006
Name	<b>WEINZWEIG, JEFFREY MD</b>
Address	LAHEY CLINIC, 41 MALL RDBURLINGTON, MA, 01805
Specialty	PS
Board Certified	PS
School and Year of Graduation	ALBERT EINSTEIN COLLEGE OF MEDICINE-BRONX NY USA 1988
Internship and Year	UNIV OF CHICAGO HOSPITAL-CHICAGO IL 1989
Residency and Year	UNIV OF CHICAGO HOSPITAL-CHICAGO IL (1) MEDICAL COLLEGE OF WISCONSIN-MILWAUKI WI 199
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	8299
License Date	4/4/1990
Name	<b>WEISCHEDEL, GARRY R MD</b>
Address	20 WINDRIDGE RD, ESSEX JCT, VT, 05452
Specialty	FP
Board Certified	FP
School and Year of Graduation	DUKE UNIV SCH OF MED - DURHAM, NC USA 1987
Internship and Year	UNIV IOWA HOSPITAL - IOWA CITY, IA 1988
Residency and Year	UNIV IOWA HOSPITAL - IOWA CITY, IA 1989
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>lapsed 6/30/00 - reinstated 2/6/13</b>

License Number	13443
License Date	3/7/2007
Name	<b>WEISER, JONATHAN MD</b>
Address	153 AVE P, BROOKLYN, NY, 11204
Specialty	FP
Board Certified	FP
School and Year of Graduation	TECHNION ISRAEL INSTITUTE ISRAEL 2002
Internship and Year	MONTGOMERY FAMILY PRACTICE RESIDENCY PROGRAM - NORRISTOWN, PA 2003
Residency and Year	OVERLOOK HOSPITAL - SUMMIT NJ 2005
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	14241
License Date	11/5/2008
Name	<b>WEISER, KIRSTEN T MD</b>
Address	ASHEVILLE GASTRO ASSOCIATES, 191 BILTMORE AVEASHEVILLE, NC, 28801
Specialty	IM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MEDICAL MEDICAL SCHOOL USA 2000
Internship and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 2001
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 2003
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	3926
License Date	8/1/1966
Name	<b>WEISMAN, BARRIE L MD</b>
Address	67 FLUME RD, PO BOX 865LINCOLN, NH, 03251
Specialty	AI
Board Certified	AI
School and Year of Graduation	JEFFERSON MEDICAL COLLEGE - PHILA, PA USA 1964
Internship and Year	DELAWARE HOSPITAL - WILMINGTON, DE 1965
Residency and Year	DELAWARE HOSPITAL - WILMINGTON, DE 1965
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4899
License Date	2/29/1972
Name	<b>WEISS, DONALD R MD</b>
Address	NRCC, 11 NORTH SOUTHWOOD DRNASHUA, NH, 03063
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF COLORADO-BOULDER CO USA 1965
Internship and Year	US PUBLIC HLTH SVS-STATEN ISLAND NY 1966
Residency and Year	BOSTON CITY HOSP-BOSTON MA 1971
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14727
License Date	1/6/2010
Name	<b>WEISS, DOUGLASS R MD</b>
Address	MONADNOCK ORTHOPAEDIC ASSOC, 458 OLD STREET RD STE 200PETERBOROUGH, NH, 03458
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2001
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2002
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11841
License Date	2/5/2003
Name	<b>WEISS, GARY M MD</b>
Address	167 KUALAPA PLACE, LAHAINA, HI, 96761
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF FLORIDA - GAINESVILLE, FL USA 1979
Internship and Year	UNIV OF SOUTH FLORIDA - TAMPA, FL 1983
Residency and Year	UNIV OF MIAMI-JACKSON MEMORIAL HOSPITAL - MIAMI, FL 2002
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	15608
License Date	3/7/2012
Name	<b>WEISS, GREGORY M MD</b>
Address	AUCKLAND DISTRICT HEALTH BOARD, 60 RAWHITIROA RDAUCKLAND, NZ, 1071
Specialty	AN
Board Certified	
School and Year of Graduation	EASTERN VIRGINIA MEDICAL SCHOOL - NORFOLK, VA USA 2007
Internship and Year	VIRGINIA COMMONWEALTH UNIVERSITY - RICHMOND, VA 2007
Residency and Year	VIRGINIA COMMONWEALTH UNIVERSITY - RICHMOND, VA 2011
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	7552
License Date	4/1/1987
Name	<b>WEISS, JONATHAN S MD</b>
Address	CHESTNUT GREEN #53, 555 TURNPIKE STN ANDOVER, MA, 01845
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF CALIFORNIA - LOS ANGELES, CA USA 1983
Internship and Year	LA CO HARBOR/UCLA MEDICAL CENTER - TORRANCE, CA 1984
Residency and Year	MASSACHUSETTS MENTAL HEALTH CENTER - BOSTON, MA 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	Decision and Order, December 16, 2002

License Number	16201
License Date	6/5/2013
Name	<b>WEISS, MICHAEL E MD</b>
Address	ASSOCIATED RADIOLOGISTS, 8 E PEARL STNASHUA, NH, 03060
Specialty	DR
Board Certified	DR
School and Year of Graduation	MT SINAI SCHOOL OF MEDICINE USA 2007
Internship and Year	MT SINAI HOSPITAL - NEW YORK, NY 2008
Residency and Year	BRIGHAM AND WOMENS HOSPITAL - BOSTON, MA 2012
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	13418
License Date	2/7/2007
Name	<b>WEISS, ROBERT M MD</b>
Address	20 POND MEADOW DR STE #101, READING, MA, 01867
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF NEW JERSEY USA 1984
Internship and Year	BROOKDALE UNIV HOSPITAL MED CTR - BROOKLYN, NY 1985
Residency and Year	BROOKDALE UNIV HOSPITAL MED CTR-BROOKLYN, NY 1988
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	14784
License Date	3/3/2010
Name	<b>WEISSBURG, ALAN J MD</b>
Address	300 PEARL ST #208, PROVIDENCE, RI, 02907
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF PITTSBURGH USA 1976
Internship and Year	CHILDRENS HOSPITAL OF PHILADELPHIA - PHILADELPHIA, PA 1977
Residency and Year	CHILDRENS HOSPITAL OF PHILADELPHIA - PHILADELPHIA, PA 1979
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	15206
License Date	4/6/2011
Name	<b>WEISTROFFER, JOSEPH K MD</b>
Address	NEW ENGLAND NEUROLOGICAL ASSOC, 354 MERRIMACK STLAWRENCE, MA, 01843
Specialty	OSS
Board Certified	ORS
School and Year of Graduation	UNIFORMED SERVICES UNIV OF THE HEALTH SCIENCES USA 1993
Internship and Year	NATIONAL NAVAL MEDICAL CENTER - BETHESDA, MA 1994
Residency and Year	NAVAL MEDICAL CENTER - SAN DIEGO, CA 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10227
License Date	1/7/1998
Name	<b>WEITZ, THEODORE I MD</b>
Address	24 STARK FARM RD, WINHALL, VT, 05340
Specialty	PD
Board Certified	PD
School and Year of Graduation	HEBREW UNIV HADASSAH MED SCH JERUSALEM ISREAL 1985
Internship and Year	BETH ISREAL MEDICAL CENTER - NY 1989
Residency and Year	UNIV OF MINNESOTA MEDICAL SCHOOL - MN 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>lapsed 6/30/03 - reinstated 4/2/14</b>

License Number	12925
License Date	10/5/2005
Name	<b>WELCH MARSH, ELIZABETH J MD</b>
Address	5 ALUMNI DR, EXETER, NH, 03833
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF VERMONT, BURLINGTON VT US 2001
Internship and Year	BAYSTATE MEDICAL CTR, SPRINGFIELD MA 2002
Residency and Year	NEW YORK UNIVERSITY, NEW YORK NY 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7984
License Date	10/5/1988
Name	<b>WELCH, CATHRYN L MD</b>
Address	THEODORE RENNA, MA PA, 454 OLD STREET RD STE 204PETERBOROUGH, NH, 03458-1284
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIV OF NEBRASKA COLLEGE OF MEDICINE USA 1983
Internship and Year	UNIV OF NEBRASKA AFFIL PROGRAM - OMAHA NE 1984
Residency and Year	NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON MA 1987
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10250
License Date	3/4/1998
Name	<b>WELCH, GEORGE N MD</b>
Address	MAINE CARDIOLOGY ASSOC, 119 GANNETT DR SO PORTLAND, ME, 04106
Specialty	CD
Board Certified	IM
School and Year of Graduation	UNIV OF VT COLL OF MED - BURLINGTON, VT USA 1991
Internship and Year	BETH ISREAL HOSPITAL - MA 1994
Residency and Year	BOSTON MEDICAL CENTER - MA 1999
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	9292
License Date	9/7/1994
Name	<b>WELCH, GREGORY P MD</b>
Address	MADIGAN ARMY MEDICAL CTR, FORT LEWIS, WA, 98431
Specialty	NPM
Board Certified	NPM
School and Year of Graduation	BROWN UNIVERSITY PROGRAM IN MEDICINE USA 1988
Internship and Year	TRIPLER ARMY MEDICAL CENTER - HONOLULU HI 1991
Residency and Year	TRIPLER ARMY MEDICAL CENTER - HONOLULU HI 1991
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	10241
License Date	2/4/1998
Name	<b>WELCH, HAROLD J MD</b>
Address	LAHEY-HITCHCOCK CLINIC, 41 MALL RD BURLINGTON, MA, 01805
Specialty	VS
Board Certified	GS
School and Year of Graduation	ALBANY MED COLL - ALBANY, NY USA 1983
Internship and Year	NAVAL HOSPITAL - CA 1984
Residency and Year	NEW ENGLAND MEDICAL CENTER HOSPITALS - MA 1992
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	7422
License Date	8/14/1986
Name	<b>WELCH, JOHN B MD</b>
Address	48 AUBURN ST, CONCORD, NH, 03301
Specialty	N
Board Certified	N
School and Year of Graduation	UNIV IL COLL OF MED CHICAGO IL USA 1972
Internship and Year	JOHN HOPKINS UNIVERSITY 1973
Residency and Year	MASS GEN HOSPITAL BOSTON MA 1976
License Expiration Date	<b>5/3/2001</b>
Remarks	DECEASED 11/10/10      5/03/01 - Emergency Suspension      5/25/01 - Order Continuing Suspension. 2/10/04- Consent Decree (Revoked License)



License Number	15605
License Date	3/7/2012
Name	<b>WELCH, MARNIE B MD</b>
Address	DHMC/DEPT OF ANESTHESIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	AN
Board Certified	AN
School and Year of Graduation	ST LOUIS UNIVERSITY - ST LOUIS MO USA 2005
Internship and Year	ST JOSEPH MERCY HOSPITAL - ANN ARBOR MI 2006
Residency and Year	UNIVERISTY OF MICHIGAN HOSPITALS - ANN ARBOR MI 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15606
License Date	3/7/2012
Name	<b>WELCH, TERRENCE D MD</b>
Address	DHMC - DEPT OF CARDIOLOGY, ONE MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	WASHINGTON UNIVERSITY SCHOOL OF MED - ST LOUIS MO USA 2005
Internship and Year	UNIVERSITY OF MICHIGAN HOSPITALS - ANN ARBOR, MI 2006
Residency and Year	UNIVERSITY OF MICHIGAN HOSPITAL - ANN ARBOR, MI 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17245
License Date	8/5/2015
Name	<b>WELCH, TYLER P MD</b>
Address	ATLANTIC ORTHOPAEDICS & SPORTS MEDICINE, 150 US-1 BYPPORTSMOUTH, NH, 03801
Specialty	ORS
Board Certified	
School and Year of Graduation	UNIVERSITY OF CONNECTICUT SCH OF MED-FARMINGTON CT USA 2008
Internship and Year	MONMOUTH MEDICAL CENTER - LONG BRANCH, NJ 2009
Residency and Year	MONMOUTH MEDICAL CENTER - LONG BRANCH, NJ 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11082
License Date	9/6/2000
Name	<b>WELD, ROSE S MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF PITTSBURGH SCH - PITTSBURGH, PA USA 1997
Internship and Year	BEVERLY HOSPITAL - DANVERS, MA 1998
Residency and Year	BEVERLY HOSPITAL - DANVERS, MA 2000
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	11083
License Date	9/6/2000
Name	<b>WELKE, KARL F MD</b>
Address	U OF IOWA HOSP & CLINICS, 200 HAWKINS DRIOWA CITY, IA, 52246
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF ILLINOIS COLL - CHICAGO, IL USA 1994
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1995
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1996
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	10442
License Date	10/7/1998
Name	<b>WELKOVICH, BRUCE MD</b>
Address	SEACOAST EMERGENCY PHYSICIANS, 789 CENTRAL AVENUEDOVER, NH, 03838
Specialty	EM
Board Certified	EM
School and Year of Graduation	NEW YORK UNIV SCH OF MED - NEW YORK, NY USA 1989
Internship and Year	BETH ISRAEL MEDICAL CENTER - NEW YORK CITY, NY 1990
Residency and Year	BOSTON MEDICAL CENTER - BOSTON, MA 1995
License Expiration Date	<b>6/30/2010</b>
Remarks	<b>LAPSED FOR NON-RENEWAL 6/30/03...REINSTATED 6/6/07</b>

License Number	6659
License Date	3/3/1983
Name	<b>WELLENS, MARK D MD</b>
Address	SPRINGFIELD HOSP, PO BOX 2003SPRINGFIELD, VT, 05156
Specialty	DR
Board Certified	DR
School and Year of Graduation	ALBERT EINSTEIN COLL MED-YESHIVA-BRONX,NY USA 1975
Internship and Year	ST FRANCIS HOSP-HARTFORD,CT 1976
Residency and Year	NEW ENGLAND MED CTR-BOSTON,MA 1978
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	D0010
License Date	8/6/2001
Name	<b>WELLIVER, GARY E MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	UNIVERSITY OF TENNESSEE USA 1966
Internship and Year	
Residency and Year	
License Expiration Date	
Remarks	<b>3/29/02 - Order of Conditional Denial.</b>

License Number	14114
License Date	7/9/2008
Name	<b>WELLS, GREGORY L MD</b>
Address	ADA WEST DERMATOLOGY, 1618 S MILLENIUM WAY ATE 100MERIDIAN, ID, 83642
Specialty	D
Board Certified	D
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2006
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER-LEBANON, NH 2007
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER-LEBANON, NH 2008
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	9206
License Date	6/1/1994
Name	<b>WELLS, THOMAS D DO</b>
Address	WEEKS HOSPITAL, MIDDLE ST RR 2 BOX 8LANCASTER, NH, 03584
Specialty	FP
Board Certified	FP
School and Year of Graduation	NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF OSTEO MED USA 1987
Internship and Year	GRAFENWOHR HEALTH CLINIC - GRAFEN WOHR WEST GERMANY- US ARMY 1991
Residency and Year	FLORIDA HOSPITAL - ORLANDO FL 1993
License Expiration Date	<b>6/8/2010</b>
Remarks	<b>6/8/10 - Preliminary Agreement for Practice Restrictions. 2/8/13 - Settlement Agreement</b>

License Number	8362
License Date	6/6/1990
Name	<b>WELLS, WENDY A MD</b>
Address	DHMC PATHOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756-
Specialty	CLP
Board Certified	CLP
School and Year of Graduation	UNIV OF LONDON FAC DE MED-LONDON ENGLAND 1982
Internship and Year	DARTMOUTH- HITCHCOCK MEDICAL CTR-HANOVER,NH 1990
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR -HANOVER,NH 1990
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11470
License Date	11/7/2001
Name	<b>WELTER, JOHN F DO</b>
Address	LONDONDERRY FAMILY PRACTICE, 6 BUTTRICK ROAD STE 200LONDONDERRY, NH, 03053
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF NEW ENGLAND COLL OF OSTEO- BIDDEFORD, ME USA 1997
Internship and Year	WESTERN PENNSYLVANIA HOSPITAL - PITTSBURGH, PA' 1998
Residency and Year	MERCY HOSPITAL OF PITTSBURGH, PA 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15144
License Date	2/2/2011
Name	<b>WELTIN, GREGORY G MD</b>
Address	SPECTRUM MEDICAL GROUP, 324 GANNETT DR PORTLAND, ME, 04106
Specialty	DR
Board Certified	DR
School and Year of Graduation	WASHINGTON UNIVERSITY USA 1979
Internship and Year	WATERBURY HOSPITAL - WATERBURY, CT 1980
Residency and Year	YALE NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12285
License Date	4/7/2004
Name	<b>WENCKUS, TERESE D MD</b>
Address	5 MASQUANIP DR, ANTRIM, NH, 03440
Specialty	PD
Board Certified	PD
School and Year of Graduation	LOUISIANA STATE UNIVERSITY, NEW ORLEANS LA US 1987
Internship and Year	MAINE MEDICAL CTR, PORTLAND ME 1988
Residency and Year	MAINE MEDICAL CTR, PORTLAND ME 1990
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	10921
License Date	5/3/2000
Name	<b>WENDLING, CLAIRE L MD</b>
Address	W C B H, 85 MECHANIC ST LEBANON, NH, 03743
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF MICHIGAN-ANN ARBOR, MI USA 1996
Internship and Year	UNIVERSITY OF MICHIGAN HOSPITALS-ANN ARBOR, MI 1997
Residency and Year	UNIVERSITY OF MICHIGAN HOSPITAL- ANN ARBOR, MI 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10979
License Date	6/7/2000
Name	<b>WENDLING, ROBERT J MD</b>
Address	WEST CENTRAL BEHAVIORAL HEALTH, 9 HANOVER ST LEBANON, NH, 03766
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF IOWA COLL OF MED - IOWA CITY, IA USA 1996
Internship and Year	UNIV OF MICHIGAN HOSPITAL - ANN ARBOR, MI 1997
Residency and Year	UNIV OF MICHIGAN HOSPITAL - ANN ARBOR, MI 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12685
License Date	4/6/2005
Name	<b>WENDT, JAMES B MD</b>
Address	SIOUX FALL VA HOSPITAL, 2501 W 22ND STSIOUX FALL, SD, 57105
Specialty	
Board Certified	IM
School and Year of Graduation	LOYOLA UNIVERSITY OOF CHICAGO,MATFIELD IL US 1994
Internship and Year	ST LUKES MEDICAL, CHICAGO IL 1995
Residency and Year	ST LUKES MEDICAL CENTER, CHICAGO IL 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8300
License Date	4/4/1990
Name	<b>WENGER, HAROLD MD</b>
Address	PLAISTOW MEDICAL CENTER, 15 ROSEWOOD CIRCLEEAST HAMPSTEAD, NH, 03826-5406
Specialty	EM
Board Certified	
School and Year of Graduation	CORNELL UNIVERSITY MEDICAL COLLEGE USA 1979
Internship and Year	MICHAEL REESE HOSPITAL MEDICAL CENTER - CHICAGO IL 1980
Residency and Year	MICHAEL REESE HOSPITAL MEDICAL CENTER - CHICAGO IL 1980
License Expiration Date	<b>6/30/2003</b>
Remarks	<b>DECEASED 4/25/2012</b>

License Number	11403
License Date	9/5/2001
Name	<b>WENGER, JODI K MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CTR DRLEBANON, NH, 03758
Specialty	PD
Board Certified	PD
School and Year of Graduation	DARTMOUTH MED SCH - LEBANON, NH USA 1994
Internship and Year	BOSTON MEDICAL CENTER - ROXBURY, MA 1995
Residency and Year	BOSTON MEDICAL CENTER - ROXBURY, MA 1997
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	2849
License Date	3/14/1951
Name	<b>WENTWORTH, MARY P MD</b>
Address	, PO BOX 28FRANCONIA, NH, 03580-0028
Specialty	GP
Board Certified	
School and Year of Graduation	TUFTS UNIVERSITY USA 1949
Internship and Year	NEWTON-WELLESLEY HOSPITAL - NEWTON LOWER FALLS, MA 1950
Residency and Year	NEWTON-WELLESLEY HOSPITAL - NEWTON LOWER FALLS, MA 1950
License Expiration Date	<b>6/30/1999</b>
Remarks	<b>Deceased 7/26/2003</b>

License Number	9343
License Date	12/7/1994
Name	<b>WEPSIC, JAMES G MD</b>
Address	152 PARKER HILL AVE, BOSTON, MA, 02120-
Specialty	NS
Board Certified	NS
School and Year of Graduation	YALE UNIVERSITY SCHOOL OF MEDICINE USA 1963
Internship and Year	YALE NEW HAVEN HOSPITAL - NEW HAVEN CT 1964
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON MA      NEW ENGLAND BAPTIST HOSPITAL 1968
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	11723
License Date	8/7/2002
Name	<b>WERCHNIAK, ANDREW E MD</b>
Address	BRIGHAM DERMATOLOGY ASSOC, 221 LONGWOOD AVE BOSTON, MA, 02112
Specialty	D
Board Certified	D
School and Year of Graduation	UNIV OF VIRGINIA SCH OF MED - CHARLETTESVILLE, VA USA 2000
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2001
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>REQUESTED INACTIVE 6/30/04-----REINSTATED 11/1/06 lapsed 6/30/10 - reinstated 11/6/14</b>

License Number	14728
License Date	1/6/2010
Name	<b>WERNER, ALAIN-MARC MD</b>
Address	HIGHLAND PRIMARY CARE, 21 HIGHLAND AVE STE #2 NEWBURYPORT, MA, 01950
Specialty	IM
Board Certified	IM
School and Year of Graduation	YALE UNIVERSITY USA 1991
Internship and Year	MCGILL UNIVERSITY-FACULTY OF MEDICINE - MONTREAL, QUEBEC CANADA 1996
Residency and Year	BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12894
License Date	9/7/2005
Name	<b>WERNER, SHELDON L MD</b>
Address	2104 WEST 49TH ST, WESTWOOD HILL, KS, 66205
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF MIAMI, MIAMI FL US 1976
Internship and Year	UNIVERSITY OF CALIFORNIA, SAN FRANCISCO CA 1977
Residency and Year	UNIVERSITY OF CALIFORNIA, SAN FRANCISCO CA 1980
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	10315
License Date	6/3/1998
Name	<b>WERNER, TODD R MD</b>
Address	COMPHEALTH, PO BOX 5795SALT LAKE CITY, UT, 84157
Specialty	IM
Board Certified	IM
School and Year of Graduation	UMDNJ ROBERT WOOD JOHNSON MED SCH, NJ USA 1994
Internship and Year	FLETCHER ALLEN HLTH CARE - BURLINGTON, VT 1995
Residency and Year	FLETCHER ALLEN HLTH CARE - BURLINGTON, VT 1997
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	9105
License Date	1/5/1994
Name	<b>WERNINGHAUS, KARLA I MD</b>
Address	27400 HESPERIAN BLVD, HAYWOOD, CA, 94545
Specialty	D
Board Certified	D
School and Year of Graduation	STANFORD UNIVERSITY SCHOOL OF MEDICINE USA 1984
Internship and Year	PRESBY MEDICAL CENTER - PHILADELPHIA PA 1985
Residency and Year	NY UNIVERSITY MEDICAL CENTER - NEW YORK NY 1987
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	12559
License Date	12/1/2004
Name	<b>WERRING, JOHN A MD</b>
Address	VIRTUAL RADIOLOGIC CONSULTANTS, 5995 OPUS PARKWAY STE 200MINNETONKA, MN, 55343
Specialty	R
Board Certified	R
School and Year of Graduation	GEORGE WASHINGTON UNIVERSITY, WASHINGTON DC US 1998
Internship and Year	GEORGE WASHINGTON UNIVERSITY, WASHINGTON DC 1999
Residency and Year	GEORGE WASHINGTON UNIVERSITY, WASHINGTON DC 2003
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	14444
License Date	5/6/2009
Name	<b>WERTHEIM, CARYN DO</b>
Address	ELLIOT PED & PRIM CARE, 20 CHAMBERS RD STE 2200HOOKSETT, NH, 03106
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND USA 2004
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2005
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13570
License Date	6/6/2007
Name	<b>WERTHEIMER, PETER H DO</b>
Address	NASHUA ANESTHESIA PARTNERS, 8 PROSPECT STNASHUA, NH, 03060
Specialty	AN
Board Certified	AN
School and Year of Graduation	PHILADELPHIA COLLEGE USA 2002
Internship and Year	DELAWARE COUNTY MEMORIAL HOSPITAL - DREXEL HILL, PA 2004
Residency and Year	TEMPLE UNIV HOSPITAL - PHILADELPHIA, PA 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7055
License Date	2/28/1985
Name	<b>WEST, DONALD A MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF KA SCH MED KANSAS CITY KA USA 1964
Internship and Year	DENVER GEN HOSP DENVER CO 1964
Residency and Year	UNIV COLO SCHOOL OF MED AFF HOSP- DENVER CO 1971
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16568
License Date	4/2/2014
Name	<b>WEST, JASON L MD</b>
Address	ACUTE CARE SURGERY, 330 BORTHWICK AVE #200PORTSMOUTH, NH, 03801
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF TX SOUTHWESTERN MED CTR USA 2002
Internship and Year	LOUISIANA STATE UNIVERSITY HOSPITAL - SHREVEPORT, LA 2003
Residency and Year	LOUISIANA STATE UNIVERSITY HOSPITAL - SHREVEPORT, LA 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14481
License Date	6/3/2009
Name	<b>WEST, JEANETTE F MD</b>
Address	46 B MARCH RD, NEWPORT, VT, 05855
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF FLORIDA USA 2002
Internship and Year	ABINGTON MEMORIAL HOSPITAL - ABINGTON, PA 2004
Residency and Year	ABINGTON MEMORIAL HOSPITAL - ABINGTON, PA 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number 6084  
 License Date 7/5/1979  
 Name **WEST, JOHN L MD**  
 Address C/O ASSOCIATES IN MEDICINE, 241 ELM STCLAREMONT, NH, 03743  
 Specialty FP  
 Board Certified  
 School and Year of Graduation UNIV OF WESTERN ONTARIO CANADA 1976  
 Internship and Year UNIV OF OTTAWA - CANADA 1977  
 Residency and Year UNIV OF OTTAWA - CANADA 1978  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13761  
 License Date 11/7/2007  
 Name **WEST, LOYD A MD**  
 Address DHMC, 1 MED CTR DRLEBANON, NH, 03756  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation DARTMOUTH MEDICAL SCHOOL USA 1993  
 Internship and Year NAVAL MEDICAL CENTER-SAN DIEGO, CA 1994  
 Residency and Year NAVAL MEDICAL CENTER-SAN DIEGO, CA 1998  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 4019  
 License Date 3/29/1967  
 Name **WEST, MAXWELL J MD**  
 Address COMPHEALTH, 4021 S 700 ESALT LAKE CITY, UT, 84107  
 Specialty P  
 Board Certified P  
 School and Year of Graduation MELBOURNE UNIV VICTORIA AUSTRALIA USA 1955  
 Internship and Year OHIO VALLEY GENERAL HOSPITAL - WHEELING , WV 1957  
 Residency and Year OHIO STATE UNIV - COLUMBUS, OH 1960  
 License Expiration Date **6/30/2003**  
 Remarks

License Number 16693  
 License Date 7/2/2014  
 Name **WEST, THOMAS A MD**  
 Address ACUTE CARE SURGERY, 330 BORTHWICK AVE #200PORTSMOUTH, NH, 03801  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation UNIVERSITY OF TX SOUTHWESTERN MEDICAL CENTER USA 1992  
 Internship and Year UNIVERSITY OF TX SOUTHWESTERN MEDICAL CENTER 1993  
 Residency and Year UNIVERSITY OF TX SOUTHWESTERN MEDICAL CENTER 1997  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	14824
License Date	4/7/2010
Name	<b>WESTBROOK, ANDREW G MD</b>
Address	CRVNA HOSPICE, 30 PILLSBURY STCONCORD, NH, 03301
Specialty	FP
Board Certified	FP
School and Year of Graduation	VANDERBILT UNIVERSITY USA 1993
Internship and Year	UNIVERSITY OF MINNESOTA NORTH MEMORIAL HEALTH CARE - MINNEAPOLIS, MN 1994
Residency and Year	UNIVERSITY OF MINNESOTA NORTH MEMORIAL HEALTH CARE - MINNEAPOLIS, MN 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14785
License Date	3/3/2010
Name	<b>WESTBROOK, ANNICK D MD</b>
Address	CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	VANDERBILT UNIVERSITY USA 1993
Internship and Year	VANDERBILT UNIVERSITY HOSPITAL - NASHVILLE, TN 1994
Residency and Year	VANDERBILT UNIVERSITY HOSPITAL - NASHVILLE, TN 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8038
License Date	2/1/1989
Name	<b>WESTBROOK, BENJAMIN M MD</b>
Address	CATHOLIC MEDICAL CENTER, 100 MCGREGOR ST STE B 600AMANCHESTER, NH, 03102-3770
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIV OF S ALABAMA COLL OF MED - MOBILE, AL USA 1979
Internship and Year	SANTA BARBARA COTTAGE HOSPITAL - SANTA BARBARA, CA 1980
Residency and Year	UNIV HOSPITAL - BOSTON, MA 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	RT797
License Date	8/1/1999
Name	<b>WESTBROOK, HELOISE D MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRIVELEBANON, NH, 03755
Specialty	AN
Board Certified	
School and Year of Graduation	FINCH UNIVERSITY/ CHICAGO MEDICAL SCHOOL USA 1994
Internship and Year	DARTMOUTH-HITCHCOCK MED CENTER - LEBANON, NH 2000
Residency and Year	
License Expiration Date	<b>9/5/2000</b>
Remarks	

License Number	12587
License Date	1/5/2005
Name	<b>WESTERKAMM, JOHN C MD</b>
Address	EAR NOSE THROAT SURGEONS, 130 TARRYTOWN RDMANCHESTER, NH, 03103
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	UNIVERSITY OF CINCINNATI, CINCINNATI OH US 1983
Internship and Year	JEWISH HOSPITAL, CINCINNATI OH 1984
Residency and Year	OHIO STATE UNIVERSITY HOSP, COLUMBUS OH 1988
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	14670
License Date	11/4/2009
Name	<b>WESTINGHOUSE, ANDREA L MD</b>
Address	CORE PEDIATRICS PLAISTOW, 24 PLAISTOW RD UNIT 3PLAISTOW, NH, 03865
Specialty	PD
Board Certified	PD
School and Year of Graduation	STATE UNIVERSITY OF NEW YORK USA 1989
Internship and Year	CHILDREN'S HOSPITAL - BUFFALO, NY 1990
Residency and Year	CHILDREN'S HOSPITAL - BUFFALO, NY 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9758
License Date	6/5/1996
Name	<b>WESTON, KEITH R MD</b>
Address	EXETER HOSPITAL, 5 ALUMNI DREXETER, NH, 03833
Specialty	AN
Board Certified	AN
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL, HANOVER, NH USA 1992
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1993
Residency and Year	MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15782
License Date	7/11/2012
Name	<b>WESTON, MARGRETHE E MD</b>
Address	WEATHERBY HEALTHCARE, 6451 NORTH FEDERAL HWY STE 800FORT LAUDERDALE, FL, 33308
Specialty	EM
Board Certified	EM
School and Year of Graduation	JEFFERSON MEDICAL COLLEGE- PHILADELPHIA, PA USA 2002
Internship and Year	NAVAL MEDICAL CENTER - PORTSMOUTH, VA 23708 2003
Residency and Year	NAVAL MEDICAL CENTER - PORTSMOUTH, VA 23708 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9357
License Date	1/11/1995
Name	<b>WESTOVER, GERALD F MD</b>
Address	PENBAY MEDICAL CTR, 6 GLEN COVE DRROCKPORT, ME, 04856
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF MA MEDICAL SCHOOL USA 1976
Internship and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD MA 1977
Residency and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD MA 1979
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11943
License Date	5/7/2003
Name	<b>WESTPHAL, ROBERT G MD</b>
Address	6 TUDOR RD, ALBANY, NY, 12203
Specialty	IM
Board Certified	IM
School and Year of Graduation	CASE WESTERN RESERVE UNIV - CLEVELAND, OH USA 1967
Internship and Year	FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1968
Residency and Year	FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 1969
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	15897
License Date	10/3/2012
Name	<b>WETHERBEE, KATHARINE L DO</b>
Address	MANCHESTER COMMUNITY HEALTH CENTER, 145 HOLLIS STMANCHESTER, NH, 03101
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND USA 2009
Internship and Year	FORT COLLINS FAMILY MEDICINE PROGRAM - FORT COLLINS, CO 2010
Residency and Year	FORT COLLINS FAMILY MEDICINE PROGRAM - FORT COLLINS, CO 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5647
License Date	11/15/1976
Name	<b>WETZNER, STEVEN M MD</b>
Address	125 PARKER HILL AVE, BOSTON, MA, 02120-2847
Specialty	R
Board Certified	DR
School and Year of Graduation	UNIV OF COLORADO SCHOOL OF MED USA 1971
Internship and Year	NEW ENGLAND MED CENTER HOSPITAL 1972
Residency and Year	NEW ENGLAND MED CENTER HOSPITAL 1975
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12519
License Date	10/6/2004
Name	<b>WEYLMAN, LAURA E MD</b>
Address	249 COUNTY RD #101, NEW LONDON, NH, 03257
Specialty	FP
Board Certified	FP
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL, LEBANON NH US 1996
Internship and Year	TACOMA FAMILY MEDICINE, TACOMA WA 1997
Residency and Year	TACOMA FAMILY MEDICINE, TACOMA WA 1997
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	12895
License Date	9/7/2005
Name	<b>WEYMOUTH, JENNIFER L DO</b>
Address	330 BORTHWICK AVE STE 200, PORTSMOUTH, NH, 03801
Specialty	GS
Board Certified	GS
School and Year of Graduation	MIDWESTERN UNIVERSITY, DOWNERS GROVE IL US 1994
Internship and Year	MIDWESTERN UNIVERSITY, OLYMPIA FIELDS IL 1995
Residency and Year	MIDWESTERN UNIVERSITY, OLYMPIA FIELDS IL 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12826
License Date	7/6/2005
Name	<b>WHALEN, BONNY L MD</b>
Address	DHMC- PEDIATRICS, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF VERMONT, BURLINGTON VT USA 1996
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL, BOSTON MA 1997
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL, BOSTON MA 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8652
License Date	11/6/1991
Name	<b>WHARTON JR, THOMAS P MD</b>
Address	CORE PHYSICIANS LLC, 3 ALUMNI DR STE 101EXETER, NH, 03833-
Specialty	CD
Board Certified	CD
School and Year of Graduation	WASHINGTON UNIVERSITY UNITED STATES 1971
Internship and Year	PETER BENT BRIGHAM HOSPITAL BOSTON - MASSACHUSETTS 1972
Residency and Year	PETER BENT BRIGHAM HOSPITAL BOSTON - MASSACHUSETTS 1974
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	2379
License Date	9/14/1944
Name	<b>WHEAT SR, PARKER MD</b>
Address	17 ORCHARD HILL CIR, BEDFORD, NH, 03110-6034
Specialty	GP
Board Certified	
School and Year of Graduation	TUFTS MEDICAL COLLEGE USA 1943
Internship and Year	LOWELL GENERAL HOSPITAL- LOWELL, MA 1944
Residency and Year	0000
License Expiration Date	<b>7/5/1998</b>
Remarks	

License Number	7139
License Date	6/6/1985
Name	<b>WHEELER II, KIRKE W MD</b>
Address	CONCORD HOSPITAL CARDIAC ASSOC, 246 PLEASANTST SUITE 103CONCORD, NH, 03301-2944
Specialty	CD
Board Certified	CD
School and Year of Graduation	UNIVERSITY OF ROCHESTER-ROCHESTER, NY USA 1978
Internship and Year	STRONG MEMORIAL HOSPITAL-ROCHESTER, NY 1979
Residency and Year	STRONG MEMORIAL HOSPITAL-ROCHESTER, NY 1982
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8029
License Date	1/4/1989
Name	<b>WHEELER JR, LEIGH F MD</b>
Address	ON CALL INTERNATIONAL, ONE DELAWARE DRSALEM, NH, 03079
Specialty	EM
Board Certified	IM
School and Year of Graduation	UNIV OF MARYLAND SCH OF MED - BALTIMORE, MD USA 1975
Internship and Year	WALTER REED ARMY MED CTR - WASHINGTON, DC 1976
Residency and Year	WALTER REED ARMY MED CTR - WASHINGTON, DC 1977
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12364
License Date	6/2/2004
Name	<b>WHEELER, JAYANTHI E MD</b>
Address	WENTWORTH DOUGLASS PHYS CORP, 789 CENTRAL AVEDOVER, NH, 03820
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF CHENNAI, VELLORE INDIA INDIA 1992
Internship and Year	NEWTON-WELLESLEY HOSP, NEWTON LOWER FALLS MA 2001
Residency and Year	HOSPITAL OF ST RAPHAEL, NEW HAVEN CT 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10636
License Date	7/7/1999
Name	<b>WHEELER, JOHN H DO</b>
Address	DERRY MEDICAL CENTER, 6 TSIENNETO RD STE 100DERRY, NH, 03038
Specialty	FP
Board Certified	FP
School and Year of Graduation	PHILADELPHIA COLL OSTEO MED - PHILA, PA USA 1996
Internship and Year	PHILADELPHIA COLL OF OSTEO MED - PHILA, PA 1997
Residency and Year	CROZER-KEYSTONE FAMILY PRACTICE RESIDENCY - SPRINGFIELD, PA 1998
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12827
License Date	7/6/2005
Name	<b>WHEELER, KEVIN G MD</b>
Address	EMERGENCY MEDICINE ASSOCIATES, PRINC WILIAMHOS/8700 SUDLEY RDMANASSAS, VA, 20110
Specialty	EM
Board Certified	EM
School and Year of Graduation	DUKE UNIVERSITY, DURHAM NC USA 1998
Internship and Year	BOSTON UNIVERSITY MEDICAL CENTER, BOSTON MA 1999
Residency and Year	BOSTON MEDICAL CENTER, BOSTON MA 2002
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	10039
License Date	6/4/1997
Name	<b>WHEELER, MARGOT G MD</b>
Address	1007 N JEFFERSON ST, ARLINGTON, VA, 22205
Specialty	IM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL-NH USA 1991
Internship and Year	NATIONAL NAVAL MEDICAL CENTER-MD 1992
Residency and Year	NATIONAL NAVAL MEDICAL CENTER-MD 1994
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	7935
License Date	7/6/1988
Name	<b>WHEELER, MARK M MD</b>
Address	, , ,
Specialty	IM
Board Certified	
School and Year of Graduation	BOWMAN GRAY UNIVERSITY 1986
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1996</b>
Remarks	

License Number	11342
License Date	7/11/2001
Name	<b>WHEELER, MAYNARD B MD</b>
Address	CONCORD EYE CARE, 248 PLEASANT STCONCORD, NH, 03301
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	COLUMBIA UNIVERSITY USA 1966
Internship and Year	ST LUKES HOSPITAL CENTER, NYC, NY 1967
Residency and Year	COLUMBIA-PRESBYTERIAN MED CTR NYC,NY 1972
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12250
License Date	3/3/2004
Name	<b>WHEELER, NOEL S MD</b>
Address	SEACOAST PULMONARY MED, 789 CENTRAL AVEDOVER, NH, 03820
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF CHENNAI, INDIA INDIA 1992
Internship and Year	TEXAS TECH UNIVERSITY, EL PASO TX 1998
Residency and Year	TEXAS TECH UNIVERSITY, EL PASO TX 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10891
License Date	4/5/2000
Name	<b>WHEELER, RICHARD L MD</b>
Address	6108 HOPE FARM LANE, WAKE FOREST, NC, 27587-9655
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF COLORADO-DENVER,CO USA 1982
Internship and Year	ST ANTHONY CENTRAL HOSPITAL-DENVER,CO 1983
Residency and Year	ST ANTHONY CENTRAL HOSPITAL-DENVER,CO 1985
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	7423
License Date	8/14/1986
Name	<b>WHEELER, ROBERT E MD</b>
Address	ROBERT WHEELER, MD FACEP, 9 CORDUROY RDAMHERST, NH, 03031-2724
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV MA MED SCHOOL WORCESTER MA USA 1978
Internship and Year	WORCESTER MEM HOSP INC WORCESTER MA 1979
Residency and Year	WORCESTER MEM HOSP INC WORCESTER MA 1981
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number 12228  
 License Date 2/4/2004  
 Name **WHITAKER III, ORION C MD**  
 Address 8 PALMER ST, QUINCY, MA, 02169  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation MEDICAL COLLEGE OF WISCONSIN, MILWAUKEE WI US 1982  
 Internship and Year MEDICAL COLLEGE OF OHIO, TOLEDO OH 1983  
 Residency and Year MEDICAL COLLEGE OF WINCONSIN, MILWAUKEE WI 1984  
 License Expiration Date **6/30/2006**  
 Remarks

License Number 16094  
 License Date 4/3/2013  
 Name **WHITAKER, MARTIN D MD**  
 Address RIVERSIDE EYE CTR, 193 MAIN STNORWAY, ME, 04268  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE USA 1997  
 Internship and Year WESTERN PENNSYLVANIA HOSPITAL - PITTSBURGH, PA 1998  
 Residency and Year MEDICAL COLLEGE OF WISCONSIN - MILWAUKEE, WI 2001  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 8788  
 License Date 8/5/1992  
 Name **WHITAKER, STANLEY W MD**  
 Address ANDROSCOGGIN VALLEY HOSP, 59 PAGE HILL RDBERLIN, NH, 03570  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation NORTHWESTERN UNIVERSITY USA 1984  
 Internship and Year ILLINOIS MASONIC MEDICAL CENTER CHICAGO - ILLINOIS 1985  
 Residency and Year MC GAW MC/NORTHWESTERN UNIVERSITY CHICAGO - ILLINOIS 1989  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11842  
 License Date 2/5/2003  
 Name **WHITE, BRENT C MD**  
 Address DHMC, ONE MEDICAL CENTER DRIVELEBANON, NH, 03756  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation DUKE UNIV SCH OF MED - DURHAM, NC USA 2000  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2001  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2002  
 License Expiration Date **6/30/2017**  
 Remarks **lapsed 6/30/09 - reinstated 1/9/13**

License Number	12090
License Date	9/3/2003
Name	<b>WHITE, ERIC S MD</b>
Address	ORTHOPEDIC ASSOCIATES OF NORTH, STE #107 77 HOSPITAL AVENORTH ADAMS, MA, 01247
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	HARVARD MEDICAL SCHOOL, BOSTON MA US 1967
Internship and Year	ST LUKES ROOSEVELT HOSPITAL CTR, NEW YORK NY 1968
Residency and Year	ST LUKES ROOSEVELT HOSPITAL CTR, NEW YORK NY 1969
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	13061
License Date	4/5/2006
Name	<b>WHITE, EVELYN M MD</b>
Address	2350 CHESTNUT AVE, STE 302-NGLENVIEW, IL, 60026
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF CINCINNATI-CINCINNATI OH USA 1979
Internship and Year	EVANSTON NORTHWESTERN HEALTHCARE-EVANSTON IL 1980
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL-BOSTON MA 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6047
License Date	5/3/1979
Name	<b>WHITE, GREGORY E MD</b>
Address	DEPT OF VA AFFAIRS MED CTR, 718 SMYTH RDMANCHESTER, NH, 03104
Specialty	IM
Board Certified	IM
School and Year of Graduation	GEORGE WASHINGTON UNIV SCHOOL MEDICINE - WASH, DC USA 1976
Internship and Year	GEORGE WASHINGTON UNIV HOSPITAL - WASHINGTON, DC 1977
Residency and Year	GEORGE WASHINGTON UNIV HOSPITAL - WASHINGTON, DC 1979
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8190
License Date	7/12/1989
Name	<b>WHITE, GREGORY V MD</b>
Address	HUGGINS HOSPITAL, PO BOX 912 S MAIN STWOLFEBORO, NH, 03894
Specialty	DR
Board Certified	DR
School and Year of Graduation	SUNY-HLTH SCI CTR-SYRACUSE,NY USA 1979
Internship and Year	WILFORD HALL USAF MED CTR-LACKLAND AFB,TX 1980
Residency and Year	WILFORD HALL USAF MED CTR- LACKLAND AFB,TX 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7140
License Date	6/6/1985
Name	<b>WHITE, JERRY L MD</b>
Address	AMOSKEAG ANESTHESIA PLLC, ONE ELLIOT WAY STE 200MANCHESTER, NH, 03103-0350
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS-WORCESTER, MA USA 1982
Internship and Year	LOS ANGELES CO USC MED CENTER-LOS ANGELES, CA 1983
Residency and Year	MEDICAL CENTER HOSPITAL-BURLINGTON, VT 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9635
License Date	1/3/1996
Name	<b>WHITE, JONATHAN C MD</b>
Address	SPECTRUM MEDICAL GROUP, 300 PROFESSIONAL DRSCARBOROUGH, ME, 03074
Specialty	R
Board Certified	R
School and Year of Graduation	STANFORD UNIV SCHOOL OF MEDICINE - STANFORD, CA USA 1988
Internship and Year	WASHINGTON UNIV SCHOOL OF MEDICINE - ST LOUIS, MO 1989
Residency and Year	WASHINGTON UNIV SCHOOL OF MEDICINE - ST LOUIS, MO 1992
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	7239
License Date	12/5/1985
Name	<b>WHITE, JOSEPH D MD</b>
Address	158 NH ROUTE 108 SUITE B, DOVER, NH, 03820
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	BOSTON UNIV SCH MED - BOSTON,MA USA 1979
Internship and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 1980
Residency and Year	UNIV COLORADO SCH OF MED - DENVER, CO 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16616
License Date	5/7/2014
Name	<b>WHITE, JOSHUA A MD</b>
Address	CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL USA 2008
Internship and Year	VIRGINIA COMMONWEALTH UNIVERSITY HEALTH SYSTEM - RICHMOND, VA 2009
Residency and Year	VIRGINIA COMMONWEALTH UNIVERSITY HEALTH SYSTEM - RICHMOND, VA 2011
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 15116  
 License Date 1/5/2011  
 Name **WHITE, JOSHUA T MD**  
 Address DHMC - EMERGENCY DEPT, 1 MEDICAL CTR DRLEBANON, NH, 03756  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation UNIVERSITY OF IOWA USA 2001  
 Internship and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2002  
 Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2004  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 14003  
 License Date 5/7/2008  
 Name **WHITE, KELLEY J MD**  
 Address MIDSTATE HLTH CTR, 101 BOULDER POINT DRPLYMOUTH, NH, 03264  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1980  
 Internship and Year ST CHRISTOPHERS HOSPITAL FOR CHILDREN - PHILADELPHIA, PA 1981  
 Residency and Year ST CHRISTOPHERS HOSPITAL FOR CHILDREN - PHILADELPHIA, PA 1983  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 5639  
 License Date 11/4/1976  
 Name **WHITE, MICHAEL P MD**  
 Address 5061 BANNOCK AVE, SIERRA VISTA, AZ, 85650  
 Specialty IM  
 Board Certified  
 School and Year of Graduation ST THOMAS MEDICAL SCHOOL LONDON 1964  
 Internship and Year LUSAKA GENERAL- LUSAKA, ZAMBIA 1966  
 Residency and Year ROYAL MASONIC HOSPITAL- LONDON 1972  
 License Expiration Date **6/30/2014**  
 Remarks **Deceased 4/1/14**

License Number 6819  
 License Date 11/10/1983  
 Name **WHITE, NORMAN S MD**  
 Address 1885 SAN LUIS DR, SAN LUIS OBISPO, CA, 93401  
 Specialty P  
 Board Certified P  
 School and Year of Graduation MEDICAL COLLEGE OF GEORGIA - AUGUSTA, GA USA 1964  
 Internship and Year ALLEGHENY GENERAL HOSPITAL - PITTSBURGH, PA 1965  
 Residency and Year ALBERT EINSTEIN MEDICAL CENTER - PHILADELPHIA, PA 1976  
 License Expiration Date **6/30/2013**  
 Remarks

License Number	10191
License Date	3/13/1997
Name	<b>WHITE, ROBERT W MD</b>
Address	GREATER NEW BEDFORD COMMUNITY, 874 PURCHERS STNEW BEDFORD, MA, 02740
Specialty	FP
Board Certified	
School and Year of Graduation	MED COLL OF GEORGIA SCH OF MED-AUGUSTA,GA USA 1994
Internship and Year	SACRED HEART MEDICAL CENTER - WA 1995
Residency and Year	HEALTH ALLIANCE HOSPITAL - LEOMINSTER, MA 1996
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	16809
License Date	10/1/2014
Name	<b>WHITE, STEPHANIE L MD</b>
Address	DHMC - GENERAL ACADEMIC PEDIATRICSQ, 1 MEDICAL CTR DRLEBANON, NH, 03756
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF PITTSBURGH SCHOOL OF MED USA 2008
Internship and Year	JACKSON MEMORIAL HOSP-MILLER SOM-UNIV OF MIAMI - MIAMI, FL 2009
Residency and Year	JACKSON MEMORIAL HOSP-MILLER SOM-UNIV OF MIAMI - MIAMI, FL 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7665
License Date	7/8/1987
Name	<b>WHITE, SUSAN E MD</b>
Address	MASS. COLLEGE OF PHARMACY, 1260 ELM STMANCHESTER, NH, 03101-1305
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	TUFTS UNIV SCH MED -BOSTON,MA USA 1983
Internship and Year	ST MARGARETS HOSP-DORCHESTER,MA 1984
Residency and Year	ST MARGARETS HOSP-DORCHESTER,MA 1987
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	10599
License Date	6/2/1999
Name	<b>WHITE, W BRADLEY MD</b>
Address	CHESHIRE MED CTR - DHMC KEENE, 580-90 COURT STREETKEENE, NH, 03431
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIV OF TEXAS SW MEDICAL CENTER - DALLAS,TX USA 1983
Internship and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1984
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12411
License Date	7/7/2004
Name	<b>WHITE, WAYNE D MD</b>
Address	WOMEN'S HEALTH ASSOC OF DERRY, 6 TSIENNETO RD STE 204DERRY, NH, 03038
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	GEORGE WASHINGTON UNIV - WASHINGTON, DC USA 1981
Internship and Year	MILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 1982
Residency and Year	MILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16144
License Date	5/1/2013
Name	<b>WHITEHEAD, DIANA A MD</b>
Address	DHMC - GASTROENTEROLOGY & HEPATOLOGY 4C, 1 MEDICAL CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	STATE UNIV OF NY UPSTATE MEDICAL UNIV USA 2010
Internship and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2011
Residency and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	Lapsed for non-renewal 6/30/2015. Renewed 9/9/15

License Number	17286
License Date	9/2/2015
Name	<b>WHITEMAN, DIANA M MD</b>
Address	3788 S ROCKBRIDGE RD, STONE MOUNTAIN, GA, 30087-4409
Specialty	PM
Board Certified	PM
School and Year of Graduation	VIRGINIA COMMONWEALTH UNIVERSITY, RICHMOND, VA USA 1983
Internship and Year	HARLEM HOSPITAL CENTER, NEW YORK, NY 1984
Residency and Year	NEW YORK PRESBYTERIAN HOSPITAL, NEW YORK, NY 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4676
License Date	4/10/1972
Name	<b>WHITENACK, DAVID C MD</b>
Address	10 CHESTNUT ST, EXETER, NH, 03833
Specialty	P
Board Certified	
School and Year of Graduation	CASE WESTERN RESERVE UNIV - CLEVELAND, OH USA 1961
Internship and Year	KAISER FOUNDATION - SAN FRANCISCO, CA 1962
Residency and Year	WESTERN PSYCHIATRIC INSTITUTIONAL HOSPITAL - PITTSBURGH, PA 1969
License Expiration Date	<b>6/30/2012</b>
Remarks	ORDER 2/8/90

License Number	9759
License Date	6/5/1996
Name	<b>WHITESELL, KIMBERLY K MD</b>
Address	251 CENTRAL AVE, DOVER, NH, 03820
Specialty	CHP
Board Certified	P
School and Year of Graduation	UNIV OF CALIFORNIA SAN FRANCISCO SCHOOL OF MEDICIN USA 1990
Internship and Year	MOUNT ZION MEDICAL CENTER UNIV OF CA - SAN FRANCISCO, CA 1991
Residency and Year	YALE NEW HAVEN HOSPITAL - NEW HAVEN, CT 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>NO DISCIPLINARY ACTION. 1/10/03 THERE HAS BEEN AN ASSESSMENT OF A CIVIL PENALTY FOR FAILURE TO RENEW HER LICENSE IN A TIMELY MANNER.</b>

License Number	12412
License Date	7/7/2004
Name	<b>WHITESIDE, JAMES L MD</b>
Address	THE CHRIST HOSPITAL, 2123 AUBURN AVE, SUITE 307CINCINNATI, OH, 45219
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	MEDICAL COLLEGE OF GEORGIA - AUGUSTA, GA USA 1997
Internship and Year	WOMEN AND INFANTS HOSPITAL - BROWN UNIVERSITY - PROVIDENCE, RI 1999
Residency and Year	WOMEN AND INFANTS HOSPITAL - BROWN UNIVERSITY - PROVIDENCE, RI 2000
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	5329
License Date	5/2/1975
Name	<b>WHITING, RICHARD D MD</b>
Address	DHMC - GIM, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	CORNELL UNIV - NY USA 1969
Internship and Year	UNIV OF VIRGINIA - CHARLOTTSVILLE, VA 1970
Residency and Year	UNIV OF VIRGINIA - CHARLOTTSVILLE, VA 1972
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	7594
License Date	5/6/1987
Name	<b>WHITLOCK JR, JAMES A MD</b>
Address	NORTHEAST REHAB HOSPITAL, 70 BUTLER STSALEM, NH, 03079
Specialty	N
Board Certified	N
School and Year of Graduation	DALHOUSIE UNIVERSITY NOVA SCOTIA 1981
Internship and Year	UNIV OF MA HOSPITAL 1985
Residency and Year	UNIV OF MA HOSPITAL 1986
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9879
License Date	11/6/1996
Name	<b>WHITMAN, BRADLEY W MD</b>
Address	831 BEACON ST 276, NEWTON CTR, MA, 02459
Specialty	CHN
Board Certified	
School and Year of Graduation	TELAVIV UNIV SACKLER FACULTY OF MEDICINE - ISRAEL ISRAEL 1988
Internship and Year	LONG ISLAND JEWISH MEDICAL CENTER - NY 1990
Residency and Year	GEORGE WASHINGTON UNIV HOSPITAL - WASHINGTON, DC 1993
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	13811
License Date	1/11/2008
Name	<b>WHITNEY, CHRISTIAN J DO</b>
Address	GREENWICH HOSP, 5 PERRYRIDGE RDGREENWICH, CT, 06830
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV OF MEDICINE & DENTISTRY OF NJ USA 2004
Internship and Year	ST VINCENT'S MIDTOWN HOSPITAL - NY, NY 2005
Residency and Year	YALE-NEW HAVEN MEDICAL CENTER - NEW HAVEN, CT 2007
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	15097
License Date	12/1/2010
Name	<b>WHITNEY, JOHN F MD</b>
Address	WELL POINT, 11 CORPORATE WOODS BLVD R-5LALBANY, NY, 12211
Specialty	IM
Board Certified	IM
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 1990
Internship and Year	FLETCHER ALLEN HEALTH CARE UNIVERSITY OF VERMONT - BURLINGTON, VT 1991
Residency and Year	FLETCHER ALLEN HEALTH CARE UNIVERSITY OF VERMONT - BURLINGTON, VT 1993
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	13188
License Date	7/5/2006
Name	<b>WHITEMORE, DARREN E DO</b>
Address	DEPT OF PATHOLOGY, 2200 BERGQUIST DR #1LACKLAND AFB, TX, 78236
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	WESTERN UNIV USA 2000
Internship and Year	WILFORD HALL MEDICAL CTR-LACKLAND AFB, TX 2002
Residency and Year	WILFORD HALL MEDICAL CENTER-LACKLAND AFB, TX 2005
License Expiration Date	<b>6/30/2010</b>
Remarks	



License Number 15117  
 License Date 1/5/2011  
 Name **WHITTEMORE, DOUGLAS M MD**  
 Address VISTA STAFFING SOLUTIONS, 272 EAST 200 SOUTHSALT LAKE CITY, UT, 84111  
 Specialty U  
 Board Certified U  
 School and Year of Graduation UNIVERSITY OF CINCINNATI USA 1980  
 Internship and Year WASHINGTON UNIVERSITY SCHOOL OF MEDICINE - ST LOUIS, MO 1981  
 Residency and Year ST FRANCIS HOSPITAL MOUNT SINAI HOSPITAL - HARTFORD, CT 1982  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 3226  
 License Date 1/20/1958  
 Name **WHITTENBURG, ROSS E MD**  
 Address 6 JORDAN AVE, CONCORD, NH, 03301  
 Specialty IM  
 Board Certified  
 School and Year of Graduation UNIVERSITY OF TEXAS USA 1943  
 Internship and Year PHILADELPHIA GENERAL HOSPITAL PHILADELPHIA - PENNSYLVANIA 1944  
 Residency and Year LAHEY CLINIC HOSPITAL BOSTON - MASSACHUSETTS 1949  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 4511  
 License Date 10/14/1969  
 Name **WHYBROW, PETER C MD**  
 Address UCLA NEURO PSYCHIATRIC INST, 760 WESTWOOD BLVD C7-463LOS ANGELES, CA, 90024-1759  
 Specialty P  
 Board Certified  
 School and Year of Graduation UNIV COLLEGE HOSPITAL MEDICAL SCHOOL ENGLAND 1962  
 Internship and Year UNIV COLLEGE HOSPITAL - LONDON, ENGLAND 1965  
 Residency and Year NORTH CAROLINA MEMORIAL HOSPITAL - CHAPEL HILL, NC 1967  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 5089  
 License Date 9/18/1973  
 Name **WHYTE, THOMAS R MD**  
 Address DIAGNOSTIC RADIOLOGY, PO BOX 172CTR SANDWICH, NH, 03227  
 Specialty R  
 Board Certified R  
 School and Year of Graduation GEORGE WASHINGTON UNIV - WASHINGTON, DC USA 1962  
 Internship and Year DARTMOUTH-MEDICAL CENTER - LEBANON, NH 1963  
 Residency and Year MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1969  
 License Expiration Date **6/30/2011**  
 Remarks

License Number	11404
License Date	9/5/2001
Name	<b>WICKBERG, LYNN MARIE H MD</b>
Address	745 HARTLEY HILL SOUTH, PUTNEY, VT, 05346
Specialty	CHP
Board Certified	CHP
School and Year of Graduation	UNIV OF VERMONT COLL OF MED - BURLINGTON, VT USA 1995
Internship and Year	DARMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1996
Residency and Year	DARMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1999
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	15238
License Date	5/4/2011
Name	<b>WICKS, CHARLES D MD</b>
Address	CONCORD HOSPITAL CARDIAC ASSOC, 246 PLEASANT STCONCORD, NH, 03301
Specialty	IM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2005
Internship and Year	UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM - PHILADELPHIA, PA 2006
Residency and Year	UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM - PHILADELPHIA, PA 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8067
License Date	3/29/1989
Name	<b>WICKSMAN, ROGER H DO</b>
Address	CONCORD PEDIATRICS PA, 248 PLEASANT ST PILLSBURY BLDGCONCORD, NH, 03301-
Specialty	PD
Board Certified	
School and Year of Graduation	UNIV OF N.E. COLL OF OSTEO BIDDEFORD ME USA 1985
Internship and Year	MORRISTOWN MEM HOSP MORRISTOWN NJ 1987
Residency and Year	MORRISTOWN MEM HOSP MORRISTOWN NJ 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14611
License Date	9/2/2009
Name	<b>WIDNESS, CRAIG P MD</b>
Address	ELLIOT PEDIATRICS & PRIMARY CARE RIVERSIDE, 20 CHAMBERS DR #2200HOOKSETT, NH, 03106
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF ROCHESTER USA 2003
Internship and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2005
Residency and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11580
License Date	4/3/2002
Name	<b>WIDZER, HELEN M MD</b>
Address	INTRACORP, 523 PLYMOUTH RDPLYMOUTH MEETING, PA, 19462
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	MEDICAL COLLEGE OF PENNSYLVANIA- PHILA, PA USA 1978
Internship and Year	MEDICAL COLLEGE OF PENNSYLVANIA - PHILADELPHIA, PA 1979
Residency and Year	MEDICAL COLLEGE OF PENNSYLVANIA - PHILADELPHIA, PA 1982
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	2911
License Date	5/14/1952
Name	<b>WIEDERHOLD III, LOUIS MD</b>
Address	219 MAIN ST, FRANCESTOWN, NH, 03043-0300
Specialty	FP
Board Certified	
School and Year of Graduation	UNIVERSITY OF PENNSYLVANIA USA 1950
Internship and Year	PENNSYLVANIA HOSPITAL - PHILADELPHIA, PA 1951
Residency and Year	PENNSYLVANIA HOSPITAL - PHILADELPHIA, PA 1952
License Expiration Date	<b>7/9/2008</b>
Remarks	07/09/08 - Voluntary Surrender of License. Deceased 9/16/2012

License Number	6992
License Date	10/4/1984
Name	<b>WIEGAND, MARGARET L A MD</b>
Address	DARTMOUTH HITCHCOCK MED CTR, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty	PD
Board Certified	PD
School and Year of Graduation	BROWN UNIV OF BIOLOGICAL MED-PROVIDENCE,RI USA 1979
Internship and Year	RHODE ISLAND HOSP-PROV. RI 1980
Residency and Year	RHODE ISLAND HSOP-PROV., RI 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3438
License Date	3/11/1961
Name	<b>WIEGMAN, JOSEPH B MD</b>
Address	11 SUNSET DR, ROCHESTER, NH, 03867-3222
Specialty	GP
Board Certified	
School and Year of Graduation	STATE UNIVERSITY OF LEIDEN HOLLAND 1957
Internship and Year	WORCESTER CITY HOSPITAL- MA 1960
Residency and Year	WORCESTER CITY HOSPITAL- MA 1960
License Expiration Date	<b>6/30/2005</b>
Remarks	Deceased 11/16/13

License Number	12183
License Date	12/3/2003
Name	<b>WIENER, DANIEL C MD</b>
Address	BRIGHAM & WOMEN'S HOSP, 75 FRANCIS STBOSTON, MA, 02115
Specialty	GS
Board Certified	
School and Year of Graduation	COLUMBIA UNIVERSITY, NEW YORK NY US 2001
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2002
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CTR, LEBANON NH 2003
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	13476
License Date	4/4/2007
Name	<b>WIENER, RENDA S MD</b>
Address	VA MEDICAL CENTER, VA OUTCOMES GROUP 111BWRJ, VT, 05009
Specialty	IM
Board Certified	IM
School and Year of Graduation	COLUMBIA UNIV USA 2000
Internship and Year	NEW YORK & PRESBYTERIAN MEDICAL CENTER - NEW YORK, NY 2001
Residency and Year	NEW YORK & PRESBYTERIAN MEDICAL CENTER - NEW YORK, NY 2003
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	17094
License Date	5/6/2015
Name	<b>WIENER, STEPHEN M MD</b>
Address	110 CONCORD RD, WESTON, MA, 02493
Specialty	GE
Board Certified	GE
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1990
Internship and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1991
Residency and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6868
License Date	4/10/1984
Name	<b>WIESE, FREDERICK K MD</b>
Address	HITCHCOCK CLINIC, 590 COURT STKEENE, NH, 03431-1798
Specialty	CD
Board Certified	CD
School and Year of Graduation	ALBANY MED COLL OF UNION UNIV-ALBANY,NY USA 1979
Internship and Year	ALBANY MED CTR HOSP-ALBANY,NY 1980
Residency and Year	ALBANY MED CTR HOSP-ALBANY,NY 1982
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number 4783  
 License Date 5/25/1971  
 Name **WIETING, WILLIAM F MD**  
 Address 569 MIDDLE ST, PORTSMOUTH, NH, 03801-5012  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation BOSTON UNIV SCHOOL OF MEDICINE USA 1963  
 Internship and Year NEW BRITAIN GENERAL HOSPITAL - NEW BRITAIN, CT 1964  
 Residency and Year U S NAVAL HOSPITAL BOSTON - CHELSEA, MA 1969  
 License Expiration Date **6/30/2007**  
 Remarks

License Number 10409  
 License Date 9/2/1998  
 Name **WIGHT JR, JOSEPH N MD**  
 Address MMP - MAINEHEALTH CARDIOLOGY, 96 CAMPUS DR, STE 1SCARBOROUGH, ME, 04074  
 Specialty CD  
 Board Certified IM  
 School and Year of Graduation ALBANY MEDICAL COLL - ALBANY, NY USA 1990  
 Internship and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1991  
 Residency and Year NEW ENGLAND MEDICAL CENTER - BOSTON, MA 1992  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10835  
 License Date 2/2/2000  
 Name **WIJEYASEKARAN, SINGHARETNAM MD**  
 Address REGIONAL HLTH CORPORATION, 50 UNION ST GRANDFALLS WINDSORNEWFOUNDLAND CANADA,  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIF OF PERADENIYA - PERADENIYA, SRI LANKA SRI LANKA 1984  
 Internship and Year UNITY HEALTH SYSTEM - ROCHESTER, NY 1994  
 Residency and Year UNIV OF ROCHESTER MEDICAL CENTER - ROCHESTER, NY 1996  
 License Expiration Date **6/30/2002**  
 Remarks

License Number 6869  
 License Date 4/10/1984  
 Name **WILCOX JR, LLOYD M MD**  
 Address CONCORD OPHTHALMOLOGIC ASSOC, 2 PILLSBURY STCONCORD, NH, 03301  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation TUFTS UNIV SCH MED -BOSTON,MA USA 1967  
 Internship and Year HARTFORD HOSP-HARTFORD,CT 1968  
 Residency and Year NEW ENGLAND MED CTR HOSP-BOSTON,MA 1974  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	6223
License Date	6/9/1980
Name	<b>WILCOX, GILBERT M MD</b>
Address	MAINE GASTROENTEROLOGY ASSOC, 131 CHADWICK STPORTLAND, ME, 04102-3214
Specialty	GE
Board Certified	GE
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 1971
Internship and Year	CLEVELAND GENERAL HOSPITAL - CLEVELAND OH 1972
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1976
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	10316
License Date	6/3/1998
Name	<b>WILCZYNSKI, STEPHEN W MD</b>
Address	CONCORD PULMONARY MEDICINE, 248 PLEASANT ST G 100CONCORD, NH, 03301
Specialty	PUD
Board Certified	PUD
School and Year of Graduation	UNIV OF VERMONT COLL OF MED - BURLINGTON,VT USA 1989
Internship and Year	FLETCHER ALLEN HLTH CARE - BURLINGTON, VT 1990
Residency and Year	FLETCHER ALLEN HLTH CARE - BURLINGTON, VT 1992
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	9937
License Date	2/5/1997
Name	<b>WILE, IONA MD</b>
Address	WEEKS MEDICAL CENTER, 24 LANCASTER RDWHITEFIELD, NH, 03598
Specialty	FP
Board Certified	
School and Year of Graduation	UNIV DALHOUSIE HALIFAX NOVA SCOTIA CANADA 1988
Internship and Year	MCGILL UNIV MONTREAL - QUEBEC, CANADA 1990
Residency and Year	CANADIAN ACADEMY OF SPORT MEDICINE - OTTOWA ONTARIO, CANADA 1993
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	8836
License Date	10/23/1992
Name	<b>WILEY, CHRISTOPHER W MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	AN
Board Certified	AN
School and Year of Graduation	STANFORD UNIVERSITY SCHOOL OF MEDICINE USA 1978
Internship and Year	UNIVERSITY OF CALIFORNIA HOSPITALS AND CLINICS SAN FRANCISCO - CA 1979
Residency and Year	STANFORD UNIVERSITY MEDICAL CENTER STANFORD - CA 1981
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>DISCIPLINARY ACTION-1992</b>

License Number	11521
License Date	2/6/2002
Name	<b>WILEY, JEFFREY W MD</b>
Address	CONCORD ORTHOPAEDICS, 264 PLEASANT STCONCORD, NH, 03301
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL - LEBANON, NH USA 1996
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1997
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10671
License Date	8/4/1999
Name	<b>WILEY, KATE M MD</b>
Address	DARTMOUTH HITCHCOCK CLINIC, 32 PLEASANT STWOODSTOCK, VT, 05091
Specialty	FP
Board Certified	FP
School and Year of Graduation	QUEENS UNIV FAC OF HLTH SCI - KINGSTON ONTARIO CANADA 1990
Internship and Year	UNIV OF CALGARY - CALGARY AB CANADA 1991
Residency and Year	UNIV OF CALGARY - CALGARY AB CANADA 1992
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	10768
License Date	11/3/1999
Name	<b>WILHITE, JOHN M MD</b>
Address	SEACOAST ORTHOPEDICS & SPORTS, 237 RTE 108SOMERSWORTH, NH, 03878
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF MISSOURI SCH OF MED - COLUMBIA, OH USA 1980
Internship and Year	ST JOSEPH'S MEDICAL CENTER OF SOUTH BEND - SOUTH BEND, IN 1985
Residency and Year	UNIV OF NEBRASKA MED CTR - OMAHA, NE 1989
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	13386
License Date	1/3/2007
Name	<b>WILKE, CHRISTIAN P MD</b>
Address	DARTMOUTH-HITCHCOCK, 253 PLEASANT STCONCORD, NH, 03301
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF COLORADO USA 1990
Internship and Year	MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1991
Residency and Year	SWEDISH MEDICAL CENTER-SEATTLE - SEATTLE, WA 1999
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 7641  
 License Date 6/19/1987  
 Name **WILKENS, SUSANNA S MD**  
 Address ELLIOT HOSPITAL, ONE ELLIOT WAYMANCHESTER, NH, 03103  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation OHIO STATE UNIV COLL MED - COLUMBUS, OH USA 1984  
 Internship and Year ALBANY CHILD GUIDANCE CENTER - ALBANY, NY 1985  
 Residency and Year ALBANY CHILD GUIDANCE CENTER - ALBANY, NY 1987  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16202  
 License Date 6/5/2013  
 Name **WILKING, ANDREW P MD**  
 Address ANDREW P WILKING MD PLLC, 180 EMERALD STKEENE, NH, 03431  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation COLUMBIA UNIVERSITY COLLEGE USA 1987  
 Internship and Year NEW YORK PRESBYTERIAN HOSPITAL - NEW YORK, NY 1979  
 Residency and Year NEW YORK PRESBYTERIAN HOSPITAL - NEW YORK, NY 1980  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 7755  
 License Date 12/2/1987  
 Name **WILKING, SPENCER V MD**  
 Address EAST POINTE REHAB CTR, 255 CENTRAL AVECHelsea, MA, 02150  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF LONDON FAC MED-LONDON ENGLAND 1982  
 Internship and Year BAYSTATE MED CTR-SPRINGFIELD,MA 1984  
 Residency and Year UNIV HOSP-BOSTON,MA 1987  
 License Expiration Date **6/30/2005**  
 Remarks

License Number 8745  
 License Date 6/3/1992  
 Name **WILKINSON, ROBERT H MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, 1 MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty PDR  
 Board Certified PDR  
 School and Year of Graduation CORNELL UNIVERSITY MEDICAL COLLEGE USA 1951  
 Internship and Year ROCHESTER GENERAL HOSPITAL ROCHESTER - NEW YORK 1952  
 Residency and Year CHILDREN'S HOSPITAL DENVER - COLORADO 1956  
 License Expiration Date **6/30/2000**  
 Remarks **Deceased 3/26/2005**



License Number	8982
License Date	6/2/1993
Name	<b>WILKINSON, STEPHEN B DO</b>
Address	21 WHITEHALL RD, STE 303ROCHESTER, NH, 03867-
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEO MED USA 1989
Internship and Year	ST LUKES HOSPITAL - BETHLEHEM PA 1993
Residency and Year	ST LUKES HOSPITAL - BETHLEHEM PA 1993
License Expiration Date	<b>6/30/2005</b>
Remarks	DECEASED 10-16-05

License Number	17142
License Date	6/3/2015
Name	<b>WILKINSON-RYAN, IVY MD</b>
Address	DHMC, ONE MEDICAL CTR DRLEBANON, NH, 03766
Specialty	OBG
Board Certified	
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2008
Internship and Year	PENNSYLVANIA HOSPITAL - PHILADELPHIA, PA 2009
Residency and Year	PENNSYLVANIA HOSPITAL - PHILADELPHIA, PA 2012
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8623
License Date	8/7/1991
Name	<b>WILKS, KERRI L MD</b>
Address	BAUMEL-EISNER NEURO INSTITUTE, 7301 NO UNIVERSITY STE 300FT LAUDERDALE, FL, 33321
Specialty	N
Board Certified	N
School and Year of Graduation	NEW YORK MED COLL - VALHALLA, NY USA 1985
Internship and Year	ST LUKES-ROOSEVELT - NY, NY 1986
Residency and Year	BRONX MUNICIPAL HOSPITAL - BRONX, NY 1989
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	10172
License Date	11/5/1997
Name	<b>WILLER, ROBERT J MD</b>
Address	DARTMOUTH-HITCHCOCK CLINIC, 100 HITCHCOCK WAYMANCHESTER, NH, 03104
Specialty	D
Board Certified	D
School and Year of Graduation	UNIV OF AZ COLLEGE OF MED - TUCSON, AZ USA 1982
Internship and Year	GOOD SAMARITAN REGIONAL MEDICAL CENTER - AZ 1983
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5726
License Date	5/5/1977
Name	<b>WILLETT, LEE R MD</b>
Address	LACONIA CLINIC, 724 N MAIN ST LACONIA, NH, 03246
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF VERMONT-BURLINGTON VT USA 1974
Internship and Year	MEDICAL CENTER HOSPITAL OF VERMONT-BURLINGTON VT 1975
Residency and Year	MEDICAL CENTER HOSPITAL OF VERMONT-BURLINGTON VT 1977
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11471
License Date	11/7/2001
Name	<b>WILLETTE, PAUL A DO</b>
Address	RIVERSIDE METHODIST HOSP, 3535 OLENTANGY RD COLUMBUS, OH, 43201
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF HLTH SCI COLL OF OSTEO- KANSAS CITY, MO USA 1990
Internship and Year	BOTSFORD GENERAL HOSPITAL - FARMINGTON HILLS, MI 1991
Residency and Year	AKRON GENERAL MEDICAL CENTER - AKRON, OH 1992
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12443
License Date	8/4/2004
Name	<b>WILLETTE, PAUL M MD</b>
Address	80 SEYMORE ST, PO BOX 5037 HARFORD, CT, 06102-5037
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS, WORCESTER MA US 1994
Internship and Year	BERKSHIRE MEDICAL CTR, PITTSFIELD MA 1995
Residency and Year	BERKSHIRE MEDICAL CTR, PITTSFIELD MA 2000
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	13444
License Date	3/7/2007
Name	<b>WILLIAMS, ADRIENNE P MD</b>
Address	DHMC/ANESTHESIOLOGY, ONE MED CTR DR LEBANON, NH, 03756
Specialty	AN
Board Certified	AN
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2003
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER-LEBANON, NH 2004
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER- LEBANON, NH 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10769
License Date	11/3/1999
Name	<b>WILLIAMS, ANDREA R MD</b>
Address	10 ALICE PECK DAY DRIVE, LEBANON, NH, 03766
Specialty	AN
Board Certified	AN
School and Year of Graduation	MEDICAL UNIV OF S CAROLINA - CHARLESTON, SC USA 1989
Internship and Year	MEDICAL UNIV OF SOUTH CAROLINA - CHARLESTON, SC 1990
Residency and Year	MEDICAL UNIV OF SOUTH CAROLINA - CHARLESTON, SC 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14115
License Date	7/9/2008
Name	<b>WILLIAMS, CARL M MD</b>
Address	20 DERAN DR, SABATTUS, ME, 04280
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF MARYLAND USA 1995
Internship and Year	BOSTON UNIV MEDICAL CENTER-BOSTON,MA 1996
Residency and Year	BOSTON UNIV MEDICAL CENTER-BOSTON, MA 1998
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	9610
License Date	12/6/1995
Name	<b>WILLIAMS, CURTIS M MD</b>
Address	RADIOLOGY ASSOCIATES, 38 HAMLET AVEWOONSOCKET, RI, 02895-
Specialty	R
Board Certified	R
School and Year of Graduation	UMDNJ-NEW JERSEY MEDICAL SCHOOL - NEWMARK, NJ USA 1970
Internship and Year	ST VINCENT'S HOSPITAL & M C NY NEW YORK, NY 1971
Residency and Year	ST NINCENT'S HOSPITAL & M C NY NEW YORK, NY 1976
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	14951
License Date	7/7/2010
Name	<b>WILLIAMS, DAVID D MD</b>
Address	15 PROSPECT ST, NASHUA, NH, 03060
Specialty	CHP
Board Certified	P
School and Year of Graduation	UNIVERSITY OF ALABAMA USA 2004
Internship and Year	UNIVERSITY OF MICHIGAN MEDICAL CENTER - ANN ARBOR, MI 2006
Residency and Year	UNIVERSITY OF MICHIGAN MEDICAL CENTER - ANN ARBOR, MI 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9848
License Date	9/4/1996
Name	<b>WILLIAMS, EDWARD J MD</b>
Address	WENTWORTH-DOUGLAS HOSP, 789 CENTRAL AVEDOVER, NH, 03820
Specialty	EM
Board Certified	EM
School and Year of Graduation	GEORGETOWN UNIV SCHOOL OF MED- WASHINGTON, DC USA 1993
Internship and Year	WEST VIRGINIA UNIV HOSPITAL-WV 1996
Residency and Year	WEST VIRGINIA UNIV HOSPITAL - WV 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17287
License Date	9/2/2015
Name	<b>WILLIAMS, ERIC M MD</b>
Address	7322 W ELLER RD, BLOOMINGTON, IN, 47403-9215
Specialty	CD
Board Certified	CD
School and Year of Graduation	SOUTHERN ILLINOIS UNIVERSITY, SPRINGFIELD, IL USA 2004
Internship and Year	UNIVERSITY OF WISCONSIN, MADISON, WI 2005
Residency and Year	UNIVERSITY OF WISCONSIN, MADISON, WI 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11119
License Date	11/1/2000
Name	<b>WILLIAMS, GREGORY R MD</b>
Address	ST JOSEPH FAMILY MED CTR, 382 DW HIGHWAYMERRIMACK, NH, 03054
Specialty	FP
Board Certified	
School and Year of Graduation	MEDICAL COLL OF WISCONSIN - MILWAUKEE, WI USA 1990
Internship and Year	TRIPLER ARMY MEDICAL CENTER - HONOLULU, HI 1991
Residency and Year	BEVERY HOSPITAL - DANVERS, MA 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9084
License Date	11/3/1993
Name	<b>WILLIAMS, JOHN C MD</b>
Address	BEACHS UROLOGY, 1370 13TH AVE STE 121JACKSONVILLE BEACH, FL, 32250
Specialty	U
Board Certified	U
School and Year of Graduation	VA COMMONWEALTH UNIV MED COLL - RICHMOND USA 1990
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1992
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 1996
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	9716
License Date	5/1/1996
Name	<b>WILLIAMS, LINDA A MD</b>
Address	FOUNDATION PEDIATRICS, 280 MAIN ST., STE 111NASHUA, NH, 03060
Specialty	PD
Board Certified	PD
School and Year of Graduation	GEORGE WASHINGTON UNIVERSITY-WASHINGTON DC USA 1991
Internship and Year	GEORGE WASHINGTON UNIVERSITY-WASHINGTON,DC 1994
Residency and Year	GEORGE WASHINGTON UNIVERSITY-WASHINGTON DC 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13610
License Date	7/11/2007
Name	<b>WILLIAMS, MARCUS R MD</b>
Address	REFOCUS LLC, 1492 POTTSTOWN PIKE #259WEST CLESTER, PA, 19380
Specialty	IM
Board Certified	IM
School and Year of Graduation	WAKE FOREST UNIV USA 1985
Internship and Year	NEW HANOVER REGIONAL MEDICAL CENTER-COASTAL AHEC - WILMINGTON, NC 1986
Residency and Year	NEW HANOVER REGIONAL MEDICAL CENTER-COASTAL AHEC - WILMINGTON, NC 1988
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	4993
License Date	5/22/1973
Name	<b>WILLIAMS, RICHARD A MD</b>
Address	1045 N VISTA VERDE, LITCHFIELD PARK, AZ, 85340
Specialty	IM
Board Certified	IM
School and Year of Graduation	LONDON UNIVERSITY-LONDON ENGLAND ENGLAND 1968
Internship and Year	UNIVERSITY OF LONDON-LONDON ENGLAND 1969
Residency and Year	WHITTINGTON HOSP-LONDON ENGLAND 1972
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	6224
License Date	6/9/1980
Name	<b>WILLIAMS, RUSSELL S MD</b>
Address	PO BOX 35, LOWER WATERFORD, VT, 05848
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF ILLINOIS COLL-CHICAGO,IL USA 1954
Internship and Year	SWEDISH-AMERICAN HOSP-ROCKFORD,IL 1955
Residency and Year	METHODIST HOSP INDIANA-INDIANAPOLIS,IN 1958
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	5810
License Date	8/16/1977
Name	<b>WILLIAMS, THOMAS H MD</b>
Address	277 N PEAK DR, EASTON, NH, 03580
Specialty	PD
Board Certified	PD
School and Year of Graduation	MCGILL UNIV FAC OF MED MONTREAL QUEBEC CANADA 1970
Internship and Year	MAYO GRAD SCHOOL MEDICAL/MAYO FOUNDATION - MN 1971
Residency and Year	MAYO GRAD SCHOOL MEDICAL/MAYO FOUNDATION - MN 1973
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	9573
License Date	10/4/1995
Name	<b>WILLIAMSON, DOUGLAS E MD</b>
Address	COMMUNITY CARE CTR, ALICE PECK DAY DRIVELEBANON, NH, 03766
Specialty	PD
Board Certified	PD
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL HANOVER, NH USA 1993
Internship and Year	MARY HITCHCOCK MEMORIAL HOSPITAL HANOVER, NH 1996
Residency and Year	MARY HITCHCOCK MEMORIAL HOSPITAL HANOVER, NH 1996
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8631
License Date	9/4/1991
Name	<b>WILLIAMSON, PETER D MD</b>
Address	DHMC-NEUROLOGY, 1 MEDICAL CTR DRHANOVER, NH, 03756
Specialty	N
Board Certified	N
School and Year of Graduation	UNIV OF SO CALIFORNIA -LOS ANGELES, CA USA 1963
Internship and Year	NEW YORK HOSPITAL - NY, NY 1964
Residency and Year	NEW YORK HOSPITAL - NY, NY 1965
License Expiration Date	<b>6/4/2008</b>
Remarks	<b>DECEASED 06/04/08</b>

License Number	13005
License Date	2/1/2006
Name	<b>WILLIS JR, FRED S MD</b>
Address	EMERGENCY DEPARTMENT, 2600 GREENWOOD RDSHREVEPORT, LA, 71103
Specialty	EM
Board Certified	EM
School and Year of Graduation	LOUISIANA STATE UNIVERSITY, SHREVEPORT LA US 1988
Internship and Year	LOUISIANA STATE UNIVERSITY, SHREVEPORT LA 1989
Residency and Year	CHARITY HOSP, NEW ORLEANS LA 1992
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	5855
License Date	1/5/1978
Name	<b>WILLITTS, WILLIAM J MD</b>
Address	DARTMOUTH COMMONS, 765 S MAIN ST STE 101-DMANCHESTER, NH, 03102
Specialty	GE
Board Certified	GE
School and Year of Graduation	BOSTON UNIV SCHOOL OF MEDICINE - BOSTON, MA USA 1973
Internship and Year	CARNEY HOSPITAL - BOSTON, MA 1974
Residency and Year	NEW ENGLAND DEACONESS HOSPITAL - BOSTON, MA 1978
License Expiration Date	<b>6/30/1999</b>
Remarks	<b>LICENSE REVOKED 3/8/99 PURSUANT TO RSA 161-B:11, CHILD SUPPORT. REINSTATEMENT DENIED 2/14/01 MOTION FOR RECONSIDERATION DENIED 4/6/01.</b>

License Number	14399
License Date	4/1/2009
Name	<b>WILLOUGHBY, MARTA G MD</b>
Address	5810 STERLING PL, MIDLAND, TX, 79707
Specialty	EM
Board Certified	EM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 2002
Internship and Year	BRODY SCHOOL OF MEDICINE @ EAST CAROLINA UNIV - GREENVILLE, NC 2003
Residency and Year	BRODY SCHOOL OF MEDICINE @ EAST CAROLINA UNIV - GREENVILLE, NC 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15973
License Date	12/5/2012
Name	<b>WILLS JR, HENRY D MD</b>
Address	3544 W CONGRESS ST, ALLENTOWN, PA, 18104
Specialty	N
Board Certified	N
School and Year of Graduation	TEMPLE UNIVERSITY SCHOOL OF MEDICINE USA 1975
Internship and Year	THE ALLENTOWN HOSPITAL - ALLENTOWN, PA 1976
Residency and Year	THE ALLENTOWN HOSPITAL - ALLENTOWN, PA 1977
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	14982
License Date	8/4/2010
Name	<b>WILLS, MARCIA MD</b>
Address	STRATA DX, ONE CRANBERRY HILL STE 303LEXINGTON, MA, 02421
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1992
Internship and Year	JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1994
Residency and Year	JOHNS HOPKINS HOSPITAL - BALTIMORE, MD 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 11146  
 License Date 12/6/2000  
 Name **WILLSON, SHAWN L MD**  
 Address NH STATE PRISON, 281 N STATE STCONCORD, NH, 03301  
 Specialty P  
 Board Certified  
 School and Year of Graduation UNIV OF MISSOURI-KANSAS CITY SCH- KANSAS CITY, MO USA 1990  
 Internship and Year GEORGIA BAPTIST MEDICAL CENTER - ATLANTA, GA 1991  
 Residency and Year GEORGIA BAPTIST MEDICAL CENTER - ATLANTA, GA 1992  
 License Expiration Date **6/30/2003**  
 Remarks

License Number 9789  
 License Date 7/16/1996  
 Name **WILMOT, CLARE J M MD**  
 Address 3501 OLD COUNTY RD, WATERFORD, VT, 05819  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation UNIV OF BRISTOL THE MED SCHOOL, BRISTOL UK 1977  
 Internship and Year ST ELIZABETHS HOSPITAL - BOSTON, MA 1982  
 Residency and Year ST ELIZABETHS HOSP-BOSTON,MA 1982  
 License Expiration Date **6/30/2016**  
 Remarks **7/10/96 "ORDER OF CONDITIONAL APPROVAL" 9/18/97 "ORDER" LICENSE UNRESTRICTED AND IN GOOD STANDING**

License Number 14182  
 License Date 9/3/2008  
 Name **WILSON JR, WILLIAM R MD**  
 Address COASTAL CARDIOTHORACIC & VASCULAR SURGERY, 333 BORTHWICK AVE, STE 402PORTSMOUTH,  
 Specialty TS  
 Board Certified TS  
 School and Year of Graduation UNIV OF CONNECTICUT USA 1982  
 Internship and Year UNIV OF VERMONT MEDICAL CENTER/FAHC - BURLINGTON, VT 1983  
 Residency and Year UNIV OF VERMONT MEDICAL CENTER/FAHC - BURLINGTON, VT 1987  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16617  
 License Date 5/7/2014  
 Name **WILSON, AMANDA L MD**  
 Address CLEAN SLATE CENTERS, PO BOX 32NORTHAMPTON, MA, 01061-0032  
 Specialty ADM  
 Board Certified ADM  
 School and Year of Graduation UNIVERSITY OF VT COLLEGE OF MEDICINE USA 1997  
 Internship and Year MIDDLESEX HOSPITAL - MIDDLETOWN, CT 1998  
 Residency and Year BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2001  
 License Expiration Date **6/30/2016**  
 Remarks



License Number 16055  
 License Date 3/6/2013  
 Name **WILSON, BARBARA A MD**  
 Address LITTLETON REGIONAL HEALTHCARE, 580 ST JOHNSBURY RD STE 25LITTLETON, NH, 03561  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIVERSITY OF COLORADO SCHOOL OF MEDICINE USA 2010  
 Internship and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011  
 Residency and Year DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11944  
 License Date 5/7/2003  
 Name **WILSON, DIANA L MD**  
 Address CNTRL ME PULMONARY & SLEEP MED, 76 HIGH ST SUITE 300LEWISTON, ME, 04240  
 Specialty PCC  
 Board Certified SM  
 School and Year of Graduation UNIV OF VERMONT - BURLINGTON, VT USA 1997  
 Internship and Year MAINE MEDICAL CENTER - PORTLAND, ME 1998  
 Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 2000  
 License Expiration Date **6/30/2013**  
 Remarks

License Number 6539  
 License Date 5/6/1982  
 Name **WILSON, DONALD V MD**  
 Address DARTMOUTH-HITCHCOCK CLINIC, 590 COURT STKEENE, NH, 03431-1798  
 Specialty OTO  
 Board Certified OTO  
 School and Year of Graduation TEMPLE UNIV SCH MED-PHIL,PA USA 1975  
 Internship and Year NAVAL REGIONAL MED CTR-PHIL,PA 1976  
 Residency and Year FITZSIMONS ARMY MED CTR-AURORA,CO 1980  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11227  
 License Date 4/4/2001  
 Name **WILSON, FLETCHER R MD**  
 Address BEDFORD COMMONS OB/GYN, 201 RIVERWAY PLACEBEDFORD, NH, 03110  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation UNIV OF VERMONT COLL- BURLINGTON, VT USA 1997  
 Internship and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1998  
 Residency and Year STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2001  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	9174
License Date	5/4/1994
Name	<b>WILSON, JAMES M MD</b>
Address	CAROLINA CENTER RHEUMATOLOGY, 1665 HERLONG CT STE A ROCKHILL, SC, 29732-
Specialty	RHU
Board Certified	RHU
School and Year of Graduation	WRIGHT STATE UNIVERSITY SCHOOL OF MEDICINE USA 1985
Internship and Year	WM BEAUMONT ARMY MEDICAL CENTER - EL PASO TX 1986
Residency and Year	WALTER REED ARMY MEDICAL CENTER - WASHINGTON DC 1991
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	10013
License Date	5/7/1997
Name	<b>WILSON, JOHN M MD</b>
Address	1235 TROON CT SE, GRAND RAPIDS, MI, 49546
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF TX SOUTHWESTERN MED CTR-DALLAS,TX USA 1987
Internship and Year	
Residency and Year	MED CTR HOSP OF VT-VT 1992
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	7595
License Date	5/6/1987
Name	<b>WILSON, MARY T MD</b>
Address	20 LADD ST, PORTSMOUTH, NH, 03801
Specialty	P
Board Certified	P
School and Year of Graduation	MC MASTER UNIVERSITY SCHOOL OF MEDICINE CANADA 1981
Internship and Year	UNIVERSITY HOSPITAL INC - BOSTON MA 1986
Residency and Year	UNIVERSITY HOSPITAL INC - BOSTON MA 1987
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	12043
License Date	8/6/2003
Name	<b>WILSON, MICHAEL F MD</b>
Address	126 WING ST, #185 ARLINGTON HEIGHTS, IL, 60004
Specialty	GS
Board Certified	GS
School and Year of Graduation	RUSH UNIVERSITY, CHICAGO IL US 1978
Internship and Year	RUSH-PRESBYTERIAN - ST LUKES MED CTR, CHICAGO IL 1979
Residency and Year	RUSH-PRESBYTERIAN - ST LUKES MED CTR, CHICAGO IL 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/2/15</b>

License Number	15052
License Date	10/6/2010
Name	<b>WILSON, PETER H MD</b>
Address	CONCORD SURGICAL ASSOC, 246 PLEASANT STCONCORD, NH, 03301
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF CONNECTICUT USA 1982
Internship and Year	HARTFORD HOSPITAL - HARTFORD, CT 1983
Residency and Year	HARTFORD HOSPITAL - HARTFORD, CT 1987
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	D0016
License Date	2/12/2014
Name	<b>WILSON, RALPH S MD</b>
Address	DOCTORS BLDG, 500 S UNIVERSITY AVE STE 519LITTLE ROCK, AR, 72205
Specialty	OPH
Board Certified	
School and Year of Graduation	UNIVERSITY OF ARKANSAS COLLEGE OF MEDICINE USA 1963
Internship and Year	
Residency and Year	
License Expiration Date	<b>2/12/2014</b>
Remarks	<b>2/12/14 - Final Decision &amp; Order.</b>

License Number	7985
License Date	10/5/1988
Name	<b>WILSON, RICHARD W MD</b>
Address	LACONIA CLINIC, PO BOX 637LACONIA, NH, 03247-0637
Specialty	PD
Board Certified	PD
School and Year of Graduation	HARVARD MED SCH-BOSTON,MA USA 1977
Internship and Year	UNIV OF UTAH MED CTR-SALT LAKE CITY,UT 1978
Residency and Year	UNIV OF UTAH MED CTR-SALT LAKE CITY,UT 1979
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11645
License Date	6/5/2002
Name	<b>WILSON, STEVEN G MD</b>
Address	570 BALDWINVILLE RD, BALDWINVILLE, MA, 01430
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF TEXAS MED SCH - GALVESTON, TX USA 1997
Internship and Year	UNIV OF FLORIDA JACKSONVILLE - SHANDS MEDICAL CENTER - JACKSONVILLE, FL 1998
Residency and Year	UNIV OF FLORIDA JACKSONVILLE - SHANDS MEDICAL CENTER - JACKSONVILLE, FL 2000
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	13762
License Date	11/7/2007
Name	<b>WILSON, TARA D MD</b>
Address	DOCTOR ON DEMAND, 121 SPEAR ST (RINCON2) SUITE 420SAN FRANCISCO, CA, 94105
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF SOUTH CAROLINA USA 1999
Internship and Year	HALIFAX MEDICAL CENTER - DAYTONA BEACH, FL 2000
Residency and Year	HALIFAX MEDICAL CENTER - DAYTONA BEACH, FL 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16935
License Date	1/21/2015
Name	<b>WILSON, TORRENCE M MD</b>
Address	2300 HARDWOOD CT SW, ROCHESTER, MN, 55902
Specialty	U
Board Certified	U
School and Year of Graduation	GEORGIA HEALTH SCIENCES UNIVERSITY USA 1974
Internship and Year	FITZSIMONS ARMY MEDICAL CENTER - AURORA, CO 1975
Residency and Year	FITZSIMONS ARMY MEDICAL CENTER - AURORA, CO 1979
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12588
License Date	1/5/2005
Name	<b>WILSON, TRACEY S MD</b>
Address	23 STILES RD, STE 109SALEM, NH, 03079
Specialty	U
Board Certified	U
School and Year of Graduation	HOWARD UNIVERSITY, WASHINGTON DC US 1994
Internship and Year	UNIVERSITY OF CONNECTICUT, FARMINGTON CT 1996
Residency and Year	UNIVERSITY OF CONNECTICUT, FARMINGTON CT 2000
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	14365
License Date	3/4/2009
Name	<b>WILSON, YVONNE F MD</b>
Address	CATHOLIC MEDICAL CENTER, 100 MCGREGOR STREETMANCHESTER, NH, 03102
Specialty	IM
Board Certified	IM
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 2001
Internship and Year	NEW YORK & PRESBYTERIAN MEDICAL CENTER COLUMBIA CAMPUS - NY, NY 2003
Residency and Year	NEW YORK & PRESBYTERIAN MEDICAL CENTER COLUMBIA CAMPUS - NY, NY 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15010
License Date	9/1/2010
Name	<b>WILT III, RAY E DO</b>
Address	BARRINGTON FAMILY PRACTICE, 426 CALEF HIGHWAYBARRINGTON, NH, 03825
Specialty	FP
Board Certified	FP
School and Year of Graduation	PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE USA 2006
Internship and Year	SUBURBAN GENERAL HOSPITAL - NORRISTOWN, PA 2007
Residency and Year	SUBURBAN GENERAL HOSPITAL - NORRISTOWN, PA 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9595
License Date	11/1/1995
Name	<b>WILZ, STEPHEN W MD</b>
Address	DIANON SYSTEMS INC, 200 WATSON BLVDSTATFORD, CT, 06615
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	TUFTS UNIV SCH OF MED-BOSTON, MA USA 1985
Internship and Year	MASS GENERAL HOSP - BOSTON, MA 1986
Residency and Year	MASS GENERAL HOSP - BOSTON, MA 1987
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	14310
License Date	1/7/2009
Name	<b>WIN, SANDAR MD</b>
Address	COMMUNITY HOSPITALIST MED GRP, 1180 E SHAW AVE., STE 101FRESNO, CA, 93710
Specialty	IM
Board Certified	IM
School and Year of Graduation	INSTITUTE OF MEDICINE I MYANMAR 2001
Internship and Year	WYCKOFF HEIGHTS MEDICAL CENTER - BROOKLYN, NY 2007
Residency and Year	WYCKOFF HEIGHTS MEDICAL CENTER - BROOKLYN, NY 2008
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	9311
License Date	10/5/1994
Name	<b>WINCHESTER, PAUL D MD</b>
Address	ST FRANCIS HOSP & HEALTH CTRS, 8111 SOUTH EMERSON AVEINDIANAPOLIS, IN, 46237
Specialty	NPM
Board Certified	PD
School and Year of Graduation	UNIVERSITY OF COLORADO SCHOOL OF MEDICINE USA 1976
Internship and Year	UNIVERSITY OF COLORADO HEALTH SCIENCE CENTER - DENVER CO 1977
Residency and Year	UNIVERSITY OF COLORADO HEALTH SCIENCE CENTER - DENVER CO 1979
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	5982
License Date	9/7/1978
Name	<b>WINDLER, WILLIAM N MD</b>
Address	THE DOCTORS OFFICE, 102 BAY STMANCHESTER, NH, 03104-
Specialty	EM
Board Certified	EM
School and Year of Graduation	BAYLOR COLLEGE MEDICINE HOUSTON TX USA 1973
Internship and Year	PRESBYTERIAN MEDICAL CENTER - DENVER, CO 1974
Residency and Year	PRESBYTERIAN MEDICAL CENTER - DENVER, CO 1975
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7208
License Date	9/10/1985
Name	<b>WINDT, MARK R MD</b>
Address	65 LAFAYETTE RD, 2ND FLNORTH HAMPTON, NH, 03862
Specialty	AI
Board Certified	
School and Year of Graduation	UNIV OF CONNECTICUT SCH OF MED-FARMINGTON,CT USA 1978
Internship and Year	UNIV OF TX MED SCH-HOUSTON,TX 1979
Residency and Year	NEW ENGLAND MED CTR -BOSTON,MA 1984
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9463
License Date	6/7/1995
Name	<b>WINER, MATTHEW S T MD</b>
Address	CLINICAL ASSOCIATES, PO BOX 1199NORWICH, VT, 05055
Specialty	P
Board Certified	P
School and Year of Graduation	BOSTON UNIVERSITY USA 1985
Internship and Year	METROWEST MEDICAL CENTER, FRAMINGHAM MA 1986
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER, LEBANON NH 1993
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	7720
License Date	9/2/1987
Name	<b>WING, DANIEL C MD</b>
Address	MOUNT ASCUTNEY HOSPITAL, 289 COUNTY RDWINDSOR, VT, 05089
Specialty	PM
Board Certified	PM
School and Year of Graduation	DARTMOUTH MED SCH - HANOVER, NH USA 1973
Internship and Year	ROOSEVELT HOSPITAL - NEW YORK, NY 1974
Residency and Year	NEW ENGLAND MEDICAL CENTER HOSPITAL - BOSTON, MA 1984
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	5133
License Date	1/2/1974
Name	<b>WINGATE JR, CHARLES E MD</b>
Address	NASHUA EYE ASSOCIATES PA, 5 COLISEUM AVENASHUA, NH, 03063-3292
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIVERSITY OF TEXAS-GALVESTON TX USA 1968
Internship and Year	HARRISBURG POLYCLINIC HOSP-HARRISBURG PA 1969
Residency and Year	MEDICAL COLLEGE OF VIRGINIA-RICHMOND VA 1974
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9093
License Date	12/1/1993
Name	<b>WINGATE JR, WALTER M MD</b>
Address	CENTER FOR LIFE MGMT, 10 TSIENNETO RDDERRY, NH, 03038
Specialty	CHP
Board Certified	CHP
School and Year of Graduation	MAYO MEDICAL SCHOOL USA 1988
Internship and Year	NY UNIVERSITY MEDICAL CTR - NEW YORK NY 1989
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON NH 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17246
License Date	8/5/2015
Name	<b>WINGERCHUK, DEAN M MD</b>
Address	13400 E SHEA BLVD, SCOTTSDALE, AZ, 85259-5452
Specialty	N
Board Certified	
School and Year of Graduation	UNIVERSITY OF SASKATCHEWAN COLL OF MED- CANADA CANADA 1993
Internship and Year	MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 1994
Residency and Year	MAYO SCHOOL OF MEDICINE - ROCHESTER, MN 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14578
License Date	8/5/2009
Name	<b>WINIECKI, MARC A DO</b>
Address	JAFFREY FAMILY MEDICINE, 82 PETERBOROUGH RDJAFFREY, NH, 03452
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND USA 2006
Internship and Year	MAINE DARTMOUTH FAMILY PRACTICE RESIDENCY - AUGUSTA, ME 2007
Residency and Year	MAINE DARTMOUTH FAMILY PRACTICE RESIDENCY - AUGUSTA, ME 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7222
License Date	10/3/1985
Name	<b>WININGS, DENISE M MD</b>
Address	50 NASHUA RD STE 301, LONDONDERRY, NH, 03053-3447
Specialty	FP
Board Certified	FP
School and Year of Graduation	INDIANA UNIV SCH MED-INDIANAPOLIS, IN USA 1981
Internship and Year	CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 1982
Residency and Year	CENTRAL MAINE MEDICAL CENTER- LEWISTON, ME 1984
License Expiration Date	<b>6/30/2007</b>
Remarks	<b>DECEASED 8/11/07</b> <b>PATIENT MEDICAL RECORDS ARE BEING HELD AT ELLIOT PRIMARY CARE IN LONDERRY (603) 552-1400.</b>

License Number	7510
License Date	2/5/1987
Name	<b>WINKLER, PETER A MD</b>
Address	50 STRATHAM GREEN, STRATHAM, NH, 03885
Specialty	PS
Board Certified	PS
School and Year of Graduation	SEMMELWEIS ORVOTUDOMANYI EGYETEM HUNGARY 1979
Internship and Year	CASE WESTERN RESERVE UNIV AFFILIATED HOSPITAL-LOUISVILLE KY 1985
Residency and Year	CASE WESTERN RESERVE UNIV AFFILIATED HOSPITAL - LOUISVILLE, KY 1985
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	7511
License Date	2/5/1987
Name	<b>WINKLER, THOMAS R MD</b>
Address	, , ,
Specialty	TS
Board Certified	
School and Year of Graduation	UNIVERSITY OF COLORADO USA 1978
Internship and Year	
Residency and Year	
License Expiration Date	<b>8/22/1988</b>
Remarks	

License Number	11646
License Date	6/5/2002
Name	<b>WINN, STEVEN S MD</b>
Address	SPECTRUM MEDICAL GROUP, 324 GANNETT DR STE 200COUTH PORTLAND, ME, 04106
Specialty	DR
Board Certified	DR
School and Year of Graduation	ALBANY MED COLL - ALBANY, NY USA 1992
Internship and Year	ALBANY MEDICAL CENTER - ALBANY, NY 1993
Residency and Year	MALLINCKRODT INSTITUTE OF RADIOLOGY- ST LOUIS, MO 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	10014
License Date	5/7/1997
Name	<b>WINOKUR, ANDREW MD</b>
Address	UNIV OF CT HEALTH CTR, 263 FARMINGTON AVEFARMINGTON, CT, 06030
Specialty	P
Board Certified	P
School and Year of Graduation	TUFTS UNIV SCH MED-BOSTON,MA USA 1970
Internship and Year	VET AFFAIRS MED CTR-MA 1971
Residency and Year	HOSPITAL UNIV OF PENNSYLVANIA-PA 1975
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	12560
License Date	12/1/2004
Name	<b>WINSLOW, JILL M MD</b>
Address	DHK-CMC, ONCOLOGY DEPT, 580 COURT STKEENE, NH, 03431
Specialty	IM
Board Certified	IM
School and Year of Graduation	HAHNEMANN UNIVERSITY,PHILADELPHIA PA US 1984
Internship and Year	BASSETT HEALTHCARE, COOPERSTOWN NY 1985
Residency and Year	BASSETT HEALTHCARE, COOPERSTOWN NY 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	8612	
License Date	7/17/1991	
Name	<b>WINTER, DUNCAN F MD</b>	
Address	83 MAIN ST, SARANAC LAKE, NY, 12983	
Specialty	OPH	
Board Certified	OPH	
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 1984	
Internship and Year	ALBANY MEDICAL CENTER HOSPITAL	ALBANY - NEW YORK 1985
Residency and Year	ALBANY MEDICAL CENTER HOSPITAL	ALBANY - NEW YORK 1986
License Expiration Date	<b>6/30/2000</b>	
Remarks		

License Number	12120
License Date	10/1/2003
Name	<b>WINTER, LEE H MD</b>
Address	DEPT OF ANESTHESIOLOGY, FRISBIE MEMORIAL HOSPITALROCHESTER, NH, 03867-3297
Specialty	AN
Board Certified	AN
School and Year of Graduation	BOSTON UNIVERSITY, BOSTON MA UA 1986
Internship and Year	LENOX HILL HOSPITAL, NEW YORK NY 1987
Residency and Year	ALBERT EINSTEIN COLLEGE, BRONX NY 1990
License Expiration Date	<b>6/30/2017</b>
Remarks	<b>LAPSED FOR NONRENEWAL 6/30/15. RENEWED 7/13/15.</b>

License Number	4720
License Date	6/12/1972
Name	<b>WINTERLING, CHARLES A MD</b>
Address	PILLSBURY BLDG, 248 PLEASANT ST STE 2800CONCORD, NH, 03301-
Specialty	END
Board Certified	END
School and Year of Graduation	UNIVERSITY OF ROCHESTER-ROCHESTER NY USA 1958
Internship and Year	BARNES HOSP-ST LOUIS MO 1959
Residency and Year	BARNES HOSP-ST LOUIS MO 1964
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	12229
License Date	2/4/2004
Name	<b>WINTERS III, ADAM D MD</b>
Address	97 OCEAN HEIGHTS LN, OGUNQUIT, ME, 03907
Specialty	PD
Board Certified	
School and Year of Graduation	UNIVERSITY OF VIRGINIA, RICHMOND VA US 1976
Internship and Year	KEESLER MEDICAL CTR, KEESLER AFB, MS 1977
Residency and Year	
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17037
License Date	4/1/2015
Name	<b>WINTERS JR, CHARLES MD</b>
Address	2511 SADDLEHORN DR, PARK CITY, UT, 84098
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF TENNESSEE MEMPHIS COLLEGE OF MEDICINE USA 1978
Internship and Year	NAVAL MEDICAL CENTER - PORTSMOUTH, VA 1979
Residency and Year	NAVAL MEDICAL CENTER - PORTSMOUTH, VA 1981
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10770
License Date	11/3/1999
Name	<b>WIREDU, AKUA D MD</b>
Address	LAKELAND REGIONAL MEDICAL CENTER, 1324 LAKELAND HILLS BLVDLAKELAND, FL, 33805
Specialty	IM
Board Certified	IM
School and Year of Graduation	NORTHWESTERN UNIV MED SCH - CHICAGO, IL USA 1995
Internship and Year	EVANSTO NORTHWESTERN HEALTHCARE - EVANSTON, IL 1997
Residency and Year	MIRIAM HOSPITAL - PROVIDENCE, RI 1998
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	16295
License Date	8/7/2013
Name	<b>WIRTH, LORI J MD</b>
Address	MASS GEN HOSP, 55 FRUIT ST, YAWKEY 73BOSTON, MA, 02114
Specialty	ON
Board Certified	ON
School and Year of Graduation	COLUMBIA UNIVERSITY USA 1997
Internship and Year	NY PRESBYTERIAN HOSPITAL - NY, NY 1998
Residency and Year	NY PRESBYTERIAN HOSPITAL - NY, NY 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9236
License Date	7/6/1994
Name	<b>WIRTH, WILLIAM F MD</b>
Address	LAHEY HITCHCOCK CLINIC, 590 COURT STKEENE, NH, 03431
Specialty	PD
Board Certified	
School and Year of Graduation	BROWN UNIVERSITY PROGRAM IN MEDICINE USA 1990
Internship and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1993
Residency and Year	RHODE ISLAND HOSPITAL - PROVIDENCE RI 1994
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	5297
License Date	2/18/1975
Name	<b>WISE, DAVID I MD</b>
Address	VA MEDICAL CTR, BAY PINES, FL, 33744
Specialty	FP
Board Certified	
School and Year of Graduation	LONDON HOSPITAL MEDICAL COLLEGE LONDON 1966
Internship and Year	KING GEORGE HOSPITAL - BEWBURY PARK ESSEX, UK 1967
Residency and Year	ST ANDREWS HOSPITAL - BILLERICAY ESSEX, UK 1967
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	12016
License Date	7/2/2003
Name	<b>WISE, JENNIFER R MD</b>
Address	DERRYFIELD MEDICAL GROUP, 275 MAMMOTH RD STE 4MANCHESTER, NH, 03109
Specialty	IM
Board Certified	IM
School and Year of Graduation	MCGILL UNIV - MONTREAL QUEBEC CANADA CANADA 2000
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON,NH 2001
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON,NH 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9894
License Date	12/4/1996
Name	<b>WISE, ROBERT J DO</b>
Address	59 PAGE HILL RD, BERLIN, NH, 03570
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF HLTH SCI COLL OF OSTEO MED, MO USA 1988
Internship and Year	WILSON MEMORIAL REGIONAL MEDICAL CENTER - NY 1990
Residency and Year	WILSON MEMORIAL REGIONAL MEDICAL CENTER - NY 1991
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11947
License Date	5/19/2003
Name	<b>WISNER, HARRY K MD</b>
Address	126 LYME RD, HANOVER, NH, 03755-6600
Specialty	PS
Board Certified	PS
School and Year of Graduation	UNIV OF NEBRASKA - OMAHA, NE USA 1962
Internship and Year	WESLEY MEDICAL CENTER - WICHITA, KS 1963
Residency and Year	UNIV OF KANSAS - WHICHITA, KS 1967
License Expiration Date	<b>6/30/2011</b>
Remarks	<b>5/19/03 RESTRICTED LICENSE</b>

License Number	6751
License Date	7/7/1983
Name	<b>WITKIE, SUSAN M MD</b>
Address	6 WHITTIER PL APT 17N, BOSTON, MA, 02114-
Specialty	P
Board Certified	P
School and Year of Graduation	HARVARD MED SCHOOL BOSTON, MA USA 1979
Internship and Year	MASS GENERAL HOSPITAL - BOSTON, MA 1980
Residency and Year	MASS GENERAL HOSPITAL - BOSTON, MA 1983
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	15686
License Date	5/2/2012
Name	<b>WITKIN, ANDRE J MD</b>
Address	TUFTS MED CTR - DEPT OF OPHTHALMOLOGY, 800 WASHINGTON ST BOX 450BOSTON, MA, 02111
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	CORNELL UNIVERSITY MEDICAL COLLEGE USA 2006
Internship and Year	CABRINI MEDICAL CENTER - EULESS, TX 2007
Residency and Year	TUFTS MEDICAL CENTER - BOSTON, MA 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 5697  
 License Date 4/8/1977  
 Name **WITKIN, RONALD H MD**  
 Address 85 SPRING ST, STE 503LACONIA, NH, 03246-3113  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation MEDICAL COLLEGE OF WISCONSIN-MILWAUKEE WI USA 1970  
 Internship and Year UNIVERSITY OF CONNECTICUT-FARMINGTON CT 1975  
 Residency and Year UNIV OF CT - FARMINGTON, CT 1975  
 License Expiration Date **6/30/2017**  
 Remarks **2/11/98 - SETTLEMENT AGREEMENT**

License Number 11808  
 License Date 12/4/2002  
 Name **WITKOWSKA, RENATA A MD**  
 Address 90 BERGEN ST DOC 4700, NEWARK, NJ, 07103  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation KAROL MARCINKOWSKI UNIV - POZNAN, POLAND POLAND 1992  
 Internship and Year GRADUATE HOSPITAL - TENET HLTH SYSTEMS - PHILADELPHIA, PA 1999  
 Residency and Year GRADUATE HOSPITAL - TENET HLTH SYSTEMS - PHILADELPHIA, PA 2001  
 License Expiration Date **6/30/2004**  
 Remarks

License Number 13364  
 License Date 12/6/2006  
 Name **WITT, KARIN L MD**  
 Address GREATER NASHUA OB/GYN, 10 PROSPECT ST STE 402NASHUA, NH, 03060  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation NEW YORK MEDICAL COLLEGE USA 1999  
 Internship and Year COOPER HOSPITAL/UNIV MEDICAL CTR - CAMDEN, NJ 2000  
 Residency and Year COOPER HOSPITAL /UNIV MEDICAL CTR - CAMDEN, NJ 2002  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12828  
 License Date 7/6/2005  
 Name **WITT, MICHAEL T MD**  
 Address ELLIOT HLTH SYSTEM, 1 ELLIOT WAYMANCHESTER, NH, 03103  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation NEW YORK MEDICAL COLLEGE, VALHALLA NY USA 1999  
 Internship and Year COOPER HOSPITAL/UNIVERSITY MEDICAL CENTER, CAMDEN NJ 2002  
 Residency and Year CONNECTICUT CHILDRENS MEDICAL CENTER, HARTFORD CT 2005  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	12328
License Date	5/5/2004
Name	<b>WITT, SARAH A MD</b>
Address	ANESTHESIA ASSOCIATES PROFESS, 1 PILLSBURY ST STE 202CONCORD, NH, 03301
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF TEXAS, GALVESTON TX US 2000
Internship and Year	EXEMPLA ST JOSEPH HOSP, DENVER CO 2001
Residency and Year	MASS GENERAL HOSP, BOSTON MA 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15687
License Date	5/2/2012
Name	<b>WITTA, JASSIR MD</b>
Address	FOUNDATION GASTROENTEROLOGY, 8 PROSPECT ST NORTH II SPECIALTY SUITENASHUA, NH, 0306
Specialty	IM
Board Certified	IM
School and Year of Graduation	LEKARSKA FAKULTA 1, UNIVERSITY KARLOVY CZECH REPUBLIC 1993
Internship and Year	UNIVERSITY OF KENTUCKY CHANDLER MEDICAL CENTER - LEXINGTON, KY 2006
Residency and Year	UNIVERSITY OF KENTUCKY CHANDLER MEDICAL CENTER - LEXINGTON, KY 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7006
License Date	11/1/1984
Name	<b>WITTERS, LEE ALAN MD</b>
Address	DC - CLASS OF 78 LIFE SCI CTR, 78 COLLEGE ST HB6044HANOVER, NH, 03755-3833
Specialty	END
Board Certified	END
School and Year of Graduation	UNIV OF ROCHESTER SCH MED-ROCHESTER,NY' USA 1969
Internship and Year	BETH ISREAL HOSP-BOSTON,MA 1970
Residency and Year	MASS GEN HOSP-BOSTON,MA 1974
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13695
License Date	9/5/2007
Name	<b>WITTRAM, CONRAD MD</b>
Address	VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF LIVERPOOL UNITED KINGDOM 1986
Internship and Year	AINTREE HOSPITAL-LIVERPOOL, UNITED KINGDOM 1987
Residency and Year	AINTREE HOSPITAL-LIVERPOOL, UNITED KINGDOM 1989
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	12896
License Date	9/7/2005
Name	<b>WLADIS, EDWARD J MD</b>
Address	967 A PINE ST, BURLINGTON, VT, 05401
Specialty	OPH
Board Certified	
School and Year of Graduation	STATE UNIVERSITY OF NY, SYRACUSE NY US 2001
Internship and Year	FRANKFORD HOSPITAL, PHILADELPHIA PA 2002
Residency and Year	NEW JERSEY MEDICAL SCHOOL, NEWARK NJ 2005
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	8068
License Date	3/29/1989
Name	<b>WLODYKA, LANA E MD</b>
Address	, , ,
Specialty	FP
Board Certified	
School and Year of Graduation	WEST VIRGINA UNIVERSITY USA 1986
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1996</b>
Remarks	

License Number	13696
License Date	9/5/2007
Name	<b>WOFFORD, MICHAEL J DO</b>
Address	EXETER HOSPITAL, 5 ALUMNI DREXETER, NH, 03833
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF NORTH TEXAS USA 2004
Internship and Year	LAHEY CLINIC - BURLINGTON, MA 2005
Residency and Year	LAHEY CLINIC - BURLINGTON, MA 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	L1518
License Date	8/14/2000
Name	<b>WOLANIN-SAIFI, SUSANNE V MD</b>
Address	HITCHCOCK CLINIC MANCHESTER, MANCHESTER, NH, 03301
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	
Remarks	

License Number 12208  
 License Date 1/7/2004  
 Name **WOLBARSHT, LAWRENCE B MD**  
 Address 3 PONDVIEW LANE, MANCHESTER, NH, 03102  
 Specialty R  
 Board Certified R  
 School and Year of Graduation TUFTS UNIVERSITY, BOSTON MA US 1975  
 Internship and Year CLEVELAND CLINIC FOUNDATION, CLEVELAND OH 1976  
 Residency and Year CLEVELAND CLINIC FOUNDATION, CLEVELAND OH 1977  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 5426  
 License Date 9/9/1975  
 Name **WOLCOTT II, CHARLES J MD**  
 Address AMMONOOSUC COMMUNITY HEALTH SVC, 155 MAIN STFRANCONIA, NH, 03580-4815  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF VERMONT USA 1973  
 Internship and Year HENNEPIN GENERAL HOSPITAL - MINNEAPOLIS, MN 1974  
 Residency and Year HENNEPIN GENERAL HOSPITAL - MINNEAPOLIS, MN 1974  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 8333  
 License Date 5/9/1990  
 Name **WOLCOTT, JAMES K MD**  
 Address X-RAY PROFESSIONAL ASSOC, 2 1/2 BEACON STCONCORD, NH, 03301-  
 Specialty DR  
 Board Certified R  
 School and Year of Graduation UNIV OF VERMONT COLL OF MED BURLINGTON, VT USA 1985  
 Internship and Year MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1986  
 Residency and Year ST VINCENT HOSPITAL - WORCESTER, MA 1990  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 12017  
 License Date 7/2/2003  
 Name **WOLD, THOMAS D DO**  
 Address LAHEY CLINIC MEDICAL CENTER, 41 MALL RDBURLINGTON, MA, 01805  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF NEW ENGLAND - BIDDEFORD, ME USA 2001  
 Internship and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2002  
 Residency and Year DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2003  
 License Expiration Date **6/30/2017**  
 Remarks **lapsed 6/30/11 - reinstated 9/4/13**



License Number	5847
License Date	12/5/1977
Name	<b>WOLF III, RALPH R MD</b>
Address	159 KINSLEY ST, NASHUA, NH, 03060-3701
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	GEORGE WASHINGTON UNIV SCHOOL OF MEDICINE - DC USA 1969
Internship and Year	CHARITY HOSPITAL OF LOUISIANA - NEW ORLEANS, LA 1970
Residency and Year	BROOKE ARMY MEDICAL CENTER - SAN ANTONIO, TX 1976
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7495
License Date	1/8/1987
Name	<b>WOLF, JOHN T MD</b>
Address	30 CANTON ST, MANCHESTER, NH, 03103-3524
Specialty	PS
Board Certified	PS
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL USA 1976
Internship and Year	RHODE ISLAND HOSPITAL - PROVIDENCE RI 1977
Residency and Year	RHODE ISLAND HOSPITAL - PROVIDENCE RI 1986
License Expiration Date	<b>5/16/2000</b>
Remarks	DECEASED 5/16/2000

License Number	7066
License Date	4/4/1985
Name	<b>WOLF, KENNETH P MD</b>
Address	WOLF EYE ASSOCIATE PA, 249 MAIN STLEWISTON, ME, 04240-7053
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	TUFTS UNIV SCHOOL OF MED BOSTON MA USA 1967
Internship and Year	WILFORD HALL USAF MED CTR LACKLAND AFB TX 1967
Residency and Year	GREATER BALTIMORE MED CTR BALTIMORE MD 1973
License Expiration Date	<b>6/30/2011</b>
Remarks	lapsed for non-renewal 6/30/05 reinstated 9/1/10

License Number	14004
License Date	5/7/2008
Name	<b>WOLFE JR, JOHN D MD</b>
Address	NY PRESBYTERIAN HOSPITAL, 177 FORT WASHINGTON AVENUE NEW YORK CITY, NY, 10032
Specialty	DR
Board Certified	DR
School and Year of Graduation	VANDERBILT UNIV USA 2002
Internship and Year	TUCSON HOSPITALS MEDICAL EDUCATION PROGRAM - TUCSON, AZ 2003
Residency and Year	UNIV OF IOWA HOSPITAL & CLINICS - IOWA CITY, IA 2007
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	12444
License Date	8/4/2004
Name	<b>WOLFE, BRIAN D MD</b>
Address	DHMC - INTERNAL MEDICINE, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	JOHN HOPKINS UNIVERSITY, BALTIMORE MD US 2001
Internship and Year	DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2002
Residency and Year	DARTMOUTH HITCHCOCK MED CTR, LEBANON NH 2004
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	12044
License Date	8/6/2003
Name	<b>WOLFE, ELIZABETH K MD</b>
Address	DARTMOUTH HEALTH CONNECT, 7 ALLEN STHANOVER, NH, 03755
Specialty	IM
Board Certified	IM
School and Year of Graduation	DARTMOUTH MEDICAL SCHOOL, LEBANON NH US 2000
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2001
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CTR, LEBANON NH 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6962
License Date	8/2/1984
Name	<b>WOLFE, TIMOTHY MD</b>
Address	11 JOHN STARK HWY, NEWPORT, NH, 03777
Specialty	IM
Board Certified	IM
School and Year of Graduation	ALBANY MED COLL OF UNION UNIV-ALBANY,NY USA 1977
Internship and Year	USPHS HOSP-STATEN ISLAND,NY 1978
Residency and Year	USPHS HOSP-STATEN ISLAND,NY 1980
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17143
License Date	6/3/2015
Name	<b>WOLFFING, ANDREA B MD</b>
Address	422 FARMINGTON AVE #205, HARTFORD, CT, 06105
Specialty	GS
Board Certified	GS
School and Year of Graduation	LOMA LINDA UNIV SCHOOL OF MEDICINE USA 2009
Internship and Year	LOMA LINDA UNIVERSITY MEDICAL CENTER - LOMA SINDA, CA 2010
Residency and Year	LOMA LINDA UNIVERSITY MEDICAL CENTER - LOMA SINDA, CA 2014
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 5634  
 License Date 10/7/1976  
 Name **WOLFORT, FRANCIS G MD**  
 Address 110 FRANCIS ST, BOSTON, MA, 02215  
 Specialty PS  
 Board Certified PS  
 School and Year of Graduation STATE UNIV OF NEW YORK DOWNSTATE MED USA 1958  
 Internship and Year ST VINCENTS HOSP MED CENTER 1959  
 Residency and Year MASS GENERAL HOSPITAL BOSTON 1967  
 License Expiration Date **4/26/2003**  
 Remarks **Deceased 4/26/2003**

License Number 7801  
 License Date 3/9/1988  
 Name **WOLF-ROSENBLUM, STEPHANIE MD**  
 Address FOUNDATION PULMONARY, 10 PROSPECT ST., SUITE 401 NASHUA, NH, 03060  
 Specialty PUD  
 Board Certified PUD  
 School and Year of Graduation YALE UNIV SCH MED-NEW HAVEN, CT USA 1982  
 Internship and Year YALE NEW HAVEN MED CTR-NEW HAVEN, CT 1983  
 Residency and Year YALE-NEW HAVEN MED CTR 1988  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 12686  
 License Date 4/6/2005  
 Name **WOLINSKY, EVE J MD**  
 Address COMMUNITY HEALTH & COUSLING, 42 CEDAR ST BANGOR, ME, 04401  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation STATE UNIVERSITY OF NEW YORK, STONEY BROOK NY US 2000  
 Internship and Year DUKE UNIVERSITY, DURHAM NC 2001  
 Residency and Year DARTMOUTH HITCHCOCK, LEBANON NH 2004  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 17288  
 License Date 9/2/2015  
 Name **WOLLACK, JAN B MD**  
 Address DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DR LEBANON, NH, 03756  
 Specialty P  
 Board Certified P  
 School and Year of Graduation COLUMBIA UNIVERSITY, NEW YORK, NY USA 1981  
 Internship and Year NEW YORK PRESBYTERIAN HOSPITAL, NEW YORK, NY 1982  
 Residency and Year NEW YORK PRESBYTERIAN HOSPITAL, NEW YORK, NY 1983  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 3804  
 License Date 6/10/1965  
 Name **WOLSTAT, HENRY MD**  
 Address 1247 E FOXHILL DR, FRESNO, CA, 93720  
 Specialty P  
 Board Certified P  
 School and Year of Graduation UNIV OF TORONTO - TORONTO, CANADA CANADA 1959  
 Internship and Year NEW MOUNT SINAI - TORONTO, CANADA 1960  
 Residency and Year VETERANS ADMINISTRATION - DOWNEY, IL 1963  
 License Expiration Date **6/30/2001**  
 Remarks

License Number 12121  
 License Date 10/1/2003  
 Name **WONG, EDWARD W MD**  
 Address VIRTUAL RADIOLOGIC CONSULTANTS, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344  
 Specialty R  
 Board Certified R  
 School and Year of Graduation MCGILL UNIVERSITY, MONTRIAL QUEBEC CANADA US 1995  
 Internship and Year UCLA MEDICAL CTR, LOS ANGELES CA 1996  
 Residency and Year KERN MEDICAL CTR, BAKERSFIELD CA 1997  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 16249  
 License Date 7/3/2013  
 Name **WONG, JIM MD**  
 Address CARILION ROANOKE MEMORIAL HOSPITAL, 1906 BELLEVIEW AVE SEROANOKE, VA, 24014  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation MEDICAL UNIVERSITY OF THE AMERICAS NEVIS 2009  
 Internship and Year CARILION CLINIC-VIRGINIA TECH CARILION SOM - ROANOKE, VA 2011  
 Residency and Year CARILION CLINIC-VIRGINIA TECH CARILION SOM - ROANOKE, VA 2013  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16985  
 License Date 3/4/2015  
 Name **WONG, PRISCILLA D MD**  
 Address 3248 WRIGHTWOOD DR, STUDIO CITY, CA, 91604  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation UNIVERSITY OF CA SAN DIEGO SCHOOL OF MEDICINE USA 1988  
 Internship and Year LOMA LINDA UNIVERSITY MEDICAL CENTER - LOMA LINDA, CA 1989  
 Residency and Year UNIVERSITY OF CALIFORNIA, IRVINE - ORANGE, CA 1994  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	12153
License Date	11/5/2003
Name	<b>WONG, WILLIAM J MD</b>
Address	VIRTUAL RADIOLOGIC CONSULTANTS, 11995 SINGLETREE LN STE 500EDEN PRAIRIE, MN, 55344
Specialty	R
Board Certified	R
School and Year of Graduation	STATE UNIVERSITY OF NY, SYRACUSE NY US 1997
Internship and Year	SANTA BARBARA COTTAGE HOSP, SANTA BARBARA CA 1998
Residency and Year	SUNY, SYRACUSE NY 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14646
License Date	10/7/2009
Name	<b>WOO, KINGSON J MD</b>
Address	WHITE MOUNTAIN MED CTR, 2531 WHITE MT HWYSANBORNVILLE, NH, 03872
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSIDAD AUTONOMA DE GUADALAJARA MEXICO 1986
Internship and Year	BRIDGEPORT HOSPITAL - YALE UNIVERSITY - BRIDGEPORT, CT 1990
Residency and Year	MILTON S HERSHEY MEDICAL CENTER - HERSHEY, PA 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16618
License Date	5/7/2014
Name	<b>WOOD III, JAMES E MD</b>
Address	CAROLINAS MED CTR-UNION, 600 HOSPITAL DRMONROE, NC, 28111
Specialty	RNR
Board Certified	NEP
School and Year of Graduation	UNIVERSITY OF ARKANSAS COLLEGE OF MEDICINE USA 1996
Internship and Year	CAROLINAS MEDICAL CENTER - CHARLOTTE, NC 1997
Residency and Year	CAROLINAS MEDICAL CENTER - CHARLOTTE, NC 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3403
License Date	11/18/1960
Name	<b>WOOD JR, W MYRIC MD</b>
Address	4 S PARK ST, LEBANON, NH, 03766-1326
Specialty	FP
Board Certified	
School and Year of Graduation	UNIVERSITY OF COLORADO SCHOOL OF MEDICINE USA 1959
Internship and Year	EASTERN MAINE GENERAL HOSPITAL 1960
Residency and Year	EASTERN MAINE GENERAL HOSPITAL 1960
License Expiration Date	<b>6/8/2006</b>
Remarks	Settlement Agreement-6/15/01 Practicing without a license 10/99-1/01 License re-instated through 6/30/02 DECEASED 06-08-06

License Number	15425
License Date	10/5/2011
Name	<b>WOOD, ASHLEY L MD</b>
Address	EPSOM FAMILY MEDICINE, 1990 DOVER RDEPSOM, NH, 03234
Specialty	FP
Board Certified	FP
School and Year of Graduation	NORTHWESTERN UNIVERSITY MEDICAL SCHOOL USA 2008
Internship and Year	CONCORD HOSPITAL - CONCORD, NH 2009
Residency and Year	CONCORD HOSPITAL - CONCORD, NH 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	4980
License Date	5/2/1973
Name	<b>WOOD, DAVID F MD</b>
Address	20 LINFILED LN, SPOFFORD, NH, 03462
Specialty	ON
Board Certified	ON
School and Year of Graduation	CORNELL MEDICAL COLL-NEW YORK CITY NY USA 1966
Internship and Year	PRESBYTERIAN-ST LUKE'S HOSP-CHICAGO IL 1967
Residency and Year	PRESBYTERIAN-ST LUKE'S HOSP-CHICAGO IL 1971
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	6721
License Date	6/2/1983
Name	<b>WOOD, DENNIS E MD</b>
Address	PMB 14621 AT 246 RAINBOW DR, LIVINGSTON, TX, 77399-2046
Specialty	P
Board Certified	P
School and Year of Graduation	WASHINGTON UNIV SCH MED -ST LOUIS,MO USA 1970
Internship and Year	WASHINGTON UNIV HOSP- ST LOUIS, MO 1971
Residency and Year	WASHINGTON UNIV HOSP-ST LOUIS,MO 1974
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	7141
License Date	6/6/1985
Name	<b>WOOD, JOHN R MD</b>
Address	41 CHARRON AVE, PO BOX 322BERLIN, NH, 03570
Specialty	AN
Board Certified	
School and Year of Graduation	UNIVERSITY AUTEN DE GUADELAJARA-JALISCO MEXICO 1981
Internship and Year	NASSAU CO MEDICAL CENTER-EAST MEADOW, NY 1985
Residency and Year	NASSAU CO MEDICAL CENTER - EAST MEADOW, NY 1985
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15274
License Date	6/1/2011
Name	<b>WOOD, MICHAEL J MD</b>
Address	DARTMOUTH-HITCHCOCK CONCORD, 253 PLEASANT STCONCORD, NH, 03301-7560
Specialty	GS
Board Certified	GS
School and Year of Graduation	TUFTS UNIVERSITY USA 2004
Internship and Year	UNIVERSITY OF VERMONT - BURLINGTON, VT 2005
Residency and Year	UNIVERSITY OF VERMONT - BURLINGTON, VT 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9913
License Date	1/8/1997
Name	<b>WOOD, WHEATON B MD</b>
Address	, PO BOX 1050ATHENS, OH, 45701
Specialty	P
Board Certified	P
School and Year of Graduation	SUNY-HLTH SCI CTR AT SYRACUSE COLL MED, NY USA 1989
Internship and Year	DC COMMON MENTAL HEALTH ST ELIZABETHS-WASHINGTON,DC 1990
Residency and Year	DC COMMON MENTAL HEALTH ST ELIZABETHS-WASHINTON ,DC 1993
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	D0011
License Date	
Name	<b>WOODFIELD, BRENT N MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	
Remarks	

License Number	RT766
License Date	6/26/1999
Name	<b>WOODFORD, DIANE MD</b>
Address	DARTMOUTH HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03755
Specialty	OBG
Board Certified	
School and Year of Graduation	ALBANY MEDICAL COLLEGE USA 1999
Internship and Year	DARTMOUTH-HITCHCOCK MED CENTER - LEBANON, NH 1999
Residency and Year	DARTMOUTH-HITCHCOCK MED CENTER - LEBANON, NH 2003
License Expiration Date	<b>6/25/2003</b>
Remarks	

License Number 6157  
 License Date 2/15/1980  
 Name **WOODFORD, DONALD M MD**  
 Address 16 CENTRAL ST, SOUTH WEYMOUTH, MA, 02190-2309  
 Specialty PUD  
 Board Certified PUD  
 School and Year of Graduation BAYLOR COLL.OF MED.HOUSTON,TX USA 1973  
 Internship and Year BOSTON CITY HOSP.BOSTON,MA 1975  
 Residency and Year BOSTON CITY HOSP.BOSTON,MA 1979  
 License Expiration Date **6/30/1999**  
 Remarks

License Number 12723  
 License Date 5/4/2005  
 Name **WOODMANSEE JR, DONALD P MD**  
 Address DARTMOUTH HITCHCOCK, ONE MEDICAL CENTER DRLEBANON, NH, 03756  
 Specialty AI  
 Board Certified AI  
 School and Year of Graduation NORTHWESTERN UNIV, CHICAGO IL US 1994  
 Internship and Year NAVEL MED CENTER, SAN DIEGO CA 1995  
 Residency and Year NEVEL MED CENTER, SAN DIEGO CA 1997  
 License Expiration Date **6/30/2011**  
 Remarks

License Number 17289  
 License Date 9/2/2015  
 Name **WOODRUFF, BRYAN K MD**  
 Address 13400 E SHEA BLVD, SCOTTSDALE, AZ, 85259-5452  
 Specialty N  
 Board Certified N  
 School and Year of Graduation UNIVERSITY OF TEXAS SOUTHWESTERN MED, DALLAS TX USA 1998  
 Internship and Year MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION, ROCHESTER, MN 1999  
 Residency and Year MAY GRADUATE SCHOOL OF MEDICINE, ROCHESTER, MN 2002  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 6428  
 License Date 7/2/1981  
 Name **WOODS, ANNE C MD**  
 Address DH @ NOTRE DAME PAVILION, 87 MCGREGOR ST STE 2200MANCHESTER, NH, 03102  
 Specialty N  
 Board Certified N  
 School and Year of Graduation UNIV OF NEW SOUTH WALES,FAC OF MED-KINSINGTON WALES 1970  
 Internship and Year GEO WASHINGTON UNIV HOSP - WASHINGTON, DC 1977  
 Residency and Year GEO WASHINGTON UNIV HOSP-WASHINGTON,DC 1977  
 License Expiration Date **6/30/2017**  
 Remarks



License Number	10410
License Date	9/2/1998
Name	<b>WOODS, DANA P MD</b>
Address	KEESLER AIR FORCE BASE, 306 FISHER STBILOXI, MS, 39531
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIV OF PENNSYLVANIA SCH OF MED - PHILA, PA USA 1990
Internship and Year	PENNSYLVANIA HOSPITAL - PHILA, PA 1991
Residency and Year	BASCOM PALMER EYE INSTITUTE- MIAMI, FL 1992
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	6549
License Date	6/24/1982
Name	<b>WOODS, GARY L MD</b>
Address	CONCORD ORTHOPAEDICS, 264 PLEASANT STCONCORD, NH, 03301-2551
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIV OF ROCHESTER SCH MED - ROCHESTER,NY USA 1972
Internship and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1973
Residency and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 1976
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15898
License Date	10/3/2012
Name	<b>WOODS, LESLEY J MD</b>
Address	NASHUA PATHOLOGY, 1 PROSPECT ST 2ND FLNASHUA, NH, 03060
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	PENNSYLVANIA STATE UNIV COLLEGE OF MED USA 2006
Internship and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2007
Residency and Year	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER, MA 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14276
License Date	12/3/2008
Name	<b>WOODS, MICHAEL S MD</b>
Address	MONADNOCK COMM HOSP, 454 OLD STREET RDPETERBOROUGH, NH, 03458
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF KANSAS USA 1987
Internship and Year	UNIV OF KANSAS - WICHITA, KS 1990
Residency and Year	UNIV OF KANSAS - WICHITA, KS 1992
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number 12980  
 License Date 12/22/2005  
 Name **WOODS, SANUEL DWIGHT MD**  
 Address 33 CHRISTIAN AVE #3105, CONCORD, NH, 03301  
 Specialty GS  
 Board Certified GS  
 School and Year of Graduation UNIVERSITY OF KANSAS, KANSAS CITY KS US 1955  
 Internship and Year ST LUKES HOSPITAL, KANSAS CITY MO 1960  
 Residency and Year MAYO GRADUATE SCHOOL OF MED, ROCHESTER MN 1963  
 License Expiration Date **12/21/2012**  
 Remarks **Deceased 12/21/2012**

License Number 9328  
 License Date 11/2/1994  
 Name **WOOG, JOHN J MD**  
 Address MAYO CLINIC-OPHTHALMOLOGY, 200 FIRST ST S WROCHESTER, MN, 55905  
 Specialty OPH  
 Board Certified OPH  
 School and Year of Graduation JEFFERSON MEDICAL COLLEGE THOMAS JEFFERSON UNIV USA 1980  
 Internship and Year THE JOHNS HOPKINS HOSPITAL - BALTIMORE MD 1981  
 Residency and Year MASSACHUSETTS EYE AND EAR - BOSTON MA 1984  
 License Expiration Date **6/30/2008**  
 Remarks

License Number 13307  
 License Date 10/4/2006  
 Name **WOOLARD, DOUGLAS W MD**  
 Address VIRTUAL RADIOLOGIC, 11995 SINGLETREE LN., SUITE 500 EDEN PRAIRIE, MN, 55344  
 Specialty R  
 Board Certified R  
 School and Year of Graduation UNIV OF VIRGINIA USA 1981  
 Internship and Year UNIV OF MARYLAND MEDICAL SYSTEM - BALTIMORE, MD 1982  
 Residency and Year UNIV OF MARYLAND MEDICAL SYSTEM - BALTIMORE, MD 1985  
 License Expiration Date **2/14/2014**  
 Remarks

License Number 13189  
 License Date 7/5/2006  
 Name **WOOLF, ANTHONY M MD**  
 Address 100 BREWSTER BLVD, CAMP LEJEUNE, NC, 28547  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation GEORGE WASHINGTON UNIV USA 1993  
 Internship and Year NAVAL MEDICAL CENTER-SAN DIEGO, CA 1994  
 Residency and Year NAVAL MEDICAL CTR-SAN DIEGO, CA 2003  
 License Expiration Date **6/30/2010**  
 Remarks

License Number 7553  
 License Date 4/1/1987  
 Name **WORRELL, KAREEN A DO**  
 Address 21 HAMPTON RD, BLD 2 STE 201 EXETER, NH, 03833  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND - BIDDEFORD, ME USA 1984  
 Internship and Year OSTEOPATHIC HOSPITAL OF MAINE - PORTLAND, ME 1985  
 Residency and Year OSTEOPATHIC HOSPITAL OF MAINE - PORTLAND, ME 1986  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13842  
 License Date 2/6/2008  
 Name **WORTMANN, DOROTHY W MD**  
 Address 20 BIRCH LANE, ENFIELD, NH, 03748  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation UNIV OF KANSAS USA 1971  
 Internship and Year UNIV OF MICHIGAN MEDICAL CENTER - ANN ARBOR, MI 1972  
 Residency and Year UNIV OF MICHIGAN MEDICAL CENTER - ANN ARBOR, MI 1979  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13650  
 License Date 8/1/2007  
 Name **WORTMANN, ROBERT L MD**  
 Address DHMC--RHEUMATOLOGY DEPT, ONE MEDICAL CENTER DRIVE LEBANON, NH, 03756  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF KANSAS USA 1971  
 Internship and Year UNIV OF MICHIGAN HOSPITALS-ANN ARBOR, MI 1972  
 Residency and Year UNIV OF MICHIGAN HOSPITALS-ANN ARBOR, MI 1977  
 License Expiration Date **6/30/2015**  
 Remarks

License Number 14482  
 License Date 6/3/2009  
 Name **WOTKOWICZ, CHAD MD**  
 Address LAHEY INSTITUTE OF UROLOGY, 17 OLD ROLLINSFORD RD STE 3 DOVER, NH, 03820  
 Specialty U  
 Board Certified U  
 School and Year of Graduation UNIVERSITY OF MASSACHUSETTS USA 2003  
 Internship and Year LAHEY CLINIC MEDICAL CENTER - BURLINGTON, MA 2004  
 Residency and Year LAHEY CLINIC MEDICAL CENTER - BURLINGTON, MA 2005  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	15997
License Date	1/9/2013
Name	<b>WOYTHALER, MELISSA A DO</b>
Address	MASS GENERAL HOSPITAL, 55 FRUIT ST - FOUNDERS 5BOSTON, MA, 02114
Specialty	NPM
Board Certified	NPM
School and Year of Graduation	NY COLLEGE OF OSTEOPATHIC MEDICINE USA 2003
Internship and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2004
Residency and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD, MA 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12445
License Date	8/4/2004
Name	<b>WRENTMORE, AMY L MD</b>
Address	UNIV OF VA-DEPT OF PEDIATRICS, PO BOX 800386CHARLOTTESVILLE, VA, 22903
Specialty	PD
Board Certified	
School and Year of Graduation	PENNSYLVANIA STATE UNIVERSITY, UNIVERSITY PARK PA US 2001
Internship and Year	UNIVERSITY OF VIRGINIA, CHARLOTTESVILLE VA 2002
Residency and Year	UNIVERSITY OF VIRGINIA, CHARLOTTESVILLE VA 2003
License Expiration Date	<b>6/30/2008</b>
Remarks	

License Number	17095
License Date	5/6/2015
Name	<b>WRIGHT WILLIAMS, HEATHER MD</b>
Address	DH - PLYMOUTH PEDIATRICS, 71 HIGHLAND STPLYMOUTH, NH, 03264
Specialty	PD
Board Certified	
School and Year of Graduation	E TENNESSEE STATE UNIV JAMES H QUILLEN COLLEGE USA 2012
Internship and Year	UNIVERSITY OF NORTH CAROLINA HOSPITALS - CHAPEL HILL, NC 2013
Residency and Year	UNIVERSITY OF NORTH CAROLINA HOSPITALS - CHAPEL HILL, NC 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6887
License Date	5/10/1984
Name	<b>WRIGHT, BARRY E MD</b>
Address	22 TABBY POINT LN, OKATIE, SC, 29910-4206
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	PRITZKER SCH MED OF UNIV OF CHICAGO,IL USA 1973
Internship and Year	LENOX HILL HOSP-NY 1974
Residency and Year	BRONX MUNICIPAL HOSP CTR-BRONX,NY 1977
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	14983
License Date	8/4/2010
Name	<b>WRIGHT, CAMERON D MD</b>
Address	MGH THORASIC SURG/BLAKE1570, 55 FRUIT STBOSTON, MA, 02114
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF MICHIGAN USA 1980
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1981
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13387
License Date	1/3/2007
Name	<b>WRIGHT, JAMEY D MD</b>
Address	2590 S WINDING TRAIL DR, COLUMBIA, MO, 65201
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF ILLINOIS USA 1998
Internship and Year	UNIV OF MISSOURI HOSPITALS & CLINICS - COLUMBIA, MO 1995
Residency and Year	UNIV OF MISSOURI HOSPITALS & CLINICS - COLUMBIA, MO 1998
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	15118
License Date	1/5/2011
Name	<b>WRIGHT, KRISTEN P MD</b>
Address	1VF NEW ENGLAND, 18 CONSTITUTION DRIVE SUITE 2BEDFORD, NH, 03110
Specialty	REN
Board Certified	REN
School and Year of Graduation	UNIVERSITY OF VERMONT USA 2002
Internship and Year	WOMEN AND INFANTS HOSPITAL-BROWN UNIVERSITY - PROVIDENCE, RI 2003
Residency and Year	WOMEN AND INFANTS HOSPITAL-BROWN UNIVERSITY - PROVIDENCE, RI 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7638
License Date	6/3/1987
Name	<b>WRIGHT, LYND A J MD</b>
Address	, , ,
Specialty	OBG
Board Certified	
School and Year of Graduation	MICHIGAN STATE UNIVERSITY USA 1982
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1993</b>
Remarks	

License Number 6801  
 License Date 9/8/1983  
 Name **WRIGHT, PATRICIA D MD**  
 Address 124 MT AUBURN ST # 440S, CAMBRIDGE, MA, 02138-5758  
 Specialty P  
 Board Certified P  
 School and Year of Graduation INDIANA UNIV SCH MED-INDIANAPOLIS,IN USA 1977  
 Internship and Year UNIV NM SCH MED-ALBUQUERQUE,NM 1978  
 Residency and Year CAMBRIDGE HOSPITAL-CAMBRIDGE,MA 1982  
 License Expiration Date **6/30/1998**  
 Remarks

License Number 13697  
 License Date 9/5/2007  
 Name **WRIGHT, PETER F MD**  
 Address DHMC-PEDIATRICS DEPT, ONE MED CTR DRLEBANON, NH, 03756  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1967  
 Internship and Year CHILDRENS HOSPITAL-BOSTON, MA 1968  
 Residency and Year CHILDRENS HOSPITAL-BOSTON, MA 1972  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11791  
 License Date 11/6/2002  
 Name **WRIGHT, VALENA J MD**  
 Address LAHEY CLINIC, 41 MALL RDBURLINGTON, MA, 01803  
 Specialty OBG  
 Board Certified OBG  
 School and Year of Graduation DALHOUSIE UNIV FAC OF MED - HALIFAX, NOVA SCOTIA CANADA 1987  
 Internship and Year ST MARYS HOSPITAL CENTRE - MONTREAL, CANADA 1988  
 Residency and Year BRIGHAM & WOMEN'S HOSPITAL - BOSTON, MA 1990  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 4341  
 License Date 10/22/1968  
 Name **WROBLESKI JR, WALTER G MD**  
 Address HEALTH STOP, 228 DANIEL WEBSTER HWYNASHUA, NH, 03060  
 Specialty IM  
 Board Certified  
 School and Year of Graduation UNIV OF VERMONT - BURLINGTON, VT USA 1963  
 Internship and Year ST VINCENT HOSPITAL - WORCESTER, MA 1964  
 Residency and Year ST VINCENT HOSPITAL - WORCESTER, MA 1969  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	D0012
License Date	
Name	<b>WROBLESKI, WALTER J MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	
Remarks	

License Number	16780
License Date	9/3/2014
Name	<b>WU, AMY J MD</b>
Address	ORTHOPAEDICS NORTHEAST PC, 575 TURNPIKE ST STE 11N ANDOVER, MA, 01845
Specialty	IM
Board Certified	IM
School and Year of Graduation	WAYNE STATE UNIVERSITY USA 2008
Internship and Year	LAHEY CLINIC - BURLINGTON, MA 2009
Residency and Year	LAHEY CLINIC - BURLINGTON, MA 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16056
License Date	3/6/2013
Name	<b>WU, ANDREW S MD</b>
Address	CATHOLIC MED CTR: SURGICAL CARE GROUP, 87 MCGREGOR ST SUITE 3100MANCHESTER, NH, 031
Specialty	GS
Board Certified	GS
School and Year of Graduation	NORTHWESTERN UNIVERSITY MEDICAL SCHOOL USA 2005
Internship and Year	DREXEL UNIVERSITY COLLEGE OF MEDICINE - PHILADELPHIA, PA 2006
Residency and Year	DREXEL UNIVERSITY COLLEGE OF MEDICINE - PHILADELPHIA, PA 2012
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15607
License Date	3/7/2012
Name	<b>WU, EARNEST MD</b>
Address	255 NORTH RD, CHELMSFORD, MA, 01824
Specialty	PD
Board Certified	PD
School and Year of Graduation	HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1976
Internship and Year	BOSTON CITY HOSPITAL - BOSTON, MA 1977
Residency and Year	GEORGETOWN UNIVERSITY MEDICAL CENTER - WASHINGTON, DC 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9973
License Date	4/2/1997
Name	<b>WU, GENE W MD</b>
Address	COPLEY HOSPITAL, 528 WASHINGTON HIGHWAYMORRISVILLE, VT, 05661
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIV OF VT COLL OF MEDICINE - BURLINGTON, VT USA 1993
Internship and Year	TUCSON HOSPITAL MEDICAL EDUCATION PROGRAM - AR 1994
Residency and Year	MARY-HITCHCOCK MEMORIAL HOSPITAL - NH 1997
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	14858
License Date	5/5/2010
Name	<b>WU, HONG MD</b>
Address	MIRACA LIFE SCIENCES, 320 NEEDHAM ST STE 200NEWTON, MA, 02464
Specialty	DMP
Board Certified	PTH
School and Year of Graduation	PEKING UNION MEDICAL UNIVERSITY CHINA 1988
Internship and Year	NEW YORK UNIVERSITY MEDICAL CENTER - NEW YORK, NY 1997
Residency and Year	NEW YORK UNIVERSITY MEDICAL CENTER - NEW YORK, NY 1999
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	16057
License Date	3/6/2013
Name	<b>WU, KAREN N MD</b>
Address	PATHOLOGY SPECIALISTS OF N.E. - ELLIOT HOSPITAL, ONE ELLIOT WAYMANCHESTER, NH, 03103
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	DREXEL UNIVERSITY COLLEGE OF MEDICINE USA 2006
Internship and Year	THOMAS JEFFERSON UNIVERSITY HOSPITAL - PHILADELPHIA, PA 2007
Residency and Year	THOMAS JEFFERSON UNIVERSITY HOSPITAL - PHILADELPHIA, PA 2010
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10848
License Date	3/1/2000
Name	<b>WU, MARK P MD</b>
Address	ATHOL MEMORIAL HOSP, 2033 MAIN STATHOL, MA, 01331
Specialty	GS
Board Certified	GS
School and Year of Graduation	BEIJING MEDICAL UNIV - BEIJING BEIJING 1970
Internship and Year	BRIGHAM AND WOMEN'S HOSPITAL - BOSTON,MA 1983
Residency and Year	BRIDGEPORT HOSPITAL - BRIDGEPORT, CT 1984
License Expiration Date	<b>6/30/2012</b>
Remarks	



License Number	13190
License Date	7/5/2006
Name	<b>WU, MELISSA M MD</b>
Address	SOUTHERN NH MEDICAL CENTER, PO BOX 2014NASHUA, NH, 03061
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF VIRGINIA USA 1992
Internship and Year	JOHNS HOPKINS HOSPITAL-BALTIMORE, MD 1996
Residency and Year	JOHNS HOPKINS HOSPITAL-BALTIMORE, MD 1998
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13611
License Date	7/11/2007
Name	<b>WU, MICHAEL C MD</b>
Address	EXETER INTERNAL MED, 21 HAMPTON RD BLDG 3 2FLEXETER, NH, 03833
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF NORTH CAROLINA USA 2004
Internship and Year	CONCORD HOSPITAL-CONCORD, NH 2005
Residency and Year	CONCORD HOSPITAL-CONCORD, NH 2007
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11980
License Date	6/4/2003
Name	<b>WU, PHILIP K MD</b>
Address	, 921 KINGSRIDGE CTWILDWOOD, MO, 63021
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF VERMONT - BURLINGTON VT USA 1996
Internship and Year	MAINE MEDICAL CENTER - PORTLAND ME 1997
Residency and Year	MAINE MEDICAL CENTER - PORTLAND ME 2001
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	12091
License Date	9/3/2003
Name	<b>WU, W. HOWARD MD</b>
Address	ORTHOPAEDIC SURGICAL ASSOCIATE, 14 RESEARCH PLACENORTH CHELMSFORD, MA, 01863
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	COLUMBIA UNIVERSITY, NEW YORK NY US 1995
Internship and Year	ST LUKES ROOSEVELT HOSPITAL CTR, NEW YORK NY 1996
Residency and Year	COLUMBIA UNIVERSITY, NEW YORK NY 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16250
License Date	7/3/2013
Name	<b>WUCHENICH, JOHN R MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	LOMA LINDA UNIVERSITY USA 2010
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2011
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9958
License Date	3/5/1997
Name	<b>WYATT, RICHARD M MD</b>
Address	PIONEER VALLEY DERMATOLOGY, 29-B COTTAGE STAMHERST, MA, 01002
Specialty	D
Board Certified	D
School and Year of Graduation	DUKE UNIV SCH OF MED DURHAM, NC USA 1990
Internship and Year	HOSPITAL UNIV OF PENNSYLVANIA, PA 1992
Residency and Year	UNIV OF NORTH CAROLINA HOSPITAL - NC 1995
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	12122
License Date	10/1/2003
Name	<b>WYERS, MARK C MD</b>
Address	B10MC-VASCULAR SURGERY, 110 FRANCIS ST-5BBOSTON, MA, 02215
Specialty	VS
Board Certified	VS
School and Year of Graduation	EMORY UNIVERSITY, ATLANTA GA US 1994
Internship and Year	BETH ISRAEL DEACONESS MED CTR, BOSTON MA 1995
Residency and Year	BETH ISRAEL DEACONESS MED CTR, BOSTON MA 1997
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	7975
License Date	9/7/1988
Name	<b>WYLY, JAMES K MD</b>
Address	18 BUCKINGHAM DR, BOW, NH, 03304-5206
Specialty	P
Board Certified	
School and Year of Graduation	UNIV OF MIAMI SCH OF MED-MIAMI,FL USA 1981
Internship and Year	NEW ENGLAND MED CTR HOSP-BOSTON,MA 1982
Residency and Year	NEW ENGLAND MED CTR HOSP-BOSTON,MA 1985
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	5109
License Date	11/20/1973
Name	<b>WYMAN, EDWIN T MD</b>
Address	MASS GENERAL HOSP, 15 PARKMAN STBOSTON, MA, 02114-3139
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	HARVARD MEDICAL SCHOOL - BOSTON, MA USA 1955
Internship and Year	ST LUKES HOSPITAL - NY 1956
Residency and Year	ST LUKES HOSPITAL - NY 1957
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	17197
License Date	7/1/2015
Name	<b>XANTHOPOULOS, LAZAROS MD</b>
Address	FOUNDATION PARTNERS, 8 PROSPECT STNASHUA, NH, 03061
Specialty	PD
Board Certified	PD
School and Year of Graduation	BOSTON UNIVERSITY USA 1999
Internship and Year	TUFTS MEDICAL CENTER - BOSTON MA 2000
Residency and Year	TUFTS MEDICAL CENTER - BOSTON MAQ 2002
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12829
License Date	7/6/2005
Name	<b>XU, BO MD</b>
Address	42 WINFORD WAY, WINCHESTER, MA, 01890
Specialty	IM
Board Certified	IM
School and Year of Graduation	CHINA MEDICAL UNIVERSITY, SHENYANG CHINA 1987
Internship and Year	PRINCE GEORGES HOSPITAL CENTER, CHEVERLY MD 2002
Residency and Year	PRINCE GEORGES HOSPITAL CENTER, CHEVERLY MD 2005
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	13137
License Date	6/7/2006
Name	<b>XU, CHENGGEN MD</b>
Address	PATHOLOGY SPECIALISTS OF NE, PO BOX 5528MANCHESTER, NH, 03103-5528
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	TONGJI MEDICAL COLLEGE OF HUAZHONG CHINA 1984
Internship and Year	RHODE ISLAND HOSPITAL-PROVIDENCE, RI 2004
Residency and Year	RHODE ISLAND HOSPITAL-PROVIDENCE, RI 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15518
License Date	1/4/2012
Name	<b>XU, YUHUI MD</b>
Address	AMERIPATH, 1 GREENWICH PLSHELTON, CT, 06484
Specialty	ATP
Board Certified	ATP
School and Year of Graduation	TONGJI MEDICAL UNIVERSITY CHINA 1981
Internship and Year	GEORGETOWN UNIVERSITY MEDICAL CENTER - WASHINGTON, DC 2003
Residency and Year	GEORGETOWN UNIVERSITY MEDICAL CENTER - WASHINGTON, DC 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13388
License Date	1/3/2007
Name	<b>XUE, LANNY Y MD</b>
Address	354 MERRIMACK ST, BLDG 1LAWRENCE, MA, 01843
Specialty	N
Board Certified	N
School and Year of Graduation	MEDICAL COLLEGE OF QINGDAO UNIV CHINA 1983
Internship and Year	ALBANY MEDICAL CENTER-ALBANY, NY 2003
Residency and Year	ALBANY MEDICAL CENTER-ALBANY, NY 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11492
License Date	1/2/2002
Name	<b>YABLON, ISADORE G MD</b>
Address	1940 LAKE ROBERTS CT, WINDERMERE, FL, 34786
Specialty	ORS
Board Certified	ORS
School and Year of Graduation	UNIV OF TORONTO - TORONTO, CANADA CANADA 1958
Internship and Year	MONTREAL GENERAL HOSPITAL - MONTREAL QUEBEC, CANADA 1959
Residency and Year	MONTREAL GENERAL HOSPITAL - MONTREAL QUEBEC, CANADA 1960
License Expiration Date	<b>6/30/2012</b>
Remarks	

License Number	14333
License Date	2/4/2009
Name	<b>YACOUB, KARIM H MD</b>
Address	2158 INTELLIPLEX DRIVE, STE 200SHELBYVILLE, IN, 46176
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF CAIRO EGYPT 1998
Internship and Year	MICHAEL REESE HOSPITAL & MEDICAL CENTER - EULESS, TX 2001
Residency and Year	MICHAEL REESE HOSPITAL & MEDICAL CENTER - EULESS, TX 2003
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	13138
License Date	6/7/2006
Name	<b>YACOUB, LILIANE K MD</b>
Address	CARITAS HOLY FAMILY HOSPITAL, 70 EAST STMETHUEN, MA, 01844
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	AMERICAN UNIV OF BEIRUT LEBANON 1987
Internship and Year	BETH ISRAEL DEACONESS MEDICAL CTR-EAST CAMPUS, BOSTON MA 1992
Residency and Year	BETH ISRAEL DEACONESS MEDICAL CTR-EAST CAMPUS, BOSTON MA 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6849
License Date	2/2/1984
Name	<b>YADATI, SANTHARAM MD</b>
Address	ELLIOT BEHAVIORAL HLTH SVS, 445 CYPRESS ST STE 8MANCHESTER, NH, 03103
Specialty	P
Board Certified	P
School and Year of Graduation	SRI VENKATESVARA MED COLL-TIRUPATI 1973
Internship and Year	SEDWICK CO DEPT MNTL HLTH-WICHITA,KS 1980
Residency and Year	SEDWICK CO DEPT MNTL-WICHITA,KS 1980
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16296
License Date	8/7/2013
Name	<b>YAGER, MARIANA B MD</b>
Address	CORE FAMILY & INTERNAL MEDICINE OF EXETER, 21 HAMPTON RDEXETER, NH, 03833
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV DE RIBEIRAO PRETO BRAZIL 2006
Internship and Year	TEXAS HEALTH PRESBYTERIAN HOSPITAL - DALLAS, TX 2009
Residency and Year	TEXAS HEALTH PRESBYTERIAN HOSPITAL - DALLAS, TX 2011
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6752
License Date	7/7/1983
Name	<b>YAGER, ROBERT D MD</b>
Address	39 SIMON ST, #6NASHUA, NH, 03060
Specialty	FP
Board Certified	FP
School and Year of Graduation	YALE UNIVERSITY - NEW HAVEN CT USA 1980
Internship and Year	EASTERN MAIN MED CTR - BANGOR ME 1983
Residency and Year	EASTERN MAINE MED CTR - BANGOR ME 1983
License Expiration Date	<b>6/30/2017</b>
Remarks	SETTLEMENT AGREEMENT - 11/3/92      ORDER OF CONDITIONAL APPROVAL - 12/7/99 9/11/01-ORDER REMOVING RESTRICTIONS.

License Number	13651
License Date	8/1/2007
Name	<b>YAHALOM, SHIRA MD</b>
Address	BETH ISRAEL MEDICAL CENTER, 16TH ST @ 1ST AVENUE NEW YORK, NY, 10003
Specialty	EM
Board Certified	
School and Year of Graduation	HEBREW UNIV ISRAEL 2003
Internship and Year	BETH ISRAEL MEDICAL CENTER - NY, NY 2004
Residency and Year	BETH ISRAEL MEDICAL CENTER - NY, NY 2006
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	16203
License Date	6/5/2013
Name	<b>YALDEN, LAURALEE MD</b>
Address	AMERICAN WELL/ONLINE CARE GROUP, 75 STATE ST BOSTON, MA, 02109-1900
Specialty	FP
Board Certified	FP
School and Year of Graduation	ROSS UNIVERSITY DOMINICA 2003
Internship and Year	WILSON MEDICAL CENTER - JOHNSON CITY, NY 2005
Residency and Year	WILSON MEDICAL CENTER - JOHNSON CITY, NY 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12154
License Date	11/5/2003
Name	<b>YALOWITZ, DAVID L MD</b>
Address	15 TREMBLANT COURT, LUTHERVILLE, MD, 21093
Specialty	IM
Board Certified	IM
School and Year of Graduation	NORTHWESTERN UNIVERSITY, CHICAGO IL US 1979
Internship and Year	GEORGETOWN UNIVERSITY, WASHINGTON DC 1980
Residency and Year	GEORGETOWN UNIVERSITY, WASHINGTON DC 1983
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	16145
License Date	5/1/2013
Name	<b>YAN, ARTHUR W MD</b>
Address	CORE PHYSICIANS, 3 ALUMNI DR, SUITE 201 EXETER, NH, 03833
Specialty	IM
Board Certified	IM
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 2007
Internship and Year	UNIVERSITY OF CALIFORNIA- SAN DEIGO, CA 2008
Residency and Year	UNIVERSITY OF CALIFORNIA- SAN DEIGO, CA 2010
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12635
License Date	3/2/2005
Name	<b>YAN, SHAOFENG MD</b>
Address	DHMC-DEPT OF PATHOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	PEKING UNION MED UNIVERSITY, CHINA CHINA 1994
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2004
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR, LEBANON NH 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16437
License Date	12/4/2013
Name	<b>YANCY, HOLLY M DO</b>
Address	MAYO CLINIC, 5777 E MAYO BLVDPHOENIX, AZ, 85054
Specialty	N
Board Certified	N
School and Year of Graduation	MIDWESTERN UNIVERSITY- ARIZONA USA 2007
Internship and Year	MARICOPA MEDICAL CENTER - PHOENIX, AZ 2008
Residency and Year	UNIVERSITY OF ARIZONA HEALTH SCIENCES CENTER - TUCSON, AZ 2011
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	8571
License Date	6/5/1991
Name	<b>YANDOW, VALERY W MD</b>
Address	75 LINDEN ST, BOX 803BRATTLEBORO, VT, 05302-
Specialty	P
Board Certified	P
School and Year of Graduation	UNIV OF VT COLL OF MED - BURLINGTON, VT USA 1956
Internship and Year	MT VERNON HOSPITAL - MT VERNON, NY 1979
Residency and Year	NY HOSPITAL CORNELL MC WESTCHESTER - WHITE PLAINS, NY 1980
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number	10980
License Date	6/7/2000
Name	<b>YANG, JUNE MD</b>
Address	3010 HIDDEN MIST CT, PEARLAND, TX, 77584
Specialty	PM
Board Certified	
School and Year of Graduation	HUNAN MEDICAL COLL - PEOPLE RUPUBLIC CHINA CHINA 1985
Internship and Year	WILLIAM BEAUMONT HOSPITAL - ROYAL OAK, MI 1997
Residency and Year	ERIE COUNTY MEDICAL CENTER - BUFFALO, NY 1998
License Expiration Date	<b>6/30/2001</b>
Remarks	

License Number	10547
License Date	4/7/1999
Name	<b>YANG, REBECCA C MD</b>
Address	LAHEY CLINIC MED CTR, ONE ESSEX CENTER DRPEABODY, MA, 01960
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF MARYLAND SCH OF MED -BALTIMORE,MD USA 1993
Internship and Year	UNIV HOSPITAL OF CLEVELAND, OH 1994
Residency and Year	UNIV HOSPITAL OF CLEVELAND, OH 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	Lapsed 6/30/05 - Reinstated 3/7/12

License Number	12724
License Date	5/4/2005
Name	<b>YANKIVER, BURT J MD</b>
Address	470 BAKER TURN, QUECHEE, VT, 05059
Specialty	IM
Board Certified	IM
School and Year of Graduation	NEW YORK MED COLLEGE, VALHALLA NY US 1978
Internship and Year	LENOX HILL HOSPITAL, NEW YORK NY 1979
Residency and Year	LENOX HILL HOSPITAL, NEW YORK NY 1980
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	15145
License Date	2/2/2011
Name	<b>YANOFSKY, ANDREW E MD</b>
Address	MOUNT SINAI HOSPITAL, ONE GUSTAVE L LEVY PLACENEW YORK, NY, 10050
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF MED & DENTISTRY OF NJ USA 2006
Internship and Year	GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER - WASHINGTON, DC 2007
Residency and Year	GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER - WASHINGTON, DC 2009
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	6550
License Date	6/24/1982
Name	<b>YANOFSKY, NORMAN N MD</b>
Address	DHMC-EMERGENCY MED, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	EM
Board Certified	EM
School and Year of Graduation	TUFTS UNIV SCH OF MED - BOSTON, MA USA 1977
Internship and Year	NORTHWESTERN MEMORIAL HOSPITAL - CHICAGO, IL 1978
Residency and Year	NORTHWESTERN MEMORIAL HOSPITAL - CHICAGO, IL 1981
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	5645
License Date	11/4/1976
Name	<b>YAP, ANITA U MD</b>
Address	19 TYLER ST STE 203, NASHUA, NH, 03060-3924
Specialty	IM
Board Certified	IM
School and Year of Graduation	FACULTY OF MED AND SURGERY UNIV OF SANTO TOMAS PHIL 1964
Internship and Year	LAWRENCE HOSPITAL BRONXVILLE 1965
Residency and Year	LEMUEL SHATTUCK HOSPITAL BOSTON 1974
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11582
License Date	4/3/2002
Name	<b>YAP, CHARMAINE G MD</b>
Address	AMMONOOSUC COMM HLTH SER, 25 MOUNT EUSTIS RDLITTLETON, NH, 03561
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF SANTO TOMAS - MANILA, PHILIPPINES PHILIPPINES 1994
Internship and Year	MERCY HOSPITAL-SUNY AT BUFFALO - BUFFALO, NY 1998
Residency and Year	MERCY HOSPITAL-SUNY AT BUFFALO - BUFFALO, NY 2000
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	12954
License Date	11/2/2005
Name	<b>YAP, RONALD L MD</b>
Address	246 PLEASANT ST, MEMORIAL BLDG G-2CONCORD, NH, 03301
Specialty	U
Board Certified	U
School and Year of Graduation	YALE UNIVERSITY, NEW HAVEN CT US 2000
Internship and Year	NORTHWESTERN UNIVERSITY, CHICAGO IL 2001
Residency and Year	NORTHWESTERN UNIVERSITY, CHICAGO IL 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15783
License Date	7/11/2012
Name	<b>YARABOTHU, DILIP DO</b>
Address	SO NH MEDICAL CENTER, 8 PROSPECT STNASHUA, NH, 03061-2014
Specialty	EM
Board Certified	
School and Year of Graduation	UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY USA 2008
Internship and Year	UMDNJ SCHOOL OF OSTEOPATHIC MEDICINE - STRATFORD, NJ 08084 2009
Residency and Year	UMDNJ SCHOOL OF OSTEOPATHIC MEDICINE - STRATFORD, NJ 08084 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16146
License Date	5/1/2013
Name	<b>YARED, JEAN A MD</b>
Address	22 S GREENE ST, S9D10BALTIMORE, MD, 21201
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITE SAINT-JOSEPH LEBANON 2002
Internship and Year	GREATER BALTIMORE MEDICAL CENTER - BALTIMORE, MD 2008
Residency and Year	GREATER BALTIMORE MEDICAL CENTER - BALTIMORE, MD 2010
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	17247
License Date	8/5/2015
Name	<b>YARED, JOSEPH MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	U
Board Certified	
School and Year of Graduation	INIVERSITY OF VERMONT COLLEGE OF MEDICINE - VT USA 2012
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2013
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10149
License Date	10/1/1997
Name	<b>YARNE, GERALDINE F MD</b>
Address	10240 N 31ST AVE, STE 200PHOENIX, AZ, 85051
Specialty	CHP
Board Certified	
School and Year of Graduation	WAYNE STATE UNIV SCH OF MED - DETROIT, MI USA 1967
Internship and Year	HARTFORD HOSPITAL - CT 1975
Residency and Year	INSTITUTE OF LIVING HOSPITAL - CT 1979
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	13308
License Date	10/4/2006
Name	<b>YATES, MATTHEW C MD</b>
Address	122 SAILBOAT LANE, UNION HALL, VA, 24176
Specialty	R
Board Certified	R
School and Year of Graduation	UNIV OF TEXAS USA 1984
Internship and Year	UNIV OF LOUISVILLE SCHOOL OF MEDICINE - LOUISVILLE, KY 1985
Residency and Year	UNIV OF LOUISVILLE SCHOOL OF MEDICINE - LOUISVILLE, KY 1989
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	5756
License Date	6/13/1977
Name	<b>YEAGER, MARK P MD</b>
Address	DHMC/ANESTHESIOLOGY DEPT, 1 MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	AN
Board Certified	AN
School and Year of Graduation	MCGILL UNIVERSITY-MONTREAL CANADA CANADA 1974
Internship and Year	QUEEN ELIZABETH HOSPITAL-MONTREAL CANADA 1975
Residency and Year	QUEEN ELIZABETH HOSPITAL - MONTREAL CANADA 1975
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	5666
License Date	1/6/1977
Name	<b>YEAGER, SCOTT B MD</b>
Address	UNIV OF VT MEDICAL CTR - DEPT PEDI CARDIOLOGY, 111 COLCHESTER AVEBURLINGTON, VT, 0540
Specialty	PDC
Board Certified	PDC
School and Year of Graduation	UNIV OF VIRGINIA SCH MED CHARLOTTEVILLE, VA USA 1975
Internship and Year	GEORGETOWN UNIV HOSPITAL 1976
Residency and Year	GEORGTOWN UNIV HOSPITAL 1976
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9076
License Date	10/6/1993
Name	<b>YEE JR, RICHARD H MD</b>
Address	WEEKS MEMORIAL HOSPITAL, 173 MIDDLE STLANCASTER, NH, 03584
Specialty	EM
Board Certified	
School and Year of Graduation	BOSTON UNIVERSITY SCHOOL OF MEDICINE USA 1977
Internship and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD MA 1978
Residency and Year	BAYSTATE MEDICAL CENTER - SPRINGFIELD MA 1979
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14483
License Date	6/3/2009
Name	<b>YEE, ANDREW J MD</b>
Address	WENTWORTH-DOUGLAS HOSPITAL, 789 CENTRAL AVEDOVER, NH, 03820
Specialty	HO
Board Certified	HO
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 2000
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2001
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15899
License Date	10/3/2012
Name	<b>YEE, MARTIN C MD</b>
Address	20730 VALLEY GREEN DRIVE, CUPERTINO, CA, 95014
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF TX MEDICAL SCHOOL @ SAN ANTONIO USA 1994
Internship and Year	UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER - SACRAMENTO, CA 1995
Residency and Year	UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER - SACRAMENTO, CA 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>LAPSED FOR NONRENEWAL 6/30/14 RENEWED 9/2/14</b>

License Number	5840
License Date	11/3/1977
Name	<b>YEGANEH, EDMOND Y MD</b>
Address	JACKSON GRAY MED BUILDING, 330 BORTHWICK AVE STE 304PORTSMOUTH, NH, 03801-4174
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	FACULTY OF MEDICINE UNIV OF TEHERAN IRAN 1968
Internship and Year	NORWALK HOSPITAL - NORWALK,CT 1971
Residency and Year	UNIV HOSPITAL - CLEVELAND, OH 1975
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9895
License Date	12/4/1996
Name	<b>YEGHIAZARIANS, VARTAN MD</b>
Address	PHYSICIANS NETWORK PC, 289 MAIN STSALEM, NH, 03079
Specialty	IM
Board Certified	IM
School and Year of Graduation	TUFTS UNIV SCHOOL OF MEDICINE BOSTON, MA USA 1994
Internship and Year	BOSTON UNIV MEDICAL CENTER - MA 1997
Residency and Year	BOSTON UNIV MEDICAL CENTER - MA 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16619
License Date	5/7/2014
Name	<b>YEHLING, HILARY A MD</b>
Address	ELLIOT PEDIATRICS & PRIMARY CARE, 15 FREETOWN RDRAYMOND, NH, 03077
Specialty	PD
Board Certified	PD
School and Year of Graduation	STATE UNIV OF NY @ BUFFALO SCHOOL OF MED & BIO USA 2008
Internship and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2009
Residency and Year	STRONG MEMORIAL HOSPITAL - ROCHESTER, NY 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16466
License Date	1/8/2014
Name	<b>YEN, CHRISTOPHER A MD</b>
Address	PO BOX 35200, BILLINGS, MT, 59107
Specialty	CCM
Board Certified	CCM
School and Year of Graduation	TUFTS UNIVERSITY SCHOOL OF MEDICINE USA 2006
Internship and Year	LAHEY CLINIC MEDICAL CENTER - BURLINGTON, MA 2007
Residency and Year	FLETCHER ALLEN HEALTH CARE - BURLINGTON, VT 2010
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12561
License Date	12/1/2004
Name	<b>YEN, STEPHANIE P MD</b>
Address	DHMC-RADIOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	R
Board Certified	R
School and Year of Graduation	DUKE UNIVERSITY, DURHAM NC US 1992
Internship and Year	BETH ISRAEL DEACONESS MED CTR, BOSTON MA 1993
Residency and Year	DUKE UNIVERSITY, DURHAM NC 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10173
License Date	11/5/1997
Name	<b>YEN, TOMMY Y MD</b>
Address	COMPHEALTH, 4021 S 700 EASTSALT LAKE CITY, UT, 84107
Specialty	IM
Board Certified	
School and Year of Graduation	UNIV OF CA SAN DIEGO SCH OF MED - LA JOLLA-CA USA 1994
Internship and Year	UNIV CALIFORNIA SAN DIEGO MEDICAL CENTER - CA 1997
Residency and Year	UNIV CALIFORNIA SAN DIEGO MEDICAL CENTER - CA 1997
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	12926
License Date	10/5/2005
Name	<b>YERDON MCLEOD, ANGELA M DO</b>
Address	THE FAMILY HEALTH CENTER, 250 PLEASANT STCONCORD, NH, 03301
Specialty	FP
Board Certified	FP
School and Year of Graduation	NEW YORK COLLEGE, OLD WESTBURY NY US 2001
Internship and Year	CONCORD HOSPITAL, CONCORD NH 2002
Residency and Year	CONCORD HOSPITAL, CONCORD NH 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15736
License Date	6/6/2012
Name	<b>YERRABOTHALA, SWAROOPA MD</b>
Address	DHMC, 1 MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	KURNOOL MEDICAL COLLEGE INDIA 2006
Internship and Year	SETON HALL UNIVERSITY SCHOOL OF HEALTH & MEDICAL - SOUTH ORANGE, NJ 2010
Residency and Year	SETON HALL UNIVERSITY SCHOOL OF HEALTH & MEDICAL - SOUTH ORANGE, NJ 2012
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10981
License Date	6/7/2000
Name	<b>YI, CHUNG-HWA MD</b>
Address	CONCORD OBSTETRICS & GYNO, 189 N MAIN STCONCORD, NH, 03301
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	STATE UNIV OF NEW YORK - BUFFALO, NY USA 1992
Internship and Year	SINAI HOSPITAL - BALTIMORE, MD 1994
Residency and Year	SINAI HOSPITAL - BALTIMORE, MD 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16852
License Date	11/6/2014
Name	<b>YI, EDWARD K MD</b>
Address	SUMMIT RADIOLOGY, PO BOX 80070FORT WAYNE, IN, 46898-0070
Specialty	DR
Board Certified	DR
School and Year of Graduation	UNIFORMED SERVICES UNIV OF THE HEALTH SCIENCES USA 2000
Internship and Year	ST LOUIS UNIVERSITY SCHOOL OF MEDICINE- BELLEVILLE, IL 62220 2001
Residency and Year	DAVID GRANT MEDICAL CENTER - TRAVIS AFB, CA 2008
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16810
License Date	10/1/2014
Name	<b>YINDRA, JOHN M MD</b>
Address	150 MILL ST 3R FL, LEWISTON, ME, 04240
Specialty	FP
Board Certified	FP
School and Year of Graduation	JEFFERSON MEDICAL COLLEGE OF THOMAS JEFFERSON UNIV USA 1975
Internship and Year	CHRISTIANA CARE HEALTH SYSTEM - WILMINGTON, DE 1980
Residency and Year	CHRISTIANA CARE HEALTH SYSTEM - WILMINGTON, DE 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 16251  
 License Date 7/3/2013  
 Name **YONKER, LAEL M MD**  
 Address 275 CAMBRIDGE ST 5TH FL, BOSTON, MA, 02114  
 Specialty PD  
 Board Certified PDP  
 School and Year of Graduation UNIVERSITY MASSACHUSETTS MEDICAL SCHOOL USA 2007  
 Internship and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2008  
 Residency and Year MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2010  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 13233  
 License Date 8/2/2006  
 Name **YOO, CHUNG-MOK MD**  
 Address FOUNDATION MEDICAL PARTNERS, 8 PROSPECT ST NASHUA, NH, 03061  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation KYUNGPOOK NAT'L UNIV KOREA 1998  
 Internship and Year NORTH SHORE MEDICAL CTR/SALEM HOSPITAL - SALEM, MA 2004  
 Residency and Year NORTH SHORE MEDICAL CTR/ SALEM HOSPITAL - SALEM, MA 2005  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11101  
 License Date 10/4/2000  
 Name **YOON, IN-KYU MD**  
 Address ARMED FORCES RESEARCH INSTITUTE, USAMC-AFRIMS APO, , 96546  
 Specialty AI  
 Board Certified AI  
 School and Year of Graduation NEW YORK UNIV SCH OF MED - NEW YORK, NY USA 1993  
 Internship and Year WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1994  
 Residency and Year WALTER REED ARMY MEDICAL CENTER - WASHINGTON, DC 1996  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 10737  
 License Date 10/6/1999  
 Name **YOON, MICHAEL Y MD**  
 Address FAMILY MEDICINE ASSOCIATES, 147 SOUTH MAIN ST MIDDLETON, MA, 01949  
 Specialty  
 Board Certified FP  
 School and Year of Graduation DALHOUSIE UNIVERSITY - HALIFAX CANADA CANADA 1991  
 Internship and Year DALHOUSIE UNIVERSITY - HALIFAX CANADA 1992  
 Residency and Year UNIVERSITY OF MASSACHUSETTS - WORCESTER MA 1999  
 License Expiration Date **6/30/2013**  
 Remarks

License Number	15011
License Date	9/1/2010
Name	<b>YOON, MICHELLE J MD</b>
Address	CAPITAL REGION OTOLARYNGOLOGY, 6 EXECUTIVE PARK DR - ENTRANCE CALBANY, NY, 12203
Specialty	OTO
Board Certified	OTO
School and Year of Graduation	UNIVERSITY OF KANSAS USA 2002
Internship and Year	CARITAS ST ELIZABETHS MEDICAL CENTER - BOSTON, MA 2003
Residency and Year	NEW ENGLAND MEDICAL CENTER - BOSTON, MA 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	15951
License Date	11/7/2012
Name	<b>YOONG, YINLEE MD</b>
Address	CENTER FOR CANCER CARE, 11 WHITEWALL RD ROCHESTER, NH, 03867
Specialty	ON
Board Certified	ON
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 1996
Internship and Year	MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 1997
Residency and Year	MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION - ROCHESTER, MN 2000
License Expiration Date	<b>6/30/2014</b>
Remarks	

License Number	9293
License Date	9/7/1994
Name	<b>YORK, DAVID A MD</b>
Address	COX RD URGENT CARE, 603 COX RD GASTONIA, NC, 28310
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF TORONTO CANADA 1981
Internship and Year	DALHOUSIE UNIVERSITY - HALIFAX NS 1982
Residency and Year	DALHOUSIE UNIVERSITY - HALIFAX NS 1983
License Expiration Date	<b>3/26/2010</b>
Remarks	Licensee requested license to be inactive effective 3/26/2010. 5/17/10 - Voluntary Surrender of license

License Number	8086
License Date	5/10/1989
Name	<b>YORK, GARY L MD</b>
Address	CONCORD HOSPITAL DEPT OF PATHOLOGY, 250 PLEASANT ST CONCORD, NH, 03301
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	UNIV OF VT COLL OF MED BURLINGTON VT USA 1984
Internship and Year	DARTMOUTH HITCHCOCK MED CTR HANOVER NH 1985
Residency and Year	DARTMOUTH HITCHCOCK MED CTR HANOVER NH 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	



License Number	8638
License Date	10/2/1991
Name	<b>YOST, JOHN H DO</b>
Address	DARTMOUTH-HITCHCOCK CLINIC, 87 MCGREGOR STREET STE 1300MANCHESTER, NH, 03102
Specialty	RHU
Board Certified	RHU
School and Year of Graduation	UNIV OF OSTEO MED HLTH SCI DES MOINES, IA USA 1986
Internship and Year	HOSP OF ST RAPHAEL-NEW HAVEN,CT 1991
Residency and Year	HOSPITAL OF ST RAPHAEL - NEW HAVEN, CT 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	6567
License Date	6/24/1982
Name	<b>YOUNG III, OGLESBY H MD</b>
Address	CONCORD OB/GYN, 189 N MAIN STCONCORD, NH, 03301-5047
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF MINNESOTA MED SCH - MINNEAPOLIS,MN USA 1977
Internship and Year	DEACONESS HOSPITAL- SPOKANE, WA 1978
Residency and Year	MEDICAL CENTER HOSPITAL - BURLINGTON, VT 1982
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	3752
License Date	12/18/1964
Name	<b>YOUNG JR, PAUL C MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/30/1997</b>
Remarks	

License Number	15519
License Date	1/4/2012
Name	<b>YOUNG JR, WILLIAM W MD</b>
Address	330 BAILEY ST, NEW CUMBERLAND, PA, 17070
Specialty	IM
Board Certified	
School and Year of Graduation	UNIV AUTONOMA DE GUADALAJARA MEXICO 1981
Internship and Year	PINNACLE HEALTH HOSPITALS - HARRISBURG, PA 1984
Residency and Year	PINNACLE HEALTH HOSPITALS - HARRISBURG, PA 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13365
License Date	12/6/2006
Name	<b>YOUNG, ANDREW J MD</b>
Address	DHMC-NORRIS COTTON CANCER CTR, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	RO
Board Certified	
School and Year of Graduation	DREXEL UNIV COLLEGE OF MEDICINE USA 2001
Internship and Year	LEHIGH VALLEY HOSPITAL-ALLENTOWN, PA 2002
Residency and Year	HAHNEMANN UNIV HOSPITAL-PHILADELPHIA, PA 2006
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	12725
License Date	5/4/2005
Name	<b>YOUNG, CHRISTINE E MD</b>
Address	CORE PHYSICIANS SERVICE, 7 HOLLAND WAYEXETER, NH, 03833
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF MASSACHUSETTS, WORCESTER MA US 2000
Internship and Year	NEW ENGLAND MEDICAL CTR, BOSTON MA 2001
Residency and Year	NEW ENGLAND MEDICAL CTR, BOSTON MA 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15998
License Date	1/9/2013
Name	<b>YOUNG, DANA A MD</b>
Address	1450 LINCOLN RD APT 706, MIAMI BEACH, FL, 33139
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF KANSAS SCHOOL OF MEDICINE USA 1995
Internship and Year	UNIVERSITY OF KANSAS MEDICAL CENTER - KANSAS CITY, KS 1996
Residency and Year	UNIVERSITY OF KANSAS MEDICAL CENTER - KANSAS CITY, KS 1998
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	4015
License Date	3/14/1967
Name	<b>YOUNG, DONALD S MD</b>
Address	HOSPITAL OF THE UNIV OF PA, 3400 SPRUCE STPHILADELPHIA, PA, 19104-4283
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	ROYAL POSTGRADUATE MEDICAL SCHOOL OF LONDON ENGLAND 1964
Internship and Year	WOODEND GENERAL HOSPITAL - ABERDEEN, SCOTLAND 1958
Residency and Year	ABERDEEN ROYAL INFIRMARY HOSPITAL - ABERDEEN, SCOTLAND 1958
License Expiration Date	<b>6/30/2003</b>
Remarks	

License Number	16498
License Date	2/5/2014
Name	<b>YOUNG, GREGORY D MD</b>
Address	DARTMOUTH HITCHCOCK MEDICAL CENTER, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF FLORIDA COLLEGE OF MEDICINE USA 2010
Internship and Year	THOMAS JEFFERSON UNIV - PHILADELPHIA, PA 2011
Residency and Year	THOMAS JEFFERSON UNIV - PHILADELPHIA, P 2014
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11981
License Date	6/4/2003
Name	<b>YOUNG, HARRIET MD</b>
Address	ST JOSEPH HOSPITAL/EMERG/DEPT, 172 KINSLEY STNASHUA, NH, 03060-2013
Specialty	EM
Board Certified	EM
School and Year of Graduation	NEW YORK MEDICAL COLLEGE - VALHALLA NY USA 1996
Internship and Year	WAYNE STATE UNIVERSITY/DETROIT MEDICAL CENTER - DETROIT MI 2001
Residency and Year	WAYNE STATE UNIVERSITY/DETROIT MEDICAL CENTER - DETROIT MI 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	Lapsed for non-renewal 6/30/05 Reinstated 9/2/09

License Number	15900
License Date	10/3/2012
Name	<b>YOUNG, JEFFREY A MD</b>
Address	111 GREELY RD, CUMBERLAND CTR, ME, 04021
Specialty	R
Board Certified	R
School and Year of Graduation	UNIVERSITY OF KY COLLEGE OF MEDICINE USA 1980
Internship and Year	NORTHWESTERN UNIV FEINBERG SCHOOL OF MEDICINE - CHICAGO, IL 1981
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1983
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6405
License Date	6/4/1981
Name	<b>YOUNG, KEVIN I MD</b>
Address	PLYMOUTH FAMILY PRACTICE, 1 WARREN STPLYMOUTH, NH, 03264-1241
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF VIRGINIA SCH OF MED,CHARLOTTESVILLE,VA USA 1978
Internship and Year	MIDLAND HOSPITAL CENTER - MIDLAND,MI 1979
Residency and Year	MIDLAND HOSPITAL CENTER - MIDLAND, MI 1979
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12541
License Date	11/3/2004
Name	<b>YOUNG, LAURENCE P MD</b>
Address	DARTMOUTH-HITCHCOCK NASHUA - VASCULAR SURGERY, 2300 SOUTHWOOD DRNASHUA, NH, 03
Specialty	GS
Board Certified	GS
School and Year of Graduation	NEW YORK UNIVERSITY, NEW YORK NY US 1995
Internship and Year	BOSTON UNIVERSITY, ROXBURY MA 1996
Residency and Year	BOSTON UNIVERSITY, ROXBURY MA 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10849
License Date	3/1/2000
Name	<b>YOUNG, MICHAEL P MD</b>
Address	FAHC DIVISION OF PULMONARY, 111 COLCHESTER AVEBURLINGTON, VT, 05401
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF VERMONT COLL OF MED-BURLINGTON,VT USA 1982
Internship and Year	KAISER PERMANENTE MEDICAL CENTER - OAKLAND, CA 1985
Residency and Year	UNIV HEALTH CENTER OF PITTSBURGH - PITTSBURGH, PA 1986
License Expiration Date	<b>6/30/2002</b>
Remarks	

License Number	9788
License Date	7/3/1996
Name	<b>YOUNG, MITCHELL R MD</b>
Address	DH URGENT CARE, 2300 SOUTHWOOD DRNASHUA, NH, 03063-1818
Specialty	FP
Board Certified	FP
School and Year of Graduation	MCGILL UNIV FAC OF MED MONTREAL QUEBEC CANADA 1977
Internship and Year	TORONTO EAST GENERAL ORTHO HOSPITAL - TORONTO ON, CN 1978
Residency and Year	OTTAWA CIVIC HOSPITAL - OTTOWA ON CN 1979
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	11647
License Date	6/5/2002
Name	<b>YOUNG, ROGER C MD</b>
Address	DEPT OBGYN, 111 COLCHESTER AVEBURLINGTON, VT, 04503
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIV OF NORTH CAROLINA - CHAPEL HILL, NC USA 1982
Internship and Year	DUKE UNIV MEDICAL CENTER - DURHAM, NC 1983
Residency and Year	DUKE UNIV MEDICAL CENTER - DURHAM, NC 1986
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	17038
License Date	4/1/2015
Name	<b>YOUNG, SHERBETH M MD</b>
Address	4252 UNION ST #201, FLUSHING, NY, 11355
Specialty	IM
Board Certified	IM
School and Year of Graduation	ST LUKES COLLEGE OF MEDICINE PHILIPPINES 2005
Internship and Year	LINCOLN MEDICAL & MENTAL HEALTH CENTER - BRONX, NY 2011
Residency and Year	LINCOLN MEDICAL & MENTAL HEALTH CENTER - BRONX, NY 2013
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12477
License Date	9/1/2004
Name	<b>YOUNG, STEPHANIE T MD</b>
Address	MARTINSBURG VA MED CTR, 510 BUTLER AVE BLDG 500 RM 1D-130MARTINSBURG, WV, 25405
Specialty	DR
Board Certified	DR
School and Year of Graduation	DUKE UNIVERSITY, DURHAM NC US 1990
Internship and Year	DUKE UNIVERSITY, DURHAM NC 1991
Residency and Year	DUKE UNIVERSITY, DURHAM NC 1995
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	6568
License Date	6/24/1982
Name	<b>YOUNG, WILLIAM J MD</b>
Address	221 STOWE MOUNTAIN RD, HILLSBORO, NH, 03244
Specialty	EM
Board Certified	EM
School and Year of Graduation	UNIV OF VERMONT COLL MED- BURLINGTON, VT USA 1970
Internship and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1971
Residency and Year	MAINE MEDICAL CENTER - PORTLAND, ME 1976
License Expiration Date	<b>6/30/2006</b>
Remarks	

License Number	5534
License Date	6/14/1976
Name	<b>YOUNG, WILLIAM W MD</b>
Address	22 ROPE FERRY, HANOVER, NH, 03755
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	UNIVERSITY OF PITTSBURGH-PITTSBURGH PA USA 1970
Internship and Year	MONTREAL GENERAL HOSPITAL -MONTREAL QUEBEC 1976
Residency and Year	MONTREAL GENERAL HOSPITAL-MONTREAL QUEBEC 1976
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number 13889  
 License Date 3/5/2008  
 Name **YOUNGS, STEVEN W DO**  
 Address HEALTH FIRST FAMILY CARE, 841 CENTRAL STFRANKLIN, NH, 03303  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF NEW ENGLAND USA 2005  
 Internship and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 2006  
 Residency and Year EASTERN MAINE MEDICAL CENTER - BANGOR, ME 2007  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11258  
 License Date 5/2/2001  
 Name **YOUNG-XU, SARAH P MD**  
 Address ACHS-WOODSVILLE, 79 SWIFTWATER RD STE 3WOODSVILLE, NH, 03785  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation HARVARD MEDICAL SCHOOL USA 1998  
 Internship and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER MA 1999  
 Residency and Year UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - WORCESTER MA 2001  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 7007  
 License Date 11/1/1984  
 Name **YOURTEE, EDWARD L MD**  
 Address SOUTHERN NH INT MEDICINE, 6 TSIENNETO RD STE 300DERRY, NH, 03038  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation JOHN HOPKINS UNIV SCH MED-BALTIMORE,MD USA 1975  
 Internship and Year MED CTR-HOSP-BURLINGTON,VT 1976  
 Residency and Year YALE NEW HAVEN HOSP-NEW HAVEN HOSP-BURLINGTON,CT 1981  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16147  
 License Date 5/1/2013  
 Name **YOUSEPH, GEORGE M MD**  
 Address ST JOSEPH HOSPITAL, 172 KINSLEY STREETNASHUA, NH, 03060  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF GLASGOW UNITED KINGDOM 2004  
 Internship and Year LINCOLN MEDICAL AND MENTAL HEALTH CENTER - BRONX, NY 2011  
 Residency and Year LINCOLN MEDICAL AND MENTAL HEALTH CENTER - BRONX, NY 2013  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	11724
License Date	8/7/2002
Name	<b>YOUSSEF, DENISE E MD</b>
Address	DARTMOUTH-HITCHCOCK NASHUA, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty	PD
Board Certified	PD
School and Year of Graduation	BOSTON UNIV SCH OF MED - BOSTON, MA USA 1999
Internship and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2000
Residency and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 2001
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9690
License Date	4/3/1996
Name	<b>YOUSSEF, YVETTE MD</b>
Address	COASTAL MEDICAL ASSOC, 55 FOGG RDS WEYMOUTH, MA, 02190
Specialty	N
Board Certified	IM
School and Year of Graduation	BOSTON UNIV SCHOOL OF MEDICINE - MA USA 1993
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 1994
Residency and Year	RHODE ISLAND HOSPITAL - PROVIDENCE, RI 1997
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16986
License Date	3/4/2015
Name	<b>YOUSSEFI, NICK DO</b>
Address	1098 E MONTICELLO CIR, FRESNO, CA, 93720
Specialty	IM
Board Certified	
School and Year of Graduation	TOURO U COLLEGE OF OSTEOPATHIC MED-NEVADA USA 2011
Internship and Year	UCSF FRESNO CENTER FOR MEDICAL EDUCATION AND RESEARCH - FRESNO, CA 2012
Residency and Year	UCSF FRESNO CENTER FOR MEDICAL EDUCATION AND RESEARCH - FRESNO, CA 2015
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14277
License Date	12/3/2008
Name	<b>YU, FRAN F MD</b>
Address	, 4 ADAMS DRBELLE MEAD, NJ, 08502
Specialty	FP
Board Certified	FP
School and Year of Graduation	JILIN UNIV CHINA 1985
Internship and Year	MAINE-DARTMOUTH FAMILY PRACTICE RESIDENCY - AUGUSTA, ME 2006
Residency and Year	MAINE-DARTMOUTH FAMILY PRACTICE RESIDENCY - AUGUSTA, ME 2008
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	6011
License Date	1/4/1979
Name	<b>YU, SEWI S MD</b>
Address	575 TURNPIKE ST #27, N ANDOVER, MA, 01845-5924
Specialty	GS
Board Certified	GS
School and Year of Graduation	FACULTY OF MEDICINE SURGERY UNIV OF SANTO THOMAS MANILA 1967
Internship and Year	MIDDLESEX MEMORIAL HOSPITAL - MIDDLETOWN, CT 1969
Residency and Year	PONDVILLE HOSPITAL - NORFOLK, MA 1974
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	3634
License Date	8/15/1963
Name	<b>YU, SHAO-CHI MD</b>
Address	1807 BAYNARD BLVD, WILMINGTON, DE, 19802-3913
Specialty	P
Board Certified	P
School and Year of Graduation	NATIONAL SUN YAT-SEN UNIV SCHOOL OF MEDICINE CHINA 1936
Internship and Year	WASHINGTON D C GENERAL HOSPITAL - WASHINGTON, DC 1948
Residency and Year	WASHINGTON DC GENERAL HOSPITAL - WASHINGTON, DC 1949
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	14445
License Date	5/6/2009
Name	<b>YU, VIVIAN M MD</b>
Address	OTOLARYNGOLOGY MMC, 396 MAYO 8396 420 DELAWARE ST MINNEAPOLIS, MN, 55455
Specialty	OTO
Board Certified	
School and Year of Graduation	WASHINGTON UNIV USA 2004
Internship and Year	HENNEPIN COUNTY MEDICAL CENTER - MINNEAPOLIS, MN 2005
Residency and Year	UNIVERSITY OF MINNESOTA - MINNEAPOLIS, MN 2009
License Expiration Date	<b>6/30/2011</b>
Remarks	

License Number	13612
License Date	7/11/2007
Name	<b>YU, WENSHU MD</b>
Address	DHMC-RHEUMATOLOGY DEPT, ONE MED CTR DR LEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF MASSACHUSETTS USA 2003
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2004
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
License Expiration Date	<b>6/30/2009</b>
Remarks	



License Number 10817  
 License Date 1/5/2000  
 Name **YUASA, SHORTA MD**  
 Address HKD TREATMENT OPTIONS, 99 MARKET STLOWELL, MA, 01852  
 Specialty EM  
 Board Certified EM  
 School and Year of Graduation TUFTS UNIV SCH OF MED - BOSTON, MA USA 1994  
 Internship and Year MCP HAHNEMAN SCH OF MED - PHILIA, PA 1995  
 Residency and Year MCP HAHNEMAN SCH OF MED - PHILIA, PA 1997  
 License Expiration Date **6/30/2014**  
 Remarks **lapsed 6/30/06 - reinstated 3/6/13**

License Number 17248  
 License Date 8/5/2015  
 Name **YUDITSKAYA, SUSAN MD**  
 Address DHMC, ONE MEDICAL CTR DRLEBANON, NH, 03766  
 Specialty END  
 Board Certified END  
 School and Year of Graduation UNIV OF PITTSBURGH SCH OF MED- PITTSBURGH, PA USA 2006  
 Internship and Year UNIVERSITY OF PITTSBURGH MEDICAL CENTER- PITTSBURGH, PA 2007  
 Residency and Year UNIVERSITY OF PITTSBURGH MEDICAL CENTER- PITTSBURGH, PA 2009  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12115  
 License Date 10/1/2003  
 Name **YUKICA, REBECCA L DO**  
 Address UPPER VALLEY PEDIATRICS, 331 UPPER PLAINBRADFORD, VT, 05075  
 Specialty PD  
 Board Certified PD  
 School and Year of Graduation KIRKSVILLE COLLEGE, KIRKSVILLE MO US 2001  
 Internship and Year BI-COUNTY COMMUNITY HOSPITAL, WARREN MI 2002  
 Residency and Year CHILDRENS HOSPITAL AT DARTMOUTH, LEBANON NH 2003  
 License Expiration Date **6/30/2017**  
 Remarks **LAPSED FOR NONRENEWAL 6/30/13**  
**REINSTATED 8/6/14**

License Number 15332  
 License Date 7/6/2011  
 Name **YUMUL, KAREN D MD**  
 Address FAMILY PHYSICIANS OF MANCHESTER, 57 WEBSTER ST STE 110MANCHESTER, NH, 03104  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF THE PHILIPPINES PHILIPPINES 2005  
 Internship and Year UPMC PRESBYTERIAN SHADYSIDE - PITTSBURGH, PA 2009  
 Residency and Year UPMC PRESBYTERIAN SHADYSIDE - PITTSBURGH, PA 2011  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	14984
License Date	8/4/2010
Name	<b>YUN, JAMES J MD</b>
Address	DHMC-THORACIC SURGERY, 1 MED CTR DRLEBANON, NH, 03756
Specialty	TS
Board Certified	TS
School and Year of Graduation	YALE UNIVERSITY USA 1995
Internship and Year	BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2003
Residency and Year	BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9691
License Date	4/3/1996
Name	<b>YUNIS, FADIL A MD</b>
Address	203 CENTENNIAL ST #104, PO BOX 2010LAPLATA, MD, 20646
Specialty	PM
Board Certified	
School and Year of Graduation	UNIV OF MOSUL COLLEGE OF MEDICINE - IRAQ 1984
Internship and Year	MARYLAND GENERAL HOSPITAL - BALTIMORE, MD 1992
Residency and Year	ALBANY MEDICAL CENTER HOSPITAL - ALBANY, NY 1996
License Expiration Date	<b>6/30/1998</b>
Remarks	

License Number	6994
License Date	10/4/1984
Name	<b>YURCHESHEN, WILLIAM J MD</b>
Address	88 LAFAYETTE RD, N HAMPTON, NH, 03862-2407
Specialty	IM
Board Certified	IM
School and Year of Graduation	MED COLL OF OHIO AT TOLEDO-TOLEDO,OH USA 1973
Internship and Year	HARTFORD HOSP-HARTFORD,CT 1974
Residency and Year	ORLANDO REG MED CTR-ORLANDO,FL 1978
License Expiration Date	<b>6/30/2003</b>
Remarks	<b>DECEASED 2003</b>

License Number	9001
License Date	7/7/1993
Name	<b>YURKOVSKY, SAVELY Y MD</b>
Address	309 MADISON ST, WESTBURY, NY, 11590
Specialty	
Board Certified	IM
School and Year of Graduation	NI PIROGOV II MOSCOW STATE INSTITUTE USSR 1975
Internship and Year	NEW YORK MEDICAL COLLEGE - NEW YORK NY 1981
Residency and Year	NEW YORK MEDICAL COLLEGE - NEW YORK NY 1981
License Expiration Date	<b>6/30/1999</b>
Remarks	

License Number 6368  
 License Date 4/2/1981  
 Name **YUSHAK, MICHAEL W MD**  
 Address 251 ELM ST, CLAREMONT, NH, 03743-2058  
 Specialty OBG  
 Board Certified  
 School and Year of Graduation FAC DE MED LA UNIV AUTONOMA DE GUADALAJARA, MEXICO 1976  
 Internship and Year NASSAU HOSP, MINEOLA, NY 1978  
 Residency and Year NASSAU HOSP, MINEOLA, NY 1981  
 License Expiration Date **6/30/2005**  
 Remarks **5/21/99 - Settlement Agreement**  
**3/7/06- Settlement Agreement**

License Number 4075  
 License Date 5/26/1967  
 Name **YUSKAITIS, ANTHONY J MD**  
 Address 868 MORGAN HILL RD, PO BOX 2034 NEW LONDON, NH, 03257  
 Specialty FP  
 Board Certified  
 School and Year of Graduation MEDICAL COLLEGE OF VIRGINIA - RICHMOND, VA USA 1964  
 Internship and Year MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1965  
 Residency and Year MARY HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1965  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11583  
 License Date 4/3/2002  
 Name **YVORCHUK, WILLIAM A MD**  
 Address PLASTIC SURGERY INSTITUTE, 3270 20TH ST SOUTH FARGO, ND, 58104  
 Specialty PS  
 Board Certified PS  
 School and Year of Graduation MCGILL UNIV - MONTREAL QUEBEC CANADA CANADA 1981  
 Internship and Year UNIV OF CALIFORNIA DAVIS MEDICAL CENTER - SACRAMENTO, CA 1988  
 Residency and Year MANHATTAN EYE EAR AND THROAT HOSPITAL - NEW YORK, NY 1898  
 License Expiration Date **5/14/2008**  
 Remarks **5/14/08 - Preliminary Agreement for Practice Restrictions. 3/8/10 - Settlement Agreement**

License Number 13937  
 License Date 4/2/2008  
 Name **ZAALOOK, KHALID A MD**  
 Address MORTON HOSP, 88 WASHINGTON ST TAUNTON, MA, 02780  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIV OF AL FATEH LIBYA 2000  
 Internship and Year ST VINCENT CATHOLIC MEDICAL CENTER - JAMAICA, NY 2003  
 Residency and Year MEDICAL COLLEGE OF GEORGIA - AUGUSTA, GA 2004  
 License Expiration Date **6/30/2010**  
 Remarks

License Number	14825
License Date	4/7/2010
Name	<b>ZABAWSKI JR, EDWARD J DO</b>
Address	DERRY DERMATOLOGY PLLC, 1C COMMONS DR STE 16LONDONDERRY, NH, 03053
Specialty	D
Board Certified	D
School and Year of Graduation	OHIO UNIVERSITY USA 1995
Internship and Year	OHIO UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINE - ATHENS, OH 1996
Residency and Year	UNIVERSITY OF N TEXAS HEALTH SCIENCE CTR - FORT WORTH, TX 1999
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13938
License Date	4/2/2008
Name	<b>ZACHAR, PAMELA A MD</b>
Address	DENVER HEALTH MED CTR/DEPT OF PEDI & NEONAT MC0590, 777 BANNOCK STREETDENVER, CO,
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF VIRGINIA USA 1998
Internship and Year	THE CHILDREN'S HOSPITAL-DENVER, CO 1999
Residency and Year	THE CHILDREN'S HOSPITAL-DENVER, CO 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4641
License Date	12/1/1970
Name	<b>ZACHARSKI, LEO R MD</b>
Address	VA HOSP, WHITE RIVER JCT, VT, 05001
Specialty	IM
Board Certified	IM
School and Year of Graduation	WAYNE STATE UNIV, MI USA 1962
Internship and Year	HARPER HOSPITAL - DETROIT, MI 1963
Residency and Year	MAYO GRADUATE SCHOOL OF MEDICINE - ROCHESTER, MN 1966
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9237
License Date	7/6/1994
Name	<b>ZACHER III, ALLAN N MD</b>
Address	INTERVENTIONAL PAIN SVCS, 24 FALCON CREST LN HAWOOD PROFCLYDE, NC, 28721
Specialty	AN
Board Certified	AN
School and Year of Graduation	UNIVERSITY OF MISSOURI COLUMBIA SCHOOL OF MEDICINE USA 1983
Internship and Year	BARNES HOSPITAL - ST LOUIS MO 1984
Residency and Year	BARNES HOSPITAL - ST LOUIS MO 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	9849
License Date	9/4/1996
Name	<b>ZACHOS, SARAH C MD</b>
Address	LAMPREY HEALTH CARE, 215 ROUTE 27RAYMOND, NH, 03077-
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIV OF PENNSYLVANIA SCHOOL OF MEDICINE USA 1989
Internship and Year	HIGHLAND HOSPITAL - NY 1992
Residency and Year	MULTICARE MEDICAL CENTER - WASHINGTON 1996
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12927
License Date	10/5/2005
Name	<b>ZAFAR, SUNBAL MD</b>
Address	GREAT RIVER MEDICAL CENTER, 1520 NORTH DIVISION SRBLYTHEVILLE, AR, 72315
Specialty	IMG
Board Certified	
School and Year of Graduation	UNIVERSITY OF KARACHI, PAKISTAN PAKISTAN 1996
Internship and Year	METROHEALTH MED CTR, CLEVELAND OH 2002
Residency and Year	METROHEALTH MED CTR, CLEVELAND OH 2004
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	8456
License Date	11/7/1990
Name	<b>ZAFFINO, KATHLEEN M MD</b>
Address	CATHOLIC MED CTR, 100 MCGREGOR STMANCHESTER, NH, 03102
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV MASS MED SCH - WORCESTER, MA USA 1985
Internship and Year	BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1986
Residency and Year	BERKSHIRE MEDICAL CENTER - PITTSFIELD, MA 1988
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	2205
License Date	9/15/1939
Name	<b>ZAGORSKI, WALTER E MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	<b>6/10/1991</b>
Remarks	Deceased 6/10/91

License Number 13477  
 License Date 4/4/2007  
 Name **ZAHIR, MEHJABIN MD**  
 Address 224-20B 64TH AVE, OAKLAND GARDENS, NY, 11364  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation DHAKA MEDICAL SCHOOL BANGLADESH 1998  
 Internship and Year INTERFAITH MEDICAL CENTER - BROOKLYN, NY 2005  
 Residency and Year INTERFAITH MEDICAL CENTER - BROOKLYN, NH 2006  
 License Expiration Date **6/30/2009**  
 Remarks

License Number 6699  
 License Date 6/1/1983  
 Name **ZAHN, ROBERT J MD**  
 Address 250 PLEASANT ST, CONCORD, NH, 03301  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation LOYOLA UNIV STRITCH SCH MED- MAYWOOD,IL USA 1978  
 Internship and Year WOMACK ARMY COMMUNITY HOSP-FORT BRAGG,NC 1979  
 Residency and Year WOMACK ARMY COMMUNITY HOSP-FORT BRAGG,NC 1981  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 15275  
 License Date 6/1/2011  
 Name **ZAJANO, EMILY A MD**  
 Address ELLIOT HOSPITAL, ONE ELLIOT WAYMANCHESTER, NH, 03103  
 Specialty PEM  
 Board Certified PD  
 School and Year of Graduation UNIVERSITY OF CINCINNATI USA 2005  
 Internship and Year YALE NEW HAVEN CHILDRENS HOSPITAL - NEW HAVEN, CT 2006  
 Residency and Year YALE NEW HAVEN CHILDRENS HOSPITAL - NEW HAVEN, CT 2008  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11259  
 License Date 5/2/2001  
 Name **ZAKI, BASSEM I MD**  
 Address DHMC-RADIATION ONCOLOGY, ONE MEDICAL CENTER DRIVELEBANON, NH, 03756  
 Specialty RO  
 Board Certified RO  
 School and Year of Graduation AIN SHAMS UNIVERSITY EGYPT 1992  
 Internship and Year NEW YORK FLUSHING HOSPITAL MEDICAL CENTER - FLUSHING NY 1997  
 Residency and Year NEW YORK METHODIST HOSPITAL OF BROOKLYN - BROOKLYN NY 2001  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	6249
License Date	6/3/1980
Name	<b>ZALA, JASVANTSINH J MD</b>
Address	1 WHISPERING PINE DR, PAINTED POST, NY, 14870
Specialty	AN
Board Certified	
School and Year of Graduation	M P SHAH MED COLL GUJARAT UNIV JAMNAGAR GUJARAT 1970
Internship and Year	STAMFORD HOSPITAL - STAMFORD, CT 1976
Residency and Year	BETH ISRAEL MEDICAL CENTER - NY, NY 1980
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	7639
License Date	6/3/1987
Name	<b>ZALES, MICHAEL R MD</b>
Address	, , ,
Specialty	P
Board Certified	P
School and Year of Graduation	ALBERT EINSTEIN COLLEGE USA 1964
Internship and Year	
Residency and Year	
License Expiration Date	<b>7/17/1991</b>
Remarks	

License Number	9533
License Date	8/2/1995
Name	<b>ZAMBERNARDI, RICHARD E MD</b>
Address	VA MAINE HEALTHCARE SYSTEM, #1 VA CENTER (112)AUGUSTA, ME, 04330-6796
Specialty	AN
Board Certified	AN
School and Year of Graduation	NEW YORK MEDICAL COLLEGE VALHALLA, NY USA 1991
Internship and Year	MARY HITCHCOCK MEMORIAL HOSPITAL HANOVER NH 1995
Residency and Year	MARY HITCHCOCK MEMORIAL HOSPITAL HANOVER NH 1995
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	D0013
License Date	
Name	<b>ZAMBRANO, HERNAN A MD</b>
Address	, , ,
Specialty	
Board Certified	
School and Year of Graduation	
Internship and Year	
Residency and Year	
License Expiration Date	
Remarks	

License Number 8334  
 License Date 5/9/1990  
 Name **ZAMVIL, LINDA S MD**  
 Address 530 WASHINGTON HWY, MORISVILLE, VT, 05661  
 Specialty CHP  
 Board Certified CHP  
 School and Year of Graduation UNIV OF CINCINNATI COLL OF MED-CINCINNATI,OH USA 1983  
 Internship and Year MASS GEN HOSP-BOSTON,MA 1984  
 Residency and Year MASS GEN HOSP-BOSTON,MA 1989  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 13366  
 License Date 12/6/2006  
 Name **ZAN, MOE T MD**  
 Address ARTHRITIS CARE SPECIALISTS OF MARYLAND, 4801 DORSEY HALL DR., SUITE 226ELLICOTT CITY, MD  
 Specialty RHU  
 Board Certified RHU  
 School and Year of Graduation INSTITUTE OF MEDICINE I MYANMAR 1998  
 Internship and Year DANBURY HOSPITAL-DANBURY, CT 2004  
 Residency and Year DANBURY HOSPITAL-DANBURY, CT 2006  
 License Expiration Date **6/30/2014**  
 Remarks

License Number 17290  
 License Date 9/2/2015  
 Name **ZANDERS, STEVE DO**  
 Address 2551 FOREST DR, COOPERSBURG, PA, 18036-9261  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation UNIVERSITY OF NEW ENGLAND COLL OF OSTEOPATHIC MED USA 1999  
 Internship and Year ST LUKES HOSPITAL, BETHLEHEM, PA 2000  
 Residency and Year ST LUKES HOSPITAL, BETHLEHEM, PA 2002  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 16359  
 License Date 10/2/2013  
 Name **ZANETTI, COLE A DO**  
 Address CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIVERSITY OF N TEXAS HEALTH SCIENCE CTR USA 2011  
 Internship and Year CONCORD HOSPITAL - CONCORD, NH 2012  
 Residency and Year CONCORD HOSPITAL - CONCORD, NH 2013  
 License Expiration Date **6/30/2017**  
 Remarks



License Number	8639
License Date	10/2/1991
Name	<b>ZAPPALA, STEPHEN M MD</b>
Address	ANDOVER UROLOGY ASSOC., 140 HAVERHILL STANDOVER, MA, 01810-1504
Specialty	U
Board Certified	U
School and Year of Graduation	UNIV OF MASS MED SCH - WORCESTER, MA USA 1983
Internship and Year	UNIV MASS HOSPITAL - WORCESTER, MA 1984
Residency and Year	UCLA MEDICAL CENTER - LOS ANGELES, CA 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	11/5/04 Consent Decree

License Number	14907
License Date	6/2/2010
Name	<b>ZAPTON, DANIEL T MD</b>
Address	X-RAY PROF ASSOC, 2 1/2 BEACON STCONCORD, NH, 03301
Specialty	R
Board Certified	R
School and Year of Graduation	BOSTON UNIVERSITY USA 2004
Internship and Year	TRIDENT MEDICAL CENTER/MEDICAL UNIVERSITY OF SOUTH CAROLINA - CHARLESTON, SC 2005
Residency and Year	MEDICAL UNIVERSITY OF SOUTH CAROLINA - CHARLESTON, SC 2009
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	4602
License Date	9/1/1970
Name	<b>ZARGAJ, TOMISLAV MD</b>
Address	NORTH SHORE PSYCHIATRIC, SALEM, MA, 01970-
Specialty	P
Board Certified	P
School and Year of Graduation	UNIVERSITY OF LJUBLJANA YUGOSLAVIA 1956
Internship and Year	UNIVERSITY HOSPITAL - LJUBLJANA SLOVENIA YUGOSLAVIA 1957
Residency and Year	UNIVERSITY HOSPITAL - LJUBLJANA SLOVENIA YUGOSLAVIA 1957
License Expiration Date	<b>6/30/2000</b>
Remarks	

License Number	12251
License Date	3/3/2004
Name	<b>ZARKA, THOMAS A MD</b>
Address	WOMEN'S HEALTH ASSOCIATES, 6 TSIENNETO RD STE 204DERRY, NH, 03038
Specialty	OBG
Board Certified	OBG
School and Year of Graduation	ST LOUIS UNIVERSITY, ST LOUIS MO US 1997
Internship and Year	READING HOSP & MED CTR, WEST READING PA 1998
Residency and Year	READING HOSP & MED CTR, WEST READING PA 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	17291
License Date	9/2/2015
Name	<b>ZARKOWSKY, DEVIN S MD</b>
Address	DARTMOUTH-HITCHCOCK MED CTR, ONE MEDICAL CENTER DR STE 4CLEBANON, NH, 03756
Specialty	GS
Board Certified	
School and Year of Graduation	ALBANY MEDICAL COLLEGE, ALBANY, NY USA 2010
Internship and Year	GOOD SAMARITAN HOSPITAL, CINCINNATI, OH 2011
Residency and Year	GOOD SAMARITAN HOSPITAL, CINCINNATI, OH 2012
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10771
License Date	11/3/1999
Name	<b>ZAVOD, ABIGAIL MD</b>
Address	DARTMOUTH-HITCHCOCK NASHUA, 2300 SOUTHWOOD DRNASHUA, NH, 03063
Specialty	IM
Board Certified	IM
School and Year of Graduation	TUFTS UNIV SCH OF MED- BOSTON, MA USA 1996
Internship and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON , NH 1998
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9207
License Date	6/1/1994
Name	<b>ZAVOTSKY, DIANE MD</b>
Address	HITCHCOCK CLINIC INDIAN STREAM, RR 2 BOX 14COLEBROOK, NH, 03576-
Specialty	FP
Board Certified	FP
School and Year of Graduation	MC GILL UNIV FAC OF MED MONTREAL QUEBEC CANADA 1986
Internship and Year	CENTRAL MAINE MEDICAL CENTER-LEWISTON,ME 1989
Residency and Year	CENTRAL MAINE MEDICAL CENTER - LEWISTON, ME 1989
License Expiration Date	<b>6/30/2004</b>
Remarks	

License Number	15737
License Date	6/6/2012
Name	<b>ZBEHLIK, ALICIA J MD</b>
Address	DHMC - RHEUMATOLOGY, ONE MEDICAL CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF CALIFORNIA DAVIS SCHOOL OF MEDICINE USA 1999
Internship and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2000
Residency and Year	DARTMOUTH-HITCHCOCK MEDICAL CENTER - LEBANON, NH 2002
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12446
License Date	8/4/2004
Name	<b>ZDRNJA, VLASTA MD</b>
Address	QUEEN CITY MEDICAL ASSOCIATES, 755 SO MAIN STMANCHESTER, NH, 03102
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF BELGRADE, YU-GEOGRAD YUGOSLAVIA YUGOSLAVIA 1988
Internship and Year	NORTH SHORE UNIVERSITY, FOREST HILLS NY 1998
Residency and Year	NORTH SHORE UNIVERSITY, FOREST HILLS NY 2000
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14366
License Date	3/4/2009
Name	<b>ZEB, SARAH MD</b>
Address	IMAGING ON CALL LLC, 695 DUTCHESS TPKE #105POUGHKEEPSIE, NY, 12603
Specialty	R
Board Certified	R
School and Year of Graduation	WEST VIRGINIA UNIV USA 1997
Internship and Year	WEST VIRGINIA UNIVERSITY HOSPITAL - MORGANTOWN, WV 1999
Residency and Year	WEST VIRGINIA UNIVERSITY HOSPITALS - MORGANTOWN, WV 2003
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	7375
License Date	6/12/1986
Name	<b>ZEFF, RICHARD L MD</b>
Address	137 PORTSMOUTH AVE, STRATHAM, NH, 03885
Specialty	PS
Board Certified	PS
School and Year of Graduation	UNIV MIAMI SCH OF MED USA 1978
Internship and Year	NY UNIV MED CTR- NEW YORK, NY 1979
Residency and Year	LOYOLA UNIV MED CTR- MAYWOOD, IL 1986
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10411
License Date	9/2/1998
Name	<b>ZEGANS, CLAUDIA C MD</b>
Address	DARTMOUTH COLLEGE HEALTH SVC, 5-7 ROPE FERRY RDHANOVER, NH, 03755
Specialty	PD
Board Certified	PD
School and Year of Graduation	UNIV OF CALIFORNIA SCH OF MED-SAN FRANCISCO, CA USA 1991
Internship and Year	UNIV OF CALIFORNIA - SAN FRANCISCO, CA 1992
Residency and Year	UNIV OF CALIFORNIA - SAN FRANCISCO, CA 1993
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	10382
License Date	8/5/1998
Name	<b>ZEGANS, MICHAEL E MD</b>
Address	DHMC-OPH, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	OPH
Board Certified	OPH
School and Year of Graduation	UNIV OF CA SAN FRANCISCO SCH OF MED - CA USA 1992
Internship and Year	UNIV OF CA (SAN FRANCISCO) MOUNT ZION - CA 1993
Residency and Year	UNIV OF CA (SAN FRANCISCO) MOUNT ZION - CA 1994
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14367
License Date	3/4/2009
Name	<b>ZEIFMAN, CLAUDE W MD</b>
Address	2950 NEWMARKET ST STE 101 #218, BELLINGHAM, WA, 98226
Specialty	CCM
Board Certified	CCM
School and Year of Graduation	UNIV OF ATHENS GREECE 1987
Internship and Year	BETH ISRAEL MEDICAL CENTER - NY, NY 1989
Residency and Year	SUNY @ STONY BROOK UNIVERSITY HOSPITAL - STONY BROOK, NY 1991
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	15167
License Date	3/2/2011
Name	<b>ZEIN, JOE G MD</b>
Address	18 BELLAVISTA CT, STATEN ISLAND, NY, 10305
Specialty	CCM
Board Certified	CCM
School and Year of Graduation	LEBANESE UNIVERSITY BEIRUT 1998
Internship and Year	STATEN ISLAND UNIVERSITY HOSPITAL - STATEN ISLAND, NY 1999
Residency and Year	STATEN ISLAND UNIVERSITY HOSPITAL - STATEN ISLAND, NY 2001
License Expiration Date	<b>6/30/2013</b>
Remarks	

License Number	15146
License Date	2/2/2011
Name	<b>ZENT, KEVIN B MD</b>
Address	GOODWIN COM HEALTH, 311 RTE 108SOMERSWORTH, NH, 03878
Specialty	FP
Board Certified	FP
School and Year of Graduation	UNIVERSITY OF LOUISVILLE USA 2003
Internship and Year	THE CHRIST HOSPITAL - CINCINNATI, OH 2004
Residency and Year	THE CHRIST HOSPITAL - CINCINNATI, OH 2006
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number 9828  
 License Date 8/7/1996  
 Name **ZEPP, ROBERT A MD**  
 Address 503 SKY VIEW DRIVE, ROCKY HILL, CT, 06067  
 Specialty P  
 Board Certified P  
 School and Year of Graduation MT SINAI SCHOOL OF MEDICINE OF THE CITY UNIV OF NY USA 1993  
 Internship and Year MARY HITCHCOCK MEMORIAL HOSPITAL-HANOVER,NH 1997  
 Residency and Year MARY-HITCHCOCK MEMORIAL HOSPITAL - HANOVER, NH 1997  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 15558  
 License Date 2/1/2012  
 Name **ZERA, CHLOE A MD**  
 Address BRIG & WOMENS HOSP - MATERNAL/FETAL MED, CWN3 75 FRANCIS STBOSTON, MA, 02115  
 Specialty OBG  
 Board Certified MFM  
 School and Year of Graduation UNIVERSITY OF MINNESOTA MEDICAL SCHOOL USA 2004  
 Internship and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2005  
 Residency and Year BRIGHAM & WOMENS HOSPITAL - BOSTON, MA 2008  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 9665  
 License Date 3/6/1996  
 Name **ZERBEY III, ARTHUR L MD**  
 Address L & M RADIOLOGY, BOX 615WEST ACTON, MA, 01720  
 Specialty DR  
 Board Certified DR  
 School and Year of Graduation UNIVERSITY OF MINNESOTA-MINNEAPOLIS MN USA 1988  
 Internship and Year BOSTON UNIVERSITY-BOSTON MA 1989  
 Residency and Year LAHEY CLINIC-BURLINGTON MA 1993  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 17039  
 License Date 4/1/2015  
 Name **ZHALKOVSKA, OLGA MD**  
 Address RIVERBEND COMMUNITY MENTAL HLTH / CONCORDHOSPITAL, 250 PLEASANT STCONCORD, NH, 0  
 Specialty P  
 Board Certified  
 School and Year of Graduation DNEIROPETROVSK STATE MEDICAN ACADEMY UKRAINE 1998  
 Internship and Year UNIVERSITY OF TOLEDO - TOLEDO, OH 2012  
 Residency and Year UNIVERSITY OF TOLEDO - TOLEDO, OH 2015  
 License Expiration Date **6/30/2017**  
 Remarks

License Number	13730
License Date	10/3/2007
Name	<b>ZHANG, LYDIA J MD</b>
Address	8 PROSPECT ST, NASHUA, NH, 03060
Specialty	IM
Board Certified	IM
School and Year of Graduation	PEKING UNION MED UNIV USA 1996
Internship and Year	ST JOSEPHS HOSPITAL & MEDICAL CENTER - PATERSON, NJ 2000
Residency and Year	ST JOSEPHS HOSPITAL & MEDICAL CENTER - PATERSON, NJ 2003
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	16095
License Date	4/3/2013
Name	<b>ZHANG, WEI MD</b>
Address	15 CARRIAGE HILL RD, WOODBRIDGE, CT, 06525
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	SHANGHAI MEDICAL UNIVERSITY CHINA 1993
Internship and Year	UNIVERSITY OF MARYLAND MEDICAL SYSTEM - BALTIMORE, MD 2004
Residency and Year	UNIVERSITY OF MARYLAND MEDICAL SYSTEM - BALTIMORE, MD 2006
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number	14154
License Date	8/6/2008
Name	<b>ZHANG, YANLONG MD</b>
Address	MIRACA LIFE SCIENCES, 320 NEEDHAM ST STE 200NEWTON, MA, 02464
Specialty	PTH
Board Certified	PTH
School and Year of Graduation	BEIJING MEDICAL UNIV CHINA 1989
Internship and Year	UNIV OF WISCONSIN - MADISON, WI 2000
Residency and Year	UNIV OF WISCONSIN - MADISON, WI 2003
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13367
License Date	12/6/2006
Name	<b>ZHANG, YUFENG MD</b>
Address	DHMC, ONE MED CTR DRLEBANON, NH, 03756
Specialty	IM
Board Certified	
School and Year of Graduation	CHINA MEDICAL UNIV CHINA 1985
Internship and Year	ST VINCENTS CATHOLIC MEDICAL CTR-STATEN ISLAND, NY 2004
Residency and Year	UNIV OF MASSACHUSETTS MEDICAL SCHOOL-WORCESTER, MA 2006
License Expiration Date	<b>6/30/2010</b>
Remarks	

License Number	13524
License Date	5/9/2007
Name	<b>ZHAO, CHUN-RUI R MD</b>
Address	ST JOSEPH HOSP SENIOR CENTER, 172 KINSLEY STNASHUA, NH, 03060
Specialty	FP
Board Certified	FP
School and Year of Graduation	HEBEI MEDICAL COLLEGE CHINA 1985
Internship and Year	CREIGHTON UNIV - OMAHA, NE 2003
Residency and Year	CREIGHTON UNIV - OMAHA, NE 2005
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	13139
License Date	6/7/2006
Name	<b>ZHOU, PING MD</b>
Address	ELLIOT REGIONAL CANCER CTR, 1 ELLIOT WAYMANCHESTER, NH, 03103
Specialty	RO
Board Certified	RO
School and Year of Graduation	HARVARD MEDICAL SCHOOL USA 2001
Internship and Year	CARITAS CARNEY HOSPITAL-BOSTON, MA 2002
Residency and Year	JOINT CTR FOR RADIATION THERAPY-BOSTON, MA 2005
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	14005
License Date	5/7/2008
Name	<b>ZHU, TONG MD</b>
Address	NH CARDIO CONSULTANTS PC, 1 ELLIOT WAY STE 100MANCHESTER, NH, 03103-3545
Specialty	IM
Board Certified	IM
School and Year of Graduation	CASE WESTERN RESERVE UNIV USA 2001
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2002
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 2004
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16204
License Date	6/5/2013
Name	<b>ZHUANG, LIYAN MD</b>
Address	LAHEY CLINIC UROLOGY AT NASHUA, 17 RIVERSIDE ST., SUITE 201NASHUA, NH, 03062
Specialty	U
Board Certified	
School and Year of Graduation	BETUNE MEDICAL UNIVERSITY CHINA 1995
Internship and Year	BRIGHAM AND WOMENS HOSPITAL - BOSTON MA 2000
Residency and Year	OREGON HEALTH SCIENCES UNIVERSITY - PORTLAND, OR 2009
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12590
License Date	1/5/2005
Name	<b>ZIA, JAVED MD</b>
Address	5205 TRAIRIDGE DR, MIDLAND, MI, 48640
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIVERSITY OF PUNJAB, PAKISTAN PAKISTAN 1980
Internship and Year	ST JOHN HOSPITAL, DETROIT MI 1991
Residency and Year	ST JOHN HOSPITAL, DETROIT MI 1993
License Expiration Date	<b>6/30/2007</b>
Remarks	

License Number	13731
License Date	10/3/2007
Name	<b>ZIADA, IHAB M MD</b>
Address	ST JOSEPH HOSPITAL, 172 KINSLEY STNASHUA, NH, 03060
Specialty	IM
Board Certified	IM
School and Year of Graduation	UNIV OF ALEXANDRIA EGYPT 1998
Internship and Year	ST JOSEPH HOSPITAL - CHICAGO, IL 2001
Residency and Year	ST JOSEPH HOSPITAL - CHICAGO, IL 2004
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11228
License Date	4/4/2001
Name	<b>ZIEGLER, JORDAN I MD</b>
Address	MAINE MEDICAL CTR/RADIOLOGY, 22 BRAM HALL STPORTLAND, ME, 04106
Specialty	R
Board Certified	
School and Year of Graduation	UNIV OF SO CALIFORNIA - LOS ANGELES, CA USA 1998
Internship and Year	HUNTINGTON MEMORIAL HOSPITAL - PASADENA, CA 1999
Residency and Year	DARTMOUTH-HITCHCOCK MED CTR - LEBANON, NH 2000
License Expiration Date	<b>6/30/2005</b>
Remarks	

License Number	13140
License Date	6/7/2006
Name	<b>ZIELINSKA, ANNA M MD</b>
Address	FOUNDATION MEDICAL PARTNERS, 116 SPIT BROOK RDNASHUA, NH, 03062
Specialty	FP
Board Certified	FP
School and Year of Graduation	AKADEMIA MEDYCZNA, GDANSK POLAND 1996
Internship and Year	UNIV OF MASSACHUSETTS MEDICAL SCHOOL- WORCESTER, MA 2005
Residency and Year	UNIV OF MASSACHUSETTS MEDICAL SCHOOL-WORCESTER, MA 2006
License Expiration Date	<b>6/30/2016</b>
Remarks	



License Number	10108
License Date	8/6/1997
Name	<b>ZIELINSKI, RANDALL S MD</b>
Address	PRIMARY CARE OF DOVER, 10 MEMBER WAY SUITE 300DOVER, NH, 03820
Specialty	IM
Board Certified	IM
School and Year of Graduation	RUSH MED COLL OF RUSH UNIV - CHICAGO, IL USA 1985
Internship and Year	STRONG MEMORIAL HOSPITAL UNIV OF ROCHESTER , NY 1986
Residency and Year	STRONG MEMORAL HOSPITAL UNIV OF ROCHESTER, NY 1988
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	14647
License Date	10/7/2009
Name	<b>ZIESMER, VALERIE J MD</b>
Address	CONCORD HOSPITAL, 250 PLEASANT STCONCORD, NH, 03301
Specialty	IM
Board Certified	IM
School and Year of Graduation	ST GEORGE'S UNIVERISTY GRENADA 1998
Internship and Year	SOUND SHORE MEDICAL CENTER OF WESTCHESTER - NEW ROCHELLE, NY 1990
Residency and Year	SOUND SHORE MEDICAL CENTER OF WESTCHESTER - NEW ROCHELLE, NY 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12928
License Date	10/5/2005
Name	<b>ZIEV, MICHAEL A DO</b>
Address	1800 FOX CHASE RD, PHILADELPHIA, PA, 19152
Specialty	FP
Board Certified	FP
School and Year of Graduation	PHILADELPHIA COLLEGE, PHILADELPHIA PA US 1974
Internship and Year	PARKVIEW HOSPITAL, PHILADELPHIA PA 1975
Residency and Year	NONE
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	12687
License Date	4/6/2005
Name	<b>ZIMMELMAN, STANLEY S DO</b>
Address	3640 YACHT CLUB DR #1109, AVENTURA, FL, 33180
Specialty	R
Board Certified	R
School and Year of Graduation	NOVA SOUTHEASTERN, FT LAUDERDALE FL US 1991
Internship and Year	PHILADELPHIA COLLEGE OF OSTEOPATHIC MED, PHILADELPHIA PA 1993
Residency and Year	PHILADELPHIA COLLEGE, PHIADELPHIA PA 1997
License Expiration Date	<b>6/30/2015</b>
Remarks	

License Number 6597  
 License Date 7/15/1982  
 Name **ZIMMERMAN, BARKLIE W MD**  
 Address , , ,  
 Specialty GS  
 Board Certified  
 School and Year of Graduation MEDICAL COLLEGE OF VIRGINIA USA 1980  
 Internship and Year  
 Residency and Year  
 License Expiration Date **6/30/1986**  
 Remarks

License Number 16335  
 License Date 9/4/2013  
 Name **ZIMMERMAN, BRIAN S MD**  
 Address 186 SMITH KNOLLS RD, FAIRVIEW, NC, 28730  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation DREXEL UNIVERSITY COLLEGE OF MEDICINE USA 1999  
 Internship and Year UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE - JACKSONVILLE, FL 2000  
 Residency and Year UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE - JACKSONVILLE, FL 2002  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 11946  
 License Date 5/7/2003  
 Name **ZIMMERMAN, JEFFREY M MD**  
 Address EAR NOSE AND THROAT SPECIALIST, 30 CANTON ST #2MANCHESTER, NH, 03103  
 Specialty OTO  
 Board Certified OTO  
 School and Year of Graduation TULANE UNIV SCH OF MED - NEW ORLEANS, LA USA 1998  
 Internship and Year THOMAS JEFFERSON UNIV - PHILADELPHIA, PA 1999  
 Residency and Year THOMAS JEFFERSON UNIV - PHILADELPHIA, PA 2003  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 9760  
 License Date 6/5/1996  
 Name **ZIMMERMAN, MARK D DO**  
 Address HUGGINS HOSPITAL, PO BOX 912WOLFEBORO, NH, 03894-  
 Specialty AN  
 Board Certified AN  
 School and Year of Graduation UNIV OF OSTEO MEDICAL HEALTH SCIENCE COLLEGE OSTEO USA 1984  
 Internship and Year USAF DEV TEST CENTER AFMC - ENGLIN AFB, FL 1987  
 Residency and Year MAINE MEDICAL CENTER - PORTLAND, ME 1996  
 License Expiration Date **6/30/1999**  
 Remarks

License Number 9574  
 License Date 10/4/1995  
 Name **ZIMMERMANN, ANNMARIE MD**  
 Address , PO BOX 839WOLFEBORO FALLS, NH, 03896  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation UNIV OF WASHINGTON SCHOOL OF MEDICINE SEATTLE, WA USA 1988  
 Internship and Year METROHEALTH MEDICAL CENTER CLEVELAND, OH 1991  
 Residency and Year METROHEALTH MEDICAL CENTER CLEVELAND, OH 1991  
 License Expiration Date **6/30/1998**  
 Remarks

License Number 8699  
 License Date 4/1/1992  
 Name **ZIMMERMANN, SUSANNE E MD**  
 Address DARTMOUTH-HITCHCOCK CLINIC, 2300 SOUTHWOOD DRNASHUA, NH, 03063  
 Specialty ORS  
 Board Certified ORS  
 School and Year of Graduation BROWN UNIVERISTY USA 1986  
 Internship and Year RHODE ISLAND HOSPITAL PROVIDENCE - RHODE ISLAND 1987  
 Residency and Year NEW ENGLAND MEDICAL CENTER BOSTON - MASSACHUSETTS 1992  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 7978  
 License Date 9/7/1988  
 Name **ZIMMET, SUZANNA V MD**  
 Address 110 CYPRESS ST #312, BROOKLINE, MA, 02445  
 Specialty P  
 Board Certified P  
 School and Year of Graduation ALBERT EINSTEIN COLLEGE OF MEDICINE USA 1985  
 Internship and Year ST LUKE'S-ROOSEVELT MEDICAL CENTER - NEW YORK, NY 1986  
 Residency and Year MASSACHUSETTS MENTAL HEALTH CENTER - BOSTON, MA 1988  
 License Expiration Date **6/30/2016**  
 Remarks **lapsed 6/30/92 - reinstated 8/3/11**

License Number 13732  
 License Date 10/3/2007  
 Name **ZINKAWICH, JOAN P MD**  
 Address CONCENTRA MEDICAL CENTER, 1279 SOUTH WILLOW STMANCHESTER, NH, 03103  
 Specialty IM  
 Board Certified IM  
 School and Year of Graduation ROSS UNIV DOMINICA 1986  
 Internship and Year NEW YORK METHODIST HOSPITAL - BROOKLYN, NY 1988  
 Residency and Year NEW YORK METHODIST HOSPITAL - BROOKLYN, NY 1990  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 12123  
 License Date 10/1/2003  
 Name **ZINN, EDWARD MD**  
 Address 1046 BALLS HILL RD, MCCLEAN, VA, 22101  
 Specialty P  
 Board Certified P  
 School and Year of Graduation NEW YORK MEDICAL COLLEGE, VALHALLA NY US 1966  
 Internship and Year STATE UNIVERSITY OF NEW YORK, BROOKLYN NY 1067  
 Residency and Year INSTITUTE OF LIVING, HARTFORD CT 1970  
 License Expiration Date **6/30/2017**  
 Remarks

License Number 7859  
 License Date 5/4/1988  
 Name **ZINNES, ROBERT M MD**  
 Address PRIMARY CARE OF HUDSON, 300 DERRY RDHUDSON, NH, 03051  
 Specialty FP  
 Board Certified FP  
 School and Year of Graduation DARTMOUTH MED SCH - HANOVER, NH USA 1985  
 Internship and Year HUNTERDON MEDICAL CENTER - FLEMINGTON, NJ 1986  
 Residency and Year HUNTERDON MEDICAL CENTER - FLEMINGTON, NJ 1988  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 11147  
 License Date 12/6/2000  
 Name **ZINNO, RONALD P MD**  
 Address KENT HOSPITAL, WOUND CARE CENTER, 455 TOLL GATE RDWARWICK, RI, 02886  
 Specialty PS  
 Board Certified PS  
 School and Year of Graduation UNIV OF PENNSYLVANIA SCH OF MED - PHILA, PA USA 1972  
 Internship and Year UNIV OF HOSPITAL - CLEVELAND ,OH 1973  
 Residency and Year UNIV OF HOSPITAL - CLEVELAND, OH 1978  
 License Expiration Date **6/30/2016**  
 Remarks

License Number 16694  
 License Date 7/2/2014  
 Name **ZIPAGAN-AZOCAR, EMILIE T MD**  
 Address 2658 ALDER AVE, E MEADOW, NY, 11554  
 Specialty PTH  
 Board Certified PTH  
 School and Year of Graduation UNIV OF SANTO TOMAS PHILIPPINES 1978  
 Internship and Year NASSAU UNIVERSITY MEDICAL CENTER - EAST MEADOW, NY 1989  
 Residency and Year NASSAU UNIVERSITY MEDICAL CENTER - EAST MEADOW, NY 1993  
 License Expiration Date **6/30/2016**  
 Remarks

License Number	14648
License Date	10/7/2009
Name	<b>ZIPIN, DANIEL S DO</b>
Address	ACCESS SPORTS MED & ORTHO, ONE HAMPTON RD STE 200EXETER, NH, 03833
Specialty	PM
Board Certified	PM
School and Year of Graduation	UNIVERSITY OF NEW ENGLAND USA 2004
Internship and Year	NYCOM/LONG BEACH MEDICAL CENTER - LONG BEACH, NY 2005
Residency and Year	BOSTON MEDICAL CENTER - BOSTON, MA 2008
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	15645
License Date	5/2/2012
Name	<b>ZIPSER, MARTIN E MD</b>
Address	C/O PHYSICIANS' REVIEW NETWORK, 4422 N 24TH ST.PHOENIX, AZ, 85016
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIVERSITY OF VIRGINIA, CHARLOTTESVILLE, VA USA 1964
Internship and Year	UNIVERSITY OF MARYLAND MEDICAL SYSTEM, BALTIMORE, MD 1968
Residency and Year	UNIVERSITY OF MARYLAND MEDICAL SYSTEM, BALTIMORE, MD 1971
License Expiration Date	<b>6/30/2016</b>
Remarks	<b>ADMINISTRATIVE LICENSE</b>

License Number	12413
License Date	7/7/2004
Name	<b>ZLATKIN, MICHAEL B MD</b>
Address	NATIONALRAD, 629 A EAST HILLSBORO BLVDDEERFIELD BEACH, FL, 33441
Specialty	R
Board Certified	R
School and Year of Graduation	QUEENS UNIVERSITY - KINGSTON, ONTARIO CANADA CANADA 1981
Internship and Year	MCGILL UNIVERSITY - MONTREAL, QUEBEC CANADA 1986
Residency and Year	UNIV OF CALIFORNIA MEDICAL CENTER- SAN DIEGO, CA 1987
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	13812
License Date	1/11/2008
Name	<b>ZLOTNICK, DAVID M MD</b>
Address	UNIV AT BUFFALO, CARDIO DIV., CTRC, STE 7030, 875 ELLICOTT STBUFFALO, NY, 14203
Specialty	IM
Board Certified	IM
School and Year of Graduation	STATE UNIV OF NEW YORK USA 2005
Internship and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2006
Residency and Year	DARTMOUTH HITCHCOCK MEDICAL CENTER - LEBANON, NH 2007
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	7277
License Date	2/6/1986
Name	<b>ZLOTNIK, RICHARD D MD</b>
Address	RICHARD D ZLAOTNIK, 1502 E EVANS STBAINBRIDGE, GA, 39819
Specialty	GS
Board Certified	GS
School and Year of Graduation	UNIV OF MA WORCESTER MA USA 1979
Internship and Year	UNIV MA MED CTR WORCESTER 1980
Residency and Year	UNIV MAS MED CTR WORCESTER MA 1984
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	12726
License Date	5/4/2005
Name	<b>ZOLLINGER, CHARLES A MD</b>
Address	NEUROCARE CTR INC, 4105 HOLIDAY ST NWCANTON, OH, 44718
Specialty	N
Board Certified	N
School and Year of Graduation	CASE WESTERN UNIVERSITY, CLEVELAND OH US 2000
Internship and Year	UNIVERSITY HOSPITALS OF CLEVELAND, CLEVELAND OH 2001
Residency and Year	MASS GENERAL HOSP, BOSTON MA 2003
License Expiration Date	<b>6/30/2009</b>
Remarks	

License Number	12711
License Date	5/4/2005
Name	<b>ZUCKERMAN, RICHARD A MD</b>
Address	DARTMOUTH HITCHCOCK, ONE MEDICAL CENTERLEBANON, NH, 03756
Specialty	IM
Board Certified	IM
School and Year of Graduation	ALBANY MEDICAL COLLEGE, ALBANY NY US 1998
Internship and Year	UNIVERSITY OF WASHINGTON, SEATTLE WA 1999
Residency and Year	UNIVERSITY OF WASHINGTON, SEATTLE WA 2001
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	11405
License Date	9/5/2001
Name	<b>ZUERCHER, GREGORY J DO</b>
Address	ST JOSEPH HOSPITAL, 172 KINSLEY STREETNASHUA, NH, 03061-2013
Specialty	PM
Board Certified	PM
School and Year of Graduation	NEW YORK COLL OF OSTEOPATHIC-OLD WESTBURY, NY USA 1992
Internship and Year	SISTERS OF CHARITY HOSPITAL - BUFFALO, NY 1993
Residency and Year	MT SINAI HOSPITAL - NEW YORK, NY 196
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	8766
License Date	7/1/1992
Name	<b>ZUG, KATHRYN A MD</b>
Address	DHMC-DEPT OF DERMATOLOGY, ONE MEDICAL CENTER DRLEBANON, NH, 03756-0001
Specialty	D
Board Certified	D
School and Year of Graduation	BROWN UNIVERSITY USA 1988
Internship and Year	BROWN UNIVERSITY AFFIL HOSPITALS, PROVIDENCE RI 1989
Residency and Year	DARTMOUTH-HITCHCOCK MED CENTER, LEBANON NH 1992
License Expiration Date	<b>6/30/2016</b>
Remarks	

License Number	16936
License Date	1/21/2015
Name	<b>ZUKERBERG, LAWRENCE R MD</b>
Address	MGH- PATHOLOGY DEPT, 55 FRUIT STBOSTON, MA, 02114
Specialty	CLP
Board Certified	CLP
School and Year of Graduation	UNIV OF MEDICINE & DENTISTRY OF NJ ROBERT WOOD JOH USA 1986
Internship and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1987
Residency and Year	MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 1991
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	17144
License Date	6/3/2015
Name	<b>ZUURBIER, REBECCA A MD</b>
Address	DHMC - RADIOLOGY, 1 MED CTR DRLEBANON, NH, 03756
Specialty	DR
Board Certified	DR
School and Year of Graduation	JEFFERSON MED COLLEGE OF THOMAS JEFFERSON UNIV USA 1986
Internship and Year	GEORGETOWN UNIVERSITY HOSPITAL - WASHINGTON, DC 1987
Residency and Year	GEORGETOWN UNIVERSITY HOSPITAL - WASHINGTON, DC 1989
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	10069
License Date	7/2/1997
Name	<b>ZWAAN, ANTHONY C MD</b>
Address	19 HAMPTON RD, STE ONEEXETER, NH, 03833
Specialty	FP
Board Certified	FP
School and Year of Graduation	NEW YORK MEDICAL COLLEGE VALHALLA, NY USA 1991
Internship and Year	NAVAL HOSPITAL - SC 1992
Residency and Year	MEDICAL CENTER HOPITAL OF VERMONT, VT 1997
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	7666
License Date	7/8/1987
Name	<b>ZWOLAK, ROBERT M MD</b>
Address	DHMC-VASCULAR SURGERY, ONE MEDICAL CENTER DRLEBANON, NH, 03756
Specialty	VS
Board Certified	VS
School and Year of Graduation	ALBANY MED COLL OF UNION UNIV-ALBANY,NY USA 1979
Internship and Year	UNIV OF MICHIGAN HOSP-ANN ARBOR 1980
Residency and Year	UNIV HOSP-SEATTLE,WA 1987
License Expiration Date	<b>6/30/2017</b>
Remarks	

License Number	9717
License Date	5/1/1996
Name	<b>ZYLBERGER, DAVID A MD</b>
Address	NYU MEDICAL CENTER, 530 FIRST AVE SKIRBALL STE 9TNEW YORK, NY, 10016
Specialty	APM
Board Certified	
School and Year of Graduation	NEW YORK MEDICAL COLLEGE-VALHALLA NY USA 1991
Internship and Year	BETH ISRAEL MEDICAL CENTER-NEW YORK NY 1992
Residency and Year	NEW YORK MEDICAL COLLEGE-VALHALLA NY 1996
License Expiration Date	<b>6/30/1998</b>
Remarks	